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## EL CAMINO COMMUNITY COLLEGE DISTRICT FOUNDATION

FORM 990 INCOME TAX RETURN

FOR YEAR ENDED JUNE 30, 2021

EL CAMINO COMMUNITY COLLEGE DISTRICT FOUNDATION 16007 CRENSHAW BLVD TORRANCE, CA 90506

> DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

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			** PUBLIC DISCLOSURE COPY	* *				
	0	00	Return of Organization Exempt From	m In	come Tax	OMB No. 1545-0047		
Forr	n <b>Y</b>	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	de (exce	pt private foundations	) <b>2020</b>		
D		- ( II T	Do not enter social security numbers on this form as it r	may be	made public.	Open to Public		
Intern	al Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the I			Inspection		
AF	or th	e 2020 calend	ar year, or tax year beginning $ m JUL1$ , $2020$ and endin	ing Jl	JN 30, 2021			
	heck if pplicab		f organization		D Employer identifica	tion number		
		ЕГ С	AMINO COMMUNITY COLLEGE DISTRICT					
	_chang Initial	ge Doing b			95-387430	۷		
Initial         Number and street (or P.0. box if mail is not delivered to street address)         Room/suite         E         Telephone number           Final         16007         CRENSHAW         BLVD         310-660-3683								
	returr_ termi	0_			G Gross receipts \$	15,370,517.		
	ated Amer		own, state or province, country, and ZIP or foreign postal code <b>ANCE , CA</b> 90506	-	H(a) Is this a group ret			
-	_returr _Appli _tion		nd address of principal officer: ANDREA SALA		for subordinates?			
L	pendi		AS C ABOVE		H(b) Are all subordinates incl			
I T	ax-ex	empt status:		527	.,	st. See instructions		
			S://WWW.ELCAMINO.EDU/FOUNDATION/		H(c) Group exemption			
						State of legal domicile: CA		
	nrt I	Summary			•	<u>v</u>		
-	1	Briefly describ	e the organization's mission or most significant activities: SUPPORT	r sti	JDENTS' SUCC	ESS IN		
Governance		EDUCATI	ON AND LIFE.					
rna	2	Check this bo	$x  ightarrow \begin{tabular}{ c c c c } \hline \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	of more t	han 25% of its net asse			
ove	3		ting members of the governing body (Part VI, line 1a)			28		
ۍ م	4		lependent voting members of the governing body (Part VI, line 1b)			25		
es {	5		of individuals employed in calendar year 2020 (Part V, line 2a)			0		
Activities &	6		of volunteers (estimate if necessary)			25		
Act			d business revenue from Part VIII, column (C), line 12			0.		
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>		0.		
					Prior Year 1,615,555.	Current Year 2,133,963.		
ne	8		and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g)		0.	0.		
Revenue	9 10	•	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)		546,025.	2,355,946.		
Re	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		56,365.	5,657.		
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,217,945.	4,495,566.		
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		735,211.	893,190.		
			to or for members (Part IX, column (A), line 4)		0.	0.		
s			r compensation, employee benefits (Part IX, column (A), lines 5-10)		345,381.	361,210.		
ISe		Professional f	0.	0.				
Expenses			ing expenses (Part IX, column (D), line 25)					
ñ	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		476,032.	300,572.		
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,556,624.	1,554,972.		
	19	Revenue less	expenses. Subtract line 18 from line 12		661,321.	2,940,594.		
Net Assets or Fund Balances					inning of Current Year	End of Year		
ssets	20	Total assets (F	Part X, line 16)		16,464,676.	19,393,952.		
et As	21		(Part X, line 26)		17,621.	1,090,618.		
			fund balances. Subtract line 21 from line 20		16,447,055.	18,303,334.		
	nrt II				and the three to the test of t	and a data and the PLA 191		
	-		I declare that I have examined this return, including accompanying schedules and s			nowledge and belief, it is		
true,	corre	ci, and complete	. Declaration of preparer (other than officer) is based on all information of which pre	neparer h	ias any knowledge.			
0:	_	Signatur	e of officer		Date			
Sigr Her		,	EA SALA, EXECUTIVE DIRECTOR		2			
1101	U	1	STELL FILOUTIN DILLOTON					

	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN				
Paid	TINA HENTON	TINA HENTON	02/22/2	2 if self-employed E	200630	282			
Preparer	Firm's name <b>CLIFTONLARSONALL</b>	EN LLP	Fir	m's EIN ▶ 41 -	-07467	749			
Use Only	Firm's address 2210 EAST ROUTE	66							
	GLENDORA, CA 917	40	Ph	one no. (626)	857-	7300			
May the I	May the IRS discuss this return with the preparer shown above? See instructions								
-					(	000			

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2020)

	EL CAMINO COMMUNITY COLLEGE DISTRICT
	990 (2020) FOUNDATION 95-3874302 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE MISSION OF THE EL CAMINO COLLEGE FOUNDATION IS TO DEVELOP
	COMMUNITY RELATIONSHIPS AND RAISE FUNDS TO SUPPORT STUDENTS' SUCCESS
	IN EDUCATION AND LIFE.
	IN IDDEATION AND HITE:
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1, 236, 584. including grants of \$893, 190. ) (Revenue \$
	AWARDED 680 SCHOLARSHIPS TO EL CAMINO COLLEGE STUDENTS DURING THE
	FISCAL YEAR ENDED JUNE 30, 2021 AND PROVIDED FUNDS FOR PROGRAMS IN FINE
	ARTS, ATHLETICS, ALLIED HEALTH, STEM, AND HUMANITIES AS WELL AS
	EMERGENCY BOOK AND TUITION FUNDS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$
4-1	
4d	Other program services (Describe on Schedule O.)
4.	(Expenses \$ including grants of \$ ) (Revenue \$ )         Total program service expenses ► 1,236,584.
40	Total program service expenses ► 1,236,584. Form 990 (2020
000000	
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	990 (2020) FOUNDATION 95-3874	302	Р	age <b>3</b>
Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ŭ	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			<u> </u>
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7				
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			1
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>			
124	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		<u> </u>
b		12b		x
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	120		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		x
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	990 (2020) FOUNDATION 95-3874	302	P	age <b>4</b>
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ŭ	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.70		<u> </u>
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		- 23
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		OFh		x
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			77
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
		38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
19	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c	х	
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Part V         Statements Regarding Other IRS Flings and Tax Compliance (contrued)         Yes         No           2a         Enter the number of mpolyces reported on From W3, Transmittal of Wage and Tax Statements, and the calcular year and/or with or within the ratio of the ratio of the organization field and	Form	990 (2020) FOUNDATION 95-3874	302	Р	age <b>5</b>					
2a         Enter the number of employees reported on Form W3. Transmital of Wage and Tax Statements.         2a         0           b         If at least one is reported on line 2a, did the organization file all required federal employment tax returns?         2b           Note: If the sum of lines 1 and 2a is greater than 250, yourseline to <i>e</i> , <i>de</i> (see instructions)         3a         X           b         If the square to the same of lines 1 and 2a is greater than 250, yourseline an explanation on Schedule O         3b           b         If the square to the same of lines 1 and 2a is greater than 250, yourseline an explanation or the chird in the year?         3b           b         If the sing the same of lines 2a, did the organization have an interest in, or a signature or ther authority over, a financial account is a forsign country.         4a           b         If the sing the organization have an theoring to country setter than a solut the organization have an explore to a prohibited tax shelter transaction and the xy sen?         5c           Ge         X         Did any taxable party notify the organization the form 688617         5c         5c           Ge         X         Did the organization have an explore solution and spress statement that such contributions or gifts were not tax deductible as christable contributions?         5c         7c           Ge         X         Did the organization neave pay split in exosis of S7 mate path ys as contributions and path tre golos and services provided to the payo?	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)								
tied for the calendar year ending with or within the year covered by this return $\boxed{2a}$ $\boxed{0}$ Note: If the sum of lines 1s and 2s is greater than 250, you may be required to $e_{100}$ (size instructions) $\boxed{2a}$ $\boxed{2a}$ 3a       Diff the erganization have unrelated business gross income of \$1,000 or more during the year? $\boxed{2a}$ <				Yes	No					
b       If at least one is reported on line 3a, did the organization if all required fearly exploring the vertures?       26         3a       Dot the organization have unrelated business gross income of \$1,000 or more during the vertures?       3a         3b       Thes," has it field a form 990-T for this year? If "No't to line 3b, provide an exploration or Schedule O       3b         3b       Thes," has it field a form 990-T for this year? If "No't to line 3b, provide an exploration or Schedule O       3b         3c       X.X         3d       At any time the name of the origin country (such as a bank account, securities account, or other financial account) (FBAR).       5a         5a       Wast the origin country (such as a bank account, securities account, or other financial account) (FBAR).       5a         5a       Wast the originization apply to a prohibited tax shelter transaction at any time during the tax year?       5a         5a       X.       bid any taxable party notify the organization finance form 886.7°       5a         5a       X.       bid any taxable party notify the organization apply the more section 170(c).       5a         5a       X.       bid the organization apply the way solicitation an express statement that such contributions or gifts were not tax deductible?       7a         7b       To anization necked express of 157 indea party as a contribution of quark state party and party organization necked any parmitum excess of 157 indea party as a contributi	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
Note:         If the sum of these 1a and 2a is greater than 250, you may be required to a-sing (see instructions)         Image:		filed for the calendar year ending with or within the year covered by this return								
3a       Det the organization have unrelated business gross income or \$1,000 or more during the yar?       3a       X         3b       If "Yes," has the life a Form 300-07 for this year?       4a       X         3b       If "Yes," has the life a Form 300-07 for this year?       4a       X         3b       If "Yes," set in the name of the foreign country P       5a       X         3b       If "Yes," enter the name of the foreign country P       5a       X         3c       Use of the organization of the to regin country P       5a       X         3c       Use of the organization of the to regin country P       5a       X         3c       Use of the organization of the organization the fore 3866-72       5a       X         3c       Use of the organization name of the organization the tar water than \$100,000, and did the organization solid any contributions have annual gross excepts that an onomaly greater than \$100,000, and did the organization solid any contributions that develocible contributions and early to groots and services provided to the payor?       7a       X         3c       If "Yes," indicate the number of forms 8202 filed during the year       7d       7a       X         3c       If "Yes," indicate the number of forms 8202 filed during the year       7d       7d       X         3c       If "Yes," indicate the number of forms 8202 filed during the year       7d <th>b</th> <th>If at least one is reported on line 2a, did the organization file all required federal employment tax returns?</th> <th>2b</th> <th></th> <th></th>	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b							
3a       Det the organization have unrelated business gross income or \$1,000 or more during the yar?       3a       X         3b       If "Yes," has the life a Form 300-07 for this year?       4a       X         3b       If "Yes," has the life a Form 300-07 for this year?       4a       X         3b       If "Yes," set in the name of the foreign country P       5a       X         3b       If "Yes," enter the name of the foreign country P       5a       X         3c       Use of the organization of the to regin country P       5a       X         3c       Use of the organization of the to regin country P       5a       X         3c       Use of the organization of the organization the fore 3866-72       5a       X         3c       Use of the organization name of the organization the tar water than \$100,000, and did the organization solid any contributions have annual gross excepts that an onomaly greater than \$100,000, and did the organization solid any contributions that develocible contributions and early to groots and services provided to the payor?       7a       X         3c       If "Yes," indicate the number of forms 8202 filed during the year       7d       7a       X         3c       If "Yes," indicate the number of forms 8202 filed during the year       7d       7d       X         3c       If "Yes," indicate the number of forms 8202 filed during the year       7d <th></th> <th>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)</th> <th></th> <th></th> <th></th>		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)								
b       If Ves," has it filed a Form 990-T for this year? <i>If Veb</i> ' to fain 32b, provide an explanation on the authority over, a financial account) is a toreign country (such as a bank account, securities account, or other financial account)?       4a         A Hary time during the calendary read, Citt the organization have an interest in, or a signature or other authority over, a financial account)?       4a         B If Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial account)?       4a       X         B Wes the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a       X         D Did any taxable party notify the organization have and a party to a prohibited tax shelter transaction?       6b       X         B Desk the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid are organization towice approximation aves and accounts?       6a       X         B If Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       7a       X         Tyes," did the organization notify the donor of the value of the goods or anvices provided?       7a       X         Did the organization needwe apprese is the area on any the secon tortaci?       7a       X         Tyes," did the organization notify the donor of the value of the goods or anvices provided?       7a       X         Did the organization secounts, or othewale dispos	3a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?								
4a At any time during the calendary year, did the organization have an interest it, or a signature or other manchal account)?       4a       X         b If "Yes," enter the name of the forsign country ▶       See instructions for fining requirements for FinCEN Form 114, Report of Forsign Bank and Financial Accounts (FBAR).       5a       X         b Od any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b       X         c If "Yes" to ine Sa'or 5b, dift her organization fining requirements for finCEN Form 114, Report of Forsign Bank and Financial Accounts (FBAR).       5a       X         c If "Yes" to ine Sa'or 5b, dift her organization that it was or is a party to a prohibited tax shelter transaction?       5b       X         c If "Yes", did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b       X         D If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b       X         D If "Yes," did the organization contrib the dore or the value of the goods and services proided?       7a       X         D If "Yes," did the organization and party the goods and services proided?       7a       X         D If "Yes," did the organization include acontribution of orbit we dore or the value of the organization the serve orbit orbit of orbit orbit or orbit explore or the value of the orbite orbit orbit orbite orbit orbit orbit orbit orbit explores orb	b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O								
fmancial account in a treign country (such as a bark account, securities account, or other financial account)?       4a       X         b If 'Yes,' enter the name of the foreign country.       >       3a       X         See instructions for film requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         5a Was the organization ap anyt to a prohibited tax shelter transaction at any time during the tax year?       5a       X         5b Did any taxable part notify the organization file Form 8886-7?       5c       X         6a Does the organization near annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible ochributions under section 170(c).       5a       X         b If 'Yes,' did the organization neity be years of 5: made parts as contribution and party for grods and services provided?       7a       X         7 Organization receive parts and the during the year       7d       7a       X         7 U'res,' did the organization neity parts in dispose of tangible personal property for which it was required to file form 8222?       7c       X         0 Did the organization neeves any funds, directly or indirectly, to ap premiums on a personal benefit contract?       7c       X         10 Did the organization neeves any funds, directly or indirectly, to ap premium an approxed benefit contract?       7t       X         11 Did the organization neeves any funds										
See Instructions for ling requirements for FIGCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         5a Was the organization a party to a prohibited tax shelter transaction?       5a       X         b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5a       X         c If 'Yes' to line 5a or 5b, did the organization the RB86-17       5c       5c       5c         B Dest neganization have annual gross receipts that are normally greater than \$100,000, and did the organization sole any contributions include with every solicitation an express statement that such contributions or gifts were not tax deductible?       5c       5c         7 Organization shat may receive deductible contributions under section 170(c).       7b       7c       X         b If 'Yes,' did the organization notidy a payment in excess of 157 made parity as a contribution of parity for goods and services provided to the payn?       7c       X         b Did the organization notidy the donor of the value of the goods or services provided?       7c       X         b Did the organization neceive any funds, directly or indirectly, to a personal benefit contract?       7c       X         10 the organization neceive any funds, directly or indirectly, to a personal benefit contract?       7t       X         11 the organization neceive any funds, directly or indirectly, to a personal benefit contract?       7t       X			4a		x					
See Instructions for ling requirements for FIGCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         5a Was the organization a party to a prohibited tax shelter transaction?       5a       X         b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5a       X         c If 'Yes' to line 5a or 5b, did the organization the RB86-17       5c       5c       5c         B Dest neganization have annual gross receipts that are normally greater than \$100,000, and did the organization sole any contributions include with every solicitation an express statement that such contributions or gifts were not tax deductible?       5c       5c         7 Organization shat may receive deductible contributions under section 170(c).       7b       7c       X         b If 'Yes,' did the organization notidy a payment in excess of 157 made parity as a contribution of parity for goods and services provided to the payn?       7c       X         b Did the organization notidy the donor of the value of the goods or services provided?       7c       X         b Did the organization neceive any funds, directly or indirectly, to a personal benefit contract?       7c       X         10 the organization neceive any funds, directly or indirectly, to a personal benefit contract?       7t       X         11 the organization neceive any funds, directly or indirectly, to a personal benefit contract?       7t       X	b	If "Yes," enter the name of the foreign country								
b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b       X         c       if "Yes" to line 6 a or 5b, did the organization B880-17       5c       5c       5c         B       Dest the organization have annual gross excepts that are normally greater than \$100,000, and did the organization solidit any contributions include with every solicitation an express statement that such contributions or gits       5c       5c         b       If Yes, ' did the organization note any apprent in excess of 55 mad party is a contribution and party for goods and services provided to the payof?       7c       X         7       Organization notes apprent in excess of 55 mad party is a contribution and party for goods and services provided to the payof?       7c       X         7       Did the organization notes apprention the sector apprentions on a personal benefit contract?       7c       X         7       Tyes, ' indicate the number of Forms 8282 filed during the year       1cd       7d       7d         10       Id the organization necevice a contribution of case, boats, apprentions, directly or indirectly, on a personal benefit contract?       7c       X         11       If the organization necevice a contribution of case, boats, apprentions, directly or indirectly, on a personal benefit contract?       7d       X         12       If the organization necevice a contribution of case, boats, apprentitheses, dired organization f		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b       X         c       If Yes' to line 5a or 5b, did the organization solicit any contributions that were not tax deductible as chartable contributions?       5c       5c       5c         d       If Yes, 't did the organization include with were y solicitation an express statement that such contributions or gifts were not tax deductible as chartable contributions?       6a       X         f       Dog tid the organization include with were y solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       6b       7a       X         f       Did the organization notify the donor of the value of the goads or services provided?       7a       X         f       Did the organization notify the donor of the value of the goads or services provided?       7a       X         f       Did the organization netwise dispose of tanjbib personal property for which it was required?       7a       X         f       Did the organization netwise a contribution of qualified intellectual property, did the organization receive a contribution of qualified intellectual property, did the organization file a form 1098 C?       7a       X         f       If the organization neceive a contribution of qualified intellectual property, did the organization file a form 1098 C?       7a       X         f       If the organiza	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
Ga       Dees the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit ary contributions that were not tax deductible as charitable contributions?       Ga       X         b If "Ves," did the organization include with very solicitation an express statement that such contributions or gifts were not tax deductible?       Ga       X         b If "Ves," did the organization include with very solicitation an express statement that such contributions or gifts were not tax deductible?       Ga       X         b If "Ves," did the organization services deductible contributions under section 170(c).       Did the organization netwere a payment in excess of \$75 made partly as a contribution and partly for goods and services provided?       7a       X         b If "Ves," did the organization netwere statement that such contributions on a personal benefit contract?       7a       X         d If "Yes," indicate the number of Forms 8282 filed during the year       Td       Td       X         f Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7t       X         g If the organization neceive a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8898 as required?       7h       X         g If the organization neceive a distribution to a donor diveor, or related person?       9b       9b       9b         Did the sponsoring organization make any taxable distributions under section 4966?       9a	-		5b		X					
Ga       Dees the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit ary contributions that were not tax deductible as charitable contributions?       Ga       X         b If "Ves," did the organization include with very solicitation an express statement that such contributions or gifts were not tax deductible?       Ga       X         b If "Ves," did the organization include with very solicitation an express statement that such contributions or gifts were not tax deductible?       Ga       X         b If "Ves," did the organization services deductible contributions under section 170(c).       Did the organization netwere a payment in excess of \$75 made partly as a contribution and partly for goods and services provided?       7a       X         b If "Ves," did the organization netwere statement that such contributions on a personal benefit contract?       7a       X         d If "Yes," indicate the number of Forms 8282 filed during the year       Td       Td       X         f Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7t       X         g If the organization neceive a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8898 as required?       7h       X         g If the organization neceive a distribution to a donor diveor, or related person?       9b       9b       9b         Did the sponsoring organization make any taxable distributions under section 4966?       9a	с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b         0       Organizations that may receive deductible contributions under section 170(c).       6b         a       Did the organization receive a payment in excess of \$5 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       7c       X         c       Did the organization notify the donor of the value of the goods or services provided?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       X         f       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       If the organization receive a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 C?       7h       X         g       If the organization nave excess business holdings at any time during the year?       9a       9a       9b         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9b         10       Boat the sponsoring organization nave any taxable distributions under section 4966?       9a										
were not tax deductible?     6b       7     Organization stat may receive deductible contributions under section 170(c).     7a       8     7a     X       7     Organization cecive apyment in excess of 3/5 made parity as a contribution and parity for goods and services provided to the payor?     7a     X       7     Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8262?     7c     X       7     Did the organization cecive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7f     X       7     Did the organization neceived a contribution of qualified intellectual property, did the organization file a Form 1098-0?     7f     X       7     H the organization neceived a contribution of cars. bots: apinpanes, or other vehicles, did the organization negenization received a contribution of cars. bots: apinpanes, or other vehicles, did the organization negenization file a Form 1098-0?     7f     X       8     Sponsoring organization make any taxable distributions under section 4966?     9a     9a     9a       9     Sponsoring organizations maintaining door advised funds.     10a     10a     10a     10a       10     the sponsoring organization make any taxable distributions under section 4966?     9a     9a     9b       9     bid the sponsoring organization make any taxable distributions under soures against amounts due or received from them.)     10b </th <th></th> <th>any contributions that were not tax deductible as charitable contributions?</th> <th>6a</th> <th></th> <th>X</th>		any contributions that were not tax deductible as charitable contributions?	6a		X					
7       Organizations that may receive deductible contributions under section 170(c).       a) lid the organization netify the dorn of the value of the goods or services provided to the payor?       7a       X         11       11       14       weight of the organization netify the dorn of the value of the goods or services provided?       7c       X         2       Did the organization receive a payment in excess of \$75 made parity as a contribution and parity for goods and services provided?       7c       X         2       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         7       If the organization receive a orthrbution of qualified intellectual property, lid the organization file a Form 1098-C?       7h       X         9       Boonsoring organization meterice a contribution of qualified intellectual property, lid the organization file a Form 1098-C?       7h       X         9       Sponsoring organization meterice a distribution to a divide funds.       Did a the sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organization meterice and valued funds.       10a       10a         10       Boonse from methers or shareholders       11a       10a       10a         11       Boros income from methers or shareholders       11a       10a       10a       10a	b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided?       7a       X         b If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       7c       X         b If "Yes," indicate the number of Forms 8282 filed during the year       7d       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7c       X         f Did the organization services any function, directly, or indirectly, on a personal benefit contract?       7c       X         f If the organization received a contribution of qualified intellectual property, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       X         8       9       Sponsoring organizations maintaining door advised funds. Did a donor advisor, or related person?       8       9a       9a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9a       9a       9a       9b       9a       9b       9a       9b       9a		were not tax deductible?	6b							
b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b         c       Did the organization sell, exchange, or otherwise dispose of tanjble personal property for which it was required       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       Zd       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year, way premiums, on a personal benefit contract?       7c       X         f       Did the organization, during the year, pay premiums, on the royan banefit contract?       7d       X         f       Did the organization functions maintaining door advised funds.       Did the organization file a Form 1098.C?       7h         Sponsoring organizations maintaining door advised funds.       Did the sponsoring organization make a distribution to a donor advisor, or related person?       9a       9b         9       Sponsoring organization make a distributions included on Part Vill, line 12       10a       10b       10b         11       Bection 501(c/(7) organizations. Enter:       11a       10b       10b       10b       10b         12       Section 501(c/(2) organizations. Enter:       11a       10b       10b       10b       10b       10b       10b       10b       10b       10b       10c       10c       10c	7	Organizations that may receive deductible contributions under section 170(c).								
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       Td       Yd       X         f       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7f       X         g       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       X         8       Sponsoring organizations maintaining donor advised funds.       Did a donor advised funds.       7f       X         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b       9b         b       Sponsoring organizations. Enter:       a       10a       10a       10b       10a       10b       10a       10b       10b       10c	а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X					
to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       Td       Td         Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7e       X         f If the organization received a contribution of qualified intellectual property, did the organization file Form 8099 as required?       7f       X         f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?       7n       X         8       9       Sponsoring organizations maintaining donor advised funds.       Not excess pusities that the sponsoring organization make any taxable distributions under section 4966?       9a       9a       9b         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b       9b         10       the sponsoring organizations. Enter:       10a       10b       9b	b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
d       If "Yes," indicate the number of Forms 8282 filed during the year       Td       Td         e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       Te       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       Tf       X         g       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       Th       Z         g       Sponsoring organization maintaining donor advised funds.       Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a         9       Sponsoring organization make a distribution to a donor, donor adviser, or related person?       9b       9b         10       Esction 501(c)(7) organization make a distribution to a donor, donor adviser, or related person?       9b       9b         10       Section 501(c)(12) organization. Enter:       10a       10b       10b       10b         11       Section 501(c)(12) organization. Enter:       11a       10b       12a       12a         11       Section 501(c)(12) organization. Enter:       11b       12a       12a       12a         12       Section 501(c)(12) organization       12b       12a	с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
e       Did the organization receive any funds, directly or indirectly, to pay permiums on a personal benefit contract?       7e       X         f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       X         8       Sponsoring organizations maintaining door advised funds.       Did a form offers organization file a Form 1098-C?       7h       X         9       Sponsoring organizations maintaining door advised funds.       a       a       a       a         9       Sponsoring organizations maintaining door advised funds.       a       a       a       a         9       Sponsoring organizations maintaining door advised funds.       a       a       b       a         10       the sponsoring organization make a vasable distributions under section 4966?       9a       a       b         10       Section 501(c)(7) organizations. Enter:       10a       10b       10b       10b         11       Section 501(c)(12) organizations. Enter:       11b       11b       11b       11c         12a       11a       10b       10b       10c       11c       12a       12a		to file Form 8282?	7c		X					
f       Did the organization, during the year, pay preniums, directly or indirectly, on a personal benefit contract?       7t       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7d       X         h       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7n       7n         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a         9       Did the sponsoring organizations make any taxable distributions under section 4966?       9a       9b         10       desponsoring organizations make any taxable distributions under section 4966?       9a       9b         10       forss income from other sources (Do not net amounts due or paid to other sources on come form other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11a       11a       12a         12a       b       fi *Yes, "net net amount of tax-exempt interest received or accrued during the year?       13a       13a         12a       b       fi *Yes, "net in the amount of reserves the organization must report on Schedule 0.       14a       X         14a       Did the organization included health plans in more than one state?       13a	d	If "Yes," indicate the number of Forms 8282 filed during the year7d								
g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       7h         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?       8       9         9       Sponsoring organizations maintaining donor advised funds.       9a       9a       9a         10       bid the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       9b       9b         9       Sponsoring organizations are a distribution to a donor, donor advisor, or related person?       9b       10b       1bb       1cs	е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?								
h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.       8         9       Sponsoring organizations maintaining donor advised funds.       8         a       Did the sponsoring organizations maintaining donor advised funds.       9a         b       Did the sponsoring organization make and tistributions under section 4966?       9a         9       Sponsoring organizations. Enter:       10a       10a         10       Initiation fees and capital contributions included on Part VIII, line 12. for public use of club facilities       10b       9b         11       Section 501(c)(12) organizations. Enter:       10a       10b       11b         a       Gross income from members or shareholders       11a       12a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         13b       Is the organizatio	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X					
8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       9         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         10       Boil the sponsoring organizations. Enter:       10a         11       Section 501(c)(7) organizations. Enter:       10a         11       Section 501(c)(12) organizations. Enter:       10b         11       Section 501(c)(12) organizations. Enter:       10b         12       Section 501(c)(12) organizations. Enter:       10b         13       Gross income from members or shareholders       11a         14       11b       12a         15       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a         14       Is the organization is licensed to issue qualified health plans       13b       13a         13       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13a         14a       Did the organization subject to the s	g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       9a         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b       10b         a       Gross income from members or shareholders       11a       10b       11b       12a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a       12a         12       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a       13a         13       Section 501(c)(29) qualified health plans in more than one state?       13a       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       14a       X       14b       14a       X         b       If	h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
9       Sponsoring organizations maintaining donor advised funds.       9         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       9b         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       11a       10b         cl gross income from members or shareholders       11a       11b       11b       12a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         14       Types," enter the amount of reserves on hand       13b       13c       13a         14       Did the organizatio	8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
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organization is licensed to issue qualified health plans       13b       13b       13b         c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X	h									
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15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X         16       X										
excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X         16       X										
If "Yes," see instructions and file Form 4720, Schedule N.         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			15		x					
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?										
	16		16		X					

6

Form **990** (2020)

032005 12-23-20

Form	990 (2020) FOUNDATION		95-3874		P	age <b>6</b>	
_	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 thi	ough	7b below, and for a "	No" re	spons	e	
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See ir	nstructions.				
	Check if Schedule O contains a response or note to any line in this Part VI					X	
Sec	tion A. Governing Body and Management						
					Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	28				
	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 on Schedule 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b	25				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other				
	officer, director, trustee, or key employee?			2	Х		
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision				
_				3		X	
4	Did the organization make any significant changes to its governing documents since the prior Form 99		s filed?	4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's asso	ets?		5		X X	
6	Did the organization have members or stockholders?			6			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap			-		х	
	more members of the governing body?			7a			
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, ste			76		x	
0	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year			7b			
8			•	8a	Х		
a b	The governing body? Each committee with authority to act on behalf of the governing body?			8b	X		
9	Each committee with authority to act on behalf of the governing body?			00			
5	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		х	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	/onuo	Code )	<u> </u>			
		Chuc	0000./		Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?			10a		X	
	If "Yes," did the organization have written policies and procedures governing the activities of such cha						
	and branches to ensure their operations are consistent with the organization's exempt purposes?		·	10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the form?	11a	Х		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		-				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conf	licts?	12b	Х		
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," de	escribe				
	in Schedule O how this was done			12c	Х		
13	Did the organization have a written whistleblower policy?			13	X		
14	Did the organization have a written document retention and destruction policy?			14	Х		
15	Did the process for determining compensation of the following persons include a review and approval	by inc	lependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official			15a	X		
b	Other officers or key employees of the organization			15b	Х		
46	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem			40		v	
	taxable entity during the year?			<u>16a</u>		X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat		-				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi			166			
Sec	exempt status with respect to such arrangements?			16b			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ CA						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990	T (Section 501(c)(3)s	only)	availa	hle	
.0	for public inspection. Indicate how you made these available. Check all that apply.	a 550		Griny)	avaiid		
	Own website       Another's website       X       Upon request       Other (explain	on So	hedule ()				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			financ	ial		
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records				
	KATE CHOI - 3106603593						
	16007 CRENSHAW BLVD, TORRANCE, CA 90506						
032006	12-23-20			Form	990	(2020)	
	7						

GL CAM	TIMO CO	MMONITI	COTTRGE	DISTRICT

FOUNDATION

Form 990 (2		95-38
Part VII	Compensation of Officers, Directors, Trustees, Key Empl	oyees, Highest Compensated
	Employees, and Independent Contractors	

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

	1	T	inza			nper	1541			(=)
(A)	(B)			رو Pos	C)	<b>.</b>		(D)	(E)	(F)
Name and title	Average		not c	heck	more	than o		Reportable	Reportable	Estimated
	hours per					is both pr/trus		compensation	compensation	amount of
	week							from the	from related	other
	(list any hours for	lirect						organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	tee			sated		(W-2/1099-MISC)	(00-2/1099-101130)	organization
	organizations	ruste	ll trus		/ee	mpen				and related
	below	dual t	ution	_	mplo	st co	5			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR. DENA MALONEY	1.00		_		-	<u> </u>				
SUPERINTENDENT/PRESIDENT	40.00	x						0.	258,167.	32,633.
(2) ANDREA SALA	40.00									
EXECUTIVE DIRECTOR	10.00			х				0.	145,963.	5,229.
(3) KELSEY IINO	1.00									
FACULTY REPRESENTATIVE	40.00	Х						0.	116,370.	7,200.
(4) NINA BAILEY	1.00									
DIRECTOR	40.00	Х						0.	70,124.	4,608.
(5) JOHN HEFFERNAN	3.00									
PRESIDENT		Х		Х				0.	0.	0.
(6) MARK BURTON	2.00									
VICE PRESIDENT I		Х		Х				0.	0.	0.
(7) LAURIE MCCARTHY	2.00									
VICE PRESIDENT II		Х		Х				0.	0.	0.
(8) MICHAEL HIRSCH	2.00									
TREASURER		Х		Х				0.	0.	0.
(9) JANAN JOHNSON	2.00									
SECRETARY		Х		Х				0.	0.	0.
(10) MARK WARONEK	2.00									
IMMEDIATE PAST PRESIDENT		Х						0.	0.	0.
(11) LAURIE LOVE	2.00									
MEMBER AT LARGE		Х						0.	0.	0.
(12) KOMAL AHMED	1.00									
DIRECTOR		Х						0.	0.	0.
(13) GINO DIGREGORIO	1.00									
DIRECTOR		Х						0.	0.	0.
(14) CYNTHIA GRANDE	1.00									
DIRECTOR		Х						0.	0.	0.
(15) MARCIA HABER	1.00									
DIRECTOR		Х						0.	0.	0.
(16) JEFF KERN	1.00	1								
DIRECTOR		Х						0.	0.	0.
(17) DAVID LIAW	1.00	1								
DIRECTOR		Х						0.	0.	0.
032007 12-23-20										Form <b>990</b> (2020)

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032007 12-23-20

Form 990 (2020)

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Form 990 (2020) FOUNDATIC	<b>N</b>								95-387	430	<u>2 г</u>	Page <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)			
(A)	(B)			(0		-		(D)	(E)		(F)	
Name and title	Average		1	Posi		n		Reportable	Reportable		Estimat	bo
Name and the	hours per		not ch , unles					compensation	compensation		amount	
	week		cer and					from	from related	`	other	
	(list any	tor						the	organizations		ompensa	
	hours for	direc						organization	(W-2/1099-MISC)		from th	
	related	e or	stee			Isate		(W-2/1099-MISC)	(11 2) 1000 11100)		organiza	
	organizations	ruste	al tru:		/ee	mper					and relat	
	below	dual t	ltion	_	lploy	st co	5				rganizat	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				94	
(18) BRANDON MATSON	1.00				×	1				_		
DIRECTOR		x						0.	0	).		0.
(19) BROOKE MATSON	1.00					-		0.		•		0.
	1.00	37							~			0
DIRECTOR	1 0 0	Х						0.		).		0.
(20) JASON NISHIYAMA	1.00											
DIRECTOR		Х						0.	C	).		0.
(21) ANN O'BRIEN	1.00											
DIRECTOR		X						0.	C	).		0.
(22) FAVIOLA OCHOA	1.00											
DIRECTOR		x						0.	0	).		0.
(23) RICHARD REDE	1.00	- 23	$\left  \right $	_		+			0			
	1.00								0			0
DIRECTOR	1 0 0	X						0.	0	).		0.
(24) JOSH ROGGE	1.00								_			
DIRECTOR		Х						0.	0	).		0.
(25) DICKIE VAN BREENE	1.00											
DIRECTOR		Х						0.	C	).		Ο.
(26) ROB VAN LINGEN	1.00											
DIRECTOR		x						0.	0	).		0.
dh. Cubtotol	1					I		0.	590,624		49,6	70
=								0.		).	<u> </u>	0.
c Total from continuation sheets to Part VI									-		10 0	
d Total (add lines 1b and 1c)								0.	590,624	• •	49,6	/0.
2 Total number of individuals (including but n	ot limited to th	ose	listeo	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable			-
compensation from the organization												0
											Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	ey e	mpl	oye	e, or	hig	phest compensated empl	oyee on			
line 1a? If "Yes," complete Schedule J for s	uch individual									3		X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150										4	X	
5 Did any person listed on line 1a receive or a	-				-			-		-		v
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ch r	oers	ion -				. 5		X
Section B. Independent Contractors												
1 Complete this table for your five highest con	-									isation	from	
the organization. Report compensation for t	he calendar ye	ear e	ndin	g w	ith c	or wi	thir	the organization's tax y	ear.			
(A)								(B)			(C)	
Name and business	address	NC	ONE	1				Description of s	ervices	Comp	pensatic	n
2 Total number of independent contractors (ir	ncluding but no	ot lin	nited	to t	thos	se lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz	-				(							
SEE PART VII, SECTION		IN	UΑ	TI(	ON	S	HF	ETS	1	For	m <b>990</b> (	(2020)
				'		~				1011		()

SEE PART VII, SECTION A CONTINUATION SHEETS 032008 12-23-20

EL CAMINO Form 990 FOUNDATIO	ON								95-387	4302
Part VII Section A. Officers, Directors, Tru	ustees, Key Er	nplo	yee	s, a	nd H	lighe	est (	Compensated Employe	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	1		Reportable	Reportable	Estimated
	hours	(c				app	lv)	compensation	compensation	amount of
	per	(		1	T	1-1-	-,,	from	from related	other
	week					e		the	organizations	compensation
	(list any	or				ploye		organization	(W-2/1099-MISC)	from the
	hours for	lirect				em		(W-2/1099-MISC)	(1033-10100)	organization
	related	e or c	tee			sated		(00-2/1099-10130)		and related
		ustee	trus		88	nen				
	organizations	ial tr	onal		ploy	COL				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pensated em ployee	Former			
	line)	Inc	lus	Æ	Ke	Ξ̈́Ξ	E E			
(27) PAUL WAFER	1.00									
DIRECTOR		Х						0.	0.	0.
(28) KATHERINE MASCHLER	1.00									
								0	0	0
BOARD OF TRUSTEES REP	1.00	Х	<u> </u>		<u> </u>			0.	0.	0.
(29) FAITH ADAMS	1.00									
STUDENT REPRESENTATIVE	1.00	Х						0.	0.	0.
		1								
			-		-					
		-								
			<u> </u>							
	1									L
			-		-					
	L									
Total to Part VII, Section A, line 1c										
								1		1

032201 04-01-20

			2020) FOUNDATION				95-3874	302 Page 9
Pa	rt \							
			Check if Schedule O contains a response	or note to any line		(B)	(0)	
					<b>(A)</b> Total revenue	Related or exempt	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s s	1	2	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	'		Membership dues 1b					
٦ ق			Fundraising events 1c					
ifts ar A			Related organizations 1d					
s, G Bila			Government grants (contributions) <b>1e</b>	5,000.				
Sijo			All other contributions, gifts, grants, and					
but			similar amounts not included above <b>If</b>	2,128,963.				
dti		g	Noncash contributions included in lines 1a-1f	92,110.				
aSu		h	Total. Add lines 1a-1f	►	2,133,963.			
				Business Code				
e	2	а						
ervi Je		b						
n S /ent		C						
grar Be∖		d						
Program Service Revenue		e	All other program service revenue					
-			Total. Add lines 2a-2f					
	3		Investment income (including dividends, intere					
	-		other similar amounts)		174,099.			174,099.
	4		Income from investment of tax-exempt bond p					
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		с	Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory <b>7a</b> 13,056,798.					
0		b	Less: cost or other basis					
evenue			and sales expenses <b>7b</b> 10,874,951.           Gain or (loss) <b>7c</b> 2,181,847.					
eve					2,181,847.			2,181,847.
er Ro	0		Net gain or (loss)         Gross income from fundraising events (not		2,101,017.			2,101,017.
Other	0	a	including \$ of					
Ŭ			contributions reported on line 1c). See					
			Part IV, line 18					
		b	Less: direct expenses 8b					
		с	Net income or (loss) from fundraising events	►				
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
			Less: direct expenses9b					
			Net income or (loss) from gaming activities	····· •				
	10	а	Gross sales of inventory, less returns					
		Ŀ	and allowances 10a Less: cost of goods sold 10b					
		C	Net income or (loss) from sales of inventory	Business Code				
sno	11	а	VENDING MACHINE	900099	5,657.			5,657.
nec		b			,			, , ,
ella		c						
Miscellaneous Revenue			All other revenue					
2			Total. Add lines 11a-11d		5,657.			
	12		Total revenue. See instructions		4,495,566.	0.	0.	2,361,603.
03200	9 12	2-23-	20					Form <b>990</b> (2020)

11

# EL CAMINO COMMUNITY COLLEGE DISTRICT FOUNDATION

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a respons			(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	893,190.	893,190.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	245,623.	83,135.	63,362.	99,126.
8	Pension plan accruals and contributions (include	.,	,		
Ũ	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	83,078.	28,119.	21,431.	33,528.
10	Payroll taxes	32,509.	11,004.	8,386.	13,119.
11	Fees for services (nonemployees):	02,0000		0,0001	
a	Management				
b					
	F	16,039.		16,039.	
	e F	10,000.		10,000.	
e u					
	Investment management fees				
f					
g	Other. (If line 11g amount exceeds 10% of line 25,	16,395.	16,062.	333.	
40	column (A) amount, list line 11g expenses on Sch 0.)	10,375.	10,002.	555.	10,275.
12	Advertising and promotion	10,273.			10,275.
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	15,113.	13,481.	1,632.	
17	Travel	15,115.	13,401.	1,032.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23					
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	HOSPITALITY	113,946.	110,706.		3,240.
b	IN-KIND CONTRIBUTIONS	92,110.	74,110.	18,000.	
с	MAINTENANCE	16,155.	-	16,155.	
d	PRINTING AND POSTAGE	11,857.	1,003.	994.	9,860.
		8,682.	5,774.	2,564.	344.
25	Total functional expenses. Add lines 1 through 24e	1,554,972.	1,236,584.	148,896.	169,492.
26	Joint costs. Complete this line only if the organization				-
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	• • • • • •				

032010 12-23-20

Check here

Form 990 (2020)

Part IX Statement of Functional Expenses

#### 16040222 131839 213-170753

if following SOP 98-2 (ASC 958-720)

Form **990** (2020)

Form 990 (			
Part X	Ba	ance	Sheet

# EL CAMINO COMMUNITY COLLEGE DISTRICT FOUNDATION

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	133,037.	1	130,245.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	969.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	15,378,865
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	3,883,873
	16	Total assets. Add lines 1 through 15 (must equal line 33)	16,464,676.	16	19,393,952
	17	Accounts payable and accrued expenses	17,621.	17	28,986
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŝ	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	1,061,632.
	26	Total liabilities. Add lines 17 through 25	17,621.	26	1,090,618.
		Organizations that follow FASB ASC 958, check here 🕨 🔀			
ces		and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	1,781,974.	27	2,085,395.
Ba	28	Net assets with donor restrictions	14,665,081.	28	16,217,939
pun		Organizations that do not follow FASB ASC 958, check here			
Ē		and complete lines 29 through 33.			
s S	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Ne	32	Total net assets or fund balances	16,447,055.	32	18,303,334.
	33	Total liabilities and net assets/fund balances	16,464,676.	33	<u>19,393,952</u> .

Form 990 (2020)

032011 12-23-20

EL	CAMINO	COMMUNITY	COLLEGE	DISTRICT
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Form	990 (2020) FOUNDATION	95-3	874302	Pa	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,49		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,55		
3	Revenue less expenses. Subtract line 2 from line 1	3	2,94		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16,44	-	
5	Net unrealized gains (losses) on investments	5	-10	-	
6	Donated services and use of facilities	6	-1	2,9	<u>51.</u>
7	Investment expenses	7			
8	Prior period adjustments	8	-96	6,2	
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	18,30	3,3	34.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			_	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2020)

032012 12-23-20

SCH	IEDULE A		Dublic Che	rity Status on	d Dub		nnort		OMB No. 1545-0047		
(Form	n 990 or 990-EZ)			rity Status an ization is a section 501					2020		
				17(a)(1) nonexempt cha					2020		
	ent of the Treasury Revenue Service		,	Attach to Form 990 or F			formation		Open to Public Inspection		
Name	of the organizati			/Form990 for instructic JNITY COLLEGE			formation.	Employer	identification number		
numo	or the organizati		DATION						5-3874302		
Part	I Reason			All organizations must c	omplete th	nis part.) S	ee instruction				
The or				For lines 1 through 12, cl							
1 [	A church, co	nvention of ch	urches, or associatio	n of churches described	in sectio	n <b>170(</b> b)(1	)(A)(i).				
2	A school des	cribed in <b>sect</b>	tion 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	n 990 or 99	90-EZ).)					
3		•		nization described in se							
4 _		-	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,		
5	city, and stat	-	or the benefit of a col	lege or university owned	or operate	ed by a do	vernmental u	nit describe	nd in		
J [		-	Complete Part II.)	lege of university owned	or operate	cu by a go	verninentaru				
6				nental unit described in	section 17	'0(b)(1)(A)	(v).				
7	-	-	-	ntial part of its support fr				ie general p	oublic described in		
	section 170(	<b>b)(1)(A)(vi).</b> (C	Complete Part II.)								
8	A community	trust describe	ed in section 170(b)(	1)(A)(vi). (Complete Part	: II.)						
9 🗌	-	-	-	in section 170(b)(1)(A)(i		-		-	-		
		or a non-land-o	grant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or		
<b>10</b>	university:	on that name		than 22 1/20/ of its supp	art frama a	optribution	o momborob	in face and	l areas ressints from		
10 🗌				than 33 1/3% of its supp t to certain exceptions; a							
				(less section 511 tax) fro							
			mplete Part III.)			ooo aoqan		amzation a			
11				vely to test for public saf	ety. See	section 50	9(a)(4).				
12											
	more publicly	supported or	ganizations describe	d in <b>section 509(a)(1)</b> o	r section {	5 <b>09(a)(2)</b> .	See section &	5 <b>09(a)(3).</b> C	Check the box in		
	lines 12a thro	ough 12d that	describes the type of	f supporting organization	and comp	olete lines	12e, 12f, and	12g.			
а			-	upervised, or controlled I	• • • •	-					
		0	., .	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	pporting		
b	_ ĭ		complete Part IV, Se	or controlled in connect	ion with its	sunnorte	d organizatio	a(e) by bay	ina		
D			, ,	anization vested in the sa			0		•		
			st complete Part IV,		ine percei			ge me eapp			
с	Type III fui	nctionally inte	grated. A supporting	g organization operated i	in connect	ion with, a	nd functional	ly integrate	d with,		
	its support	ed organizatio	n(s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.				
d		-		orting organization operation				0	.,		
		,	0 0	ation generally must sati	,			an attentiv	eness		
	'	,	,	nplete Part IV, Sections	,						
е				vritten determination from nally integrated supportir			турет, туре	п, туре пт			
fi	Enter the number										
			n about the supporte								
	(i) Name of supp	orted	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of		(vi) Amount of other		
	organizatior	1		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)		
									<u> </u>		
Total											
LHA F	or Paperwork Re	duction Act N	Notice, see the Instru	uctions for Form 990 or	990-EZ.	032021 01-	25-21 Sche	dule A (For	m 990 or 990-EZ) 2020		

16040222 131839 213-170753

### Schedule A (Form 990 or 990-EZ) 2020 FOUNDATION

Part II

95-3874302 Page 2

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.)

See	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	1156523.	1771203.	3214136.	1520646.	2133963.	9796471.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge	281,102.	181,447.	203,110.	218,229.	211,789.	1095677.			
4	Total. Add lines 1 through 3	1437625.	1952650.	3417246.	1738875.	2345752.	10892148.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)						219,884.			
6	Public support. Subtract line 5 from line 4.						10672264.			
See	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	(d) 2019	<b>(e)</b> 2020	(f) Total			
7	Amounts from line 4	1437625.	1952650.	3417246.	1738875.	2345752.	10892148.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	283,043.	91,737.	249,078.	304,449.	174,099.	1102406.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on		54,344.	83,362.	52,375.	5,657.	195,738.			
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)									
11	Total support. Add lines 7 through 10						12190292.			
12	Gross receipts from related activities,	etc. (see instructio	ins)			12				
13	First 5 years. If the Form 990 is for th	ne organization's fir				01(c)(3)				
	organization, check this box and stop	bhere								
See	ction C. Computation of Publi									
14	Public support percentage for 2020 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	87.55 %			
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	86.74 %			
<b>16</b> a	33 1/3% support test - 2020. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	x and			
	stop here. The organization qualifies									
b	33 1/3% support test - 2019. If the o	organization did no	t check a box on l							
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation						
17a	10% -facts-and-circumstances test									
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	r <b>e.</b> Explain in Part '	VI how the organiz	ation			
	meets the facts-and-circumstances te			-						
b	10% -facts-and-circumstances test	-								
	more, and if the organization meets th	•								
	organization meets the facts-and-circu									
18	Private foundation. If the organization									
			,							
	Schedule A (Form 990 or 990-EZ) 2020									

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Schedule A (Form 990 or 990-EZ) 2020 FOUNDATION

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support		-				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
-							
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	L					
14	First 5 years. If the Form 990 is for the	ie organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organi	zation,
	check this box and stop here						
	ction C. Computation of Publi		-				
	Public support percentage for 2020 (I		•	column (f))		15	%
	Public support percentage from 2019 ction D. Computation of Invest					16	%
	•		•				
	Investment income percentage for 20					17	%
18	Investment income percentage from					18	%
198	<b>33 1/3% support tests - 2020.</b> If the						
1.	more than 33 1/3%, check this box ar	-	•		•••••		▶∟
D	<b>33 1/3% support tests - 2019.</b> If the						
20	line 18 is not more than 33 1/3%, che			•		0	
	Private foundation. If the organization	THUIL HOL CHECK A		a, ULISD, CHECK I			▶ 990 or 990-EZ) 2020
03202	23 01-25-21		17	7	301		1 550 01 550-EZ) 2020

# Schedule A (Form 990 or 990-EZ) 2020 FOUNDATION Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ)*.
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

18

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10b Schedule A (Form 990 or 990-EZ) 2020

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

 Schedule A (Form 990 or 990 EZ) 2020
 FOUNDATION

 Part IV
 Supporting Organizations (continued)

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Yes No

11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization</i> (s) effectively operated, supervised, or controlled the organization's activities. <i>If</i> the organization had more than one supported			
2	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	1		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in line 2, above, did the organization's supported organizations have a	2		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
_	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions The organization satisfied the Activities Test. Complete line 2 below.	).		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstruction	<u>is).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		<u> </u>
03202	5 01-25-21 Schedule A (Form 9	390 or 99	90-EZ)	2020

#### Schedule A (Form 990 or 990 EZ) 2020 FOUNDATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. 1 All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by 0.035 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 3 Enter greater of line 2 or line 3. 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6

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

Schedule A (Form 990 or 990-EZ) 2020

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	Schedule A (Form 990 or 990 EZ) 2020 FOUNDATION 95-3874302 Page 7						
Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions				Current Year		
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1			
2	Amounts paid to perform activity that directly furthers exemp						
	organizations, in excess of income from activity		2				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	;	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5			
6	Other distributions (describe in Part VI). See instructions.			6			
_7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which the	e organization is responsive					
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2020 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount		· · · · · ·	10			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	;	(iii) Distributable Amount for 2020		
1	Distributable amount for 2020 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2020 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2020						
a	From 2015						
b	From 2016						
c	From 2017						
d	From 2018						
e	From 2019						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2020 distributable amount						
i	Carryover from 2015 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2020 from Section D,						
	line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2020 distributable amount						
C	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2020, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2020. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2021. Add lines 3j and 4c.						
8	Breakdown of line 7:						
а	Excess from 2016						
b	Excess from 2017						
	Excess from 2018						
d	Excess from 2019						
е	Excess from 2020						

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

<u>.</u>		J CAMINO COMMU	NITY COLLEGE	DISTRICT	05 207/202 -	
Schedule A	(Form 990 or 990-EZ) 2020 FC				95-3874302 F	age 8
	Supplemental Informati Part IV, Section A, lines 1, 2, 3	b 3c 4b 4c 5a 6 9a 9b	ons required by Part II, II	ne 10; Part II, line 17a oi Part IV Section B lines 1	r 17b; Part III, line 12; Land 2: Part IV, Section C	
	line 1; Part IV, Section D, lines	2 and 3; Part IV, Section E	, lines 1c, 2a, 2b, 3a, and	3b; Part V, line 1; Part \	/, Section B, line 1e; Part '	, V,
	Section D, lines 5, 6, and 8; an	d Part V, Section E, lines 2	, 5, and 6. Also complete	e this part for any additio	nal information.	,
	(See instructions.)					
032028 01-25-2	:1			Schedu	le A (Form 990 or 990-EZ	2020
			22			

Sch	edu	le B
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(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

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### **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Employer identification number

EL CAMINO COMMUNITY COLLEGE DISTRICT FOUNDATION

95-3874302

Organization	type	(check	one):
organization	Upc .	10011001	0110).

Filers of:	Section:
Form 990 or 990-EZ	$\boxed{X}$ 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year  $\dots \longrightarrow$ 

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

EL CAMINO COMMUNITY COLLEGE DISTRICT FOUNDATION

Employer identification number

Page 2

95-3874302

#### Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 100,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 2 Χ Person Payroll 438,063. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 159,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. 4 X Person Payroll 249,433. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 64,338. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 X Person Payroll 45,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

16040222 131839 213-170753

023452 11-25-20

2020.05080 EL CAMINO COMMUNITY COLLE 213-1701

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#### Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

EL CAMINO COMMUNITY COLLEGE DISTRICT FOUNDATION

Employer identification number

95-3874302

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>150,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ <u>52,879.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

023452 11-25-20

25 2020.05080 EL CAMINO COMMUNITY COLLE 213-1701

16040222 131839 213-170753

	B (Form 990, 990-EZ, or 990-PF) (2020)			Page <b>3</b>
Name of o	rganization MINO COMMUNITY COLLEGE DISTRICT		Employ	yer identification number
FOUND			95-3874302	
Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is neede		
(a) No. from Part I	(b) Description of noncash property given	FMV (or estimate)		(d) Date received
	TOYS, CLOTHING, DIAPERS	_		
8		-		
		\$52,8	79.	06/18/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		_   <sup>\$</sup>		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		_		
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		_		
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		_		
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		\$		

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023453 11-25-20

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

#### 16040222 131839 213-170753

Name of or EL CAM	ganization	DISTRICT		Em	ployer identification number	
FOUNDA Part III	ATION Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional s	) through (e) and the following line charitable, etc., contributions of <b>\$1,00</b>	entry For or	(c)(7), (8), or (10) that to		
(a) No. from Part I				(d) Descripti	ion of how gift is held	
		(e) Transfer of	gift			
-	Transferee's name, address, ar	nd ZIP + 4	Re	lationship of transfe	ror to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descripti	ion of how gift is held	
-		(e) Transfer of	gift			
-	Transferee's name, address, ar	nd ZIP + 4	Re	lationship of transfe	ror to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	t (d) Des		ion of how gift is held	
-	(e) Transfer of gift					
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
		(e) Transfer of	gift			
-	Transferee's name, address, ar	nd ZIP + 4	Re	lationship of transfe	ror to transferee	

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023454 11-25-20

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

SC	HEDULE D	Supplementa	al Financial Statements	OMB No. 1545-0047
(Forn	n 990)	Complete if the org	anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.	2020
	ment of the Treasury		Attach to Form 990.	Den to Public Inspection
	I Revenue Service		90 for instructions and the latest informatio く COLLEGE DISTRICT	Employer identification number
Inalli		FOUNDATION		95-3874302
Par	t I Organiza	tions Maintaining Donor Advise	d Funds or Other Similar Funds or <i>I</i>	
	organizatior	n answered "Yes" on Form 990, Part IV, lin	e 6.	·
			(a) Donor advised funds	(b) Funds and other accounts
1	Total number at en	d of year		
2		contributions to (during year)		
3		grants from (during year)		
4		end of year		
5	-		vriting that the assets held in donor advised fu	
~			exclusive legal control?	
6	0	<b>e</b>	dvisors in writing that grant funds can be used r donor advisor, or for any other purpose confe	
	impermissible priva		donor advisor, or for any other purpose contra	
Par			ganization answered "Yes" on Form 990, Part	
1		ervation easements held by the organizatio		,
		of land for public use (for example, recrea		storically important land area
	Protection of	f natural habitat	<i>'</i>	ertified historic structure
	Preservation	of open space		
2	Complete lines 2a	through 2d if the organization held a qualif	ied conservation contribution in the form of a	conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of co	nservation easements		2a
b	Total acreage restri	icted by conservation easements		2b
с	Number of conserv	vation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conserv	vation easements included in (c) acquired a	fter 7/25/06, and not on a historic structure	
	listed in the Nation	al Register		2d
3	Number of conserv	vation easements modified, transferred, rel	eased, extinguished, or terminated by the orga	anization during the tax
	year 🕨			
4		vhere property subject to conservation eas		
5	0	ion have a written policy regarding the per		
6	•	procement of the conservation easements it		
6		nours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva	ation easements during the year
7			ling of violations, and enforcing conservation	accompany during the year
'	► \$	es incurred in monitoring, inspecting, nand	ing of violations, and enforcing conservation	easements during the year
8		vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)	(B)(i)
•				
9			on easements in its revenue and expense state	
		<b>c</b> .	ote to the organization's financial statements	
	organization's acco	ounting for conservation easements.		
Par	t III Organiza	tions Maintaining Collections of	Art, Historical Treasures, or Other	Similar Assets.
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization e	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and b	alance sheet works
	of art, historical trea	asures, or other similar assets held for pub	lic exhibition, education, or research in furthe	rance of public
	service, provide in	Part XIII the text of the footnote to its finar	cial statements that describes these items.	
b	If the organization e	elected, as permitted under FASB ASC 95	8, to report in its revenue statement and balar	nce sheet works of
		· · · · · · · · · · · · · · · · · · ·	exhibition, education, or research in furtherar	nce of public service,
		ng amounts relating to these items:		
~				
2	0		asures, or other similar assets for financial gair	n, provide
-	-	Ints required to be reported under FASB A	-	► ¢
		eduction Act Notice, see the Instructions	for Form 990	> Schedule D (Form 990) 2020
	12-01-20			
00200	12-01-20		28	

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Sche	dule D (Form 990) 2020 FOUNDAT						95-38	74302	<u>} P</u> ;	age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	er Si	mila	r Assets	contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make	signif	icant ι	use of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	hange program						
b	Scholarly research	е	Other							
с										
4										
5	During the year, did the organization solicit o							_		_
_	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang		te if the organizatio	n answered "Yes" o	n For	m 990	), Part IV,	line 9, or		
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi							٦		1
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:		ſ					
								Amount		
с	Beginning balance					1c				
	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance Did the organization include an amount on Fo	000 De t.V. l'a s	04 6		l	1f				1
	0		•				L	Yes		<b>∣ No</b>
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete i									
		(a) Current year	(b) Prior year	(c) Two years back		Throps	/ears back	(e) Four	Veare	hack
1a	Beginning of year balance	11,447,052.	10,716,657.	8,628,618.			36,256.	1	630,	
	Contributions	286,394.	1,048,691.	2,268,600.	-		16,810.		334,	
	Net investment earnings, gains, and losses	1,572,046.	337,133.	532,248	-		27,691.	574,290.		
c d	Grants or scholarships	239,231.	655,429.	712,809.	-		52,139.		703,	
	Other expenditures for facilities	2007,202.		, 22,000	-				,	<u> </u>
e		966,271.								
f	and programs Administrative expenses				-					
g	End of year balance	12,099,990.	11,447,052.	10,716,657.		8 6	28,618.	7	836,	256.
2	Provide the estimated percentage of the curr		, ,	, ,	-	1				
a	Board designated or quasi-endowment		%							
h	Permanent endowment  16.1580	%								
c	Term endowment  83.8420									
Ū	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse		tion that are held ar	nd administered for t	the or	aniza	ation			
	by:					J		ſ	Yes	No
	(i) Unrelated organizations							3a(i)	X	
	(ii) Related organizations							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990,	, Part IV, line 11a. S	ee Form 990, Part X	(, line	10.				
	Description of property	(a) Cost or ot basis (investm				mulate ciation	ed	(d) Booł	value	e
1a	Land								-	
b	Buildings								-	
с	Leasehold improvements								-	
d	Equipment									
	Other									
	. Add lines 1a through 1e. (Column (d) must e		K. column (B). line 1	0c.)						0.
							<u> </u>			

Schedule D (Form 990) 2020

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$\mathbf{EL}$	CAMINO	COMMUNITY	COLLEGE	DISTRICT
FOU	JNDATIO	N		

Schedule D (Form 990) 2020 FOUNDATION		95	-3874302 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) INVESTMENTS	15,378,865.	END-OF-YEAR MARKET	VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	15,378,865.		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.	13,370,003.		
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	i-oi-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1) BENEFICIAL INTEREST IN CC	CS ENDOWMENT		1,921,024.
(2) PROMISE TO GIVE			1,865,531.
	ARITABLE TRUST	HELD BY OTHERS	97,318.
(4)			,
(5)			
(6)			
(7)			
(8)			
(9)			
		<b></b>	3,883,873.
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>e 15.)</u>		5,005,075.
	an Farma 000 Dart IV lines		
Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, line	The or TTL See Form 990, Part X, line 25	(b) Book value
(1) Federal income taxes	DT		
(2) LIABILITIES UNDER CHARITA	ВГЕ		1 0 6 1 6 0 0
(3) REMAINDER TRUST			1,061,632.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)	<b>&gt;</b>	1,061,632.
2. Liability for uncertain tax positions. In Part XIII, provide		the organization's financial statements th	nat reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... 🔀

Schedule D (Form 990) 2020

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#### EL CAMINO COMMUNITY COLLEGE DISTRICT FOUNDATION

95-3874302 Page 4	2 Page 4	2	0	3	4	7	8	- 3	5	9
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Sche	dule D (Form 990) 2020 FOUNDATION				3874302	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.				
1	Total revenue, gains, and other support per audited financial statements			1	4,602,	<u>,262.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-105,093.			
b	Donated services and use of facilities	2b	211,789.			
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		<u>,696.</u>
3	Subtract line <b>2e</b> from line <b>1</b>			3	4,495,	<u>,566.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	4,495,	,566.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater	nents With	h Expenses per F	Returr	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.				
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements			1	1,779,	,712.
1 2				1	1,779,	,712.
-	Total expenses and losses per audited financial statements		224,740.	1	1,779,	,712.
2 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a		1	1,779,	,712.
2 a	Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2a 2b		1	1,779,	,712.
2 a b	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c		1		
2 a b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	224,740.	1 2e	224,	,740.
2 a b c d	Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a 2b 2c 2d	224,740.			,740.
2 a b c d e	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	224,740.	2e	224,	,740.
2 a b c d e 3	Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a 2b 2c 2d	224,740.	2e	224,	,740.
2 a b c d e 3 4	Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 2d	224,740.	2e	224,	,740.
2 a b c d e 3 4	Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d 2d	224,740.	2e	224, 1,554,	<u>,740.</u> ,972. 0.
2 a b c d e 3 4 a b c 5	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 2d	224,740.	2e 3	224,	<u>,740.</u> ,972. 0.

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

PART V, LINE 4:

THE FOUNDATION WILL ESTABLISH A NAMED ENDOWMENT FUND AT	THE REQUEST OF A
DONOR FOR A MINIMUM INITIAL GIFT OF \$25,000 THAT WILL B	E HELD IN
PERPETUITY. FOLLOWING THE CREATION OF THE FUND, SCHOLARS	SHIPS, GRANTS,
AND/OR AWARDS WILL BE DISBURSED FROM THE EARNINGS ON TH	E ENDOWED FUNDS AND
IN KEEPING WITH THE DONOR'S DESIGNATIONS. AS OF JUNE 30	, 2021, THE
FOUNDATION HELD FIFTY-FIVE (55) SEPARATE NAMED ENDOWMEN	IS TOTALING
\$11,206,211. INCLUDED IN THAT AMOUNT IS \$2,256,749 HELD	IN THE ELLA ROSE
MADDEN ENDOWMENT FUND, THE INCOME FROM WHICH IS TO BE US	SED FOR ALLIED
HEALTH PROGRAMS (NURSING, RESPIRATORY, AND RADIOLOGICAL	TECHNOLOGY). ALSO
INCLUDED IN THE TOTAL NAMED ENDOWMENTS AMOUNT IS \$1,865	,531 THAT WAS
COMMITTED ON APRIL 30, 2013 FOR THE PURPOSE OF ESTABLIS	HING THE NOBLE
032054 12-01-20 <b>31</b>	Schedule D (Form 990) 2020
	COMMUNITY COLLE 213-17

	EL CAMINO COMMUNITY COLLEGE DISTRICT	
Schedule D (Form 990) 2020	FOUNDATION	95-3874302 Page 5
Part XIII Supplemental Info	ormation (continued)	
ENDOWMENT, TO SUPPO	ORT AN ENDOWED CHAIR IN THE BUSINESS DEPAR	RTMENT OF THE
COLLEGE. THE COMMIT	TTED AMOUNT OF \$1,865,531 IS NET OF THE D	ISCOUNT TO
PRESENT VALUE OF \$1	113,611 AS OF JUNE 30, 2021.	

IN MAY 2008, THE CALIFORNIA COMMUNITY COLLEGES SCHOLARSHIP ENDOWMENT (THE CCCS ENDOWMENT) WAS LAUNCHED VIA A GIFT OF \$25 MILLION FROM THE BERNARD OSHER FOUNDATION (THE OSHER FOUNDATION) TO THE FOUNDATION FOR CALIFORNIA COMMUNITY COLLEGES (THE FCCC). THE FCCC AND CALIFORNIA'S COMMUNITY COLLEGES WERE CHALLENGED WITH RAISING AN ADDITIONAL \$50 MILLION THROUGH JUNE 2011, FOR WHICH THE OSHER FOUNDATION AGREED TO PROVIDE A 50% MATCH OF UP TO \$25 MILLION. THE PURPOSE OF THE CCCS ENDOWMENT IS TO PROVIDE SCHOLARSHIPS FOR STUDENTS IN CALIFORNIA'S COMMUNITY COLLEGE SYSTEM.

BASED ON THE TERMS OF THE AGREEMENT BETWEEN THE OSHER FOUNDATION AND THE FCCC, AS WELL AS THE AGREEMENT BETWEEN THE FCCC AND THE FOUNDATION, ALL OF THE FUNDS CONTRIBUTED TO THE CCCS ENDOWMENT, REGARDLESS OF SOURCE, ARE IRREVOCABLE GIFTS TO THE FCCC. THE FOUNDATION HAS AN IRREVOCABLE BENEFICIAL INTEREST IN THE BALANCE OF FUNDS CONTRIBUTED FOR THE BENEFIT OF STUDENTS AT EL CAMINO COLLEGE AND THE ACCUMULATED EARNINGS, WHICH DOES NOT INCLUDE ANY FUNDS CONTRIBUTED BY THE OSHER FOUNDATION.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701D OF THE CALIFORNIA REVENUE AND TAXATION CODE, RESPECTIVELY. THE ORGANIZATION HAS EVALUATED ITS TAX POSITIONS AND THE CERTAINTY AS TO WHETHER THOSE POSITIONS WILL BE SUSTAINED IN THE EVENT OF AN AUDIT BY TAXING AUTHORITIES AT THE FEDERAL AND STATE LEVELS. THE PRIMARY TAX POSITIONS EVALUATED ARE Schedule D (Form 990) 2020

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EL CAMINO COMMUNITY COLLEGE DISTRICT
Schedule D (Form 990) 2020     FOUNDATION     95-3874302     Page 5       Part XIII     Supplemental Information (continued)     Page 5
Supplemental information (continued)
RELATED TO THE ORGANIZATION'S CONTINUED QUALIFICATION AS A TAX-EXEMPT
ORGANIZATION AND WHETHER THERE IS UNRELATED BUSINESS INCOME ACTIVITIES
CONDUCTED THAT WOULD BE TAXABLE. MANAGEMENT HAS DETERMINED THAT ALL INCOME
TAX POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED UPON POTENTIAL
AUDIT OR EXAMINATION; THEREFORE, NO DISCLOSURES OF UNCERTAIN INCOME TAX
POSITIONS ARE REQUIRED. THE ORGANIZATION FILES INFORMATIONAL RETURNS IN
THE U.S. FEDERAL JURISDICTION, AND THE STATE OF CALIFORNIA. THE STATUTE OF
LIMITATIONS FOR FEDERAL AND CALIFORNIA STATE PURPOSES IS GENERALLY THREE
TO FOUR YEARS, RESPECTIVELY.

SCHEDULE I (Form 990)       Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.         Department of the Treasury Internal Revenue Service								
Part I General Info	rmation on Grants a						1	95-3874302
criteria used to awa	rd the grants or assis the organization's pro	stance?	oring the use of grant	funds in the United	d States.		stance, and the selection	Yes X No
		•				anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and addre or govern	ess of organization	(b) EIN	be duplicated if addition (c) IRC section (if applicable)	(d) Amount of cash grant	ed. (e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
		0	anizations listed in the	e line 1 table				·
3 Enter total number	of other organization eduction Act Notice							Schedule I (Form 990) 2020

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# EL CAMINO COMMUNITY COLLEGE DISTRICT FOUNDATION

95-3874302 Page 2

 Schedule I (Form 990) 2020
 FOUNDATION

 Part III
 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIP	680	893,190.	0.		
	1	1	1	1	1

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

PART I, LINE 2

SCHOLARSHIPS ARE AWARDED BASED ON THE FOLLOWING CRITERIA: GPA,

FULL-TIME PART TIME, FINANCIAL NEED, AND CONTINUING OR TRANSFERRING

EDUCATION.

35

Schedule I (Form 990) 2020

SC	HEDULE J	Compensation Information	I	OMB No. 1	545-004	47
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest	ľ	20	20	
			20	ZU	)	
Dena	tment of the Treasury		Open to Public			
	al Revenue Service	Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nan	ne of the organization			identificatio		mber
		FOUNDATION	95-3	387430	2	
Ра	rt I Question	s Regarding Compensation				
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
	Travel for com	panions Payments for business use of personal re ation and gross-up payments Health or social club dues or initiation fee				
		spending account Payments Personal services (such as maid, chauffer				
h	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
		rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
_		rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
		-,				
3	Indicate which, if ar	y, of the following the organization used to establish the compensation of the organization's	5			
	CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for methods used by a related organizati	on to			
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensation	committee X Written employment contract				
	Independent of	ompensation consultant Compensation survey or study				
	Form 990 of o	ther organizations I Approval by the board or compensation c	ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	-				
а		e payment or change-of-control payment?				X
b	-	eive payment from a supplemental nonqualified retirement plan?				X
С		eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lin	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501/a	1(3) 501(c)(4) and 501(c)(20) organizations must complete lines 5.9				
5		<b>)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b> In Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatic	n			
5	contingent on the re		///			
а	-			5a		X
		ation?				X
~		r 5b, describe in Part III.				
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the n					
а	-	~ 		6a		X
		ation?				X
		r 6b, describe in Part III.				
7	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	6			
		es 5 and 6? If "Yes," describe in Part III		7		X
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ne			
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		d the organization also follow the rebuttable presumption procedure described in				
		53.4958-6(c)?				<u> </u>
LHA	For Paperwork Re	eduction Act Notice, see the Instructions for Form 990.	Schee	dule J (Forn	n <b>990</b> )	) 2020

032111 12-07-20

## EL CAMINO COMMUNITY COLLEGE DISTRICT

### FOUNDATION

95-3874302 Schedule J (Form 990) 2020 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 on 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 aren't listed on Form 990, Part VII.

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(I)-(D)	reported as deferred on prior Form 990
(1) DR. DENA MALONEY	(i)	0.	0.	0.	0.	0.		0.
SUPERINTENDENT/PRESIDENT	(ii)	258,167.	0.	0.	20,160.	12,473.	290,800.	0.
(2) ANDREA SALA	(i)	0.	0.	0.	0.	0.	0.	0.
EXECUTIVE DIRECTOR	(ii)	145,963.	0.	0.	0.	5,229.	151,192.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
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	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

032112 12-07-20

Page 2

### EL CAMINO COMMUNITY COLLEGE DISTRICT

Schedule J (Form 990) 2020 FC
Part III Supplemental Information

95-3874302 Page 3

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.

PART I, LINE 3

COMPENSATION FROM THE RELATED ORGANIZATION, EL CAMINO COMMUNITY COLLEGE

DISTRICT (THE "COLLEGE"), IS DETERMINED BASED ON WRITTEN EMPLOYMENT

CONTRACTS AND APPROVAL OF THE BOARD. COMPENSATION FOR THE FOUNDATION'S

EXECUTIVE DIRECTOR IS FULLY PAID BY THE COLLEGE AND THE FOUNDATION

REIMBURSES THE COLLEGE FOR HALF OF THE TOTAL PAYROLL COSTS.

FOUNDATION

032113 12-07-20

SCHEDULE	Μ
(Form 990)	

# **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** 

Inspection

20

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.

Name of the organization

▶ Go to www.irs.gov/Form990 for instructions and the latest information. EL CAMINO COMMUNITY COLLEGE DISTRICT

\_

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Employer identification number 95-3874302

	FOUNDATION	
Part I	Types of Property	
		(a)

(b)	(a)	
		1

		(a)	(b) Number of	( <b>c)</b> Noncash contribution	(a) Method of determi		. ~	
		Check if applicable	contributions or	amounts reported on	noncash contribut		0	
			items contributed	Form 990, Part VIII, line 1g				
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other  (VARIOUS PROGR)	X	17	92,110.				
26	Other  ( )							
27	Other  ( )							
28	Other  ( )							
29	Number of Forms 8283 received by the organiz	zation during	the tax year for co	ontributions				
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement				
							Yes	No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part I, lines 1 throug	n 28, that it			
	must hold for at least three years from the date							
	exempt purposes for the entire holding period?					30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	quires the review o	of any nonstandard contribut	ons?	31		Х
	Does the organization hire or use third parties of	•	-	•				
	contributions?		•			32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	r a type of property	for which column (a) is chec	ked,			

Schedule M (Form 990) 2020

032141 11-23-20

describe in Part II.

		EL CAMINO		COLLEGE	DISTRICT		
Schedule N	1 (Form 990) 2020	FOUNDATION	1			95-3874302	Page <b>2</b>
Part II	Supplemental is reporting in Part this part for any ac	l <b>Information.</b> Pr t I, column (b), the nu dditional information.	ovide the informatio Imber of contribution	n required by Pans, the number o	art I, lines 30b, 32b, and the second states of items received, or	and 33, and whether the organiz a combination of both. Also cor	ation nplete
						Oskadala M /T	- 000\ 000
032142 11-23-	20					Schedule M (For	m 990) 2020
				10			

16040222 131839 213-170753

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. EL CAMINO COMMUNITY COLLEGE DISTRICT



Employer identification number 95-3874302

FORM 990, PART VI, SECTION A, LINE 2:

FOUNDATION

BRANDON MATSON AND BROOKE MATSON ARE BROTHER AND SISTER.

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

THE FORM 990 IS PREPARED BY THE ORGANIZATION'S OUTSIDE PUBLIC ACCOUNTING

FIRM BASED ON INFORMATION PROVIDED BY MANAGEMENT. ONCE A DRAFT OF THE

RETURN IS AVAILABLE, IT IS REVIEWED BY MANAGEMENT WITH ANY CHANGES OR

REVISIONS INCORPORATED INTO THE FILING. THE FINANCIAL OFFICER AND THE

EXECUTIVE DIRECTOR REVIEWS THE FORM 990. THE REVISED RETURN IS THEN

SUBMITTED TO THE BOARD OF DIRECTORS AND THE AUDIT COMMITTEE FOR THEIR

REVIEW AND APPROVAL PRIOR TO SUBMITTING TO THE IRS.

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

MONITORING IS PERFORMED REGULARLY BY THE OFFICERS TO IDENTIFY POTENTIAL

CONFLICTS OF INTEREST. ANY QUESTION OF A CONFLICT IS ADDRESSED WITH THE

INTERESTED PERSON, WHO IS REQUIRED TO DISCLOSE THE EXISTENCE OF ANY

FINANCIAL INTEREST AND BE AFFORDED THE OPPORTUNITY TO DISCLOSE ALL MATERIAL

FACTS TO THE BOARD AND EXECUTIVE DIRECTOR. IF A CONFLICT OF INTEREST IS

IDENTIFIED, THE APPROPRIATE ACTION IS TAKEN, INCLUDING LIMITATIONS TO THE

INDIVIDUAL'S INFLUENCE ON RELATED BUSINESS MATTERS. ADDITIONALLY, BOARD

MEMBERS SIGN AN ETHICS POLICY STATEMENT WHICH INCLUDES A REFERENCE TO

"CONFLICTS OF INTEREST" AND DISCLOSE ANY SPECIFIC SITUATIONS.

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

FOUNDATION PERSONNEL ARE FORMALLY EMPLOYED BY THE EL CAMINO COMMUNITY

COLLEGE DISTRICT. AS SUCH, COMPENSATION DETERMINATIONS ARE GUIDED

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) 2020

 032211
 11-20-20
 Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020						
Name of the organization	EL CAMINO COMMUNITY COLLEGE DI	ISTRICT Employer identification number				
	95-3874302					

PRINCIPALLY BY DISTRICT CLASSIFICATION OF EACH POSITION.

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

THE FOUNDATION MAKES ITS AUDITED FINANCIAL STATEMENTS AND FORM 990

AVAILABLE FOR PUBLIC INSPECTION ON ITS WEBSITE. ALL OTHER DOCUMENTATION

REQUIRED TO BE AVAILABLE FOR PUBLIC INSPECTION UNDER CALIFORNIA'S NONPROFIT

INTEGRITY ACT AND IRS REGULATION ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT PROCESS OR SELECTION

PROCESS DURING THE TAX YEAR.

Schedule O (Form 990 or 990-EZ) 2020

032212 11-20-20

Internal Revenue Service	Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.								ublic on
Name of the organ	FOUNDATION	IONITI COLLEGE DID.					nployer identific 95-38743		Imper
Part I Identifie	cation of Disregarded Entities. Comple	te if the organization answered "Yes	s" on Form 990, Part IV, line 33	3.					
<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) Total inco	(e) me End-of-year	(e) End-of-year assets		(f) Direct controlling entity	
		-							
		-							
		-							
	cation of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990	), Part IV, line 34, t	ecause it had one	or more	related tax-exer	npt	
	(a) Jame, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	Dire	(f) ct controlling entity	Section 5 contr ent	rolled
					501(c)(3))			Yes	No
-	JNITY COLLEGE DISTRICT - 007 CRENSHAW BLVD, TORRANCE,	-							
CA 90506		SECONDARY EDUCATION	CALIFORNIA	115	LINE 2			<u> </u>	X
		-							
		-							
								+	

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

Schedule R (Form 990) 2020

032161 10-28-20 LHA

## EL CAMINO COMMUNITY COLLEGE DISTRICT

Schedule R (Form 990) 2020 FOUNDATION

### 95-3874302 Page 2

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

organization of output and a participant grant g											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	ר)	(i)	(j)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	Genera manag partn	Il or Percentage ing ownership gr?
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No
	_										
	-										
	-										
										$\square$	
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	1	1		1		1	1	1	1	1	1

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	ent	entry	
								Yes	No	
									<u> </u>	
									<u> </u>	
									<u> </u>	
									<u> </u>	
						0-1-	dule B (For			

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Schedule R (Form 990) 2020

# EL CAMINO COMMUNITY COLLEGE DISTRICT Schedule R (Form 990) 2020 FOUNDATION

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

lote: Complete line 1 if any entity is listed in Parts II, III, or IV o	f this schedule.					Yes	s No	
1 During the tax year, did the organization engage in any of	the following transactions	with one or more re	lated organizations listed i	n Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) realized	nt from a controlled entity				1a		X	
<b>b</b> Gift, grant, or capital contribution to related organization(s	)				1b		X	
c Gift, grant, or capital contribution from related organization							X	
<b>d</b> Loans or loan guarantees to or for related organization(s)							X	
e Loans or loan guarantees by related organization(s)								
f Dividends from related organization(s)					1f		X	
g Sale of assets to related organization(s)								
h Purchase of assets from related organization(s)								
i Exchange of assets with related organization(s)								
j Lease of facilities, equipment, or other assets to related or							X	
k Lease of facilities, equipment, or other assets from related	organization(s)				1k		X	
I Performance of services or membership or fundraising sol							X	
m Performance of services or membership or fundraising sol	icitations by related organ	nization(s)			1m		X	
n Sharing of facilities, equipment, mailing lists, or other asse						X		
						X		
p Reimbursement paid to related organization(s) for expense	es					X		
q Reimbursement paid by related organization(s) for expense							X	
r Other transfer of cash or property to related organization(s	5)				1r		X	
s Other transfer of cash or property from related organizatio							X	
If the answer to any of the above is "Yes," see the instruct								
(2)		(b)	(c)	(d	\ \			

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
<u>(1)</u>			
(2)			
(3)			
(4)			
<u>(5)</u>			
<u>(6)</u> 032163 10-28-20			Schedule R (Form 990) 2020

# EL CAMINO COMMUNITY COLLEGE DISTRICT FOUNDATION

Schedule R (Form 990) 2020

95-3874302 Page 4

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners s 501(c)(3 orgs.? Yes N	<b>(g)</b> Share of end-of-year assets	(I Dispr tion alloca Yes	n) ropor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr Yes	i) ral or aging ner?	<b>(k)</b> Percentage ownership

Schedule R (Form 990) 2020

032164 10-28-20

$\mathbf{EL}$	CAMINO	COMMUNITY	COLLEGE	DISTRICT
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Schedule	к	9901	2020	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2020

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