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DLN: 93493132013384

Form **990**

Department of the Treasury

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)

2012

OMB No 1545-0047

2012

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

Open to Public
Inspection

Doing Business As CLARK COLLEGE FOUNDATION Number and street (or P O box if mail is not delivered to street address) Room/suit 1933 FORT VANCOUVER WAY NO CCF039 City or town, state or country, and ZIP + 4 VANCOUVER, WA 98663 F Name and address of principal officer LISA GIBERT 1933 FORT VANCOUVER WAY NO CCF039 VANCOUVER, WA 98663 VOUVER, WA 98663 VOUVER, WA 98663	H(a) Is this affiliat	es?	number 2 - 2 3 0 1 pts \$ 10,255,	
Number and street (or P O box if mail is not delivered to street address) Room/suit 1933 FORT VANCOUVER WAY NO CCF039 City or town, state or country, and ZIP + 4 VANCOUVER, WA 98663 F Name and address of principal officer LISA GIBERT 1933 FORT VANCOUVER WAY NO CCF039 VANCOUVER, WA 98663 ▼ 501(c)(3)	H(a) Is this affiliat	(360) 99 G Gross recenses a group refers?	2-2301 pts \$ 10,255,	
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VANCOUVER, WA 98663 F Name and address of principal officer LISA GIBERT 1933 FORT VANCOUVER WAY NO CCF039 VANCOUVER, WA 98663 ▼ 501(c)(3)	affiliat H(b) Are al	G Gross rece s a group ret	pts \$ 10,255,	
F Name and address of principal officer LISA GIBERT 1933 FORT VANCOUVER WAY NO CCF039 VANCOUVER, WA 98663 ▼ 501(c)(3)	affiliat H(b) Are al	s a group ref		
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VANCOUVER, WA 98663	H(b) Are al			Yes 🔽 No
▼ 501(c)(3)				
		l affiliates ir ," attach a l		
VCLARKCOLLEGEFOUNDATION ORG		, o exemption		,
	H(C) Group	zemption	namber P	
✓ Corporation Trust Association Other ►	L Year of for	mation 1973		legal domicile
nary			WA	
f voting members of the governing body (Part VI, line 1a) findependent voting members of the governing body (Part VI, line 1b) ber of individuals employed in calendar year 2012 (Part V, line 2a) .		·	3 4 5	1 1 4 25
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lated business revenue from Part VIII. column (C), line 12		. 17	'a	25.30
elated business revenue from Part VIII, column (C), line 12 ated business taxable income from Form 990-T, line 34		_	'a 'b	25,30
ated business taxable income from Form 990-T, line 34		. 7 Year	'b Cur	rent Year
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ated business taxable income from Form 990-T, line 34		. 7 Year	Curi	rent Year
utions and grants (Part VIII, line 1h)	Prior	. Year 4,170,927	Curi	rent Year 1,760,60 61,09
utions and grants (Part VIII, line 1h)	Prior	. 7 Year 4,170,927 65,222 421,926	Curi	1,760,60 61,09 3,290,49
utions and grants (Part VIII, line 1h)	Prior	. 7 Year 4,170,927 65,222 421,926 -78,655 4,579,420 683,097	Curi	1,760,60 61,09 3,290,49 2,11 5,114,30 601,52
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utions and grants (Part VIII, line 1h)	Prior	. 7 Year 4,170,927 65,227 421,926 -78,655 4,579,420 683,097	Curr	1,760,60 61,09 3,290,49 2,11 5,114,30 601,52
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utions and grants (Part VIII, line 1h)	Prior	. 7 Year 4,170,927 65,227 421,926 -78,655 4,579,420 683,097	Curi	1,760,60 61,09 3,290,49 2,11 5,114,30 601,52 1,207,16
utions and grants (Part VIII, line 1h)	Prior	. 7 Year 4,170,927 65,227 421,926 -78,659 4,579,420 683,097 1,091,287	Curi	1,760,60 61,09 3,290,49 2,11 5,114,30 601,52
utions and grants (Part VIII, line 1h)	Prior	. 7 Year 4,170,927 65,227 421,926 -78,655 4,579,420 683,097 1,091,287 2,305,870 4,080,249 499,171 of Current	Curi	1,760,60 61,09 3,290,49 2,11 5,114,30 601,52 1,207,16
utions and grants (Part VIII, line 1h)	Prior	. 7 Year 4,170,927 65,227 421,926 -78,655 4,579,420 683,097 1,091,287 2,305,870 4,080,249 499,171	Curr	1,760,60 61,09 3,290,49 2,11 5,114,30 601,52 1,207,16 2,215,65 4,024,34 1,089,95
utions and grants (Part VIII, line 1h)	Prior	. 7 Year 4,170,927 65,222 421,926 -78,655 4,579,420 683,097 1,091,282 2,305,870 4,080,249 499,171 of Current car	Current Curren	1,760,60 61,09 3,290,49 2,11 5,114,30 601,52 1,207,16 2,215,65 4,024,34 1,089,95
	SCRIBE THE ORGANIZATION'S MISSION OF MOST SIGNIFICANT ACTIVITIES OLLEGE FOUNDATION EXISTS TO AUGMENT FUNDING FOR FACI OLLEGE IN ORDER TO MAINTAIN CLARK'S EXCELLENCE, THE FOMENT GOVERNMENT SUPPORT, MAXIMIZE STUDENT ACCESS TO IVATE COMMUNITY, BUSINESS, AND GOVERNMENTAL PARTNER IS BOX If the organization discontinued its operations or disposed of voting members of the governing body (Part VI, line 1a)	THE PROPERTY OF THE PROPERTY O	Scribe the organization's mission or most significant activities OLLEGE FOUNDATION EXISTS TO AUGMENT FUNDING FOR FACILITIES, PROGRAMS, AN OLLEGE IN ORDER TO MAINTAIN CLARK'S EXCELLENCE, THE FOUNDATION SEEKS PRIVITION GOVERNMENT SUPPORT, MAXIMIZE STUDENT ACCESS TO EDUCATION PROGRAMS IVATE COMMUNITY, BUSINESS, AND GOVERNMENTAL PARTNERSHIPS FOR THE BENEFT. It is box If the organization discontinued its operations or disposed of more than 25% of its new of voting members of the governing body (Part VI, line 1a)	mary Iscribe the organization's mission or most significant activities OLLEGE FOUNDATION EXISTS TO AUGMENT FUNDING FOR FACILITIES, PROGRAMS, AND STUDEN OLLEGE IN ORDER TO MAINTAIN CLARK'S EXCELLENCE, THE FOUNDATION SEEKS PRIVATE FUND MENT GOVERNMENT SUPPORT, MAXIMIZE STUDENT ACCESS TO EDUCATION PROGRAMS AND SERIVATE COMMUNITY, BUSINESS, AND GOVERNMENTAL PARTNERSHIPS FOR THE BENEFIT OF THE OUTPUT OF THE ORGANIZATION DISCONTINUED ITS OPERATIONS OF DISCONTINUED OF THE OUTPUT OUTPUT OF THE OUTPUT OF THE OUTPUT OF THE OUTPUT OUTPUT OF THE OUTPUT

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

PORTLAND, OR 97205

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Par		it of Program Serv nedule O contains a resp				٠
1	Briefly describe th	e organization's mission	1			
	RK COLLEGE FOUN ELLENCE AT CLARI		E JOY OF PHII	LANTHROPY IN SUPP	PORT OF STUDENT SUCCES	S AND PROGRAM
2		n undertake any signific or 990-EZ?			which were not listed on	
	If "Yes," describe t	hese new services on S	chedule O			
3		n cease conducting, or r			nducts, any program	. 「Yes 「No
	If "Yes," describe t	hese changes on Sched	ule O			
4	expenses Section) organizations	are required to report	ree largest program services, t the amount of grants and allo	
4a	(Code) (Expenses \$	668,738	ıncludıng grants of \$	0) (Revenue \$	0)
	EXPENDITURES INCLUEDUCATION FACILITY	JDED SOFTWARE AND COMPU CONSTRUCTION, FITNESS EC	ITER UPGRADES, D QUIPMENT, MACHI	DENTAL HYGIENE LAB SIMUI NE TECHNOLOGY MILLS, AN	ES THE MARGIN OF EXCELLENCE IN LATION STATIONS, NURSING EQUIPM ID EQUIPMENT FOR THE CULINARY I /ELOPMENT AND CONTINUING EDUC	IENT, EARLY CHILDHOOD DEPARTMENT IN ADDITION, ALI
4b	(Code) (Expenses \$	601,526	ıncludıng grants of \$	601,526) (Revenue \$	0)
	EDUCATION MORE AF RECEIVE ENCOURAGE	FORDABLE TO STUDENTS FRO	OM A FULL RANGE ORT THROUGH SCH	OF ECONOMIC CIRCUMSTA IOLARSHIPS EDUCATIONAL	OOVER 600 STUDENTS THESE AWAR ANCES STUDENTS FROM DIFFERENT - SUCCESS CAN MAKE A DIFFERENC ITS FUTURE	ACADEMIC BACKGROUNDS
	(Code) (Expenses \$	350,769	ıncludıng grants of \$	0) (Revenue \$	0)
	HYGIENE, DIESEL, HU MATH, MUSIC, NURSI	MANITIES, SOCIAL SCIENCE, NG, ORCHESTRA, PHARMACY	ELECTRONICS, EN TECH, PHOTOGRA	GINEERING TECHNOLOGY, APHY, MEDICAL RADIOGRAF	ART, ATHLETICS, AUTOMOTIVE TECH INTERNATIONAL PROGRAMS, LIBRAF PHY, CHILD AND FAMILY STUDIES, AF PARTMENTS AND PROGRAMS	RY, E-LEARNING, MACHINING,
	(Code) (Expenses \$	825,372	including grants of \$	0) (Revenue \$	65,771)
	OTHER PROGRAM EXE MANAGEMENT SERVICE	PENDITURES INCLUDE CAPITA	AL EXPENDITURES ENTS SUPPORTING	ON BEHALF OF CLARK COL SCHOLARSHIPS AND COLL	LEGE, SCHOLARSHIP MANAGEMENT S EGE PROGRAMS, AND EXPENDITURE	SERVICES, INVESTMENT
	0.45		- 41 - 0 .			
4d	Other program se (Expenses \$	rvices (Describe in Scho 825,372 inc		f¢) (Revenue \$	65,771)
4-		•		' *	, (itereliae p	
4e	Total program ser	vice expenses F	2,446,405			

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	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, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		Νo
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV^{\square}	9		No
LO	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
L1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII"	11b	Yes	
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Νo
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part x^{*}	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
L2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
L3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
L4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
L5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
L6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
L 7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
L8	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	
L9	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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	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 lines 24b through 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		No
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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part $IV \cdot \cdot \cdot \cdot$	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	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	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 0	(2012)

Раг	Statements Regarding Other 1R5 Fillings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	•	Yes	l
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 42		163	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
•	gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
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 (see instructions)		105	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	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		Νo
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	_		
_		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	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	7.		N o
ч	file Form 8282?	7c		No
u	Ti Tes, indicate the number of Forms 8282 filed during the year			
e	Did the organization 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		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h	Yes	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			1
	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		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
.0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Form 990 (2012) 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. Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
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 governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		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	
b	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 organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
_				
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			re Cod Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		
10a b	Did the organization have local chapters, branches, or affiliates?			No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
110a b 111a b 112a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No No

- 17 List the States with which a copy of this Form 990 is required to be filed ►CA , OR , WA
- 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 made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►LISA GIBERT PRESIDENTCEO 1933 FORT VANCOUVER WAY NO CCF039 VANCOUVER, WA (360)992-2301

<u>Part VII</u> 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

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ♦ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 neither the organization nor any related organization compensated any current officer, director, or trustee

d.	or related rganizations below otted line)	Individual trustee or director	Institutional	Officei	ξe) •	Ell BIH	핑	(W- 2/1099-	(W- 2/1099-	(F) Estimated amount of other compensation from the	
		ō.	al Trustee		Key employee	Highest compensated employee	imer	MISC)	MISC)	organization and related organizations	
1) RICH TAKACH	1 00	Х		х				0	0	0	
CHAIR											
(2) GREG WALLACE	1 00	х		х				0	0	0	
ЛСЕ CHAIR (3) KEITH KOPLAN	1 00										
TREASURER	1 00	Х		х				0	0	0	
4) JANE SCHMID-COOK	1 00	х						0	0	0	
DIRECTOR		^						J	Ŭ	0	
5) BRUCE DAVIDSON	1 00	х						0	0	0	
DIRECTOR (6) LARRY EASTER	1.00										
DIRECTOR	1 00	х						0	0	0	
(7) JEANNE FIRSTENBURG	1 00	Х						0	0	0	
DIRECTOR		.,						-	Ĩ		
8) EDWARD R GEIGER	1 00	х						0	0	0	
DIRECTOR (9) T RANDALL GROVE ESQ	1 00										
	1 00	х						0	0	0	
DIRECTOR (10) GLEN HOLLAR	1 00										
	1 00	х						0	0	0	
DIRECTOR (11) TIM LEAVITT	1.00										
(11) TIM LEAVITT	1 00	х						o	0	0	
DIRECTOR (12) CHERTE NYCARD	,										
(12) CHEREE NYGARD	1 00	х						o	0	0	
DIRECTOR (12) POUC PALTA							\square				
(13) DOUG PALIN	1 00	х						o	0	0	
DIRECTOR											
14) CHRISTINE WAMSLEY	1 00	х						0	0	0	
DIRECTOR								Ü			
15) LISA GIBERT CPA CFRE	60 00	х		х				147,766	0	8,292	
PRESIDENT/CEO								117,700	Ŭ	5,232	
16) KAREN HAGEN	45 00			x				52,416	0	12,714	
DIR OF ADVNCMT SRV/ASST SECTY								32,410	0	12,714	
17) DANIEL ROGERS CPA	50 00			х				89,976	0	18,987	
CFO/SECRETARY				^				09,970		10,367	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) A verage hours per week (list any hours	A verage hours per week (list any hours and a direct						(D) Reportable compensation from the organization	(E) Reportable compensati from relate organization	on d ns	(F Estim amount o compen from	ated of other sation the
		for related organizations below dotted line)	Individual trustée or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099 MISC)) -	organiz	lated
(18)	ARA SERJOIE CFRE	60 00					х		119,867		0		21,242
SENIC	DR VICE PRESIDENT												
						\vdash					_		
1b c	Sub-Total	rt VII. Section A		<u>.</u>	<u>. </u>		 						
d	Total (add lines 1b and 1c)			٠.	٠.		►		410,025		0		61,235
2	Total number of individuals (including \$100,000 of reportable compensation				ed a	bove	e) who	rec	eived more than				
3	Did the organization list any former of on line 1a? <i>If "Yes," complete Schedule</i>							r hıç	ghest compensate	d employee	3	Yes	No
4	For any individual listed on line 1a, is organization and related organizations individual									om the	4	Yes	
5	Did any person listed on line 1a receives rendered to the organization									ndıvıdual for	5		No
Se	ection B. Independent Contrac												
1	Complete this table for your five higher compensation from the organization F											tax year	
	Name and	(A) business address							Description	(B) on of services		(C Comper	
											\dashv		
											_		
	Total number of independent contractor \$100,000 of compensation from the or		not lım	ıted	to th	nose	listed	dab	ove) who received	more than			

Form 99			_					Page 9
Part \	ЛΠ	Statement o	o f Revenue ule O contains a respor	ise to any question i	n this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
တည	1a	Federated cam	paigns 1a	1,180				
and and	ь	Membership du	es 1b	6,810				
9 0 0	l c	Fundraising eve	ents 1c	12,274				
.\$. <u>\</u>								
Gif Ila	d		zations 1d					
<u>چ</u> چ	e	Government grants	s (contributions) 1e					
Contributions, Giffs, Grants and Other Similar Amounts	f	All other contribution similar amounts no	ons, gifts, grants, and 1f ot included above	1,740,337				
ntrib d Otl	g	Noncash contribution 1a-1f \$	ons included in lines	171,810				
ë C	h	Total. Add lines	s 1a-1f	· · ·	1,760,601			
				Business Code				
Ĭ	2a	OTHER PROGRAM	SERVICES	900099	61,090	61,090		
35 38	ь							
9.	l c							
Ę	d		_					
B	e							
Program Serwce Revenue	f	All other progra	am service revenue					
Š	ļ .	All other progra	ani service revenue					
	g	Total. Add lines	s 2a – 2f		61,090			
	3		ome (including dividendar amounts)		726,465			726,465
	4		stment of tax-exempt bond	<u></u>				
	5			· · · · · ·				
		,,	(ı) Real	(II) Personal				
	6a	Gross rents	12,500	,				
	ь	Less rental	44,905					
	_c	expenses Rental income	-32,405					
		or (loss)			-32,405			-32,405
	d	Net rental incol		-	-32,403			-32,403
	7a	Gross amount	(ı) Securities	(II) Other				
		from sales of assets other than inventory	7,629,946	500				
	ь	Less cost or						
		other basis and sales expenses	5,065,639	776				
	C	Gain or (loss)	2,564,307	-276				
	d	Net gain or (los	ss)		2,564,031			2,564,031
4.	8a	Gross income f						
ıμ		events (not inc \$ 12	,274					
क ≥		of contributions	reported on line 1c)					
æ		See Part IV, lin	ne 18 a					
Other Revenue	ь	less directer	penses b	34,794 30,357				
₹	c		(loss) from fundraising		4,437			4,437
			rom gaming activities					
		See Part IV, lin	ne 19					
			а	100				
	Ь		penses b	0	4.5		1	105
	C		loss) from gamıng actı) 	vities	100			100
	10a	Gross sales of returns and allo						
		= -/-	a					
	ь	Less cost of go	oods sold b					
	С	Net income or ((loss) from sales of inve	entory 🛌				
		Miscellaneous	s Revenue	Business Code				
	11a	PASSTHROUG	HINCOME	900099	25,301		25,301	
	ь	MISC INCOME	<u> </u>	900099	4,681	4,681		
	c							
	d	All other reveni	ue					
	e	Total. Add lines	s 11a-11d	🕨	29,982			
	12	Total revenue.	See Instructions		·	CE 33.	25.201	3 363 636
	1				5,114,301	65,771	25,301	3,262,628

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 601,526 601,526 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and 345,892 137,942 121,581 86,369 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) . . . Other salaries and wages 669,097 249,798 220,171 199,128 Pension plan accruals and contributions (include section 401(k) 21,479 8,566 7,550 and 403(b) employer contributions) 5,363 96,369 33,874 Other employee benefits 38,432 24,063 10 74,328 28,336 24,975 21,017 11 Fees for services (non-employees) Management 2,905 697 Legal 2,208 Accounting 50,049 50,049 Professional fundraising services See Part IV, line 17 Investment management fees 606,868 303,434 303,434 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 253,501 100,554 63,021 89,926 Schedule O) Advertising and promotion . . 4,531 12 2,502 2,029 13 Office expenses 200,590 77,377 29,371 93,842 24,957 14 Information technology . . . 24,893 64 15 Royalties . 7,667 6,757 4,800 16 Occupancy 19,224 **17** 41,477 31,703 3,329 6,445 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization . . . 100,220 46,307 53,913 23 24,898 2,055 22,843 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a DIRECT COLLEGE SUPPORT 719,936 719,936 **CATERING & MEETINGS** 73,522 35,784 10,194 27,544 AWARDS & SPONSORSHIPS 33,467 32,072 1,395 d STAFF DEVELOPMENT 13,821 5,951 3,144 4,726 45,687 19,270 13,395 e All other expenses 13,022 Total functional expenses. Add lines 1 through 24e 25 4,024,344 2,446,405 994,773 583,166 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► T if following SOP 98-2 (ASC 958-720)

Form 990 (2012)

Part X Balance Sheet

Par	t X	Balance Sheet Check if Schedule O contains a response to any question in thi	s Part	x			
					(A)		(B)
	ı				Beginning of year		End of year
	1	Cash—non-interest-bearing			337,808		578,370
	2	Savings and temporary cash investments			1,046,378		409,586
	3	Pledges and grants receivable, net			2,486,697	3	1,877,601
	4	Accounts receivable, net			59,037	4	106,983
	5	Loans and other receivables from current and former officers, of employees, and highest compensated employees. Complete Paschedule L	art II d	of		5	
sts	6	Loans and other receivables from other disqualified persons (a $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary e organizations (see instructions) Complete Part II of Schedule	outing employers		6		
Assets	7	Notes and loans receivable, net			48,664	7	44,711
4	8	Inventories for sale or use			,	8	,
	9	Prepaid expenses and deferred charges			121,642	9	153,758
	10a	Land, buildings, and equipment cost or other basis Complete	1	I	,		,
		Part VI of Schedule D	10a	2,496,540			
	ь	Less accumulated depreciation	10b	583,528	1,780,937	10 c	1,913,012
	11	Investments—publicly traded securities			25,046,869	11	28,016,712
	12	Investments—other securities See Part IV, line 11	38,604,789	12	40,528,350		
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11			2,177,210	15	2,277,566
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			71,710,031	16	75,906,649
	17	Accounts payable and accrued expenses			469,836	17	489,682
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability Complete Part IV of Scho	edule [21	
Liabilitie	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disquali		ustees,			
jab		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third partie	es .			23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete Pa D	rt X of		1,115,947	25	1,133,395
	26	Total liabilities. Add lines 17 through 25		-	1,585,783	26	1,623,077
~		Organizations that follow SFAS 117 (ASC 958), check here ▶					
С.		lines 27 through 29, and lines 33 and 34.					
lan	27	Unrestricted net assets			11,537,935	27	20,093,289
Ba	28	Temporarily restricted net assets	•		17,333,403	28	10,851,721
Fund Balance	29	Permanently restricted net assets			41,252,910	29	43,338,562
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check h complete lines 30 through 34.	ere 🟲	┌─ and			
ţŞ i	30	Capital stock or trust principal, or current funds	-			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other t	funds			32	
Net	33	Total net assets or fund balances	•		70,124,248	33	74,283,572
	34	Total liabilities and net assets/fund balances			71,710,031	34	75,906,649
							Form 990 (2012)

Pai	rt XI Reconcilliation of Net Assets				৮
	Check if Schedule O contains a response to any question in this Part XI	· ·	<u>· · · </u>	<u> </u>	10
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5.1	14,301
2	Total expenses (must equal Part IX, column (A), line 25)	2			24,344
3	Revenue less expenses Subtract line 2 from line 1	3			89,957
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			L24,248
5	Net unrealized gains (losses) on investments	5			88,509
6	Donated services and use of facilities	6			86,451
7	Investment expenses	7			,
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			-5,593
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		74,2	283,572
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	arate			
	▼ Separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	ie	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the i audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493132013384

Employer identification number

OMB No 1545-0047

Public Charity Status and Public Support

Donartmont of the Treasure

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.

2012

Open to Public Inspection

									23-731		
Par				blic Charity Sta						instruction	ns.
	rganı:			e foundation becaus			= -				
1	<u> </u>		•	on of churches, or a				section 170	(b)(1)(A)(i)	-	
2	<u> </u>			in section 170(b)(1							
3	_			perative hospital se							
4				n organization operat ty, and state	ted in conjun	ction with a	a hospital de	scribed in s	ection 170(b)(1)(A)(iii).	. Enter the
5	~			erated for the benefi	t of a college	or univers	ıty owned or	operated by	/ a governme	ntal unit des	scribed in
		sect ior	170(b)(1)(A)(iv). (Complete P	art II)						
6	\sqcap	A feder	ral, state, or	local government or	government	al unit des	cribed in sec	tion 170(b)	(1)(A)(v).		
7	Г -	describ	oed in sect ic	at normally receives on 170(b)(1)(A)(vi).	(Complete F	art II)		_	nental unit or	from the ge	neral public
A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)											
9	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										
				oss investment inco						ı tax) irom i	ousinesses
10	_	-		janization after June	•			•	-		
10	<u> </u>	_		ganized and operated							+ +b = == = = = = = = = = = = = = = = =
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). Chec the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated										509(a)(3). Check	
e	Γ	By che other t	cking this b	ox, I certify that the on managers and ot	organızatıon	ıs not conf	trolled direct	ly or indired	tly by one or	more dısqu	alıfıed persons
f		If the c		received a written do	etermination	from the I	RS that it is a	a Type I, Ty	pe II, or Typ	e III suppo	rting organization,
g		Since A	August 17, 2	2006, has the organi	zation accep	oted any gif	t or contribu	tion from an	y of the		,
			ng persons?							,	
				rectly or indirectly o	•		_	n persons a	escribed in (i		Yes No
				governing body of th		-	on /				lg(i)
		• •	•	er of a person descri	• •		- 5				.g(ii)
h				lled entity of a perso						11	g(iii)
••		FIOVICE	e the followi	ng information about	the supporte	eu organiza	tion(s)				
s) Nam uppor ganiza	ted organization			(iv) Is to organizati col (i) lis	on in ted in	(v) Did you notify the organization in col (i) of your		(vi) Is organiza col (i) or	ation in rganized	(vii) A mount of monetary support
				lines 1-9 above or IRC section (see instructions))	your governing document?		suppo	ort?	ın the	US?	
				macractions)	Yes	No	Yes	No	Yes	No	
Total											

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

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

S	ection A. Public Support	•	•		, ·	•					
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total				
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,439,430	1,135,278	3,817,274	4,170,927	1,760,6	01 12,323,510				
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 furnished by a governmental unit	45,000	58,085	58,085	58,085	58,0	85 277,340				
4	to the organization without charge Total. Add lines 1 through 3	1,484,430	1,193,363	3,875,359	4,229,012	1,818,6	86 12,600,850				
5	The portion of total contributions	, ,	, ,	, ,	, ,	, ,					
	by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column						3,261,487				
6	(f) Public support. Subtract line 5						0.220.262				
	from line 4						9,339,363				
	ection B. Total Support	T									
Cal	endar year (or fiscal year beginning in) 🟲	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total				
7	A mounts from line 4	1,484,430	1,193,363	3,875,359	4,229,012	1,818,6	86 12,600,850				
8	Gross income from interest,										
	dividends, payments received on securities loans, rents, royalties and income from similar sources	707,437	611,142	808,004	624,389	738,9	65 3,489,937				
9	Net income from unrelated business activities, whether or not the business is regularly carried on	44,788					44,788				
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	196,771	105,649	117,006	45,511	34,89	94 499,831				
11	Total support (Add lines 7 through 10)						16,635,406				
12	Gross receipts from related activiti	es, etc (see insti	ructions)	<u> </u>		12	280,393				
	First five years. If the Form 990 is this box and stop here	for the organizati	on's first, second,			501(c)(3) org					
S	ection C. Computation of Pub			<u> </u>		· · · · · · · · · · · · · · · · · · ·					
14	Public support percentage for 2012			11, column (f))		14	56 140 %				
15	Public support percentage for 2011	. Schedule A , Par	t II, line 14			15	46 950 %				
16a	33 1/3% support test—2012. If the	organization did n	ot check the box	on line 13, and li	ne 14 is 33 1/3%						
	=	organization did r n qualifies as a pu — 2012. If the orga tion meets the "fa	not check a box of ablicly supported of anization did not c acts-and-circums	n line 13 or 16a, organization heck a box on lin tances" test, che	e 13, 16a, or 16 ck this box and s	b, and line 14 stop here. Expl	ain pported				
b 18	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ Explain in Part IV how the organiza supported organization	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see									

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt

	purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
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 income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

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

Schedule A (Fo	rm 990 or 990-EZ) 2012 Page 4					
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).					
	Facts And Circumstances Test					
Explanation						
SCHEDULE A,	PART II, LINE 10, EXPLANATION OF OTHER INCOME FUNDRAISING EVENTS GAMING ACTIVITIES					

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493132013384

OMB No 1545-0047

Inspection

Open to Public

Department of the Treasury Internal Revenue Service

SCHEDULE D (Form 990)

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

► Attach to Form 990. ► See separate instructions.

Name of the organization

Employer identification number

CLA	RK COLLEGE DISTRICT 14 FOUNDATION		23-	7315006		
Pa	organizations Maintaining Donor Advorganization answered "Yes" to Form 990				. Comple	te If the
	•	(a) Donor advised funds		(b) Funds and o	other acco	unts
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or		nor adv	ısed	┌ Yes	┌ No
6	Did the organization inform all grantees, donors, and doused only for charitable purposes and not for the beneficonferring impermissible private benefit?				┌ Yes	┌ No
Pa	rt II Conservation Easements. Complete if	the organization answered "Yes"	to Forr	n 990, Part IV	, line 7.	
1 2	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education) Preservation of a	ı certifie	d historic struc	ture	
	easement on the last day of the tax year			11-14 -4 44-	F. J £ + b	
_	Total number of conservation easements		2a	Held at the	Ena or the	rear
a	Total acreage restricted by conservation easements					
b	Number of conservation easements on a certified histo	oric structure included in (2)	2b			
C	Number of conservation easements included in (c) acq	, ,	2c			
d	historic structure listed in the National Register		2d			
3	Number of conservation easements modified, transferr	ed, released, extinguished, or termina	ted by th	ne organization	during	
	the tax year 🗠					
4	Number of states where property subject to conservat	ion easement is located ►				
5	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?	the periodic monitoring, inspection, ha	ndling of	f violations, and	☐ Yes	┌ No
6	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation ease	ements (during the year		
7	A mount of expenses incurred in monitoring, inspecting \$\blue{\mathbb{F}} \\$, and enforcing conservation easemen	ts durın	g the year		
В	Does each conservation easement reported on line 2(d and section 170(h)(4)(B)(II)?	d) above satisfy the requirements of se	ection 1	70(h)(4)(B)(ı)	☐ Yes	┌ No
9	In Part XIII, describe how the organization reports con balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financi				
Par	Organizations Maintaining Collection		, or Ot	her Similar <i>i</i>	Assets.	
	Complete if the organization answered "Y If the organization elected, as permitted under SFAS 1		onuo eta	stamont and hal	anca chaoi	
1a	works of art, historical treasures, or other similar asse service, provide, in Part XIII, the text of the footnote t	ts held for public exhibition, education	, or rese	earch in furthera		
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to thes	ts held for public exhibition, education				lıc
	(i) Revenues included in Form 990, Part VIII, line 1			► \$		
	(ii) Assets included in Form 990, Part X			- \$		
2	If the organization received or held works of art, histor			icial gain, provid	de the	
	following amounts required to be reported under SFAS	116 (ASC 958) relating to these item	S			

Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part											itinued)
	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	as, cn	еск	•	_		_	e or its	i	
а	Public exhibition		d	ı	Loan or ex	change progr	ams				
b	Scholarly research		e	Γ	Other						
c	Preservation for future generations										
	Provide a description of the organization's co Part XIII	ollections and expla	ın hov	v the	y further the	e organization	's ex	empt purpose	ın		
	During the year, did the organization solicit o							ıılar			-
	assets to be sold to raise funds rather than t IV Escrow and Custodial Arrang		-					aall ta Farma	<u> </u>	s	│ No
Part	Part IV, line 9, or reported an an					on answere	u Y	es to Form	990,		
	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interme	ediary	for c	ontributions	s or other ass	ets r	not	┌ Ye	s	Г No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follow	ving t	able	_					
						-		Α	mount		
С	Beginning balance					-	1c				
d	Additions during the year					-	1d				
e	Distributions during the year					-	1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21?						┌ Ye	s	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	natio	n has been	provided in P	art >	KIII			Γ
Par											
		(a)Current year	(b)	Prior y			_	Three years back	(e) Fo		ars back
1a	Beginning of year balance	48,049,062			250,098	43,874,789		41,608,019		52	2,644,719
	Contributions	951,878		1,	509,675	1,020,513		126,512			38,500
C	Net investment earnings, gains, and losses	4,247,035			-31,610	5,069,627		3,959,557		-9	,602,473
d	Grants or scholarships	522,592			202,053	228,365		189,476			48,700
	Other expenditures for facilities	419,326		:	393,766	395,328		399,867			528,273
f.	Administrative expenses	1,308,376		1,	083,282	1,091,138		1,229,956			895,754
g	End of year balance	50,997,681		48,	049,062	48,250,098		43,874,789		41	,608,019
2	Provide the estimated percentage of the curi	rent year end baland	ce (lın	e 1g	column (a))) held as					
а	Board designated or quasi-endowment ►	18 000 %									
ь	Permanent endowment ► 82 000 %										
) %									
	The percentages in lines 2a, 2b, and 2c shows the state of the percentages in fines 2a, 2b, and 2c shows the percentage of the percentage		ation 1	that :	are held and	l administere	d for	the			
	organization by	object of the organization	u ci o i i i		are mera ame	. aamminstere	u 101		Y	es	No
	(i) unrelated organizations							3a	(i)		No
	(ii) related organizations							<u>.</u> 3a	(ii)		No
	If "Yes" to 3a(II), are the related organizatio	•					٠	🗀	b		
	Describe in Part XIII the intended uses of th										
Part	VI Land, Buildings, and Equipme Description of property	ent. See Form 99	0, Pa		, line 10. Cost or other	r (b)Cost or o	ther	(c) Accumulate	d (d	1 Boo	k value
	Description of property				is (investment			depreciation	" "	, 500	value
1 a L	and					1,215	,576			1	,215,576
b B	uıldıngs		•			959	,569	373,4	85		586,084
c L	easehold improvements										
d E	quipment					321	,395	210,0	43		111,352
e 0	ther										

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests (3)Other		
(A) OTHER INVESTMENTS	40,528,350	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	40,528,350	
Part VIII Investments—Program Related. Se		
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		Cost of end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•	
Part IX Other Assets. See Form 990, Part X, II		
(a) Descri		(b) Book value
-		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15		
Part X Other Liabilities. See Form 990, Part X		
1 (a) Description of liability	(b) Book value	
Federal income taxes		
SPLIT INTEREST AGREEMENT LIABILITIES	1,133,395	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	1,133,395	
2 Fin 48 (ASC 740) Footpote In Part XIII provide the ter	vt of the footnote to the organ	ization's financial statements that reports the

Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per Re	turn
1	Total revenue, gains, and other support per audited financial statements	1 1	7,807,964
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments	9	
b	Donated services and use of facilities	1	
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)	0	
e	Add lines 2a through 2d	2e	3,250,570
3	Subtract line 2e from line 1	3	4,557,394
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 606,86	8	
b	Other (Describe in Part XIII) 4b -49,96	1	
c	Add lines 4a and 4b	4c	556,907
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	5,114,301
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expens	es per F	Return
1	Total expenses and losses per audited financial statements	1	3,648,640
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	51	
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII) 2d 144,71	. 3	
e	Add lines 2a through 2d	2e	231,164
3	Subtract line 2e from line 1	3	3,417,476
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 606,86	8	
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	606,868
5	Total expenses, Add lines 3 and 46 (This must equal Form 990, Part I, line 18.)	5	4 0 2 4 3 4 4

Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	FIN 48 (ASC 740) FOOTNOTE - THE FOUNDATION RECOGNIZES THE TAX BENEFIT FROM UNCERTAIN TAX PROVISIONS ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITIONS WILL BE SUSTAINED ON EXAMINATION BY THE TAX AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION THE TAX BENEFIT IS MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT THE FOUNDATION RECOGNIZES INTEREST AND PENALTIES RELATED TO INCOME TAX MATTERS IN INCOME TAX EXPENSE THE FOUNDATION HAD NO UNRECOGNIZED TAX BENEFITS WHICH WOULD REQUIRE AN ADJUSTMENT AT JUNE 30, 2013 OR 2012 NO INTEREST AND PENALTIES HAVE BEEN ACCRUED FOR THE YEAR ENDED JUNE 30, 2013 AND 2012 THE FOUNDATION FILES AN EXEMPT ORGANIZATION RETURN AND UNRELATED BUSINESS TAX RETURN IN THE US FEDERAL JURISDICTION AND UNRELATED BUSINESS INCOME TAX RETURNS IN VARIOUS STATE JURISTICTIONS WHEN REQUIRED THE FOUNDATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY TAXING AUTHORITIES FOR YEARS BEFORE 2009 FOR ITS FEDERAL AND STATE FILINGS
PART XI, LINE 2D - OTHER ADJUSTMENTS		SPLIT INTEREST GIFT REVENUE 175,610
PART XI, LINE 4B - OTHER ADJUSTMENTS		OTHER RENTAL PROPERTY EXPENSE -44,905 DIRECT SPECIAL EVENT EXPENSE -30,357 K-1 TAXABLE INCOME 25,301
PART XII, LINE 2D - OTHER ADJUSTMENTS		RENTAL PROPERTY EXPENSE 44,905 DIRECT SPECIAL EVENT EXPENSE 30,357 SPLIT INTEREST GIFT EXPENSE 69,451

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493132013384

SCHEDULE F (Form 990)

Department of the Treasury

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

CLARK COLLEGE DISTRICT 14 FOUNDATION

Employer identification number

					23 / 313000	
Pa	General Information "Yes" to Form 990, Pa			ne United States. Co	omplete if the organiza	ation answered
1	For grantmakers. Does the cassistance, the grantees' eligible the grants or assistance?	gibility for the	grants or assis	stance, and the selection	on criteria used to awa	rd
2	For grantmakers. Describe in the United States.	n Part V the or	ganızatıon's p	rocedures for monitorii	ng the use of grant fui	nds outside
3	Activites per Region (The follow	ving Part I, line 3	3 table can be d	uplicated if additional spa	ice is needed)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
	CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		17,753,851
	EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		1,839,269
За	Sub-total	0	0			19,593,120
b	Total from continuation sheets to Part I	0	0			0

ol

c Totals (add lines 3a and 3b)

19,593,120

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2				ted above that are r e or counsel has pro					
3	Enter total nu	mher of other or	nanizations or en	tities					

Schedule F (Form 990) 2012

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		+	1		,		1
		+ +		'	+		+
		+		'	+		+
		+	<u> </u>		 		+
	 		 		 	 	+
					<u> </u>		
					<u> </u>	<u> </u>	
							<u> </u>
			1				
		+ + +			,		1
		+ + +			+		
	 	+			+		+
			1		-		+
	 		 		 	 	
			 		<u> </u>	 	
						1	

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	<u> ~</u>	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Yes	Į √	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	١✓	Yes	Г	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	<u> </u>	Yes	Г	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	▽	Yes	Г	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	Г	Yes	▽	Νo

Schedule F (Form 990) 2012

Part V	Supplementa	al Information
Part v	Supplementa	ai intormatio

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	ReturnReference	Explanation

CLARK COLLEGE DISTRICT 14 FOUNDATION

DLN: 93493132013384

OMB No 1545-0047

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

SCHEDULE G

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. Form 990-EZ filers are not required to complete this part.

Attach to Form 990 or Form 990-EZ.

Supplemental Information Regarding

Open to Public Inspection

Employer identification number

23-7315006

		· · · · · · · · · · · · · · · · · · ·		_	on answered res t	· · · · · · · · · · · · · · · · · · ·	, iiile 17.	
		zation raised funds t	hrough ar		ollowing activities Che			
	olicitations			е	Solicitation of non-government grants			
b Γ Interr	et and email soli	citations		f	Solicitation of gov	-		
c Γ Phone	solicitations			g	Special fundraising	g events		
d	rson solicitations							
					vidual (including officer tion with professional f		Г Yes Г No	
		t paid individuals or e \$5,000 by the orgar		undraiser	s) pursuant to agreeme	ents under which the fur	ndraiser is	
indiv	nd address of vidual fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization	
			Yes	No				
Total				>				
3 List all sta licensing	ates in which the o	organization is regist	ered or li	censed to	solicit funds or has be	en notified it is exempt	from registration or	

Sche	dule	e G (Form 990 or 990-EZ) 2012				Page 2
Pai	rt II	Fundraising Events. Con more than \$15,000 of funda events with gross receipts of	raising event contribut			
			(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 MUSIC FESTIVAL (event type)	(c) O ther events (total number)	(d) Total events (add col (a) through col (c))
<u>Φ</u>				1		47.060
Revenue	1	Gross receipts	30,162	16,906		47,068
Rev	2	Less Contributions	11,568	706	5	12,274
	3	Gross income (line 1 minus line 2)	18,594	16,200)	34,794
	4	Cash prizes				
မွာ	5	Noncash prizes	518	3		518
Expenses	6	Rent/facility costs	12,37	157	,	12,532
	7	Food and beverages .	7:	782	2	853
Direct	8	Entertainment				
ឨ	9	Other direct expenses .	5,317	11,137	,	16,454
	10	Direct expense summary Add lii	nes 4 through 9 ın column	(d)		(30,357)
	11	Net income summary Combine I	ine 3, column (d), and line	210		4,437
Par	t II	Gaming. Complete if the o \$15,000 on Form 990-EZ, li		"Yes" to Form 990, Pa	irt IV, line 19, or rep	orted more than
Revenue		\$15,000 OH TOHN 550 EZ, II	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Rev	1	Gross revenue				
9	2	Cash prizes				
sesuedy	3	Non-cash prizes				
Direct B	4	Rent/facility costs				
ă	5	Other direct expenses				
	6	Volunteer labor	│ Yes No	┌ Yes ┌ No	☐ Yes ☐ No	
	7	Direct expense summary Add line	es 2 through 5 ın column (d)	🛌	
	8	Net gaming income summary Con	nbine lines 1 and 7 in colu	ımn (d)	🛌	
9	Ent	ter the state(s) in which the organiz	ation operates gaming ac	tivities		
a b	Is	the organization licensed to operate	e gaming activities in eac	h of these states?		「Yes 「No
10a b		re any of the organization's gaming	licenses revoked, susper	nded or terminated during	the tax year?	
						1

70ES	the organization operate gaming	activities with nonlinelinders		· · I Yes I No
.2		neficiary or trustee of a trust or a men		
	formed to administer charitable of	gaming?		· · · · Fyes F No
.3	Indicate the percentage of gamir	ng activity operated in		
а	The organization's facility			13a
b	An outside facility			13b
.4	Enter the name and address of th	ne person who prepares the organizati	on's gaming/special events books	and records
	Name ►			
	Address 🟲			
	revenue?	ntract with a third party from whom the		
	amount of gaming revenue retain	ed by the third party 🟲 \$		
C	If "Yes," enter name and address	s of the third party		
	Name 🟲			
	Address ►			
.6	Gaming manager information			
	Name 🟲			
	Gaming manager compensation I	\$ \$		
	Description of services provided	>		
	☐ Director/officer	Employee	Independent contractor	
.7	Mandatory distributions			
а	Is the organization required unde	er state law to make charitable distrib	utions from the gaming proceeds to	
	retain the state gaming license?			Г _{Yes} Г _{No}
b	Enter the amount of distributions	required under state law distributed t	to other exempt organizations or sp	ent
		activities during the tax year 🟲 💲		
Par	columns (III) and (v), a	mation. Complete this part to pr and Part III, lines 9, 9b, 10b, 15b ditional information (see instructi	, 15c, 16, and 17b, as applical	
	Identifier	Return Reference	Explana	tion

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Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990

OMB No 1545-0047

DLN: 93493132013384

Open to Public

Department of the Treasury

Schedule I

(Form 990)

lame of the organization						Employer identificati	on number
CLARK COLLEGE DISTRICT 14 FO	UNDATION					23-7315006	
Part I General Informati	on on Grants and	d Assistance				•	
 Does the organization maintain the selection criteria used to a Describe in Part IV the organization 	iward the grants or as zation's procedures fo	sistance? or monitoring the use o	f grant funds in the Unite				✓ Yes
				united States. Con art II can be duplicate			es" to
(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
Enter total number of section 5Enter total number of other org							
or Panerwork Reduction Act Notice se	e the Instructions for	Form 990		Cat No. 50055P		Schedu	le I (Form 990) 2012

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

(a)Type of grant or assistance	(b) Number of recipients	(c)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
(1) MERIT-BASED SCHOLARSHIPS TO CLARK COLLEGE STUDENTS	400	527,364			
(2) ATHLETIC SCHOLARSHIPS TO CLARK COLLEGE STUDENTS	15	27,271			
(3) PERFORMANCE AWARDS TO CLARK COLLEGE STUDENTS	122	24,741			
(4) EMERGENCY GRANTS TO CLARK COLLEGE STUDENTS	10	6,203			
(5) NEED-BASED AWARDS TO CLARK COLLEGE STUDENTS	12	15,947			

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

complete this part to provide the information required in rate 1, inc		me 27 t are 1117 column (5)7 and any other dealers in ormation
Identifier	Return Reference	Explanation
	· · · · · · · · · · · · · · · · · · ·	SCHEDULE I, PART I, LINE 2 THE FOUNDATION PROVIDES GRANTS, SCHOLARSHIPS AND AWARDS TO STUDENTS
MONITORING GRANTS IN THE U S		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 AWARD OR GRANT CRITERIA COMMITTEES AND FOUNDATION MANAGEMENT OVERSEE THE AWARDING PROCESS AND SUBSEQUENT MONITORING

Schedule I (Form 990) 2012

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DLN: 93493132013384

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

Compensation Information

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization CLARK COLLEGE DISTRICT 14 FOUNDATION **Employer identification number**

23-7315006

Pa	rt I Questions Regarding Compensation					
			Yes	No		
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items					
	First-class or charter travel Housing allowance or residence for personal use			1		
	Travel for companions Payments for business use of personal residence					
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			1		
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)					
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III					
	Compensation committee Written employment contract					
	☐ Independent compensation consultant ☐ Compensation survey or study					
	Form 990 of other organizations Approval by the board or compensation committee					
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization					
а	Receive a severance payment or change-of-control payment?	4a		No		
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo		
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III					
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			ĺ		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of					
а	The organization?	5a		No		
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, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of					
а	The organization?	6a		No		
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, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was					
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe					
	ın Part III					
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9				

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

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of (i) Base compensation	W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) (ii)	147,766 0	0	0	6,571 0	1,721 0	156,058 0	0

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Identifier Return Reference Explanation

Schedule J (Form 990) 2012

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OMB No 1545-0047

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SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

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

Noncash Contributions

Name of the organization CLARK COLLEGE DISTRICT 14 FOUNDATION **Employer identification number**

23-7315006

Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d Method of d noncash contrib	etermı		ts
1	Art—Works of art	Х	3	-	FAIR VALUE			
2	Art—Historical treasures .			,				
3	Art—Fractional interests							
4	Books and publications	Х		3,203	FAIR VALUE			
	Clothing and household			·				
	goods	Х			FAIR VALUE			
6	Cars and other vehicles	Х	2	2,396	FAIR VALUE			
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .							
	Securities—Closely held stock .							
	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
	Real estate—Residential .							
	Real estate—Commercial							
	Real estate—Other							
	Collectibles	X	24	3,124	FAIR VALUE			
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other►(TWARE/EQUIPMENT)	X	71	125.900	FAIR VALUE			
	Other ► (ALL OTHER)	X	39		FAIR VALUE			
	Other ►()							
	Other ► ()							
	Number of Forms 8283 received	by the orga	nization during the tax yea	r for contributions				
	for which the organization comple				29			0
							Yes	No
30a	During the year, did the organiza	ition receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it			
	must hold for at least three year			on, and which is not require	d to be used			
	for exempt purposes for the enti					30a		No
	If "Yes," describe the arrangeme			_	·			
31	Does the organization have a gif	t acceptand	ce policy that requires the r	eview of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or use contributions?	e thırd partı • • •	es or related organizations	to solicit, process, or sell i	noncash • • •	32a		No
b	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	an amount	ın column (c) for a type of	property for which column (a) is checked,			

Page 2

Schedule M	(Form 990) (201:
Part II	Supplem

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

Identifier Return Reference Explanation

Schedule M (Form 990) (2012)

OMB No 1545-0047

Inspection

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Employer identification number

Name of the organization CLARK COLLEGE DISTRICT 14 FOUNDATION

23-7315006

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS INITIALLY PREPARED BY THE FOUNDATION'S CFO THEN REVIEWED BY AN INDEPENDENT CPA FIRM THE FINAL DRAFT IS NEXT REVIEWED BY THE FOUNDATION'S CFO AND CEO, THEN EMAILED TO ALL BOARD MEMBERS FOR REVIEW PRIOR TO FILING
	FORM 990, PART VI, SECTION B, LINE 12C	THE FOUNDATION'S CODE OF ETHICS AND CONFLICT OF INTEREST STATEMENT ARE PART OF THE SAME FO RM THAT IS REVIEWED AND SIGNED BY EACH BOARD MEMBER AND KEY EMPLOYEE ANNUALLY THIS REGULA R EXPOSURE PROVIDES A CONSISTENT REMINDER OF THE POLICY AND THE NECESSITY OF COMPLIANCE T HE FOUNDATION HAS ALWAYS TAKEN GREAT PRIDE IN FOLLOWING GOVERNANCE BEST PRACTICES SO POTEN TIAL CONFLICT OF INTERESTS ARE EXPOSED AND EVALUATED
	FORM 990, PART VI, SECTION B, LINE 15	EXECUTIVE LEVEL COMPENSATION IS DETERMINED ANNUALLY THROUGH A SERIES OF ECONOMIC AND MARKE T BASED COMPARISONS FROM AN ECONOMIC STANDPOINT, THE FOUNDATION MANAGES SALARIES AND BENE FITS AS CONSTRAINED BY RESOURCES AVAILABLE THROUGH ENDOWMENT DISTRIBUTIONS AND OTHER UNRES TRICTED 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 FILINGS, AND DIRECT SOLICITATION FINAL COMPENSATION IS DETERMINED BY THE FOUNDATION'S PRESIDENT/CEO FOR OTHER EXECUTIVE LEV EL POSITIONS THE COMPENSATION PACKAGE RECOMMENDATION IS FORWARDED TO THE EXECUTIVE COMMIT TEE FOR APPROVAL THIS COMMITTEE ALSO UTILIZES THE COMPARATIVE DATA TO DETERMINE COMPENSAT ION FOR THE PRESIDENT/CEO FOLLOWING EXECUTIVE COMMITTEE APPROVAL, ALL STAFFING COMPENSATI ON IS APPROVED BY THE BOARD OF DIRECTORS DURING THE FORMAL BUDGET SETTING PROCESS
	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
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT ASSETS 175,610 TRUST EXPENSES -69,451 DONATE D SERVICES -86,451 PASSTHROUGH INCOME (TAXABLE) -25,301