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DLN: 93493136050481

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A Fo	r the	2009 ca	alendar yea	r, or tax year beginning 07-01	-2009 and ending 06-30-20)10		
B Ch	eck ıf a	pplicable	Please	C Name of organization Clark College District 14 Foundati	on		D Employer ic	lentification number
Address change Name change Print or type. See Label or print or type. See							23-73150	
							E Telephone number	
┌ Init	ıal retu	rn	Specific	Number and street (or P O box r	f mail is not delivered to street add	Iress) Room/suite	(360) 992	
Г Тег	mınate	d	Instruc- tions.	1933 Fort Vancouver Way No CC	F039		G Gross receipt	s \$ 14,143,818
┌ Am	ended	return		City or town, state or country, an	nd ZIP + 4		1	
Г Арр	olication	n pending		Vancouver, WA 98663				
			F Nan	ne and address of principal off	icer	H(a) is th	■ his a group retu	rn for
			Lisa Gi		20		ates?	⊤Yes ▽ No
				Fort Vancouver Way No CCFO: uver, WA 98663	39	H/h) Ara	all affiliates inclu	ded?
						1 ' '		t (see instructions)
I Ta	x-exen	npt status	▽ 501(c))(3) ◀ (ınsert no)	1) or	1	up exemption n	
J W	ebsite	e: ⊢ ww	w clarkcolle	egefoundation org				
K For	n of or	nanization	✓ Cornorat	tion Trust Association Othe	r b -	l Year of f	ormation 1973	M State of legal domicile
				tion in Association other	· •	E rear or r		WA
Pa		Sum						
	1			e organization's mission or mo FOUNDATION EXISTS TO A		ACILITIES. PR	ROGRAMS, AND	STUDENT NEEDS AT
				IN ORDER TO MAINTAIN C				
8				VERNMENT SUPPORT, MAX				
Ě		10 00	LIIVAIEC	COMMUNITY, BUSINESS, AN	D GOVERNMENTAL PARTN	IERSHIPS FOR	K THE BENEFIT	OF THE COLLEGE
É								
Governance								
	2	Check	this box 🛏	fthe organization discontin	ued its operations or dispose	ed of more than	1 25% of its net	assets
Activities &	3	Numbe	r of voting r	members of the governing bod	y (Part VI, line 1a)		. :	3 19
Ě	4	Numbe	r of ındepen	ident voting members of the g	overning body (Part VI, line	1b)		18
ŧ	5	Total n	umber of en	nployees (Part V , line 2a) .			!	514
a.	6	Total n	umber of vo	lunteers (estimate if necessa		•	232	
	7a	Total g	ross unrela	ted business revenue from Pa	rt VIII, column (C), line 12		7	/a
	ь	Net unr	elated busi	ness taxable income from For	m 990-T, line 34		7	'b -79,656
						Pri	or Year	Current Year
a.	8	Contr	butions and	d grants (Part VIII, line 1h)			1,439,430	1,146,278
Ravenue	9			revenue (Part VIII, line 2g)		•	143,275	55,455
3.0	10			ne (Part VIII, column (A), line			1,265,952	1,295,682
	11		•	art VIII, column (A), lines 5,			24,535	7,865
	12			dd lines 8 through 11 (must e		ine	2,873,192	2,505,280
	13			ar amounts paid (Part IX, colu		,	549,874	489,805
	14	Benef	ts paid to c	or for members (Part IX, colum	nn (A), line 4)		·	0
	15			ompensation, employee benefi	5 5 -			
86		10)				1,027,061	932,286	
Ехрепзея	16a			raising fees (Part IX, column			0	
꿃	ь	Total fu	ındraısıng exp	enses (Part IX, column (D), line 25)				
_	17			(Part IX, column (A), lines 11a		2,728,852	2,034,417	
	18			Add lines 13–17 (must equal			4,305,787	3,456,508
	19	Reven	ue less exp	penses Subtract line 18 from	line 12		-1,432,595	-951,228
Net Assets or Fund Balances						_	ng of Current Year	End of Year
Set	20	Total	assets (Par	rt X, line 16)			60,653,993	64,040,646
d B	21			Part X, line 26)			1,381,164	1,215,618
2 E	22		-	d balances Subtract line 21 f			59,272,829	62,825,028
Pai	1111		ature Blo				,	
				equry, I declare that I have examine	d this return, including accompanyi	ng schedules and	statements, and to	the best of my knowledge
				correct, and complete Declaration of				
Sian		<u> </u>	h. d. d.			Lagra		
Sign Here		**** Sign	*** ature of office	er		2011 Date	L-05-16 :	
		<u>'</u>						
			Gibert Preside e or print nam					
		Drons	ric k		Date	Check If	Preparer's iden	tifving number
Paid		Prepare signatur		bramowitz		self-	(see instruction	
	arer's	Firm's =	ame (or yours	s L PERKINS & COMPANY PC		empolyed 🕨		
Use (ıf self-ei	mployed),	P			EIN 🕨	
'	,	address	and ZIP + 4	1211 SW FIFTH AVE SUITE 100	0		Phone no b /	503) 221-0336
		<u> </u>		PORTLAND, OR 972043710				
May	the IR	S discu	ss this retu	rn with the preparer shown abo	ove? (see instructions) .			▼Yes 「No

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

CLARK COLLEGE FOUNDATION INSPIRES THE JOY OF PHILANTHROPY IN SUPPORT OF STUDENT SUCCESS AND PROGRAM EXCELLENCE AT CLARK COLLEGE

Technology Program Labo Emergency Medical Fund scholarship recipients to a (Code Scholarships from over 14 receive a college educatio belief in, and support for, (Code Direct program restricted science, electronics, engin medical radiography, child programs	All College faculty and stan art collection displayed in art collection displayed in the collection of	489,805 ded scholarships to e afford Students 283,626 llege include suppational programs, theatre Funding of	including grants of \$ color and are motive including grants of \$ color and are motive including grants of \$ color and are motive including grants of \$ color for art, athletics, automotive library, E-learning, machining, roriginates from endowment distributions.	489,805) (Revenue \$ lents These awards make it possionated to work harder because the heat of the company of t	0) ble for many of the students to e community has shown a 0) giene, diesel, humanities, social harmacy tech, photography,
Technology Program Labo Emergency Medical Fund scholarship recipients to a (Code Scholarships from over 14 receive a college educatio belief in, and support for, (Code Direct program restricted science, electronics, engin medical radiography, child programs	All College faculty and stan art collection displayed in art collection displayed in the collection of	489,805 ded scholarships to e afford Students 283,626 llege include suppational programs, theatre Funding of	opportunities for staff development buildings enriches Clark College including grants of \$ college studies receiving scholarships are motion including grants of \$ cort for art, athletics, automotive library, E-learning, machining, ronginates from endowment distributions.	489,805) (Revenue \$ lents These awards make it possionated to work harder because the heat of the company of t	0) ble for many of the students to e community has shown a 0) giene, diesel, humanities, social harmacy tech, photography,
Technology Program Labo Emergency Medical Fund scholarship recipients to a (Code Scholarships from over 14 receive a college educatio belief in, and support for, (Code Direct program restricted of science, electronics, engin medical radiography, chilo	All College faculty and stan art collection displayed in art collection displayed in the collection displayed in the could not otherwise their success (Expenses \$ expenditures for Clark Collecting technology, internal	aff were provided in several college 489,805 ded scholarships to e afford Students 283,626 dlege include suppational programs,	opportunities for staff development buildings enriches Clark College including grants of \$ o almost 650 Clark College studies receiving scholarships are motion including grants of \$ ort for art, athletics, automotive library, E-learning, machining, r	ment In-kind support ranging from a students' lives daily 489,805) (Revenue \$ lents These awards make it possicivated to work harder because the hold of the control of th	0) ble for many of the students to e community has shown a 0) giene, diesel, humanities, social harmacy tech, photography,
Technology Program Labo Emergency Medical Fund scholarship recipients to a (Code Scholarships from over 14 receive a college education belief in, and support for,	All College faculty and stan art collection displayed in art collection displayed in the collection of	aff were provided in several college 489,805 ded scholarships to e afford Students 283,626	opportunities for staff development buildings enriches Clark College including grants of \$ college almost 650 Clark College studistic receiving scholarships are motion including grants of \$ college studies receiving scholarships are motion.	went In-kind support ranging from a students' lives daily 489,805) (Revenue \$ lents. These awards make it possitivated to work harder because the content of the content	0) ble for many of the students to community has shown a
Technology Program Labo Emergency Medical Fund scholarship recipients to a (Code Scholarships from over 14 receive a college education	All College faculty and stan art collection displayed in art collection displayed in the collection displayed in they could not otherwise.	aff were provided in several college 489,805 led scholarships to	opportunities for staff developr buildings enriches Clark College including grants of \$ 50 almost 650 Clark College stud	ment In-kind support ranging from e students' lives daily 489,805) (Revenue \$ lents These awards make it possi	n newspaper ads honoring 0) ble for many of the students to
Technology Program Labo Emergency Medical Fund scholarship recipients to a	All College faculty and standard and standard of an art collection displayed in a collection displayed in a collection displayed in a collection displayed in a collection and standard	aff were provided in several college	opportunities for staff developr buildings enriches Clark College	ment In-kind support ranging fror e students' lives daily	n newspaper ads honoring
Technology Program Labo Emergency Medical Fund	All College faculty and sta	aff were provided	opportunities for staff developr	ment In-kind support ranging fror	
General and vocational nr				ark College programs Expenditure	
(Code) (Expenses \$	686,032	including grants of \$) (Revenue \$	0)
Section 501(c)(3) and	l 501(c)(4) organizat	ions and section	on 4947(a)(1) trusts are i	required to report the amour	•
If "Yes," describe thes	e changes on Schedu	ule O			
Did the organization coservices?	ease conducting, or n	nake sıgnıfıcar • • • •	nt changes in how it condu	icts, any program	Yes 🔽 No
If "Yes," describe thes	e new services on Sc	hedule O			
					Yes ▼ No
t []	the prior Form 990 or If "Yes," describe thes Did the organization c services? If "Yes," describe thes Describe the exempt p Section 501(c)(3) and	the prior Form 990 or 990-EZ? If "Yes," describe these new services on So Did the organization cease conducting, or reservices?	the prior Form 990 or 990-EZ?	the prior Form 990 or 990-EZ?	If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services?

art TV	Chack	list of	Deguired	Schedules
	CHECK	MISL OI	Reuulleu	Julicuules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		N o
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Į		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? If "Yes," complete Schedule L, Part I	25a		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Part I	31		No
32	Schedule N, Part II	32		No
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</i> "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νo
35	Schedule R, Part V, line 2	35		Νο
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note: All Form 990 filers are required to complete Schedule O	38	Yes	

year

orm	990 (2009)			Page
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	or U.S. Information Returns. Enter -U- II not applicable			
L				
D	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	20	162	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this			
	return?	3a	Yes	
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
ь	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and			
	Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	Yes	
	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No.
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	_		
	required?	7h	Yes	
8	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
ь	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the vear			

1933 Fort Vancouver Way Vancouver, WA 98663 (360) 992-2301

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

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 19			
b	Enter the number of voting members that are independent 18			
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	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		103	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)		7.5	
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	Yes	
	describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted 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?	16b		
Se	ection C. Disclosure			I
17	List the States with which a copy of this Form 990 is required to be filed ►WA , MS			
18	Section 6104 requires an organization to make its Form 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			
10	Own website Another's website V Upon request			
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. See Additional Data Table		,	L
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ie orga	nızatıor	า 📂

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did not compensate any current or former office								r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	Posi t	(C tion (hat a	C) (check all apply)				(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

1b Total	Page 8
\$100,000 in reportable compensation from the organization 2 Yes Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	75,632
Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	
on line 1a? If "Yes," complete Schedule J for such individual	s No
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	No
rendered to the organization? If "Yes," complete Schedule J for such person	s
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) (B)	No
\$100,000 of compensation from the organization (A) (B)	
	(C) pensation
Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶0	990 (2009)

Form 99								Page 9
Part V	/III	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
Contributions, gifts, grants and other similar amounts	1a b c d e f g	Fundraising ever Related organiz Government grants All other contributed similar amounts no Noncash contri- lines 1a-1f \$ 100	es	11,000 58,156	1,146,278			
Program Service Revenue	2a b c d	ATHLETICS ALL OTHER PROGR MUSIC & THEATRE OTHER COLLEGE P	DEPT ROGRAMS	Business Code 711,210 900,099 711,130 900,099	25,266 17,199 10,196 2,794	25,266 17,199 10,196 2,794		
	f g 3	Total. Add lines	ome (including dividendar amounts)	ds, interest	55,455 572,159			572,159
	4 5 6a b	Royalties Gross Rents Less rental expenses	(i) Real 38,983 36,313	proceeds				
	d 7a	Rental income or (loss) Net rental incor Gross amount from sales of assets other	2,670 me or (loss) (i) Securities 12,262,639	► (II) O ther	2,670			2,670
	b c	than inventory Less cost or other basis and sales expenses Gain or (loss)	11,538,628 724,011	488 -488	712 512			772 572
Other Revenue	8a	Gross income f events (not inc \$58	luding ,156 reported on line 1c)		723,523			723,523
Other	b c 9a	Net income or (penses b loss) from fundraising		-14,695			-14,695
	b c 10a		penses b loss) from gaming action	1,780	1,780			1,780
	b c	Less cost of go	a oods sold b loss) from sales of inve	entory •- Business Code				
		MISC INCOME excess distribu OTHER INCOM	tions f	900,099 900,099 900,001	18,961 16,745 -851 -16,745		16,745 -851 -16,745	18,961
	e 12	Total. Add lines	s 11a-11d		18,110		10,,713	
				L	2,505,280	55,455	-851	1,304,398 Form 990 (2009)

	990 (2009)				Page 10
Par	IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			(D)	
	ot include amounts reported on lines 6b,		(B)	(C)	(D)
	o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21		onponess.	general enpenees	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	489,805	489,805		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and	355,065	138,156	136,984	79,925
6	key employees Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	333,003	136,130	130,984	79,923
7	Other salaries and wages	394,621	153,547	152,245	88,829
8	Pension plan contributions (include section 401(k) and section				·
	403(b) employer contributions)	31,654	12,317	12,212	7,125
9	Other employee benefits	93,167	36,251	35,944	20,972
10	Payroll taxes	57,779	22,482	22,291	13,006
11	Fees for services (non-employees)				
а	Management				
b	Legal	14,944		14,944	
С	Accounting	44,800		44,800	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	611,816	305,908	305,908	
g	Other	185,927	100,358	17,162	68,407
12	Advertising and promotion	656	157		499
13	Office expenses	126,930	40,242	20,275	66,413
14	Information technology	16,895		16,895	
15	Royalties				
16	Occupancy	26,034	10,130	10,044	5,860
17	Travel	37,641	32,918	587	4,136
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	81,104	36,346	44,758	
23	Insurance	23,432	955	22,477	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	DIRECT COLLEGE SUPPORT	744,358	744,358		
b	CATERING / MEETINGS	51,759	34,982	2,848	13,929
С	all other expenses	42,159	15,484	11,099	15,576
d	A WARDS / SPONSORSHIPS	13,708	13,708		
е	STAFF DEVELOPMENT	12,254	8,476	526	3,252
f	All other expenses				_
25	Total functional expenses. Add lines 1 through 24f	3,456,508	2,196,580	871,999	387,929
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet (A) (B) Beginning of year End of year 206.646 132.980 1 1 Cash—non-interest-bearing 2.552.424 2 1.039.299 2 199,394 132,083 3 3 4 162.814 36.919 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Notes and loans receivable, net 60.233 7 69,702 Inventories for sale or use 128.914 9 113,184 2.242.693 10a Land, buildings, and equipment cost or other basis Complete 10a Part VI of Schedule D 10b 407.022 1.889,696 **10c** 1.835.671 b Less accumulated depreciation 19.009.177 25.030.098 11 11 34,510,213 12 33,471,422 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 2.001.793 15 2.111.977 15 16 60,653,993 16 64,040,646 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 480.337 17 313.890 17 Accounts payable and accrued expenses 18 18 19 19 20 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 32.486 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties 24 868.341 25 Other liabilities Complete Part X of Schedule D 25 901.728 26 **Total liabilities.** Add lines 17 through 25 1,381,164 1,215,618 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 10.252.867 10.713.907 27 27 Unrestricted net assets 28 12.313.566 28 13.968.135 Temporarily restricted net assets Fund 36.706.396 29 38.142.986 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 59,272,829 33 Total net assets or fund balances 33 62,825,028 34 Total liabilities and net assets/fund balances 60.653.993 64.040.646 34

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	▼ Separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Form **990** (2009)

OMB No 1545-0047

Public Charity Status and Public Support

Department of the Treasury Internal Revenue Service

Name of the organization Clark College District 14 Foundation

SCHEDULE A (Form 990 or 990EZ)

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

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

Inspection **Employer identification number**

23-7315006

Pa	rt I	Reaso	on for Pub	olic Charity State	us (All orga	anızatıons r	nust comple	ete this par	t.) See ınst	ructions	
				foundation because							
1	Γ	A churc	h, conventio	on of churches, or ass	sociation of c	hurches se	ction 170(b)(1)(A)(i).			
2	\sqcap	Aschoo	ol described	ın section 170(b)(1)	(A)(ii). (Atta	ach Schedule	e E)				
3	Γ	A hospi	tal or a coop	erative hospital serv	/ice organiza	tion describe	ed in section	170(b)(1)(A)(iii).		
4	Γ	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	~	_	•	rated for the benefit	-	or university	owned or ope	erated by a g	overnmental	unıt describe	_ ed in
6	\vdash			ocal government or		l unit descril	hed in section	170(b)(1)(Δ)(v)		
7	Ė	An orga describ	nization that ed in	t normally receives a	substantial					n the general	public
8	Γ	A comm	nunity trust o	described in section :	170(b)(1)(A)(vi) (Comp	lete Part II)				
9	\sqcap	A n orga	nization that	t normally receives	(1) more thai	n 331/3% of	ıts support fr	om contribut	ions, membe	rship fees, a	nd gross
10 11 e f g		A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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									
	(i) Name suppor ganız	of rted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization col (i) list your gover documen Yes	on in ed in ming	(v) Did you not organizati col (i) of support	on ın your	(vi) Is the organizati col (i) orga in the U Yes	on in inized	(vii) A mount of support?
								<u> </u>			

Total

Part II Support Schedule for Organizations Described in IRC 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.)

	(Complete only if you	ou checked the	e box on line 5,	7, or 8 of Part 1	.)			
	ection A. Public Support endar year (or fiscal year beginning	(-) 2005	/b) 2006	(6) 2007	(d) 2000	(-) 2		/6) Tabal
	ın)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	t 1,118,3	1,045,66	949,852	1,439,430	:	1,135,278	5,688,547
	grants ")							
2	Tax revenues levied for the organization's benefit and either							
	paid to or expended on its							
	behalf							
3	The value of services or facilities	45.0		45.000	45.000		50.005	222.025
	furnished by a governmental unit to	o 45,0	45,00	45,000	45,000		58,085	238,085
4	the organization without charge Total. Add lines 1 through 3	1,163,3	323 1,090,66	54 994,852	1,484,430		1,193,363	5,926,632
5	The portion of total contributions				_, ,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-,,
-	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							312,094
	on line 1 that exceeds 2% of the amount shown on line 11, column							
	(f)							
6	Public Support. Subtract line 5 from	n						5,614,538
_	line 4							
	ection B. Total Support							
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	09	(f) Total
7	A mounts from line 4	1,163,323	1,304,397	994,852	1,484,430	1	,193,363	5,926,632
8	Gross income from interest,							_
	dividends, payments received on							
	securities loans, rents, royalties and income from similar	2,228,270	1,304,397	1,228,858	707,437		611,142	6,080,104
	sources						+	
9	Net income from unrelated business activities, whether or				44,788			44,788
	not the business is regularly carried on							
LO	Other income (Explain in Part IV) Do not include gain or loss	125,815	110,944	218,556	196,771		105,649	757,735
	from the sale of capital assets							
11	Total support (Add lines 7 through 10)					, ,		12,809,259
12	Gross receipts from related activit					12		267,247
L3	First Five Years If the Form 990 is check this box and stop here	for the organizat	tion's first, second	d, thırd, fourth, or f	ifth tax year as a	501(c)(3	}) organız	ation, ▶
	ection C. Computation of Pu	blic Support	Dorcontago					
<u> </u>	Public Support Percentage for 200			11 column (f))		14		43 830 %
15		•						
	Public Support Percentage for 2008 Schedule A, Part II, line 14 38 520 % 31/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box							
LOA	and stop here. The organization qu				ine 14 is 33 1/3%	ormore	., check ti	⊪√
b	33 1/3% support test-2008. If the				a, and line 15 is :	3 3 1/3%	or more,	. ,
	box and stop here. The organization			-				► □
L7a	10%-facts-and-circumstances test is 10% or more, and if the organization	· ·						
	in Part IV how the organization me							ed
	organization	213 1,10 14013 411		inc organize	uaiiiio us	_ pablici	, 5555011	.
b	10%-facts-and-circumstances test							
	15 is 10% or more, and if the orga							
	Explain in Part IV how the organization	ation meets the "	racts and circums	stances" test The	organization qual	iifies as a	a publicly	► □
18	Private Foundation If the organiza	tion did not chec	k a box on line 13	, 16a, 16b, 17a oı	17b, check this	box and	see	- 1
	instructions			, , , , = . = .	,			▶ □

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
3	purpose Gross receipts from activities that				+		
3	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	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 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 lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV
Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Explanation

Schedule A, Part II, Line 10, Explanation of Other Income SPONSORSHIPS

Schedule A (Form 990 or 990-EZ) 2009

Name: Clark College District 14 Foundation

Description	Amount
NET UNREALIZD appREC ON INV SMT	-3,720,851
NET REALIZED gain ON INVSMT	-745,699
NET INVESTMT INCOME FRM WEST GATE	-2,202,268

efile GRAPHIC p	orint - DO NOT PROCESS	As Filed Data -	DLN: 93493136050481

Name: Clark College District 14 Foundation

Description	Amount
TOTAL INVESTMENT INCOME	-2,595,610
NET REALIZED & UNREALIZED GAIN	-4,640,642



Name: Clark College District 14 Foundation

Description	Amount
realized & unrealized gain	-977,762



Name: Clark College District 14 Foundation

Description	Amount	
NET REALIZED & UNREALIZED GAIN	-977,762	

TY 2009 Owns Foreign Partnership Statement

Name: Clark College District 14 Foundation

Name	EIN	Other Forms	Name of Tax Matters Partner	I –	artnership Tax Year	
		Filed		Beginning Date	Ending Date	
WESTGATE STRATEGIC INCOME FUND I MASTER	98-0448459	1065	WEST GATE STRATEGIC INCOM	2009-01-01	2009-12-31	

TY 2009 Owns Foreign Partnership Statement

Name: Clark College District 14 Foundation

Nam e	EIN	Other	Name of Tax Matters Partner	Foreign Partne	rship Tax Year
		Forms Filed		Beginning Date	Ending Date
WEST GATE LEVERAGED LOAN FUND LTD	61-1518717			2009-01-01	2009-12-31

efile GRAPHIC print - DO NOT PROCESS As Filed Data -	DLN: 93493136050481
--------------------------------------------------------	---------------------

TY 2009 Owns Foreign Partnership Statement

Name: Clark College District 14 Foundation

Nam e	EIN	Other	Name of Tax Matters Partner	Foreign Partne	rship Tax Year
		Forms Filed		Beginning Date	Ending Date
WEST GATE LEVERAGED MASTERLOAN FUND LTD				2009-01-01	2009-12-31

TY 2009 Taxation of Excess Distribution Statement

Name: Clark College District 14 Foundation

EIN: 23-7315006

Statement: Date stock acquired = 09/07/2007 Total allocable to each year in

holding period = \$16754. Total allocable to current year and pre-PFIC tax years = \$16754. Total to Form 8621, line 11b = \$16754.

Additional Data

(Code

Software ID: Software Version:

EIN: 23-7315006

Name: Clark College District 14 Foundation

) (Revenue \$

0)

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services		

) (Expenses \$

OTHER PROGRAM EXPENDITURES INCLUDE CAPITAL EXPENDITURES ON BEHALF OF CLARK COLLEGE, SCHOLARSHIP MANAGEMENT SERVICES, INVESTMENT MANAGEMENT SERVICES FOR OVER 125 ENDOWMENT SUPPORTING SCHOLARSHIPS AND COLLEGE PROGRAMS, AND EXPENDITURES IN SUPPORT OF FOSTERING POSITIVE RELATIONSHIPS BETWEEN CLARK COLLEGE AND THE COMMUNITY

737,117 including grants of \$

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per		tion (that a	che	')			(D) Reportable compensation	Reportable Reportable		
	week	Individual trustee or director	Institutional Trustee	Officei	employee Key employee		Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
CHARLES BISHOP director	1 00	Х						0	0	0	
CAROL CURTIS director	1 00	Х						0	0	0	
BRUCE DAVIDSON director	2 00	Х		х				0	0	0	
LARRY EASTER director	1 00	Х						0	0	0	
PATRICIA EBY treasurer	1 00	Х		х				0	0	0	
JAMES FARLEY director	1 00	Х						0	0	0	
JEANNE FIRSTENBURG director	1 00	Х						0	0	0	
EDWARD GEIGER director	1 00	Х						0	0	0	
LISA GIBERT PRESIDENT/CEO	60 00	Х		х				149,461	0	10,051	
MARC GRIGNON director	1 00	Х		х				0	0	0	
T RANDALL GROVE director	1 00	Х						0	0	0	
JASON JONER director	1 00	Х		х				0	0	0	
KEITH KOPLAN director	1 00	Х						0	0	0	
RENEE NUTTER director	1 00	Х						0	0	0	
JAN OLIVA director	1 00	Х						0	0	0	
VERNON PETERSON director	1 00	X						0	0	0	
RICK TAKACH director	1 00	X						0	0	0	
CARMEN VILLARMA director	1 00	Х						0	0	0	
GREG WALLACE director	1 00	Х						0	0	0	
BARBARA CHEN CFO, SECRETARY	50 00			х				84,568	0	38,195	
KAREN CROSLAND SYSTEMS MANAGER, SECRETARY	45 00			х				48,085	0	10,915	
ARA SERJOIE VP OF DEVELOPMENT, ASST SECRETARY	60 00			х				102,097	0	16,471	

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
DIRECT COLLEGE SUPPORT	744,358	744,358		
CATERING / MEETINGS	51,759	34,982	2,848	13,929
all other expenses	42,159	15,484	11,099	15,576
AWARDS/SPONSORSHIPS	13,708	13,708		
STAFF DEVELOPMENT	12,254	8,476	526	3,252

DLN: 93493136050481

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** Clark College District 14 Foundation 23-7315006

Par	organizations Maintaining Donor A organization answered "Yes" to Form 9		unds or Accounts. Complete if the
	organization answered Tes to Form 9	(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		
	Did the organization inform all donors and donor adv funds are the organization's property, subject to the		nor advised Yes No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the beiconferring impermissible private benefit		·
Par	Conservation Easements. Complete	ıf the organization answered "Yes" t	to Form 990, Part IV, line 7.
2	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreated Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualeasement on the last day of the tax year	rion or pleasure)	certified historic structure
	casement on the last day of the tax year		Held at the End of the Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements	5	2b
c	Number of conservation easements on a certified hi	storic structure included in (a)	2c
d	Number of conservation easements included in (c) a	acquired after 8/17/06	2d
	Number of conservation easements modified, transf	erred, released, extinguished, or terminat	ed by the organization during
4	Number of states where property subject to conserv	ation easement is located 🛌	
	Does the organization have a written policy regarding enforcement of the conservation easements it holds		dling of violations, and Yes No
6	Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation easer	nents during the year 🛌
7	A mount of expenses incurred in monitoring, inspect	ing, and enforcing conservation easement	s during the year ► \$
	Does each conservation easement reported on line $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	2(d) above satisfy the requirements of sec	ction Yes No
	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financia ments	l statements that describes
Part	Organizations Maintaining Collection Complete if the organization answered		or Other Similar Assets.
	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fi	d for public exhibition, education or resear	ch in furtherance of public service,
_	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research	·
	(i) Revenues included in Form 990, Part VIII, line :	L	► \$
	(ii) Assets included in Form 990, Part X		► \$
	If the organization received or held works of art, his following amounts required to be reported under SFA		
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		► \$

Par	311 Organizations Maintaining Co	ollections of Art	, His	torical Tre	easu	res, or C	the	r Similar Ass	sets (c	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	e following th	nat are	e a sıgnıfıc	ant u	se of its collecti	on	
а	Public exhibition		d	Loan or	rexcl	nange prog	rams			
ь	Scholarly research		e	┌ Other						
c	Preservation for future generations									
4	Provide a description of the organization's co Part XIV	ollections and expla	ın hov	v they further	the o	rganızatıoı	ı's ex	cempt purpose ir	ו	
5	During the year, did the organization solicit assets to be sold to raise funds rather than			•					_ Yes	┌ No
Par	t IV Escrow and Custodial Arrang					answere	d "Y	es" to Form 9'	90,	
	Part IV, line 9, or reported an ar			•						
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interme	ediary	for contributi	ions c	r other ass	ets	not [Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ing table		-				
								Am	ount	
c	Beginning balance						1c			
d	Additions during the year						1 d			
e	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	e 21?					Γ	Yes	┌ No
	If "Yes," explain the arrangement in Part XI\	/								
Pa	rt V Endowment Funds. Complete									
. _	D	(a)Current Year 41,608,019	(b)Prior Year 52,644,719	· ·	wo Years Bac	k (d)Three Years Back	(e)Four Y	'ears Back
1a 	Beginning of year balance	126,512		38,500	<u> </u>		+			
b	Contributions	3,959,557		-9,602,473			+			
c d	Investment earnings or losses Grants or scholarships	189,476		48,700	-		+			
u e	Other expenditures for facilities	399,867		528,273	<u> </u>		+			
_	and programs			,						
f	Administrative expenses	1,229,956		895,754						
g	End of year balance	43,874,789		41,608,019						
2	Provide the estimated percentage of the year	r end balance held a	as							
а	Board designated or quasi-endowment 🕨	1.000 %								
Ь	Permanent endowment F 99.000 %									
c	Term endowment ▶									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation t	that are held	and a	dmınıstere	d for	the		
	organization by							2-7	Yes	No
	(i) unrelated organizations						•	3a(i		No No
h	(ii) related organizations						•	3a(1	- 	1
4	Describe in Part XIV the intended uses of th						·			<u> </u>
Par	t VI Investments—Land, Building	s, and Equipme	nt. S	ee Form 99	0, Pa	art X, line	10.			
	Description of investment			(a) Cost or o		(b) Cost or obasis (oth		(c) Accumulated depreciation	(d) Bo	ook value
1a	Land					1,10	3,805			1,108,805
ь	Buildings					90-	1,580	258,59	5	645,985
c	Leasehold improvements									
d	Equipment					22	9,308	148,42	7	80,881
e	Other									

1,835,671

(a) Description of security or category		2. (c) Method of va	Juation
(including name of security)	(b)Book value	Cost or end-of-year	
Financial derivatives			
Closely-held equity interests	33,471,422		F
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ▶	33,471,422		
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Method of va	
	(=, = = = = = = = = = = = = = = = = = =	Cost or end-of-year	market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin	e 15.		
(a) Descrip	tion	(1) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.	5.)		
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	(2)//////		
SPLIT INTEREST AGREEMENT LIABILITIES	901,728		
SPELL INTEREST AGREEMENT LIABILITIES	901,728		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	901,728		

Total revenue (Form 990, Part VIII, column (A), line 12)

2,505,280

Met unrealized gains (losses) on investments	2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,456,50
5 Donated services and use of facilities 5 6 7 7 7 7 7 7 7 7 7	3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-951,22
Solution Comparison Compa	4	Net unrealized gains (losses) on investments	4	4,291,45
7	5	Donated services and use of facilities	5	
Solution Solution	6	Investment expenses	6	
9	7	Prior period adjustments	7	
9	8	Other (Describe in Part XIV)	8	211,97
Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements 1 6,608,19 Amounts included on line 1 but not on Form 990, Part VIII, line 12 Amounts included on line 1 but not on Form 990, Part VIII, line 12 Donated services and use of facilities 2b 58,085 C Recoveries of prior year grants 2c Donated services and use of facilities 2d 155,341 E Add lines 2a through 2d 2d 155,341 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Donated services and use of facilities 2c 4,504,87 Donated services and lines 3a and 4c. (This should equal Form 990, Part I, line 12 5 2,505,28 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements With Expenses per Return Total expenses and losses per audited financial statements With Expenses per Return Total expenses and losses per audited financial statements With Expenses per Return Total expenses and losses per audited financial statements With Expenses per Return Total expenses and losse per audited financial statements With Expenses per Return Total expenses and losse per audited financial statements With Expenses per Return Total expenses and losses per audited financial statements With Expenses per Return Total expenses and losse per audited financial statements With Expenses per Return Total expenses and losse per audited financial statements With Expenses per Return Total expenses and losse per audited financial statements With Expenses per Return Total expenses and losse per audited financial statements With Expenses per Return	9		9	4,503,42
1 Total revenue, gains, and other support per audited financial statements	10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	3,552,19
A mounts included on line 1 but not on Form 990, Part VIII, line 12	Par		er Re	turn
Net unrealized gains on investments	1	Total revenue, gains, and other support per audited financial statements	1	6,608,19
b Donated services and use of facilities 2b 58,085 8 c Recoveries of prior year grants 2c 3 d Other (Describe in Part XIV) 2d 155,341 e Add lines 2a through 2d 2e 4,504,87 3 Subtract line 2e from line 1 3 2,103,31 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 4a 611,816 6 b Other (Describe in Part XIV) 4b -209,855 4c 401,96 5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 2,505,28 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements with Expenses per Return 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 1 3,055,99 a Donated services and use of facilities 2a 58,085 6 b Prior year adjustments 2b 1 2 c Other (Describe in Part XIV) 2c	2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
c Recoveries of prior year grants 2c ————————————————————————————————————	а	Net unrealized gains on investments		
d Other (Describe in Part XIV) 2d 155,341 2e 4,504,87 e Add lines 2a through 2d	b	Donated services and use of facilities		
Add lines 2a through 2d	c	Recoveries of prior year grants		
Subtract line 2e from line 1	d	Other (Describe in Part XIV) 2d 155,341		
A mounts 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 .	e	Add lines 2a through 2d	2e	4,504,87
Investment expenses not included on Form 990, Part VIII, line 7b	3	Subtract line 2e from line 1	3	2,103,31
b Other (Describe in Part XIV) 4b -209,855 4c 401,96 c Add lines 4a and 4b 4c 401,96 5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 2,505,28 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
c Add lines 4a and 4b 4c 401,96 5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 2,505,28 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements With Expenses per Return 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 1 a Donated services and use of facilities 2a 58,085 b Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIV) 2d 153,219 e Add lines 2a through 2d 2e 211,30 3 Subtract line 2e from line 1 3 2,844,69 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a 611,816 b Other (Describe in Part XIV) 4b 4c 611,816 c Add l	а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 611,816		
Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	b	Other (Describe in Part XIV)		
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements	c	Add lines 4a and 4b	4c	401,96
1 Total expenses and losses per audited financial statements			5	2,505,28
statements 1 2 A mounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities 2a 58,085 b Prior year adjustments 2b 2c c Other losses 2c 3 d Other (Describe in Part XIV) 2d 153,219 e Add lines 2a through 2d 2e 211,30 3 Subtract line 2e from line 1 3 2,844,69 4 A mounts included on Form 990, Part IX, line 25, but not on line 1: 3 2,844,69 a Investment expenses not included on Form 990, Part VIII, line 7b 4a 611,816 b Other (Describe in Part XIV) 4b 4c 611,816 c Add lines 4a and 4b 4c 611,81	Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per F	
2 A mounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities	1	·	1	3,055,99
Donated services and use of facilities	2		-	
b Prior year adjustments 2b 4 c Other losses 2c 2c d Other (Describe in Part XIV) 2d 153,219 e Add lines 2a through 2d 2c 2e 3 Subtract line 2e from line 1 3 2,844,69 4 A mounts included on Form 990, Part IX, line 25, but not on line 1: 3 611,816 b Other (Describe in Part XIV) 4a 611,816 b Other (Describe in Part XIV) 4b 4c 611,81				
c Other losses				
e Add lines 2a through 2d	С			
3 Subtract line 2e from line 1	d	Other (Describe in Part XIV)		
3 Subtract line 2e from line 1	e	Add lines 2a through 2d	2e	211,30
a Investment expenses not included on Form 990, Part VIII, line 7b . 4a 611,816 b Other (Describe in Part XIV) 	3	Subtract line 2e from line 1	3	2,844,69
b Other (Describe in Part XIV)	4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		· · · ·
c Add lines 4a and 4b	а			
c Add lines 4a and 4b	b			
	c		4c	611,81
	5		5	3,456,50

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Part XI, Line 8 - Other Adjustments		CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT ASSETS 101544 K-1 INCOME NOT IN AUDIT DUE TO TIMING 110433
Part XII, Line 2d - Other Adjustments		SPLIT INTEREST GIFT REVENUE 155341
Part XII, Line 4b - Other Adjustments		Other RENtAL PROPERTY EXPENSE -36312 DIRECT SPECIAL EVENT EXPENSE -63109 K-1 INCOME NOT IN AUDIT DUE TO TIMING -110434
Part XIII, Line 2d - Other Adjustments		RENTAL PROPERTY EXPENSE 36313 DIRECT SPECIAL EVENT EXPENSE 63109 SPLIT INTEREST GIFT EXPENSE 53797
		CLARK COLLEGE FOUNDATION SCHEDULE D, PART VII INVESTMENTS - OTHER SECURITIES PRIVATE EQUITY INVESTMENTS 06/30/10 MKT VALUE CLOSELY-HELD EQUITY INVESTMENT \$ 4,451,184 ALL OTHER INVESTMENTS 29,020,238

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DLN: 93493136050481

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.

OMB No. 1545-0047

2009

Open to Public Inspection

ame of the organization lark College District 14 Foun	dation					23-7315006	ntification number
	ctivities. Comple ers are not require			tion answered "Yes" s part.			
Indicate whether the orga	·	·	ny of the	following activities Ch			
a Mail solicitations			e	Solicitation of no			
b Internet and e-mails	olicitations		f	Solicitation of go		grants	
c Phone solicitations			g	Special fundraisi	ng events		
d 🔽 In-person solicitation	ıs						
Did the organization have or key employees listed i							Г _{Yes} Г і
b If "Yes," list the ten higher to be compensated at lea							
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundraise custoe contre	erhave dy or	(iv) Gross receipts from activity	(or ret	ount paid to tained by) ser listed in	(vi) A mount paid to (or retained by) organization
		contributions?			C	ol (i)	organization
		Yes	No		+		
					+		
					1		
					+		
					†		
otal			▶				
					1		1
B List all states in which t	he organization is re	eaistered or	licensed	to solicit funds or has	been notif	ied it is exem	pt from registration or

Pai	rt II	Fundraising Events. Com more than \$15,000 on Form	plete if the organization 990-EZ, line 6a. List o	on answered "Yes" to events with gross rece	Form 990, Part IV, lin eipts greater than \$5,0	e 18, or i	eport	ed
			(a) Event #1 RUN/WALK (event type)	(b) Event #2 GOLF TOURNAMENT (event type)	(c) O ther Events 1 (total number)	(d) Tot (Add col col		
₽	1	Gross receipts	8,035	71,267	27,268		10	5,570
Revenue	2	Less Charitable contributions	4,383	53,530	243		5	8,156
	3	Gross income (line 1 minus line 2)	3,652	17,737	27,025		4	8,414
	4	Cash prizes						
မွာ	5	Non-cash prizes		11,739			1	1,739
Expenses	6	Rent/facility costs		5,981				5,981
	7	Food and beverages		2,753				2,753
Direct	8	Entertainment						
Δ	9	Other direct expenses .	7,130	13,101	22,405		4	2,636
	10	Direct expense summary Add line	es 4 through 9 ın column	(d)	•		6	3,109
	11	Net income summary Combine lii						4,695
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more	e thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col col		
	1	Gross revenue						
မွ	2	Cash prizes						
xpenses	3	Non-cash prizes						
ш	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	Г Yes	Г Yes	┌ Yes			
	7	Direct expense summary Add lines	s 2 through 5 in column (d)				
	8	Net gaming income summary Com	bine lines 1, column d, ar	nd line 7	<u> </u>		Yes	No
9 a b	Is t	er the state(s) in which the organiza the organization licensed to operate No," Explain				· 9a	103	
10a b		re any of the organization's gaming l Yes," Explain	ıcenses revoked, suspen	ded or terminated during	the tax year?	10a		
11 12	Is t	es the organization operate gaming a the organization a grantor, beneficial med to administer charitable gaming	ry or trustee of a trust or	a member of a partnersh	ip or other entity			
					Schedule G (Form 9	90 or 990-	EZ) 20	U9

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
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		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided •		
	Director/officer Employee Independent contractor		
	I Independent contractor		
.7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

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Schedule I

(Form 990)

DLN: 93493136050481

OMB No 1545-0047

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

Open to Public **Inspection**

Name of the organization						Employer identifica	ition number
Clark College District 14 Foun	dation					23-7315006	
Part I General Infor	mation on Gra	nts and Assistance				I	
	d to award the gra	substantiate the amount of nts or assistance? edures for monitoring the us					✓ Yes □
Form 990, Part	IV, line 21 for a	e to Governments and ny recipient that receive 1990) if additional space	d more than \$5,000	. Check this box if n	o one recipient receiv	ed more than \$5,00	0. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of sec	tion 501(c)(3) an	d government organizations					
3 Enter total number of oth	er organizations .						

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
MERIT-BASED SCHOLARSHIPS TO CLARK COLLEGE STUDENTS	275	385,743			
ATHLETIC SCHOLARSHIPS TO CLARK COLLEGE STUDENTS	23	23,372			
PERFORMANCE AWARDS TO CLARK COLLEGE STUDENTS	171	48,621			
EMERGENCY GRANTS TO CLARK COLLEGE STUDENTS	11	6,733			
NEED-BASED AWARDS TO CLARK COLLEGE STUDENTS	166	25,336			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 THE FOUNDATION PROVIDES GRANTS, SCHOLARSHIPS AND AWARDS TO STUDENTS WHO MEET THE AWARDING CRITERIA AND ARE ENROLLED IN COURSES PROVIDED BY THE COLLEGE SHOULD STUDENTS FAIL TO MEET THE AWARDING CRITERIA, THE FUNDS ARE REALLOCATED BASED UPON THE INDIVIDUAL AWARDS OR GRANTS COMMITTEES AND FOUNDATION MANAGEMENT OVERSEE THE AWARDING PROCESS AND SUBSEQUENT MONITORING
-		

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Schedule J (Form 990)

Department of the Treasury

DLN: 93493136050481

OMB No 1545-0047

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** Clark College District 14 Foundation 23-7315006

Pa	rt I Questions Regarding Compensation		·			
					Yes	Νo
1a	Check the appropiate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III t		,			
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	\sqcap	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	\sqcap	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the orgonic reimbursement orprovision of all the expenses descri			1b		
2	Did the organization require substantiation prior to re					
	officers, directors, trustees, and the CEO/Executive [Directo	or, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all tha		y			
	Compensation committee		Written employment contract			
	Independent compensation consultant	고	·			
	Form 990 of other organizations	<u> - </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Pa or a related organization	art VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control p	aymen	nt?	4a		Νo
b	Participate in, or receive payment from, a supplement	al non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-bas	ed co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and prov	/ide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mus	t comp	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, li compensation contingent on the revenues of	ne 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, li compensation contingent on the net earnings of	ne 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, I payments not described in lines 5 and 6? If "Yes," de			7		No
8	Were any amounts reported in Form 990, Part VII, pa					
	subject to the initial contract exception described in I in Part III	Regs	section 53 4958-4(a)(3)? If "Yes," describe			
				8		No
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	rebutt	able presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI		(C) Retirement and		(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & (iii) Other reportable compensation compensation		other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
LISA GIBERT (1))	148,921 0	0		6,524 0		159,512 0	168,804 0	
	,		0					0	
	1								
	\dashv								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

]	Ident if ier	Ret urn Ref erence	Explanation
]	Ident if ier	Reference	Explanation

Schedule J (Form 990) 2009

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DLN: 93493136050481

OMB No 1545-0047

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Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization Clark College District 14 Foundation

Employer identification number

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,

Complete if the organizat											Correcte
(a) Name of disq	ualified	person			(b) Desc	ription	of trans	action		Yes	
Enter the amount of tax impossection 4958	, on line	• • 2, abo	· · · ve, reımburs	ed by th			ring the y	ear unde	r		
rt III Loans to and/or I	From	Intere	sted Pers	sons.							
Complete if the organiz	zation a	nswered	d "Yes" on F	orm 990	Part IV. line 26	. or For	m 990-E	EZ. Part \	/ . line 38	а	
Complete If the organi Name of interested person and purpose	(b) L or fro	nswered oan to om the zation?	d "Yes" on F (c)Orig principal a	jinal	, Part IV, line 26	, or For (e) defa	In	EZ, Part \((f) \) A ppro by boai commit	ved d or	(g)Writ	
Name of interested person and	(b) L or fro	oan to m the	(c) 0 rıg	jinal		(e)	In	(f) Approby boar	ved d or	(g)Writ	
Name of interested person and	(b) L or fro	oan to m the zation?	(c) 0 rıg	jinal		(e) defa	In ult?	(f) Approby boai	ved d or tee?	(g)Writ	ent?
Name of interested person and	(b) L or fro	oan to m the zation?	(c) 0 rıg	jinal		(e) defa	In ult?	(f) Approby boai	ved d or tee?	(g)Writ	ent?
Name of interested person and	(b) L or fro	oan to m the zation?	(c) 0 rıg	jinal		(e) defa	In ult?	(f) Approby boai	ved d or tee?	(g)Writ	ent?
Name of interested person and purpose	(b) L or fro organi	oan to m the zation?	(c)O rig	jinal		(e) defa	In ult?	(f) Approby boai	ved d or tee?	(g)Writ	ent?
Name of interested person and purpose	(b) L or fro organi To	oan to m the zation? From	(c)Orig principal a	inal amount ***********************************	(d)Balance due	(e) defai	In ult?	(f) Approby boai	ved d or tee?	(g)Writ	ent?
Name of interested person and purpose	(b) L or fro organi To To nce Be	oan to om the zation? From enefitton ansv	(c)Orig principal a ing Interese wered "Yes	pinal amount	(d)Balance due	(e) defai	In alt? No 27.	(f) A ppro by boar commit Yes	ved rd or tee? No	(g)Writ	No No
Name of interested person and purpose I	(b) L or fro organi To To nce Be	oan to om the zation? From enefitton ansv	(c)Orig principal a ing Interese wered "Yes	pinal amount	(d)Balance due Persons. rm 990, Part IV	(e) defai	In alt? No 27.	(f) A ppro by boar commit Yes	ved rd or tee? No	(g)Writagreem Yes	No No
Name of interested person and purpose al	(b) L or fro organi To To nce Be	oan to om the zation? From enefitton ansv	(c)Orig principal a ing Interese wered "Yes	pinal amount	(d)Balance due Persons. rm 990, Part IV	(e) defai	In alt? No 27.	(f) A ppro by boar commit Yes	ved rd or tee? No	(g)Writagreem Yes	No No

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization revenues?	
	organization			Yes	No
T RANDALL GROVE	BOARD MEMBER	14,944	see sch oLEGAL SERVICES		Νο
					T
					T

DLN: 93493136050481

OMB No 1545-0047

Inspection

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Name of the organization Clark College District 14 Foundation **Employer identification number**

23-7315006

D-	rt I Types of Property				23-/315006			
Pa	TYPES OF Property	(a) Check If	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	(d) Method of de reven	etermi	nıng	
	Art Works of ort	Х	2	1g	ADDDATEAL			
	Art—Works of art	<u> </u>		32,000	APPRAISAL			
	Art—Historical treasures							
	Art—Fractional interests			544	CENEDALLY +4 DE			
	Books and publications	X		544	GENERALLY \$4 PE	к во с	K	
5	Clothing and household goods	×			DONORVALUE			
	Cars and other vehicles	X	5	5,000	FAIR VALUE			
7	Boats and planes							
	Intellectual property							
	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							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
22	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts							
	NEWSPAPER							
25	Other ► (AD SPACE)	Х	6	19,075	RATE IF PURCHAS	ED		
26	Other ▶ (<u>Software/Eqipment</u>)	Х	6	62,118	FAIR VALUE			
	Golf							
	Other ► (Tournament)	X	89	·	FAIR VALUE			
28	Other►(<u>ALL OTHER</u>)	Х	52	17,610	FAIR VALUE			
29	Number of Forms 8283 received for which the organization compl				29			
							Yes	No
30a	During the year, did the organiza	atıon receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it			
	must hold for at least three year	s from the o	date of the initial contributi	on, and which is not require	d to be used			
	for exempt purposes for the enti	re holding p	eriod?			30a		No
ь	If "Yes," describe the arrangem	ent in Part 1	II					
31	Does the organization have a gif			review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us	e third part	ies or related organizations	to solicit, process, or sell i	non-cash			
	contributions?					32a		Νo
b	If "Yes," describe in Part II							
33	If the organization did not report	: revenues i	n column (c) for a type of p	roperty for which column (a) is checked,			
	describe in Part II							

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

Software ID: **Software Version:**

EIN: 23-7315006

Name: Clark College District 14 Foundation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493136050481

OMB No 1545-0047

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

Supplemental Information to Form 990

Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

SCHEDULE 0

Name of the organization Clark College District 14 Foundation Employer identification number

23-7315006

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		Charles Bishop/Lisa Gibert - business relationship Vern Peterson/Patricia Eby - business relationship Bruce Davidson/Patricia Eby, Vern Peterson, Lisa Gibert, Charlie Bishop - business relationships

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		THE 2009 FORM 990 WAS PREPARED BY AN OUTSIDE CPA FIRM AND REVIEWED BY THE FOUNDATION'S CFO AND CEO. THE AUDIT COMMITTEE REVIEWED THE FORM 990 AND A FINAL DRAFT WAS EMAILED TO ALL BOARD MEMBERS FOR REVIEW PRIOR TO THE FORM'S FILING

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		PART VI, SECTION B, LINE 12C THE FOUNDATION'S CODE OF ETHICS AND CONFLICT OF INTEREST STATEMENT ARE PART OF THE SAME FORM THAT IS REVIEWED AND SIGNED BY EACH BOARD MEMBER AND KEY EMPLOYEE ANNUALLY THIS REGULAR EXPOSURE PROVIDES A CONSISTENT REMINDER OF THE POLICY AND THE NECESSITY OF COMPLIANCE THE FOUNDATION HAS ALWAYS TAKEN GREAT PRIDE IN FOLLOWING GOVERNANCE BEST PRACTICES SO POTENTIAL CONFLICT OF INTERESTS ARE EXPOSED AND EVALUATED

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, Ine 15		PART VI, SECTION B, LINE 15A&B Executive level compensation is determined annually through a series of economic and market based comparisons. From an economic standpoint, the Foundation manages salaries and benefits as constrained by resources available through endow ment distributions and other unrestricted resources available. While these assessments are being conducted, a market scan of local and regional salary and benefit data is used to ensure market competitiveness. Data is collected from published surveys, nonprofit 990 tax fillings, and direct solicitation. Final compensation is determined by the Foundation's President/CEO for other executive level positions. The compensation package recommendation is forwarded to the Executive Committee for approval. This committee also utilizes the comparative data to determine compensation for the President/CEO. Following Executive Committee approval, all staffing compensation is approved by the Board of Directors during the formal budget setting process.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		Governing documents and conflict of interest policy are available for public review in the Foundation offices. Abbreviated financial statements for the two most recently completed fiscal years, along with financial highlights are posted on the Foundation's website.

ldentifier	Return Reference	Explanation
FORM 990, PART XI, LINE 2C		THE FOUNDATION HAS NOT CHANGED ITS FINANCIAL STATEMENT OVERSIGHT PROCESS OR AUDITOR SELECTION PROCESS DURING THE TAX YEAR