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PUBLIC DISCLOSURE COPY



MAY 12, 2016

COLLEGE OF THE REDWOODS FOUNDATION 7351 TOMPKINS HILL ROAD EUREKA, CA 95501

COLLEGE OF THE REDWOODS FOUNDATION:

ENCLOSED IS THE ORGANIZATION'S 2014 EXEMPT ORGANIZATION RETURN. THE STATE EXEMPT ORGANIZATION RETURN AND ANNUAL REPORT ARE ALSO ENCLOSED. THESE SHOULD BE SIGNED, DATED, AND MAILED, AS INDICATED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY MAY 16, 2016.

CALIFORNIA FORM 199 RETURN:

THE FORM 199 RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE FTB, PLEASE SIGN, DATE AND RETURN FORM 8453-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE FTB. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE FTB.

YOUR PAYMENT SHOULD BE MADE AS INSTRUCTED BELOW ON OR BEFORE JUNE 15, 2016.

SEPARATELY MAIL CALIFORNIA FORM FTB 3586 WITH A CHECK OR MONEY ORDER FOR \$10, PAYABLE TO FRANCHISE TAX BOARD.

MAIL TO: FRANCHISE TAX BOARD PO BOX 942857 SACRAMENTO CA 94257-0531

INCLUDE THE CORPORATION NUMBER OR FEIN AND "2014 FORM 3586" ON THE CHECK OR MONEY ORDER.

## CALIFORNIA FORM RRF-1 RETURN:

PLEASE SIGN AND MAIL FORM RRF-1 ON OR BEFORE MAY 16, 2016.

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

ENCLOSE A CHECK FOR \$75 MADE PAYABLE TO ATTORNEY GENERAL'S REGISTRY OF CHARITABLE TRUSTS. INCLUDE "FORM RRF-1," THE REPORT YEAR AND THE ORGANIZATION'S STATE CHARITY REGISTRATION NUMBER AND/OR ORGANIZATION NUMBER ON THE REMITTANCE.

COPIES OF ALL THE RETURNS ARE ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THESE COPIES INDEFINITELY.

SINCERELY,

KCOE ISOM, LLP

		PU	BLIC DISCLOSURE COPY - STATE R	≀EGIS	STRATI	ON NO. 0101	
	0	90	Return of Organization Exem	npt F	rom I	ncome Tax	OMB No. 1545-0047
For	m J	50	Under section 501(c), 527, or 4947(a)(1) of the Internal Re				<sup>(ns)</sup> 2014
		of the Treasury enue Service	<ul> <li>Do not enter social security numbers on this</li> <li>Information about Form 990 and its instruct</li> </ul>		-		Open to Public Inspection
			r year, or tax year beginning JUL 1, 2014	and e	at <sub>www.irs</sub>	<u>s.gov/form990.</u> UN 30, 2015	
B	Check if	C Name of	organization		j _	D Employer identifi	
ć	applicab	le:					
	Addre		EGE OF THE REDWOODS FOUNDATION	1			
	Name Chang Initial	603509					
	return	Number	and street (or P.O. box if mail is not delivered to street address) TOMPKINS HILL ROAD	F	Room/suite	E Telephone numbe	r 764100
	return_ termir	n-				G Gross receipts \$	1,025,922.
	ated Amen return	ded <b><b><b></b></b></b>	wn, state or province, country, and ZIP or foreign postal cor $XA$ , CA 95501	ide		H(a) Is this a group re	
			d address of principal officer: JIM DAVIS			for subordinates	
	pendi		AS C ABOVE			H(b) Are all subordinates in	
Ι.	Гах-ех	empt status: 🗌	K 501(c)(3) 501(c) ( )◀ (insert no.) 4947	17(a)(1) or	r 📃 527	1	list. (see instructions)
			REDWOODS.EDU/FOUNDATION/			H(c) Group exemptio	
		f organization:	Corporation Trust Association Other ►	•	L Year (	of formation: 1965	A State of legal domicile: CA
Pa	art I						TONAT
e	1	Briefly describe	e the organization's mission or most significant activities: $rac{ extsf{T}}{ extsf{S}}$ OF THE REDWOODS DISTRICT BY		CTTTN	C AND PECET	TONAL VINC CIETS
nan			■ Interview of the organization discontinued its operations or				
ver	2			-			9
ဗီ	4		ependent voting members of the governing body (Fart VI, me ray				4
Š	5		0				
/itie	6		of individuals employed in calendar year 2014 (Part V, line 2a of volunteers (estimate if necessary)				9
Activities & Governance	7a		business revenue from Part VIII, column (C), line 12				0.
_			ousiness taxable income from Form 990-T, line 34				0.
						Prior Year	Current Year
e	8		and grants (Part VIII, line 1h)			160,823.	107,858.
Revenue	9		e revenue (Part VIII, line 2g)			1,284,024.	879,761.
Rev			ome (Part VIII, column (A), lines 3, 4, and 7d)			7,848.	11,576.
			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			-29,612.	-7,458.
			add lines 8 through 11 (must equal Part VIII, column (A), line			1,423,083. 182,668.	991,737. 130,118.
			illar amounts paid (Part IX, column (A), lines 1-3)			0.	0.
	14		o or for members (Part IX, column (A), line 4)			48,786.	0.
Expenses			compensation, employee benefits (Part IX, column (A), lines ndraising fees (Part IX, column (A), line 11e)			<u> </u>	0.
ben			ng expenses (Part IX, column (D), line 25)	33	8.		
ы			s (Part IX, column (A), lines 11a-11d, 11f-24e)			868,601.	903,789.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)			1,100,055.	1,033,907.
	19		expenses. Subtract line 18 from line 12			323,028.	-42,170.
Fund Balances			· ·			ginning of Current Year	End of Year
sets alan	20	Total assets (P	art X, line 16)			7,464,914.	6,963,202.
t As	21	Total liabilities	(Part X, line 26)			774,504.	362,393.
I Put	22		und balances. Subtract line 21 from line 20	<u></u>		6,690,410.	6,600,809.
	art II	5					
			declare that I have examined this return, including accompanying so				y knowledge and belief, it is
true	, corre	cī, and complete.	Declaration of preparer (other than officer) is based on all information	on of whi	icn preparer	nas any knowledge.	
<u>.</u>		Signature	of officer			Date	

Sign	Signature of officer		Date									
Here	JIM DAVIS, PRESIDENT											
	Type or print name and title											
	Print/Type preparer's name	Preparer's signature Date	Check PTIN									
Paid	HOLLY L. SALISBURY	05/1	L2/16 self-employed P00836978									
Preparer	Firm's name 🕨 KCOE ISOM, LLP		Firm's EIN 🕨 48-0567703									
Use Only	Firm's address 1726 COURT STREE	Т										
	REDDING, CA 9600	1	Phone no. (530)241-2515									
May the IF	RS discuss this return with the preparer shown abo	ve? (see instructions)	X Yes No									
432001 11-0	32001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2014)											

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2014) COLLEGE OF THE REDWOODS FOUNDATION 94-1603509 Page t III Statement of Program Service Accomplishments
Fai	
1	Briefly describe the organization's mission: TO SUPPORT THE EDUCATIONAL PROGRAMS OF THE REDWOODS DISTRICT BY SOLICITING AND RECEIVING GIFTS, DISPENSING FUNDS TO ASSIST STUDENTS,
	AND PROMOTING THE GENERAL WELFARE OF THE COLLEGE.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
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 \$ 25,381. including grants of \$)(Revenue \$ 204,180 THE FOUNDATION OPERATES A CAFETERIA ON THE COLLEGE CAMPUS. THE CAFETERIA PROVIDES FOOD SERVICES TO STUDENTS AND EMPLOYEES OF THE COLLEGE.
4b	(Code:)(Expenses \$636,944. including grants of \$) (Revenue
4c	(Code:)(Expenses \$ 217,057. including grants of \$) (Revenue \$ 0 THE FOUNDATION OPERATED A BOOKSTORE ON THE COLLEGE CAMPUS. THE BOOKSTORE PROVIDES BOOKS AND SUPPLIES TO STUDENTS AND EMPLOYEES OF THE COLLEGE.
4d	Other program services (Describe in Schedule O.)         (Expenses \$ 138,844. including grants of \$ 130,118.) (Revenue \$ 3,826.)
4e	Total program service expenses ► 1,018,226.
32002 1-07-	14
	2

Form	aan	(2014)
	330	(2014)

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	-		
3				х
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			х
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
-	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	- 3		
10		10	х	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
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		X
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		Х
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? If "Yes," complete			
120		12a	х	
h	· · · · · · · · · · · · · · · · · · ·	120		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	101-		v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		Х
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		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		L	<u> </u>
.5	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<u> </u>
19	· · · · · · · · · · · ·	40		х
00-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		- 22
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form **990** (2014)

432003 11-07-14

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Form 990 (2014) COLLEGE OF THE REDWOODS FOUNDATION
Part IV Checklist of Required Schedules (continued)

1 41	Oneckist of nequired Schedules (continued)			
			Yes	No
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
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		v	
	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		x	
	Schedule J	23		
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	040		x
h	Schedule K. If "No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
U Q		240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	040		
h	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
		24u		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h		254		- 23
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? 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, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
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	X	
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?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2014)

432004 11-07-14

Form	990 (2014) COLLEGE OF THE REDWOODS FOUNDATION 94-1603	509	Р	age <b>5</b>
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 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 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			37
е	Did the organization receive any funds, directly or indirectly, to pay premiums 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		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	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 organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
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:			
a k	Initiation fees and capital contributions included on Part VIII, line 12 10a 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a b	Gross income from members or shareholders       11a         Gross income from other sources (Do not net amounts due or paid to other sources against       1			
D				
100	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	120		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
d	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	100		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
U U	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	,			

Form **990** (2014)

Page 5

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Form 990 (2014)	1)
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	ion A. Governing Body and Management									
1a					1					
1a		1.1	<u>م</u>	Yes						
	Enter the number of voting members of the governing body at the end of the tax year	1a	9							
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		4							
	Enter the number of voting members included in line 1a, above, who are independent	1b	4							
	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other								
	officer, director, trustee, or key employee?		2		∔					
	Did the organization delegate control over management duties customarily performed by or under t			x	l					
(	of officers, directors, or trustees, or key employees to a management company or other person?									
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?									
	Did the organization become aware during the year of a significant diversion of the organization's as				∔					
	Did the organization have members or stockholders?		6		ļ					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint one or								
ſ	more members of the governing body?		7a							
	Are any governance decisions of the organization reserved to (or subject to approval by) members,				l					
)	persons other than the governing body?		7b		l					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ear by the following:			T					
	The governing body?		8a	Х	I					
b	Each committee with authority to act on behalf of the governing body?		8b	Х	t					
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re				t					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		I					
	ion B. Policies (This Section B requests information about policies not required by the Internal F				Ť					
		,		Yes	T					
0a	Did the organization have local chapters, branches, or affiliates?		10a		t					
	If "Yes," did the organization have written policies and procedures governing the activities of such o				t					
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		I					
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo		11a	x	t					
			Tia		ł					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
		a to conflicto?		X X	ł					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		12b		╂					
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "		10	x	I					
	in Schedule O how this was done			X	╂					
	Did the organization have a written whistleblower policy?			X	╀					
	Did the organization have a written document retention and destruction policy?		14	^	╁					
	Did the process for determining compensation of the following persons include a review and approv	•			l					
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision				ł					
	The organization's CEO, Executive Director, or top management official				ļ					
	Other officers or key employees of the organization		15b		ł					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				1					
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a			l					
	taxable entity during the year?		16a		ļ					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its participation			l					
i	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	anization's			l					
	exempt status with respect to such arrangements?		16b							
	ion C. Disclosure									
17 I	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright ext{CA}$									
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	T (Section 501(c)(3)s only	) availab	le						
ſ	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website Another's website X Upon request Other (explain	n in Schedule O)								
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, c	onflict of interest policy, a	nd finan	cial						
	statements available to the public during the tax year.	, ,,,								
	State the name, address, and telephone number of the person who possesses the organization's b	ooks and records:								
-	REDWOODS COMMUNITY COLLEGE DISTRICT - (707) 476-4	100								
	7351 TOMPKINS HILL ROAD, EUREKA, CA 95501	-			-					
	11-07-14		Form	990	(					
000	6		. 011		C					
	-	REDWOODS FOU								

Part VII	Compensation of	Officers, Director	s, Trustees	, Key Employees,	Highest	Compensated
	Employees, and Ir	ndependent Cont	ractors			

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.

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

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

(2) MARTHA TRAPHAGEN       1.00       X       X       0.       0.       0.         (3) KEITH SNOW-FLAMER       1.00       X       X       206,493.       0.       29,976.         (4) RICHARD DORN       1.00       X       X       206,493.       0.       29,976.         (4) RICHARD DORN       1.00       X       X       206,493.       0.       29,976.         (4) RICHARD DORN       1.00       X       X       0.       0.       13,183.         (5) CAROL MATHEWS       0.50       X       0.       0.       0.       0.         MEMBER       0.50       X       0.       0.       0.       0.       0.         (6) BILL MCAULEY       0.50       X       0.       0.       0.       0.       0.         MEMBER       0.50       X       0.       0.       0.       0.       0.       0.         (6) BRUCE EMAD       0.50       X       0. <td< th=""><th>(A)</th><th>(B)</th><th></th><th></th><th>(0</th><th>C)</th><th></th><th></th><th>(D)</th><th>(E)</th><th>(F)</th></td<>	(A)	(B)			(0	C)			(D)	(E)	(F)
(1) JIM DAVIS       1.00       X       X       X       0.       0.       0.         (2) MARTHA TRAPHAGEN       1.00       X       X       0.       0.       0.       0.         (2) MARTHA TRAPHAGEN       1.00       X       X       0.       0.       0.       0.         (2) MARTHA TRAPHAGEN       1.00       X       X       0.       0.       0.       0.         (3) KETH SNOW-FLAMER       1.00       X       X       206,493.       0.       29,976.         (4) RICHARD DORN       1.00       X       X       0.       0.       13,183.         (5) CAROL MATHEWS       0.50       X       0.       0.       0.       0.         MEMBER       X       0.50       0.       0.       0.       0.       0.         (6) BILL MCAULEY       0.50       X       0.       0.       0.       0.       0.       0.       0.         MEMBER       2.00       X       0.       0.       0.       0.       0.       0.       0.       0.         (8) BRUCE EMAD       0.50       X       0.       0.       0.       0.       0.       0.       0.	Name and Title	hours per	box	not c , unle	heck ss pe	more rson	than is bot	h an	compensation	compensation	amount of
(1) JIM DAVIS       1.00       X       X       0.       0.       0.         (2) MARTHA TRAPHAGEN       1.00       X       X       0.       0.       0.         (2) MARTHA TRAPHAGEN       1.00       X       X       0.       0.       0.         (3) KEITH SNOW-FLAMER       1.00       X       X       206,493.       0.       29,976.         (4) RICHARD DORN       1.00       X       X       206,493.       0.       29,976.         (4) RICHARD DORN       1.00       X       X       0.       0.       13,183.         (5) CAROL MATHEWS       0.50       X       0.       0.       0.       0.         MEMBER       X       0.50       0.       0.       0.       0.       0.         (6) BILL MCAULEY       0.50       X       0.       0.       0.       0.       0.         (7) DARREN MCELFRESH       0.50       X       0.       0.       0.       0.       0.         (8) BRUCE EMAD       0.50       X       0.       0.       0.       0.       0.         MEMBER       X       0.50       X       0.       0.       0.       0.		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization	•	from the organization and related
(2) MARTHA TRAPHAGEN       1.00       X       X       0.       0.       0.         (3) KEITH SNOW-FLAMER       1.00       X       X       206,493.       0.       29,976.         (4) RICHARD DORN       1.00       X       X       206,493.       0.       29,976.         (4) RICHARD DORN       1.00       X       X       206,493.       0.       29,976.         (4) RICHARD DORN       1.00       X       X       0.       0.       13,183.         (5) CAROL MATHEWS       0.50       X       0.       0.       0.       0.         MEMBER       0.50       X       0.       0.       0.       0.       0.         (6) BILL MCAULEY       0.50       X       0.       0.       0.       0.       0.         MEMBER       0.50       X       0.       0.       0.       0.       0.       0.         (6) BRUCE EMAD       0.50       X       0. <td< td=""><td></td><td>1.00</td><td>x</td><td></td><td>x</td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></td<>		1.00	x		x				0.	0.	0.
(3) KEITH SNOW-FLAMER       1.00       X       X       206,493.       0.29,976.         (4) RICHARD DORN       1.00       X       X       103,877.       0.13,183.         (5) CAROL MATHEWS       0.50       X       0.0.0.0.       0.6.0.0.         MEMBER       0.50       X       0.0.0.0.0.0.       0.6.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	(2) MARTHA TRAPHAGEN	1.00									
TREASURER         40.00         X         X         206,493.         0.29,976.           (4) RICHARD DORN         1.00         X         103,877.         0.13,183.           (5) CAROL MATHEWS         0.50         X         0.0.0.0.         0.50           MEMBER         X         0.50         X         0.0.0.0.         0.50           MEMBER         X         0.50         0.0.0.0.0.         0.50           MEMBER         X         0.50         0.0.0.0.0.0.         0.50           MEMBER         0.50         X         0.0.0.0.0.0.0.         0.50           MEMBER         0.50         X         0.0.0.0.0.0.0.0.         0.50           MEMBER         0.50         X         0.0.0.0.0.0.0.0.0.         0.50           MEMBER         0.50         X         0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	VICE PRESIDENT		x		x				0.	Ο.	0.
(4) RICHARD DORN       1.00       X       103,877.       0.13,183.         (5) CAROL MATHEWS       0.50       X       0.0.0.0.       0.6         MEMBER       X       0.50       X       0.0.0.0.0.         (6) BILL MCAULEY       0.50       X       0.0.0.0.0.0.         MEMBER       X       0.50       0.0.0.0.0.0.0.         (7) DARREN MCELFRESH       0.50       X       0.0.0.0.0.0.0.0.         MEMBER       0.50       X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			x		x				206,493.	0.	29,976.
(5) CAROL MATHEWS       0.50       X       0.00000000000000000000000000000000000	(4) RICHARD DORN	1.00									
MEMBER         X         0.	MEMBER		x						103,877.	0.	13,183.
(6)         BILL MCAULEY         0.50         X         0.00         0.00           MEMBER         X         0.50         0.00         0.00         0.00           (7)         DARREN MCELFRESH         0.50         0.00         0.00         0.00           MEMBER         X         0.50         0.00         0.00         0.00           (8)         BRUCE EMAD         0.50         0.00         0.00         0.00           (9)         JIM MAHER         0.500         0.00         0.00         0.00           (10)         JOE HASH         0.500         0.00         0.00         0.00           MEMBER         0.500         0.00         0.00         0.00         0.00           (11)         JOHN CORBETT         0.500         0.00         0.00         0.00           MEMBER         X         0.00         0.00         0.00         0.00           (12)         DOUG EDGMON         0.500         0.00         0.00         0.00           MEMBER         X         0.00         0.00         0.00         0.00           (13)         AHN FIELDING         1.00         0.00         0.00         0.00	(5) CAROL MATHEWS	0.50									
MEMBER         X         0.00000000000000000000000000000000000	MEMBER		Х						0.	0.	0.
(7)         DARREN MCELFRESH         0.50         X         0.0.0.0.0.0.0           MEMBER         0.50         X         0.0.0.0.0.0.0         0.0.0.0           MEMBER         2.00         X         0.00.0.0.0         0.00.00         0.00.00           MEMBER         2.00         X         0.00.00.00.00         0.00.00.00         0	(6) BILL MCAULEY	0.50									
MEMBER         X         0.	MEMBER		Х						0.	0.	0.
(8)         BRUCE EMAD         0.50         0.00         0.00         0.00           MEMBER         2.00         X         0.00         0.00         0.00         0.00           (9)         JIM MAHER         0.50         X         0.00         0.00         0.00           MEMBER         X         0.50         X         0.00         0.00         0.00           (10)         JOE HASH         0.50         X         0.00         0.00         0.00           MEMBER         0.50         X         0.00         0.00         0.00         0.00           (11)         JOHN CORBETT         0.50         X         0.00         0.00         0.00           MEMBER         0.50         X         0.00         0.00         0.00         0.00           (12)         DOUG EDGMON         0.50         X         0.00         0.00         0.00           MEMBER         X         0.00         0.00         0.00         0.00         0.00           (13)         AHN FIELDING         1.00         0         0         0         0	(7) DARREN MCELFRESH	0.50									
MEMBER         2.00         X         0. <t< td=""><td></td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			Х						0.	0.	0.
(9)         JIM MAHER         0.50         X         0.											
MEMBER         X         0.0         0.0         0.0           (10) JOE HASH         0.50         X         0.0         0.0         0.0           MEMBER         X         0.00         0.0         0.0         0.0         0.0           (11) JOHN CORBETT         0.50         X         0.0         0.0         0.0         0.0           MEMBER         X         0.00         0.0         0.0         0.0         0.0           (12) DOUG EDGMON         0.50         X         0.0         0.0         0.0         0.0           MEMBER         X         0.0			X						0.	0.	0.
(10) JOE HASH       0.50       X       0.00       0.00         MEMBER       X       0.50       0.00       0.00         (11) JOHN CORBETT       0.50       X       0.00       0.00         MEMBER       X       0.00       0.00       0.00         (12) DOUG EDGMON       0.50       X       0.00       0.00         MEMBER       X       0.00       0.00       0.00         (13) AHN FIELDING       1.00       0       0       0.00		0.50	.,							0	0
MEMBER         X         0.			X						0.	0.	0.
(11) JOHN CORBETT         0.50         X         0.         0.         0.           MEMBER         X         0.50         0.<		0.50							0	0	0
MEMBER         X         0.		0 50	<u> </u>						0.	0.	0.
(12) DOUG EDGMON         0.50         0.60		0.50	v						0	0	0
MEMBER         X         0.		0.50	^						0.	0.	0.
(13) AHN FIELDING 1.00		0.50	x						0.	0.	0.
		1,00	11							0.	
					x				0.	0.	0.
			1								
			1								
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Form 990 (2014)

Form 990		OF THE B	REI	DMC	001	วร	FC	)U	NDATION	94-1	<u>603</u>	509	Pa	age <b>8</b>
Part VII	Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees,	, and	d Hi	ighes	st C	Compensated Employe	es (continued)				
	(A)	(B)			(0		-		(D)	(E)			(F)	
	Name and title	Average			Pos	ition			Reportable	Reportable	2	Es	timate	d
		hours per					than o is both		compensation	compensatio			nount	
		week					or/trus		from	from related			other	
		(list any	or						the	organization			pensa	tion
		hours for	lirect						organization	(W-2/1099-MI			om the	
		related	9 OL C	fee			satec		(W-2/1099-MISC)	(00-2/1099-101	30)		anizati	
		organizations	ustee	trus		e	npen		(00-2/1099-0000)			U U	d relate	
		below	ual tr	ional		ploye	t con						nizatio	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orya	Inzali	5115
			Ē	Ë	of	Ke	e Hi	ß						
1h Cub	total							_	310,370.		0.	Δ.	3,1	59.
	-total								0.		0.		5,1	0.
	al from continuation sheets to Part VI								310,370.		0.	1	3,1	
	al (add lines 1b and 1c)										-	4.	э, т	
	al number of individuals (including but n	ot limited to th	lose	liste	ed at	bove	e) wr	io r	received more than \$100	,000 of reportab	ble			2
com	pensation from the organization													2
													Yes	No
	the organization list any <b>former</b> officer,	,		'					0					
line	1a? If "Yes," complete Schedule J for s	uch individual										3		<u>X</u>
	any individual listed on line 1a, is the su													
and	related organizations greater than \$150	0,000? If "Yes,	" со	mple	ete S	Sche	edule	Ji	for such individual			4	Х	
5 Did a	any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	any	/ unr	elat	ted organization or indiv	idual for services	6			
	lered to the organization? If "Yes," com					-			-			5		Х
	B. Independent Contractors	,			,									
	plete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors 1	that received more than	\$100.000 of cor	npens	ation f	rom	
	organization. Report compensation for	•	•											
	(A)	ine calendar y	our	orran	i g t		0		(B)	your.		(C		
	Name and business	address	N	ONE	2				Description of s	ervices	С	omper		n
					_									
								_						
	al number of independent contractors (i		ot li	mite	d to		•	stec	d above) who received n	nore than				
\$100	0,000 of compensation from the organi	zation 🕨				(	0							
420000												Form	<b>990</b> (2	2014)

11-07-14

Form 990 (2014
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# Form 990 (2014) COLLEGE OF THE REDWOODS FOUNDATION Part VIII Statement of Revenue Image: Coll of the statement of the

		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
					<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512 - 514
ts s	1 a	Federated campaigns	1a					012 014
iran		Membership dues						
¶g°,G		Fundraising events						
ar /			1d					
s, C		Government grants (contribut						
r Si		All other contributions, gifts, gran						
the		similar amounts not included abo	ve 1f	107,858.				
d dt	g	Noncash contributions included in lines	1a-1f: \$	23,848.				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f		►	107,858.			
				Business Code				
e	2 a	DORMITORIES		721000	671,755.	671,755.		
ervi	b			451211	204,180.	204,180.		
Program Service Revenue	с	STUDENT PROGRAMS		900099	3,826.	3,826.		
Jev Sev	d							
rog	е							
₽	f	All other program service reve			070 761			
	g				879,761.			
	3	Investment income (including			11,576.			11,576.
		other similar amounts)	r	11,570.			11,570.	
	4	Income from investment of tax-exempt bond p Royalties		· · ·				
	5	Royalties	(i) Real					
	6 0	Grass repts		(ii) Personal				
	ба ь	Gross rents Less: rental expenses						
	0	Rental income or (loss)						
		d Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
	7 a	assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	с	Gain or (loss)						
		Net gain or (loss)		🕨				
an		Gross income from fundraising						
_		including \$	of					
Other Rever		contributions reported on line						
erF		Part IV, line 18	а					
Ъ.		Less: direct expenses		34,185.	- 1-0			
-		Net income or (loss) from func		····· ►	-7,458.			-7,458.
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam		▶				
	10 a	Gross sales of inventory, less returns and allowances Less: cost of goods sold Not income or (less) from color of inventory						
	h							
ł	C	Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code						
ł	11 a							
	b							†
	c							<u> </u>
		All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			991,737.	879,761.	0.	4,118.
43200 11-07-	9 14							Form <b>990</b> (2014)

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Part IX Statement of Functional Expenses

COLLEGE OF THE REDWOODS FOUNDATION

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

~	Check if Schedule O contains a response	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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	120 110	120 110		
	individuals. See Part IV, line 22	130,118.	130,118.		
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
с	Accounting	7,505.		7,505.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
5	column (A) amount, list line 11g expenses on Sch O.)	26,209.	23,509.	2,700.	
12	Advertising and promotion	100.		100.	
13	Office expenses	71,894.	71,279.	615.	
14	Information technology	,			
15	Royalties				
16	Occupancy				
17		557.	557.		
	Travel Payments of travel or entertainment expenses				
18	for any federal, state, or local public officials				
40					
19 20	Conferences, conventions, and meetings				
20 21	Interest				
21 22	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	DORM	581,702.	581,702.		
b	FOODSERVICE	202,892.	202,892.		
с	STUDENT PROGRAMS	8,169.	8,169.		
d					
	All other expenses	4,761.		4,423.	338
25	Total functional expenses. Add lines 1 through 24e	1,033,907.	1,018,226.	15,343.	338
	Joint costs. Complete this line only if the organization				
26					
26					
26	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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Form **990** (2014)

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•				•	
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		2,549,795.	11	
12	Investments - other securities. See Part IV, line 1	1		12	
13	Investments - program-related. See Part IV, line 1	1		13	
14	Intangible assets			14	
15	Other assets. See Part IV, line 11		240,640.	15	
16	Total assets. Add lines 1 through 15 (must equa	ıl line 34)	7,464,914.	16	
17	Accounts payable and accrued expenses		34,817.	17	
18	Grants payable			18	
19	Deferred revenue			19	
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability. Complete F			21	
22	Loans and other payables to current and former	officers, directors, trustees,			
	key employees, highest compensated employee	s, and disqualified persons.			
	Complete Part II of Schedule L			22	
23	Secured mortgages and notes payable to unrela	ted third parties		23	
24	Unsecured notes and loans payable to unrelated	I third parties		24	
25	Other liabilities (including federal income tax, pay	ables to related third			
	parties, and other liabilities not included on lines	17-24). Complete Part X of			
	Schedule D		647,860.	25	
26	Total liabilities. Add lines 17 through 25		774,504.	26	
	Organizations that follow SFAS 117 (ASC 958)	, check here ► X and			
	complete lines 27 through 29, and lines 33 and	d 34.			
27	Unrestricted net assets		1,372,052.	27	
28	Temporarily restricted net assets		1,486,350.	28	
29	Permanently restricted net assets	······	3,832,008.	29	
	Organizations that do not follow SFAS 117 (AS	SC 958), check here 🕨 🔛			
	and complete lines 30 through 34.				
30	Capital stock or trust principal, or current funds			30	
31	Paid-in or capital surplus, or land, building, or eq	uipment fund		31	
32	Retained earnings, endowment, accumulated inc		32		
33	Total net assets or fund balances		6,690,410.	33	
34	Total liabilities and net assets/fund balances			34	

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

Cash - non-interest-bearing

Savings and temporary cash investments Pledges and grants receivable, net

Accounts receivable, net

Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under

section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary

employees' beneficiary organizations (see instr). Complete Part II of Sch L

Notes and loans receivable, net

Inventories for sale or use

5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete

Form 990 (2014)

1

2

3

4

6

7

8

Assets

\_iabilities

Net Assets or Fund Balances

(A)

Beginning of year

452,939.

161,110.

4,060,430.

1

2

3

4

5

6

7

8

94-1603509 Page 11

(B)

End of year

90,106.

3,192,881.

2,448,642.

1,041,364. 6,963,202. 18,157.

864.

<u>343,37</u>2. 362,393.

1,266,427. 1,530,061.

3,804,321.

6,600,809.

6,963,202.

Form 990 (2014)

190,209.

Form	990 (2014) COLLEGE OF THE REDWOODS FOUNDATION	94-	-1603509	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	991	L,7	37.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,033	3,9	07.
3	Revenue less expenses. Subtract line 2 from line 1	3			70.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,690		
5	Net unrealized gains (losses) on investments	5	98	3,8	48.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	-115		
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-31	L,O	65.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	6,600	),8	09.
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				
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	l 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 separat	e 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 th	e audit	,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule (	D.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Au	dit		
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				
			Form		

Form **990** (2014)

432012 11-07-14

SCHEDULE A	
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Department of the Treasury

Internal Revenue Service

(Form	990	or	990-	·ΕΖ
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## Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2014
Open to Public Inspection

on about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.		Ir
Emple	over ident	ifi

Internal Revenue Service	Informati
Name of the organizat	tion

yer	Ide	nt	tic	ca	tic	on	nu	m	De
0	Λ	1	6	<u>م</u>	2	<b>c</b> (	۱O		

Name of	COT <sub>1</sub> T <sub>1</sub>	EGE OF THE	REDWOODS FO	UNDAT	TON			4-1603509	
Part I	Reason for Public					ee instructions		1 1000000	
The orga	anization is not a private found		-						
1 🗂	A church, convention of ch			-					
2	A school described in sect								
3	A hospital or a cooperative			ection 170	)(b)(1)(A)(i	ii).			
4	A medical research organiz						(iii). Enter	the hospital's name.	
	city, and state:	·	, ,				. ,	, , , , , , , , , , , , , , , , , , ,	
5 X		or the benefit of a co	llege or university owne	d or opera	ted by a d	overnmental u	nit describ	ed in	
	5 X An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)								
6	A federal, state, or local go		mental unit described in	section 17	70(b)(1)(A)	(v).			
7	An organization that norma	-					ne general	public described in	
•	section 170(b)(1)(A)(vi). (C	•	intal part of no capport	li oliri u gov	orrinorita		io general		
8	A community trust describe		(1)(A)(vi) (Complete Par	+ 11 )					
9	An organization that norma				contributi	ons members	hin face a	nd aross receipts from	
•	activities related to its exen								
	income and unrelated busi								
	See section 509(a)(2). (Col				5365 acqu		ganization		
10	An organization organized a		ively to test for public s	ofaty Saa	saction 5(	10(2)(4)			
11	An organization organized a	-	•	•			rry out the	nurnoses of one or	
••	more publicly supported or		-	-			•		
	lines 11a through 11d that								
a	<b>Type I.</b> A supporting orga						-	aivina	
a _	the supported organization		-	•					
				a majonty				upporting	
ьГ	organization. You must o	-		tion with it	to ourport	od organizatio	n(a) by ba	vina	
b L	Type II. A supporting org	-				-		-	
	control or management o			same perso	ons that co	ontroi or manaj	ge the sup	ported	
• [	organization(s). You mus			in connoc	tion with	and functional	lu intograt	ad with	
c L	Type III functionally inte						ly integrate	ed with,	
- L	its supported organizatio								
d 🗆	Type III non-functionally						-		
	that is not functionally int			-		-	i an attent	iveness	
. Г	requirement (see instruct								
e∟	Check this box if the orga					а туре ї, туре	II, Type III		
6 F.	functionally integrated, o		, , ,	0 0					
_	ter the number of supported of								
<b>g</b> Pr	ovide the following information (i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of	monetary	(vi) Amount of	
	organization	(,	(described on lines 1-9	listed	in your	support		other support (see	
	, and the second s		above or IRC section	governing ( Yes	document?	Instructio		Instructions)	
			(see instructions))	Tes	NO				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

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Total

## Schedule A (Form 990 or 990-EZ) 2014 COLLEGE OF THE REDWOODS FOUNDATION

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	<b>(d)</b> 2013	<b>(e)</b> 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	282,432.	102,406.	988,464.	160,823.	84,010.	1618135.
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						
4	Total. Add lines 1 through 3	282,432.	102,406.	988,464.	160,823.	84,010.	1618135.
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)						1618135.
	Public support. Subtract line 5 from line 4.						1010100.
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2012	(e) 2014	(f) Total
	Amounts from line 4	(a) 2010 282,432.	(b)2011 102,406.	988,464.	(d) 2013 160,823.	84,010.	(f) Total 1618135.
	Gross income from interest,	202/1020	102/1000	500,1010	10070200	01/0100	1010100
0	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	481,232.	87,438.	57,551.	7,848.	11,576.	645,645.
9	Net income from unrelated business		,	.,	,	,	,
Ū	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	57,167.					57,167.
11	Total support. Add lines 7 through 10						2320947.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 6	,066,333.
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
_	organization, check this box and stor	here					▶∟
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2014 (		-			14	69.72 <u>%</u>
	Public support percentage from 2013					15	62.18 %
16a	33 1/3% support test - 2014. If the c	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2013. If the c						
47-	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "facts-and-circumstances"			-	-	-	
h	10% -facts-and-circumstances tes						
N.	more, and if the organization meets the						
	organization meets the "facts-and-cire						
18	Private foundation. If the organization						s
			, •••	. , ,		dule A (Form 990	

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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 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Caler	dar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(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						
	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						
	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Caler	dar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
10a	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						
11 12	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 Other income. Do not include gain or loss from the sale of capital						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, th	ird, fourth, or fifth t	tax year as a sectio	on 501(c)(3) organi	zation,
							▶∟
	tion C. Computation of Publi					1 1	
	Public support percentage for 2014 (li			column (f))		15	%
	Public support percentage from 2013					16	%
	tion D. Computation of Inves		•				
17	Investment income percentage for 20	14 (line 10c, colur	mn (f) divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2013 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2014. If the					33 1/3%, and line	17 is not
	more than 33 1/3% , check this box ar						
	33 1/3% support tests - 2013. If the						
	line 18 is not more than 33 1/3% , che	ck this box and <b>s</b>	top here. The org	anization qualifies	as a publicly supp	orted organization	
	Private foundation. If the organization						
	3 09-17-14		,				0 or 990-EZ) 2014
				15		,	,
10	512 784056 00388	203	14.05092	COLLEGE O	F THE RED	WOODS FOU	00388 2

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2014

Yes

No

## Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of 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* (*b*) *and* (*c*) *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 11a or 11b in Part I, answer (b) and (c) 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* **P***art* **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 (b) and (c) 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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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, Ioan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 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).
- **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 9(a)) 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 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer* (*b*) *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.)

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## Schedule A (Form 990 or 990-EZ) 2014 COLLEGE OF THE REDWOODS FOUNDATION 94-1603509 Page 5

			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 (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	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,	-		
0	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			
0	the supported organization(s).	1		
Sec	tion D. 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, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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 <b>Part VI</b> how	-		
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	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		
	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		
2	Activities Test. Answer (a) and (b) 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 (a) 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 <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	<u> </u>		
-	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) 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? Provide details in <i>Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<b>C</b> 1		
	of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	3b	0 ==-	00 1 1
432025	5 09-17-14 Schedule A (Form 99	90 or 99	U-EZ)	2014

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## Schedule A (Form 990 or 990-EZ) 2014 COLLEGE OF THE REDWOODS 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. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
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	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	y-integra	ated Type III supporting org	anization (see

instructions).

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## Schedule A (Form 990 or 990-EZ) 2014 COLLEGE OF THE REDWOODS FOUNDATION

Fai	V   Type III Non-Functionally Integrated 505	a)(3) Supporting Org	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	the organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Sacti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
<u> </u>			Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
C				
d				
e	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>a</u>				
b				
C				
	Excess from 2013			
е	Excess from 2014			

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Schedule A	
Part VI	Su

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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## Schedule of Contributors

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

Name of the organization

Organization type (check one):

Schedule B

(Form 990, 990-FZ.

Department of the Treasury

Internal Revenue Service

or 990-PF)

COLLEGE	OF	THE	REDWOODS	FOUNDATION
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Employer identification number

OMB No. 1545-0047

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Filers of:	Section:
Form 990 or 990-EZ	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, 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. Do not 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

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

LHA 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) (2014)

Employer identification number

94-1603509

### COLLEGE OF THE REDWOODS FOUNDATION

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 contributior
		\$114,594.	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
2		\$37,500.	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
3		\$11,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
		\$13,550.	Person X Payroll Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
5		\$65,351.	Person X Payroll Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
6 		\$12,000.	Person X Payroll Noncash (Complete Part II for

Employer identification number

94-1603509

### COLLEGE OF THE REDWOODS FOUNDATION

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		\$56,504.	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		\$9,750.	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
9		\$7,636.	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
10		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributior
11		\$5,000.	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
<u>12</u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

## Name of organization

Employer identification number

94-1603509

## COLLEGE OF THE REDWOODS FOUNDATION

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
<u>13</u>		\$5,915.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
<u>   14                                 </u>		\$5,312.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
<u>15</u>		\$41,000.	Person X Payroll Noncash (Complete Part II fo noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
		\$	Person Payroll Noncash (Complete Part II for noncash contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
		\$	Person Payroll Noncash (Complete Part II for noncash contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
		\$	Person Payroll Noncash Complete Part II for noncash contribution

Name of organization

Employer identification number

94-1603509

## COLLEGE OF THE REDWOODS FOUNDATION

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
  		\$	
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		   \$	

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Name of org	ganization		Employer identification number
COLLE	GE OF THE REDWOODS FOUN	IDATION	94-1603509
Part III	Exclusively religious, charitable, etc., cor the year from any one contributor. Complete	tributions to organizations described i columns (a) through (e) and the follow	n section 501(c)(7), (8), or (10) that total more than \$1,000 for ing line entry. For organizations
	completing Part III, enter the total of exclusively religio Use duplicate copies of Part III if addition	us, charitable, etc., contributions of \$1,000 or I	ess for the year. (Enter this info. once.)
(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, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from		[	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
ŀ	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from	() <b>D</b>		
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, a		Relationship of transferor to transferee
ľ	· · ·		·
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
ŀ	Transferee's name, address, a		Relationship of transferor to transferee
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Forn	HEDULE D n 990) ment of the Treasury Revenue Service	► Complete if the org: Part IV, line 6, 7, 8, 9, 10,	Al Financial Statements anization answered "Yes" to Form 990, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. m 990) and its instructions is at <u>www.irs.or</u>	v/form9	90.
Nam	e of the organizati	on COLLEGE OF THE REDI	WOODS FOUNDATION	Em	ployer identification number $94 - 1603509$
Par	t I Organiza	ations Maintaining Donor Advise	d Funds or Other Similar Funds o	Acco	unts.Complete if the
	organizatio	n answered "Yes" to Form 990, Part IV, line			
			(a) Donor advised funds	<b>(b)</b> Fui	nds and other accounts
1		nd of year			
2		of contributions to (during year)			
3		of grants from (during year)			
4		It end of year			
5	-		writing that the assets held in donor advised		
~			exclusive legal control?		Yes No
6	-		dvisors in writing that grant funds can be use r donor advisor, or for any other purpose co		
				0	Yes No
Par			anization answered "Yes" to Form 990, Part		
1		servation easements held by the organization	, ,	iv, in c <i>i</i>	
•		n of land for public use (e.g., recreation or e		ally impo	ortant land area
		of natural habitat	Preservation of a certified		
		n of open space			
2			ied conservation contribution in the form of a	conserv	vation easement on the last
	day of the tax yea				
					Held at the End of the Tax Year
а	Total number of co	onservation easements		2a	
b					
с	Number of conser	vation easements on a certified historic stru	ucture included in (a)	2c	
		vation accoments included in (a) acquired (	after 8/17/06, and not on a historic structure		

8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?	'es	No No
	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance s	sheet, a	and
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's account	ting for	r
	conservation easements.		
Par	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.		

Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art,

listed in the National Register

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of

Number of states where property subject to conservation easement is located

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

violations, and enforcement of the conservation easements it holds?

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year **>** \$

historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts
	relating to these items:

	(i) Revenue included in Form 990, Part VIII, line 1
	(ii) Assets included in Form 990, Part X
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
а	Revenue included in Form 990, Part VIII, line 1
h	Assets included in Form 990 Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	
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Schedule D (Form 990) 2014

Yes

No

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Pa	t III   Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Oth	er Simi	lar Asse	<b>ts</b> (contii	nued)	
3	Using the organization's acquisition, accession	n, and other records	s, check any of the	following that are a	significant	use of its	collectio	n item	IS
	(check all that apply):								
а	Public exhibition	d		hange programs					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co					ose in Par	t XIII.		
5	During the year, did the organization solicit or		,	,			-		-
	to be sold to raise funds rather than to be ma						Yes		No
Pai	<b>t IV</b> Escrow and Custodial Arrang		te if the organizatio	n answered "Yes" to	o Form 99	0, Part IV, I	ine 9, or		
	reported an amount on Form 990, Parl								
1a	Is the organization an agent, trustee, custodia						٦.,		٦
	on Form 990, Part X?					····· ∟	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	lowing table:			r			
							Amoun	t	
	Beginning balance								
	Additions during the year								
е	Distributions during the year								
f	Ending balance								
	Did the organization include an amount on Fo					L	Yes		No
	If "Yes," explain the arrangement in Part XIII.					<u></u>	<u></u>		
Pa	T V Endowment Funds. Complete if				1				<u> </u>
		(a) Current year	(b) Prior year	(c) Two years back	• •		. ,	,	
	Beginning of year balance	4,866,977.	4,419,180.				3		,749.
	Contributions	3,378.	5,930.						020.
	Net investment earnings, gains, and losses	71,964.	476,576.			-85,259.		,	685.
	Grants or scholarships	45,406.	35,709.	96,354.		96,354.		38,	,533.
е	Other expenditures for facilities		100			F F10		20	-0
	and programs		-100.			5,519.		-28,	,797.
	Administrative expenses	4 906 013	4 966 077	4 410 180		174 101		254	710
g	End of year balance	4,896,913.	4,866,977.		4, 4	174,191.	4	,354,	718.
2	Provide the estimated percentage of the curre	ent year end balance		a)) held as:					
	Board designated or quasi-endowment		_%						
	Permanent endowment ► 78.73	<u>%</u>							
с		<u>2</u> 7 <u>%</u>							
	The percentages in lines 2a, 2b, and 2c should	-							
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held a	nd administered for	the organ	ization	1		
	by:							Yes	No
	(i) unrelated organizations							Х	37
	(ii) related organizations						3a(ii)		X
b	If "Yes" to 3a(ii), are the related organizations						3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answered		- Í						
	Description of property	(a) Cost or ot basis (investm			Accumulat epreciation		( <b>d)</b> Boo	k valu	е
- 1a	Land								
	Buildings		- 1						
	Leasehold improvements								
	Equipment								
	Other								
	Add lines 1a through 1e. (Column (d) must ec		K column (R) line 1	0c)					0.
		,	.,			Schedule	D (Forn	n 990)	-

Complete if the organization answered "Yes" t	o 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 v	aluation: Cost or end	-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" t	o Form 990, Part IV,	line 11c. See Form 990, I	Part X, line 13.	
(a) Description of investment	(b) Book value			-of-year market value
(1)	.,			
(1)				
(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" t	o Form 990, Part IV.	line 11d. See Form 990.	Part X. line 15.	
	Description	,	,	(b) Book value
(1) BENEFICIAL INTEREST IN CRA	•			209,575.
(1) DISCHARGE INTERNAL BALANCES				831,789.
				001,700.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)			1,041,364.
Part X Other Liabilities.				
Complete if the organization answered "Yes" t	o Form 990. Part IV.	line 11e or 11f. See Form	n 990. Part X. line 25.	
<b>1.</b> (a) Description of liability	,,,	(b) Book value		
(1) Federal income taxes		(		
		343,372.		
		545,572.		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.) 🕨	343,372.		
<ol> <li>Liability for uncertain tax positions. In Part XIII, provide</li> </ol>			inancial statements t	hat reports the
organization's liability for uncertain tax positions under		-		

COLLEGE OF THE REDWOODS FOUNDATION

Schedule D (Form 990) 2014

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Schedule D (Form 990) 2014

Part VII Investments - Other Securities.

Schedule D (Form 990) 2014 COLLEGE OF THE REDWOODS	FOUNDATI	ON	94-3	1603509 Page 4
Part XI Reconciliation of Revenue per Audited Financial State	ments With			
Complete if the organization answered "Yes" to Form 990, Part IV, line 1	2a.			
1 Total revenue, gains, and other support per audited financial statements			1	1,069,859.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2a	98,850.		
b Donated services and use of facilities	2b			
c Recoveries of prior year grants	2c			
d Other (Describe in Part XIII.)	2d	-54,913.		
e Add lines 2a through 2d			2e	43,937.
3 Subtract line 2e from line 1			3	1,025,922.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
<b>b</b> Other (Describe in Part XIII.)	4b	-34,185.		
c Add lines <b>4a</b> and <b>4b</b>			4c	-34,185.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	991,737.
Part XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" to Form 990, Part IV, line 1		h Expenses per	Retu	rn.
1 Total expenses and losses per audited financial statements			1	1,159,460.
<ul> <li>2 Amounts included on line 1 but not on Form 990, Part IX, line 25:</li> </ul>				
a Donated services and use of facilities	2a			
b Prior vear adjustments	2b	91,368.		
<ul><li>b Prior year adjustments</li><li>c Other losses</li></ul>		91,368.		
c Other losses	2c	91,368.		
c Other losses d Other (Describe in Part XIII.)	2c 2d		2e	91,368.
<ul> <li>c Other losses</li> <li>d Other (Describe in Part XIII.)</li> <li>e Add lines 2a through 2d</li> </ul>	2c 2d		2e 3	<u>91,368.</u> 1,068,092.
<ul> <li>c Other losses</li> <li>d Other (Describe in Part XIII.)</li> <li>e Add lines 2a through 2d</li> </ul>	2c 2d			
<ul> <li>c Other losses</li> <li>d Other (Describe in Part XIII.)</li> <li>e Add lines 2a through 2d</li> <li>3 Subtract line 2e from line 1</li> <li>4 Amounts included on Form 990, Part IX, line 25, but not on line 1:</li> </ul>	2c 2d			
<ul> <li>c Other losses</li> <li>d Other (Describe in Part XIII.)</li> <li>e Add lines 2a through 2d</li> <li>3 Subtract line 2e from line 1</li> <li>4 Amounts included on Form 990, Part IX, line 25, but not on line 1:</li> <li>a Investment expenses not included on Form 990, Part VIII, line 7b</li> </ul>	2c 2d 4a			
<ul> <li>c Other losses</li> <li>d Other (Describe in Part XIII.)</li> <li>e Add lines 2a through 2d</li> <li>3 Subtract line 2e from line 1</li> <li>4 Amounts included on Form 990, Part IX, line 25, but not on line 1:</li> <li>a Investment expenses not included on Form 990, Part VIII, line 7b</li> </ul>	2c 2d 4a 4b	-34,185.		
<ul> <li>c Other losses</li> <li>d Other (Describe in Part XIII.)</li> <li>e Add lines 2a through 2d</li> <li>3 Subtract line 2e from line 1</li> <li>4 Amounts included on Form 990, Part IX, line 25, but not on line 1:</li> <li>a Investment expenses not included on Form 990, Part VIII, line 7b</li> <li>b Other (Describe in Part XIII.)</li> </ul>	2c 2d 4a 4b	-34,185.	3	1,068,092.

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 ENDOWMENT FUNDS ARE INTENDED TO PROVIDE STUDENT SCHOLARSHIPS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:	
CHANGE IN VALUE OF CRAT	-31,065.
NON CASH DONATIONS	-23,848.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-54,913.

### PART XI, LINE 4B - OTHER ADJUSTMENTS:

## FUNDRAISING EXPENSES NETTED WITH FUNDRAISING REVENUE

-34	_	1	8	5	
54		-	v	-	٠

PART X	II, LIN	IE 4B -	OTHER	ADJUSTMENTS:							
432054 10-01-14								Scł	nedule D	(Form 990)	2014
					30						
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Schedule D (Form 990) Part XIII Suppler	2014 (	COLLEGE	OF TH	HE REDWOODS	FOUNDATION	94-1603509 <sub>F</sub>	Page 5
FUNDRAISING				FUNDRAISIN	G REVENUE	-34,1	L85.
		-					
432055						Schedule D (Form 990	0) 2014
432055 10-01-14				31			

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(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	ental Information Regarding he organization answered "Yes" to organization entered more than \$1 Attach to Form 990 about Schedule G (Form 990 or 990-EZ	Form 9 5,000 ) or Fo	990, P on Fo rm 99	art IV, lines 17, 18, o rm 990-EZ, line 6a. 0-EZ.	or 19,	, or if the rm 990.	OMB No. 1545-0047
Name of the organization COLLEG	E OF THE REDWOODS H	OUN	DAT	ION		94-160	entification number 3509
Part I Fundraising Activitie required to complete this part	<b>S.</b> Complete if the organization answere art.	ered "Y	'es" to	990, Part IV, lir	ne 17	7. Form 990-E	Z filers are not
	e Solicita f Solicita g Specia o or oral agreement with any individua Part VII) or entity in connection with p dividuals or entities (fundraisers) purs	tion of tion of fundra l (inclue profess	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	🗌 Ye	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundi have c or cor	Did aiser ustody itrol of utions?	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ed in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization
		Yes	No				1
							+
Total           3 List all states in which the organization or licensing.	ion is registered or licensed to solicit	contrik	oution	l s or has been notified	l it is	exempt from	registration
LHA For Paperwork Reduction Act No	otice, see the Instructions for Form	990 or	990-	EZ. So	chec	lule G (Form	990 or 990-EZ) 2014

432081 08-28-14

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

		of fullar along over the offer build offer and gr		EZ, III CO I UITO OD. EIOU	evente with groop receip	10 groator than \$0,000.
			(a) Event #1 CR SPORTS AUCTION	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
ē			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	26,727.			26,727.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	26,727.			26,727.
	4	Cash prizes				
	5	Noncash prizes				
penses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
		Other direct expenses				34,185.
		Direct expense summary. Add lines 4 through				34,185. -7,458.
Pa	11 rt	Net income summary. Subtract line 10 from li II Gaming. Complete if the organization	ine 3, column (d)	990 Part IV line 19 or r		-/,458.
14		\$15,000 on Form 990-EZ, line 6a.	answered res toronn	330, 1 art 10, inte 13, 011	eponed more than	
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev						
	1	Gross revenue				
lses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses			· · · · ·	
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	' from line 1, column (d)			
а	ls t	er the state(s) in which the organization conduct he organization licensed to conduct gaming a No," explain:	ctivities in each of these	states?		Yes No
~						
		re any of the organization's gaming licenses re Yes," explain:		rminated during the tax y	/ear?	Yes No
5		Yes," explain:				
43208	32 08	3-28-14			Schedule G (For	rm 990 or 990-EZ) 2014

Schedule G (Form 990 or 990-EZ) 2014 COLLEGE OF THE REDWOODS FOUNDATION	94-16	03	509	Page	3
11 Does the organization conduct gaming activities with nonmembers?	[	<b>`</b>	Yes		lo
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed					
to administer charitable gaming?	[		Yes		lo
13 Indicate the percentage of gaming activity conducted in:					
a The organization's facility		13a			%
<b>b</b> An outside facility		13b			%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record	s:				
Name					
Address					
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue?	[	,	Yes		lo
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amou	nt				
of gaming revenue retained by the third party $ ightarrow$ \$					
<b>c</b> If "Yes," enter name and address of the third party:					
Name					
Address					
16 Gaming manager information:					
Name					
Gaming manager compensation 🕨 💲					
Description of services provided					
Director/officer Employee Independent contractor					
17 Mandatory distributions:					
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	г				
retain the state gaming license?		`	Yes		0
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	1 the				
organization's own exempt activities during the tax year <b>s</b>					
<b>Part IV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	art III, line	es 9, 9	96, 10	JD, 15D	
150, 10, and 175, as applicable. Also provide any additional information (see instructions).					—
					—
432083 08-28-14 Schedule 0 34	i (⊢orm 9	<del>9</del> 90 o	r 990	-EZ) 20	14

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Part IV S	orm 990 or 990-EZ) Supplemental Info	rmation (continu	led)		94-1603509 <sub>Page</sub>
2084					
-01-14				 	Schedule G (Form 990 or 990-

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SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Gov Comple	rants and Oth rernments, an te if the organization	d Individual n answered "Yes" Attach to For	l <b>s in the Ŭni</b> ' to Form 990, Pai m 990.	ted States	0	OMB No. 1545-0047 <b>2014</b> Open to Public Inspection
Name of the organization							Employer identification number
COLLEGE OF Part I General Information on Grants and A		VOODS FOUND	ATION				94-1603509
<ol> <li>Does the organization maintain records to sucriteria used to award the grants or assistance</li> <li>Describe in Part IV the organization's proceed</li> </ol>	ce?						
Part II Grants and Other Assistance to Don	-				anization answered "Y	′es" to Form 990, Part	IV, line 21, for any
recipient that received more than \$5,0 <b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<ul> <li>2 Enter total number of section 501(c)(3) and g</li> <li>3 Enter total number of other organizations list</li> <li>LHA For Paperwork Reduction Act Notice, see</li> </ul>	ted in the line 1	table	e line 1 table				Schedule I (Form 990) (2014)

## Schedule I (Form 990) (2014) COLLEGE OF THE REDWOODS FOUNDATION

94-1603509

Page 2

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

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
CHOLARSHIPS	0	130,118.	0.		

**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:

THE FOUNDATION REVIEWS SCHOLARSHIP APPLICATIONS AND AWARDS THE

SCHOLARSHIPS. THE REDWOODS COMMUNITY COLLEGE DISTRICT DISTRIBUTES THE

SCHOLARSHIPS TO ELIGIBLE STUDENTS.

SC	HEDULE J	Compensation Information	I	OMB No.	1545-00	47
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	1/	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	14	ľ
Depa	tment of the Treasury	► Attach to Form 990.		Open to		
Intern	al Revenue Service	Information about Schedule J (Form 990) and its instructions is at www.irs.gov/for		Inspe		
Nam	e of the organizatio		Employer id			mber
De		COLLEGE OF THE REDWOODS FOUNDATION	94-1	60350	9	
Pa	rt I Question	s Regarding Compensation				
4	Check the energy	inte hervion) if the eventimation available or of the following to out for a neuron listed in Form	000		Yes	No
la		iate box(es) if the organization provided any of the following to or for a person listed in Form	990,			
	First-class or o	line 1a. Complete Part III to provide any relevant information regarding these items.	naluso			
	Travel for com					
		cation and gross-up payments Health or social club dues or initiation fees				
		spending account Personal services (e.g., maid, chauffeur, c				
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	•	provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	Did the organizatio	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
		ers, including the CEO/Executive Director, regarding the items checked in line 1a?		2		
3	Indicate which, if a	ny, of the following the filing organization used to establish the compensation of the organization	ation's			
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organizati	ion to			
	establish compens	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation	n committee Written employment contract				
		compensation consultant Compensation survey or study				
	Form 990 of o	ther organizations Approval by the board or compensation c	ommittee			
	During the upper di					
4		d any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing				
а	organization or a re	ce payment or change-of-control payment?		4a		x
b		ceive payment from, a supplemental nonqualified retirement plan?				X
		ceive payment from, an equity-based compensation arrangement?				x
•		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	····;	······································				
	Only section 501(	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					
а	The organization?			5a		X
		zation?				X
		r 5b, describe in Part III.				
6		in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r	5				37
						X
b		zation?		6b		X
_		or 6b, describe in Part III.				
7		in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments		_		x
•		es 5 and 6? If "Yes," describe in Part III		7		
8	-	reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				x
0		eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III id the organization also follow the rebuttable presumption procedure described in		8		
9				9		
ТНА		n 53.4958-6(c)? eduction Act Notice, see the Instructions for Form 990.		9 Ile J (Forr	n 000	0.014
			Juneau		1 330	, 2014

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94-1603509

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable 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			
<b>(A)</b> Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	in column (B) reported as deferred in prior Form 990
(1) KEITH SNOW-FLAMER	(i)	206,493.	0.	0.	16,793.	13,183.	236,469.	0.
TREASURER	(ii)	0.	0.	0.	0.	0.		0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(i) (ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

## Part III Supplemental Information

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.

Schedule J (Form 990) 2014

SCHEDULE	Μ
(Form 990)	

## **Noncash Contributions**

OMB No. 1545-0047

**Open To Public** 

4

Department of the Treasury
Internal Revenue Service

ort I

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

Attach to Form 990.

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

## orm990. Inspection Employer identification number

20

Ν	lame	of	the	organization	
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Em

# COLLEGE OF THE REDWOODS FOUNDATION 94-1603509

1 41								
		(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of de		20	
		applicable	contributions or	amounts reported on	noncash contribu		•	\$
				Form 990, Part VIII, line 1g			lound	
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	Х	2	5,000.	APPRASIAL			
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			46.050				
25	Other $\blacktriangleright$ (25 HP COMPAQ)	X	1		COST			
26	Other ( OTHER MISCELL )	X	10		COST			
27	Other $\blacktriangleright$ (WOODWORKING $T$ )	X	1	900.	COST			
28	Other 🕨 ( )			<u> </u>				
29	Number of Forms 8283 received by the organi							
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29				
							Yes	No
30a	During the year, did the organization receive b	-			-			
	must hold for at least three years from the date							v
	exempt purposes for the entire holding period	?				30a		X
	If "Yes," describe the arrangement in Part II.			of any non-stevel and a 1.9	ution of	01		v
31	Does the organization have a gift acceptance					31		X
32a	Does the organization hire or use third parties	or related of	rganizations to soli	icπ, process, or sell noncash		1		

b If "Yes," describe in Part II.
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

contributions?

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 9
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Schedule M (Form 990) (2014)

32<u>a</u>

х

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Schedule M	(Form 990) (2014)	COLLEGE	OF THE	REDWOODS	5 FOUNDA	TION	94-1603509	Page <b>2</b>
Part II	Supplemental is reporting in Part this part for any ac	t I, column (b), the	e number of (	information requision contributions, the	ired by Part I, I e number of ite	lines 30b, 32b, and ms received, or a d	d 33, and whether the organiz combination of both. Also cor	ation nplete
432142 08-12-	14						Schedule M (Form	990) (2014
					42		-	
10512	784056 00	388	201	4.05092		OF THE R	EDWOODS FOU 003	882

10

SCHEDULE O (Form 990 or 990-EZ)

Internal Revenue Service

Name of the organization

Department of the Treasury

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

OMB No 1545-0047 Δ Open to Public Inspection

COLLEGE OF THE REDWOODS FOUNDATION

Employer identification number 94-1603509

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DISPENSING FUNDS TO ASSIST STUDENTS, AND PROMOTING THE GENERAL WELFARE

OF THE COLLEGE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE FOUNDATION PROVIDES SCHOLARSHIP FUNDS AND SUPPORTS VARIOUS

EDUCATIONAL STUDENT PROGRAMS, COLLEGE TEAMS, AND CLUBS AT THE COLLEGE

OF THE REDWOODS.

EXPENSES \$ 138,844. INCLUDING GRANTS OF \$ 130,118. REVENUE \$ 3,826.

FORM 990, PART VI, SECTION A, LINE 3:

THE HIRING OF THE TEMPORARY PERSONNEL IN DINING SERVICES WAS MANAGED BY AN EMPLOYMENT AGENCY.

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

THE 990 IS REVIEWED DURING THE BOARD MEETINGS.

FORM 990, PART V, LINE 2A

REDWOODS COMMUNITY COLLEGE DISTRICT FILES AND REPORTS ALL W-2 AND

PAYROLL COMPLIANCE FOR THE EXECUTIVE DIRECTOR. THE FOUNDATION

REIMBURSES THE DISTRICT FOR THE EXECUTIVE DIRECTOR'S COMPENSATION.

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

ON AN ANNUAL BASIS THE POLICY IS REVIEWED AND DISCLOSURE STATEMENTS ARE

RENEWED.

LHA For Paperwork Reduction Act Notice. see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2014) 432211 08-27-14 43

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2014.05092 COLLEGE OF THE REDWOODS FOU 00388\_2

Name of the organization COLLEGE OF THE	E REDWOODS	FOUNDATION	J	Employer ider 94-16	ntification numb 03509
FORM 990, PART VI, SECTION (	C, LINE 19:				
GOVERNING DOCUMENTS, POLICIE	ES, AND FIN	ANCIAL ST	ATEMENTS A	RE MADE .	AVAILABLI
TO THE PUBLIC ON THE FOUNDAT	TION WEBSIT	E AND BY I	REQUEST.		
FORM 990, PART XI, LINE 9, (	CHANGES IN	NET ASSETS	5:		
CHANGE IN VALUE OF CRAT					-31,065
<sup>132212</sup> <sup>38-27-14</sup> 110512 784056 00388	2014 05000	44		dule O (Form 99	
10512 /84056 00388	2014.05092	COLLEGE O	F THE REDU	NOODS FOU	00388_

Page 2

Schedule O (Form 990 or 990-EZ) (2014)

SCH	EDULE R	

### (Form 990)

## **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Name of the organization

## COLLEGE OF THE REDWOODS FOUNDATION

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

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

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

(a) Name, address, and EIN of related organization	(b)(c)Primary activityLegal domicile (state or foreign country)		(d) (e) Exempt Code Public charity section status (if sectio		<b>(f)</b> Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
REDWOODS COMMUNITY COLLEGE DISTRICT -							
94-2022980, 7351 TOMPKINS HILL ROAD, EUREKA,							
CA 95501	COMMUNITY COLLEGE	CALIFORNIA	115(1)		N/A		X
	-						
	-						

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

Schedule R (Form 990) 2014

OMB No. 1545-0047

2014 Open to Public Inspection

Employer identification number 94 - 1603509

#### COLLEGE OF THE REDWOODS FOUNDATION Schedule R (Form 990) 2014

94-1603509 Page 2

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. Part III

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	n)	(i)	(j	)	(k)										
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	(related unrelated		Share of total	elated unrelated income end-of-vear	Disprop alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partr	ral or F ging her?	Percentaç ownershi									
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No											
	]																					
	1																					
	1																					

rga J, Part IV organizations treated as a corporation or trust during the tax year. ible ν,

<b>(a)</b> Name, address, and EIN of related organization	, and EIN nization (b) (c) (d) Primary activity Legal domicile (state or foreign (c) (state or foreign (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)		(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	Sec 512( cont ent	i) b)(13) rolled tity?	
		country)				233613			No
CHARITABLE REMAINDER TRUST (1)	CHARITABLE TRUST	CA	N/A	TRUST			33.00%		x
	-								

432162 08-14-14

## Schedule R (Form 990) 2014 COLLEGE OF THE REDWOODS FOUNDATION

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 3
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lote. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
<b>b</b> Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)		X	
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			_
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)			
h Purchase of assets from related organization(s)	1h		
Exchange of assets with related organization(s)	1i		
Lease of facilities, equipment, or other assets to related organization(s)			
Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)	1m		
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X	
Sharing of paid employees with related organization(s)			_
Reimbursement paid to related organization(s) for expenses			
Reimbursement paid by related organization(s) for expenses			_
Other transfer of cash or property to related organization(s)	1r		
Cher transfer of cash or property from related organization(s)			

<b>(a)</b> 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>			
<u>(</u> 2)			
(3)			
(4)			
(5)			
(6)	47		0.1

## Schedule R (Form 990) 2014 COLLEGE OF THE REDWOODS FOUNDATION

### 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)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are a partners 501(c orgs Yes	) all s sec. )(3) 5.? <b>No</b>	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(I Dispr tior alloca <b>Yes</b>	opor- late tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managin partner Yes N	(k) Percentage ownership

Schedule R (Form 990) 2014

Part VII Supplemental Information	ı
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Provide additional information for responses to questions on Schedule R (see instructions).

Schedule R (Form 990) 2014

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10210512 784056 00388

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

## • If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the	original (no copies needed).
	Ente	r filer's identifying number, see instructions
Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
due date for filing your return. See	COLLEGE OF THE REDWOODS FOUNDATION Number, street, and room or suite no. If a P.O. box, see instructions. 7351 TOMPKINS HILL ROAD	94-1603509 Social security number (SSN)
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. EUREKA, CA 95501	

Enter the Return code for the return that this application is for (file a separate application for each return)

Appl	ication	Return	Application	Return	
ls Fo	r	Code	Is For	Code	
Form	990 or Form 990-EZ	01			
Form	990-BL	02	Form 1041-A	08	
Form	4720 (individual)	03	Form 4720 (other than individual)	09	
Form	990-PF	04	Form 5227	10	
Form	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11	
Form	990-T (trust other than above)	06	Form 8870	12	
STO	P! Do not complete Part II if you were not already granted				
			COLLEGE DISTRICT		
	ne books are in the care of 7351 TOMPKINS I	HILL I	ROAD – EUREKA, CA 95501		
Te	elephone No. ► (707) 476-4100		Fax No. ►		
• If	the organization does not have an office or place of busines	s in the Ur	ited States, check this box		
• If	this is for a Group Return, enter the organization's four digit	Group Exe	mption Number (GEN) If this is for the whole grou	ıp, check this	
	box				
4	I request an additional 3-month extension of time until	MAY	15, 2016		
5	For calendar year, or other tax year beginning	JUL 1	, 2014 , and ending JUN 30 , 201	.5	
6	If the tax year entered in line 5 is for less than 12 months, c	heck reas	on: 🔲 Initial return 📃 Final return		
	Change in accounting period				
7	State in detail why you need the extension				
	AN ATTEMPT TO OBTAIN INFORMAT	ION N	ECESSARY FOR FILING A RETURN WA	S	
	REQUESTED IN A TIMELY FASHION	, BUT	THE INFORMATION WAS NOT FURNIS	HED	
	IN SUFFICIENT TIME TO PERMIT	THE T	IMELY FILING OF THE RETURN, OR	THE	
	TAXPAYER PERSONALLY VISITED AN	N IRS	OFFICE FOR THE PURPOSE OF SECU	RING	
	INFORMATION OR ADVICE AND WAS	UNAB	LE TO MEET WITH AN IRS REPRESEN	TATIVE	
8a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any		
	nonvetive de la svedite. Con instructions			0	

	nonrefundable credits. See instructions.	8a	\$ 0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated		
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid		
	previously with Form 8868.	8b	\$ 0.
С	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using		
	EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ 0.

### Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Title 🕨	PRESIDENT
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Form 8868 (Rev. 1-2014)

Date 🕨

423842 09-15-14

Signature

Page 2

0 1

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TAXABLE							428941 11-26-14 FORM
201	<b>4</b> Annual Information Re	turn					199
	5 5 6 6 6 7 7 7 7 8	01/2014	, and ending (m	m/dd/yyy	y)	06/	30/2015 .
Corporation/O	rganization Name			Calif	ornia corpo	ration nun	nber
		N				002	
Additional Info	LE YEAR       California EXempt Organization       Interval         It and ending (mm/dd/yyy)       07/01/2014       and ending (mm/dd/yyy)       06/30/2015         Vergentation Name       California coporation number       0549002         Reg 2014 of risk year beginning (mm/dd/yyy)       07/01/2014       and ending (mm/dd/yyy)       06/30/2015         Vergentation Name       0549002       FEIN       0549002         Reg 2014 of risk year beginning (mm/dd/yyy)       07/01/2014       and ending (mm/dd/yyy)       06/30/2015         Set of romain       94-1603509       94-1603509       94-1603509         wear you room       PMM no.       94-1603509       95501         Annoal Information Return       Ves       No       1       If exempt under RATC Section 237017       Ves         what you room       Ves       No       1       If exempt under RATC Section 237017       Ves         Intradition Return       Ves       No       1       If exempt under RATC Section 237017       Ves         Intradition Return       Ves       No       1       If exempt under RATC Section 237017       Ves         Intradition a group semption?       Sources       No       If the exaption offer offer N08 to exaptication secon copies to mode secon copies torecopies torecopies to mode secon copies to mode secon c		00				
Street address	(suite or room)					5055	09
7351 т	OMPKINS HILL ROAD						
City			St	ate	ZIP code		
EUREKA				CA	95501	1	
Foreign countr	y name Foreign prov	vince/state/county			Foreign po	stal code	
<ul> <li>B Amended</li> <li>C IRC Sect</li> <li>D Final Info</li> <li>●</li> <li>●</li> <li>■</li> <li>E Check act</li> <li>(1) ●</li> <li>E Check act</li> <li>(1) ●</li> <li>G Is this a</li> <li>H Is this or</li> <li>If "Yes," \</li> <li>I Did the o</li> <li>not report</li> </ul>	d Return       Yes         ion 4947(a)(1) trust       Yes         wrmation Return?       Surrendered (Withdrawn)         Merged/Reorganized Enter date: (mm/dd/yyyy)	X       No       engag         X       No       K       Is the         If "Yes source       L       If orga and m fee is         X       No       L       If orga and m fee is         X       No       No       Did th report         X       No       Is the IRS at         X       No       Is the IRS at         X       No       P       Is an I         X       No       Date finant in the sum in the su	ed in political activitie organization exempt " enter the gross rec s inization is exempt un eets the filing fee exc required. organization a Limite e organization file For taxable income? organization under a idited in a prior year? RS Form 1023/1024 led with IRS <b>3 and C.</b>	es? See ii under R& reipts from nder R&T ception, c ed Liability rm 100 o udit by th pending	nstruction &TC Section n nonmer C Section heck box. y Compan r Form 10 ne IRS or h e IRS or h ?	s on 2370 mber 23701d No filing 9 to nas the 1 2 3	
							00
							1,025,922.00 1,068,092
Expenses					·····	-	-42,170.00
							10.00
							00
Filing	40 Develting and latenant One Operand last weather 1						00
Fee					T	14	00
	15 Balance due. Add line 11, line 13, and line 14. Then su	ıbtract line 12 from	the result			15	10.00
	it is true, correct, and complete. Declare that I have examined this return, inc it is true, correct, and complete. Declaration of preparer (other than taxp	oayer) is based on all ir	schedules and statement formation of which prepart	nts, and to arer has ar	the best of hy knowledg	my knowi ge.	edge and belief,
Sign	Signatura			Date		<b> </b> •	Telephone
Here	of officer	PRES					
	Preparer's signature					□₽	00836978
Paid							
Preparer's	$\underset{\text{if self-}}{\text{(if self-)}} \xrightarrow{\text{KCOE ISOM, LLP}} 1726 \text{ COURT STREET}$						8-056//03 Telephone
Use Only	and address REDDING, CA 96001						530)241-2515
	May the FTB discuss this return with the preparer shown abo	ove? See instructio	ns		• X		No
					_		

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COLLEGE OF THE REDWOOD	S FOUNDATION
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Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

	4	Grass calos or respirate from all hus	inana antivitian. San inat	uctione		1	<b>26,727.</b> 00
				uctions		2	11,576.00
	2						
2000:040	3					3	00
Receipts	4					4	00
from Other	5	Gross royalties	f ana ata (Can Instruction	•		00	
Other	6	Gross amount received from sale of	r assets (See Instructions			6	00 879,761.00
Sources		Other income		SEE STATE		7	918,064.00
	8			through line 7. Enter here and on Sic		8	130,118.00
	9			STATE		9	
	10	Dispursements to or for members		מבה משעשה		10	00
	11	Compensation of officers, directors	, and trustees	SEE STATE		11	0.00
<b>-</b>	12					12	00
Expenses	13					13	00
and Dichurce	urse- 15 Rents					14	00
Disburse-		Kerns			•	15	00
ments	16	Depreciation and depletion (See ins		מדד מתאחדו	• MENT 5 •	16 17	00 937,974.00
	17	Other Expenses and Disbursements		SEE STATE			L,068,092.00
Schedu		· · · · · · · · · · · · · · · · · · ·		17. Enter here and on Side 1, Part I, I of taxable year		18   J	
Assets			(a)	(b)	(C)		(d)
1 Cash			(۵)	4,513,369.	(0)	•	3,282,987.
				161,110.			190,209.
		s receivable		101,110.			190,209•
				-		•	
		state government obligations		-		•	
		in other bonds		-			
		in stock		-			
8 Mortga				-		•	
		nents <b>STMT 6</b>		2,549,795.		•	2,448,642.
9 Uller 1	reciah			2,545,755.		-	2,440,042.
ιυ α υσμ	e accu	le assets (					
						· •	
10 Other		STMT 7		240,640.			1,041,364.
12 Uniting	asseis			7,464,914.		•	6,963,202.
Liabilities		at worth		7, 202, 912.			0,000,202.
				34,817.		•	18,157.
		yable		57,01/0			10,107.
	ayes p liabiliti	ayable		739,687.		•	344,236.
18 Other I	naviiili Leteek	es STMT 8		139,0010		•	574,430.
		or principal fund				•	
		tal surplus. Attach reconciliation		6,690,410.		•	6,600,809.
		nings or income fund		7,464,914.		•	6,963,202.
		I-1 Reconciliation of income per	r hooko with income				0,000,2020
		Do not complete this schedul	e if the amount on Sched	ule L, line 13, column (d), is less that			
1 Net inc	come p	per books	• 25,	613. 7 Income recorded on be			
2 Federa	l incoi	me tax	•	not included in this ret	urn STMT	9 🕒	67,783.

1	Net income per books	● 25,015•	Income recorded on books this year		
2	Federal income tax	•	not included in this return. STMT 9	• 67,7	83.
3	Excess of capital losses over capital gains	•	8 Deductions in this return not charged		
4	Income not recorded on books this year	•	against book income this year	•	
5	Expenses recorded on books this year not		9 Total. Add line 7 and line 8	67,7	83.
	deducted in this return	•	10 Net income per return.		
6	Total. Add line 1 through line 5	25,613.	Subtract line 9 from line 6	-42,1	.70.



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FORM 199	CASH CONTRIBUTIONS CLUDED ON PART I, LINE 3	ST	STATEMENT 1	
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT	
AMERICORPS	250 E STREET SW WASHINGTON, DC 20525	06/30/15	114,594.	
CHAFFEE	P.O. BOX 419026 RANCHO CORDOVA, CA 95741	06/30/15	37,500.	
COAST CENTRAL CREDIT UNION	ATTN: RUTH DAVY 2650 HARRISON AVE EUREKA, CA 95501	08/15/14	11,750.	
CODONI TRUST	NA EUREKA, CA 95501	06/30/15	13,550.	
DN SCHOLARSHIP FOUNDATION	ATTN: BONNIE SULLIVAN FINLEY 205 JEDEDIAH WAY CRESCENT CITY, CA 95331	06/30/15	65,351.	
FOUNDATION FOR CALIFORNIA COMMUNITY COLLEGES	550 E WASHINGTON BLVD CRESCENT CITY, CA 95331	01/20/15	12,000.	
HOOPA	Р.О. ВОХ 529 НООРА, СА 95546	06/30/15	56,504.	
HUMBOLDT COUNTY OFFICE OF EDUCATION	ATTN: SUE BENZINGER 901 MYRTLE AVENUE EUREKA, CA 95501	09/11/14	9,750.	
KAMEHAMEHA SCHOOLS	ATTN: SCHOLARSHIP OFFICE 567 S KING ST, STE 102 HONOLULU, HI 96813	08/15/14	7,636.	
KARUK	64236 2ND AVE, HAPPY CAMP, CA 96039	06/30/15	6,000.	
ROTARY CLUB OF EUREKA	CAROL RISCHE 1297 FIELDBROOK RD FIELDBROOK, CA 95519	03/19/15	5,000.	
SALISH KOONTENAI	P.O. BOX 70 PABLO, MT 59855	06/30/15	5,000.	
SCHOLARSHARE	P.O. BOX 55205 BOSTON, MA 02205	06/30/15	5,915.	
SILICON VALLEY CHILDREN'S FUND	1871 THE ALAMEDA, SUITE 335 SAN JOSE, CA 95126	10/21/14	5,312.	
STATE OF CALIFORNIA - CCC	1719 24TH ST SACRAMENTO, CA 95816	06/30/15	41,000.	
TOTAL THELIDED ON LINE 3		-	396 862	

396,862.

TOTAL INCLUDED ON LINE 3

FORM 199	OTHER INCOME		STATEMENT	2
DESCRIPTION			AMOUNT	
DORMITORIES BOOKSTORE STUDENT PROGRAMS			671,7 204,1 3,8	80.
TOTAL TO FORM 199,	PART II, LINE 7		879,7	61.
FORM 199 CA	ASH CONTRIBUTIONS, GIFTS, GRANT AND SIMILAR AMOUNTS PAID	2S	STATEMENT	3
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUN	т
VARIOUS STUDENTS	7351 THOMPKINS HILL ROAD - EUREKA, CA 95501	NONE	130,1	18.
	TOTAL FOR THIS ACTIVITY		130,1	18.
TOTAL INCLUDED ON F	ORM 199, PART II, LINE 9		130,1	18.

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FORM 199	COMPENSATION OF OFFICE	RS, DIRECTORS AND TRUSTEES	STATEMENT 4
NAME AND ADD	RESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
JIM DAVIS 7351 TOMPKIN EUREKA, CA		PRESIDENT 1.00	0.
MARTHA TRAPH 7351 TOMPKIN EUREKA, CA	IS HILL ROAD	VICE PRESIDENT 1.00	0.
KEITH SNOW-F 7351 TOMPKIN EUREKA, CA	IS HILL ROAD	TREASURER 1.00	0.
RICHARD DORN 7351 TOMPKIN EUREKA, CA	IS HILL ROAD	MEMBER 1.00	0.
CAROL MATHEW 7351 TOMPKIN EUREKA, CA	IS HILL ROAD	MEMBER 0.50	0.
BILL MCAULEY 7351 TOMPKIN EUREKA, CA	IS HILL ROAD	MEMBER 0.50	0.
DARREN MCELF 7351 TOMPKIN EUREKA, CA	IS HILL ROAD	MEMBER 0.50	0.
BRUCE EMAD 7351 TOMPKIN EUREKA, CA		MEMBER 0.50	0.
JIM MAHER 7351 TOMPKIN EUREKA, CA		MEMBER 0.50	0.
JOE HASH 7351 TOMPKIN EUREKA, CA		MEMBER 0.50	0.
JOHN CORBETI 7351 TOMPKIN EUREKA, CA	IS HILL ROAD	MEMBER 0.50	0.

COLLEGE OF THE REDWOODS FOUNDAT			94-1003509
DOUG EDGMON 7351 TOMPKINS HILL ROAD EUREKA, CA 95501	MEMBER	0.50	0.
AHN FIELDING 7351 TOMPKINS HILL ROAD EUREKA, CA 95501	EXECUTIV	/E DIRECTOR 1.00	0.
TOTAL TO FORM 199, PART II, LINE	11		0.
FORM 199	OTHER EXPENSE:	3	STATEMENT 5
DESCRIPTION			AMOUNT
DORM FOODSERVICE STUDENT PROGRAMS DIRECT EXPENSES OF FUNDRAISING EV ACCOUNTING FEES OTHER PROFESSIONAL FEES ADVERTISING AND PROMOTION OFFICE EXPENSES TRAVEL ALL OTHER EXPENSES TOTAL TO FORM 199, PART II, LINE			581,702. 202,892. 8,169. 34,185. 7,505. 26,209. 100. 71,894. 557. 4,761. 937,974.
FORM 199 OTH	HER INVESTMENT:	5	STATEMENT 6
DESCRIPTION		BEG. OF YEAR	END OF YEAR
OTHER PUBLICLY TRADED SECURITIES		2,549,795.	2,448,642.
TOTAL TO FORM 199, SCHEDULE L, LI	INE 9	2,549,795.	2,448,642.
FORM 199	OTHER ASSETS		STATEMENT 7
DESCRIPTION		BEG. OF YEAR	END OF YEAR
BENEFICIAL INTEREST IN CRAT INTERNAL BALANCES		240,640.	
TOTAL TO FORM 199, SCHEDULE L, LI	INE 12	240,640.	1,041,364.

COLLEGE OF THE REDWOODS FOUNDATION

94-1603509

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FORM 199	OTHER LIABILITIES		STATEMENT	8
DESCRIPTION		BEG. OF YEAR	END OF YEA	٩R
AMOUNTS HELD FOR	OTHERS	452,174.		12.
DUE TO DISTRICT DEFERRED REVENUE		195,686. 91,827.		0. 54.
DEFERRED REVENUE		91,027.		) <del>4</del> •
TOTAL TO FORM 199	, SCHEDULE L, LINE 18	739,687.	344,23	\$6.
FORM 199	INCOME RECORDED ON BOOKS THIS NOT INCLUDED IN THIS RETUR		STATEMENT	9
DESCRIPTION			AMOUNT	
UNREALIZED GAIN O CHANGE IN VALUE O			98,84 _31,06	
TOTAL TO FORM 199	, SCHEDULE M-1, LINE 7		67,78	3.
FORM 199	FUND BALANCES		STATEMENT	10
DESCRIPTION		BEG. OF YEAR	END OF YEA	٩R
UNRESTRICTED ASSE	TS	1,372,052.	1,266,42	27.
TEMPORARILY RESTR	ICTED ASSETS	1,486,350.	1,530,06	51.
PERMANENTLY RESTR	ICTED ASSETS	3,832,008.	3,804,32	21.
TOTAL TO FORM 199	, SCHEDULE L, LINE 21	6,690,410.	6,600,80	)9.

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## Voucher at bottom of page.

DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.

If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE:	Using black or blue ink, make check or money order payable to the
	"Franchise Tax Board." Write the corporation number or FEIN and
	"2014 FTB 3586" on the check or money order. Detach voucher
	below. Enclose, but do not staple, payment with voucher and
	mail to: FRANCHISE TAX BOARD PO BOX 942857 SACRAMENTO CA 94257-0531
Make all checks or mone	y orders payable in U.S. dollars and drawn against a U.S. financial institution.

 

 WHEN TO FILE:
 Fiscal Year - See instructions. Calendar Year - File and Pay by March 16, 2015.

 When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

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

#### 439035 12-04-14

DETACH HERE IF NO PAYMENT IS DUE OR PAYMENT.	DET/	ACH HERE		
TAXABLE YEARPayment Voucher for Co2014Exempt Orgs e-filed Return	CALIFORNIA FORM 3586 (e-file)			
0549002 COLL 94-1603509 TYB 07-01-2014 TYE 06-30-201 COLLEGE OF THE REDWOODS FOUNDATI	-	14	FORM	3
7351 TOMPKINS HILL ROAD EUREKA CA 95501				
(707) 476-4100	Total Payr	ment Amt		10.
022	6181146	<u> </u>	FTB 3586	§ 2014

TAXABLE YEA <b>2014</b>		fornia e-file F mpt Organiza		rization f	or				FORM 8453-EO
Exempt Organizatio	on name						ld	entifying	number
COLLEGE	OF THE	REDWOODS FOU	NDATION				9	4-1	603509
Part I Elec		nformation (whole dollar							
	ss receipts (Form	1						1	1,025,922.00
-	ss income (Form							-	1,025,922.00
3 Total exp	enses and disbu	rsements (Form 199, lin							1,068,092.00
Part II Sett	tle Your Accoun	t Electronically for Tax	able Year 2014						
	tronic funds with			4b Wi	thdrawal d	late (mm	n/dd/yyy	/y)	
Part III Ban	king Informatio	n (Have you verified the	exempt organization's t					27	
5 Routing nu	-		1 0	0	,				
6 Account n	umber			7 Type of a	count: [	Che	ecking		Savings
	laration of Offic	er					0		U
I authorize the e on line 4a.	xempt organization	's account to be settled as	designated in Part II. If I ch	eck Part II, Box 4,	l authorize	an electro	onic fund	s withd	rawal for the amount listed
transmitter, or in California electro a balance due re organization will statements be tr	ntermediate service onic return. To the eturn, I understand I remain liable for th ransmitted to the F1	e that I am an officer of the provider and the amounts best of my knowledge and I that if the Franchise Tax Bo he fee liability and all applica TB by the ERO, transmitter, sclose to the ERO or intern	in Part I above agree with t belief, the exempt organiza bard (FTB) does not receive able interest and penalties. or intermediate service pro	the amounts on the tion's return is true full and timely pay I authorize the exe wider. <b>If the proce</b>	e correspon e, correct, and ment of the mpt organiz ssing of the	ding lines nd compl e exempt zation retu	s of the e ete. If the organiza urn and a	xempt e exemp tion's fe accomp	organization's 2014 organization is filing ee liability, the exempt anying schedules and
Sign Here	Signature of Officer		Date	PRESIDE	NT				
	-								
		tronic Return Originato							
am only an inter accurately reflect provided the org 1345, 2014 e-fil the exempt orga I declare that I h	mediate service pro- ts the data on the ri- ganization officer w e Handbook for Au unization return is fi lave examined the a d complete. I make	ovider, I understand that I a eturn.) I have obtained the ith a copy of all forms and i thorized e-file Providers. I v	am not responsible for revie organization officer's signa information that I will file wi vill keep form FTB 8453-EC I will make a copy available s return and accompanying	ewing the exempt of Iture on form FTB & Ith the FTB, and I h I on file for <b>four</b> yes I to the FTB upon r I schedules and sta	rganization 3453-E0 be ave followe ars from the equest. If I atements, a	's return. fore trans d all othe d due date am also t nd to the	I declare smitting f r require e of the r he paid p best of n Check	e, howe this retu ments o eturn o orepare	described in FTB Pub. r <b>four</b> years from the date r, under penalties of perjury
ERO signatu					also paid preparer		if self- employed		
	name (or yours	KCOE ISOM,	LLP	1				FEIN 4	8-0567703
Sign if self-e	employed)	1726 COURT	STREET						
•		REDDING, CA						ZIP Code	96001
		e that I have examined the and complete. I make this de					ements,	and to	the best of my knowledge
· · ·	, ,					U		I Dei	
	Paid preparer's			Date		Check if self-		Par	d preparer's PTIN <b>P00836978</b>
	signature Firm's name (or yours	KCOE ISOM	, LLP			employed			48-0567703
Must	if self-employed)	$\frac{\text{KCOE ISOM}}{1726 \text{ COUR}}$					'	FEIN	40-030//03
Sign	and address								06001
		REDDING,	CA					21P Code	96001
For Privacy N	lotice, get FTB 1	131 ENG/SP.							FTB 8453-EO 2014

429021 11-06-14

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

WEB SITE ADDRESS: http://ag.ca.gov/charities/

### ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

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

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

State Charity Registration Number: <b>ct</b> 01011	.7	Check if:	I				
			Change of address				
COLLEGE OF THE REDWOODS	5 FOUNDATION	Amended report					
7351 TOMPKINS HILL ROAD	)	Corporate	or Organization No. $0549002$				
EUREKA, CA 95501		Federal En	nployer I.D. No. $94 - 1603509$				
	ا RENEWAL FEE SCHEDULE (11 Cal. ck Payable to Attorney General's R						
Gross Annual Revenue Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fe	e		
Less than \$25,000 0 Between \$25,000 and \$100,000 \$25	Between \$100,001 and \$250,000 Between \$250,001 and \$1 million		Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 millio Greater than \$50 million	ז \$2	50 25 00		
PART A - ACTIVITIES	•						
For your most recent full accounting Gross annual revenue \$	period (beginning 07/01/20 991,737. Total assets \$		ing <u>06/30/2015</u> )list: 963,202.				
PART B - STATEMENTS REGARDING ORG	ANIZATION DURING THE PERIOD	OF THIS RE	PORT				
Note: If you answer "yes" to any of the qu and details for each "yes" response							
1. During this reporting period, were there a	any contracts, loans, leases or other f	inancial tran	sactions between the organization	Yes	No		
and any officer, director or trustee thereo any financial interest?	of either directly or with an entity in wh	nich any suo	ch officer, director or trustee had		x		
<ol><li>During this reporting period, was there as or funds?</li></ol>	ny theft, embezzlement, diversion or r	nisuse of th	e organization's charitable property		x		
3. During this reporting period, did non-prog	gram expenditures exceed 50% of gro	oss revenue	25?		x		
4. During this reporting period, were any or with the Internal Revenue Service, attack		alty, fine or	judgment? If you filed a Form 4720		x		
<ol> <li>During this reporting period, were the set If "yes," provide an attachment listing the</li> </ol>		•			x		
<ol> <li>During this reporting period, did the organ name of the agency, mailing address, co</li> </ol>		•	, provide an attachment listing the		x		
<ol> <li>During this reporting period, did the orga the number of raffles and the date(s) the</li> </ol>		rposes? If "	yes," provide an attachment indicating		x		
<ol> <li>Does the organization conduct a vehicle operated by the charity or whether the o</li> </ol>					x		
<ol><li>Did your organization have prepared an a principles for this reporting period?</li></ol>		ance with ge	enerally accepted accounting	x			
Organization's area code and telephone number _7	074764100						
Organization's e-mail address <b>AHN-FIELD</b>	ING@REDWOODS.EDU						
l declare under penalty of perjury that I have exan correct and complete.	nined this report, including accompanyin	g documents	s, and to the best of my knowledge and belief	, it is tru	ie,		
-	I DAVIS		RESIDENT				
Signature of authorized officer Print	ed Name	Tit	le Da	le			

		PU	BLIC DISCLOSURE COPY - STATE R	≀EGIS	STRATI	ON NO. 0101	
	0	90	Return of Organization Exem	npt F	rom I	ncome Tax	OMB No. 1545-0047
For	m J	50	Under section 501(c), 527, or 4947(a)(1) of the Internal Re				<sup>(ns)</sup> 2014
		of the Treasury enue Service	<ul> <li>Do not enter social security numbers on this</li> <li>Information about Form 990 and its instruct</li> </ul>		Open to Public Inspection		
			r year, or tax year beginning JUL 1, 2014	and e	at <sub>www.irs</sub>	<u>s.gov/form990.</u> UN 30, 2015	
B	Check if	C Name of	organization		<u> </u>	D Employer identifi	
ć	applicab	le:					
	Addre		EGE OF THE REDWOODS FOUNDATION	1			
	Name Chang Initial	pe Doing bu	siness as				603509
	return	Number	and street (or P.O. box if mail is not delivered to street address) TOMPKINS HILL ROAD	F	Room/suite	E Telephone numbe	r 764100
	return_ termir	n-				G Gross receipts \$	1,025,922.
	ated Amen return	ded <b><b><b></b></b></b>	wn, state or province, country, and ZIP or foreign postal cor $XA$ , CA 95501	de		H(a) Is this a group re	
			d address of principal officer: JIM DAVIS			for subordinates	
	pendi		AS C ABOVE			H(b) Are all subordinates in	
Ι.	Гах-ех	empt status: 🗌	K 501(c)(3) 501(c) ( )◀ (insert no.) 4947	17(a)(1) or	r 📃 527	1	list. (see instructions)
			REDWOODS.EDU/FOUNDATION/			H(c) Group exemptio	
		f organization:	Corporation Trust Association Other ►	•	L Year (	of formation: 1965	A State of legal domicile: CA
Pa	art I						TONAT
e	1	Briefly describe	e the organization's mission or most significant activities: $rac{ extsf{T}}{ extsf{S}}$ OF THE REDWOODS DISTRICT BY		CTTTN	C AND PECET	TONAL VINC CIETS
nan			■ Interview of the organization discontinued its operations or				
ver	2			-			9
ဗီ	4		ependent voting members of the governing body (Fart VI, me ray				4
Š	5		r of individuals employed in calendar year 2014 (Part V, line 2a) 5				0
/itie	6		of volunteers (estimate if necessary)				9
Activities & Governance	7a		business revenue from Part VIII, column (C), line 12				0.
_			ousiness taxable income from Form 990-T, line 34				0.
						Prior Year	Current Year
e	8		and grants (Part VIII, line 1h)			160,823.	107,858.
Revenue	9		e revenue (Part VIII, line 2g)			1,284,024.	879,761.
Rev			ome (Part VIII, column (A), lines 3, 4, and 7d)			7,848.	11,576.
			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			-29,612.	-7,458.
			add lines 8 through 11 (must equal Part VIII, column (A), line			1,423,083. 182,668.	991,737. 130,118.
			illar amounts paid (Part IX, column (A), lines 1-3)			0.	0.
	14		o or for members (Part IX, column (A), line 4)			48,786.	0.
Expenses			compensation, employee benefits (Part IX, column (A), lines ndraising fees (Part IX, column (A), line 11e)			<u> </u>	0.
ben			ng expenses (Part IX, column (D), line 25)	33	8.		
ы			s (Part IX, column (A), lines 11a-11d, 11f-24e)			868,601.	903,789.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)			1,100,055.	1,033,907.
	19		expenses. Subtract line 18 from line 12			323,028.	-42,170.
Fund Balances			· ·			ginning of Current Year	End of Year
sets alan	20	Total assets (P	art X, line 16)			7,464,914.	6,963,202.
t As	21	Total liabilities	(Part X, line 26)			774,504.	362,393.
I Put	22		und balances. Subtract line 21 from line 20	<u></u>		6,690,410.	6,600,809.
	art II	5					
			declare that I have examined this return, including accompanying so				y knowledge and belief, it is
true	, corre	cī, and complete.	Declaration of preparer (other than officer) is based on all information	on of whi	icn preparer	nas any knowledge.	
<u>.</u>		Signature	of officer			Date	

Sign	Signature of officer		Date						
Here	JIM DAVIS, PRESIDENT								
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature Date	Check PTIN						
Paid	HOLLY L. SALISBURY	05/1	L2/16 self-employed P00836978						
Preparer	Firm's name 🕨 KCOE ISOM, LLP		Firm's EIN 🕨 48-0567703						
Use Only	Firm's address 1726 COURT STREE	Т							
	REDDING, CA 9600	1	Phone no. (530)241-2515						
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)								
432001 11-0	H32001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2014)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Dor	1990 (2014) COLLEGE OF THE REDWOODS FOUNDATION 94-1603509 rt III Statement of Program Service Accomplishments	Pa
Fai		
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: TO SUPPORT THE EDUCATIONAL PROGRAMS OF THE REDWOODS DISTRICT BY SOLICITING AND RECEIVING GIFTS, DISPENSING FUNDS TO ASSIST STUDENTS	,
	AND PROMOTING THE GENERAL WELFARE OF THE COLLEGE.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	X
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes	X
4	If "Yes," describe these changes on Schedule O. 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, a revenue, if any, for each program service reported.	
4a	(Code:       ) (Expenses \$       25,381. including grants of \$       ) (Revenue \$       204,5         THE FOUNDATION OPERATES A CAFETERIA ON THE COLLEGE CAMPUS.       THE       THE         CAFETERIA PROVIDES FOOD SERVICES TO STUDENTS AND EMPLOYEES OF THE	18
	COLLEGE.	
4b	(Code:       ) (Expenses \$ 636,944. including grants of \$ ) (Revenue \$ 671, 7         THE FOUNDATION OPERATES THE DORMITORIES ON THE COLLEGE CAMPUS. THE         DORMITORIES PROVIDE HOUSING TO STUDENTS ATTENDING CLASSES AT COLLEGING         THE REDWOODS.	
4c	(Code: ) (Expenses \$ 217,057. including grants of \$ ) (Revenue \$ THE FOUNDATION OPERATED A BOOKSTORE ON THE COLLEGE CAMPUS. THE	
	BOOKSTORE PROVIDES BOOKS AND SUPPLIES TO STUDENTS AND EMPLOYEES OF 'COLLEGE.	
	COLLEGE.	<b>FH</b>
4d 4e	COLLEGE .	<b>PH</b>

Form	aan	(2014)
гош	990	(2014)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
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? <i>If</i> "Yes," <i>complete Schedule C, Part I</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			
	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 provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	<u> </u>		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
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,			
u	Part VI	11a		х
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		X
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		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX		X X	
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	~	
T	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)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		x
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		<u> </u>
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	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			v
47	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? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		
.5	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<u> </u>
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form **990** (2014)

432003 11-07-14

Form 990 (2	2014)	C	OLLEGE	OF	THE	REDWOODS	FOUNDATION		
Part IV Checklist of Required Schedules (continued)									

•			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	01		x
22	domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		
22	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			
20	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		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			x
27	<i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
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? <i>If "Yes," complete</i>	20		x
33	Schedule N, Part II	32		- 23
33	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?		37	
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2014)

432004 11-07-14

Form	990 (2014) COLLEGE OF THE REDWOODS FOUNDATION	94-1603	3509	Р	age <b>5</b>
Par					
	Check if Schedule O contains a response or note to any line in this Part V				X
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a (	)		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b (	)		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and i	reportable gaming			
	(gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a (	)		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		Х
b	If "Yes," enter the name of the foreign country:				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-	action?	5b		Х
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t				
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu				
	were not tax deductible?	-	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz	ation file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	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:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
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	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
с	Enter the amount of reserves on hand	13c			
			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O	14b		

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
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	9		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent <b>1b</b>	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
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	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			37
	The organization's CEO, Executive Director, or top management official			X
b	Other officers or key employees of the organization	15b		X
40	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 arrangement with a			v
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
<u> </u>	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17 19	List the states with which a copy of this Form 990 is required to be filed ►CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only		blo	
18	for public inspection. Indicate how you made these available. Check all that applicable), 990, and 990-1 (Section 501(C)(3)S only	i avalia		
	Image: The public inspection. Indicate how you made these available. Check all that apply.         Image: The public inspection. Indicate how you made these available. Check all that apply.         Image: The public inspection. Indicate how you made these available. Check all that apply.         Image: The public inspection. Indicate how you made these available. Check all that apply.         Image: The public inspection. Indicate how you made these available. Check all that apply.         Image: The public inspection. Indicate how you made these available. Check all that apply.         Image: The public inspection. Indicate how you made these available. Check all that apply.         Image: The public inspection. Indicate how you made these available. Check all that apply.         Image: The public inspection. The public inspectincinspection. The public inspection. The publi			
10	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	ncial	
19	statements available to the public during the tax year.	nu iifidi	iuidi	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
20	REDWOODS COMMUNITY COLLEGE DISTRICT - (707) 476-4100			
	7351 TOMPKINS HILL ROAD, EUREKA, CA 95501			
432004	5 11-07-14	For	n <b>990</b>	(2014)
- 2000				,,

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Part VII	Compensation of	<b>Officers, Director</b>	s, Trustees,	Key Employees,	Highest	Compensated
	Employees, and li	ndependent Contr	ractors			

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.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos	ition	) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		cer an	dad	recto	or/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or di	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	rustee	trust		ee	npen		(00-2/1099-00150)		organization and related
	below	lual tr	tional		nploy	st cor yee	L			organizations
	line)	ndivic	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			e gameaterie
(1) JIM DAVIS	1.00	_			-		-			
PRESIDENT		х		x				0.	0.	0.
(2) MARTHA TRAPHAGEN	1.00									
VICE PRESIDENT		х		x				0.	Ο.	0.
(3) KEITH SNOW-FLAMER	1.00									
TREASURER	40.00	Х		Х				206,493.	0.	29,976.
(4) RICHARD DORN	1.00									
MEMBER		Х						103,877.	0.	13,183.
(5) CAROL MATHEWS	0.50									
MEMBER		Х						0.	0.	0.
(6) BILL MCAULEY	0.50									
MEMBER		Х						0.	0.	0.
(7) DARREN MCELFRESH	0.50									
MEMBER		Х						0.	0.	0.
(8) BRUCE EMAD	0.50									
MEMBER	2.00	Х						0.	0.	0.
(9) JIM MAHER	0.50									
MEMBER		Х						0.	0.	0.
(10) JOE HASH	0.50									
MEMBER		Х						0.	0.	0.
(11) JOHN CORBETT	0.50									
MEMBER		Х						0.	0.	0.
(12) DOUG EDGMON	0.50								_	_
MEMBER		Х						0.	0.	0.
(13) AHN FIELDING	1.00									-
EXECUTIVE DIRECTOR				Х				0.	0.	0.

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Form 990 (2014)

	990 (2014) COLLEGE (	OF THE B	REI	DWC	001	DS	FC	נטכ	NDATION	94-1	603	509	Page	8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A) Name and title	<b>(B)</b> Average hours per week	box	not cl , unle:	Pos heck ss pe	more rson	than is bot pr/trus	h an	<b>(D)</b> Reportable compensation from	<b>(E)</b> Reportable compensatio from related	on	Est am	<b>(F)</b> imated ount of other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatior (W-2/1099-MI		fro orga and	pensation om the nization related nizations	
. <u> </u>														_
с	Sub-total Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							310,370. 0. 310,370.		0.0.0.		3,159 0 3,159	•
2	Total number of individuals (including but n compensation from the organization							no r		),000 of reportab	le			2
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s	uch individual			·····							3	X	
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? If "Yes,	" со	mple	ete S	Sche	edule	ə J f	for such individual	-		4	x	
_	rendered to the organization? If "Yes," com					-			-			5	X	
Sec 1	tion B. Independent Contractors Complete this table for your five highest co	-									npens	ation fr	om	
	the organization. Report compensation for (A) (A) Name and business	-				vitri	or w		(B) Description of s		С	(C) ompen		
								_						
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz		iot lii	mite	d to		se li: 0	stec	d above) who received n	nore than				
	· · · · · · · · · · · · · · · · · · ·											Form 9	<b>90</b> (2014	4)

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Form 990 (2014
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# Form 990 (2014) COLLEGE OF THE REDWOODS FOUNDATION Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	e or note to any lin	e in this Part VIII (Δ)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ţ	1 a	Federated campaigns	1a					
n		Membership dues						
Ĕ		Fundraising events						
ar A								
lii I		Government grants (contribut						
ίΩ,		All other contributions, gifts, grant	· ·					
hei	•	similar amounts not included abov		107,858.				
Ξ	g	Noncash contributions included in lines		23,848.				
and Other Similar Amounts	-	Total. Add lines 1a-1f			107,858.			
				Business Code	·			
	2 a	DORMITORIES		721000	671,755.	671,755.		
		BOOKSTORE		451211	204,180.	204,180.		
nu	с	STUDENT PROGRAM	IS	900099	3,826.	3,826.		
eve	d				-	-		
Revenue	е							
	f	All other program service reve	nue					
		Total. Add lines 2a-2f			879,761.			
	3	Investment income (including						
		other similar amounts)		►	11,576.			11,576
	4	Income from investment of tax						
	5	Royalties		►				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)		►				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	с	Gain or (loss)						
		Net gain or (loss)		🕨				
0	8 a	Gross income from fundraising	g events (not					
		including \$	of					
		contributions reported on line						
5		Part IV, line 18	a	26,727.				
	b	Less: direct expenses	b	34,185.				
1		Net income or (loss) from func		►	-7,458.			-7,458
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19	a					
	b	Less: direct expenses						
		Net income or (loss) from gam						
•	10 a	Gross sales of inventory, less	returns	7				
		and allowances	a					
	b	Less: cost of goods sold						
L	с	Net income or (loss) from sale	s of inventory .	►				
L		Miscellaneous Revenu	e	Business Code				
•	11 a							
	b							
	с							
	d	All other revenue						
	е	Total. Add lines 11a-11d						
1	12	Total revenue. See instructions.		▶	991,737.	879,761.	0.	4,118

Part IX Statement of Functional Expenses

COLLEGE OF THE REDWOODS FOUNDATION

Do	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	<b>(C)</b> Management and	<b>(D)</b> Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	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	130,118.	130,118.		
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
с	Accounting	7,505.		7,505.	
d	Lobbying				
е					
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	26,209.	23,509.	2,700.	
12	Advertising and promotion	100.		100.	
13	Office expenses	71,894.	71,279.	615.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	557.	557.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.) (				
а	DORM	581,702.	581,702.		
b	FOODSERVICE	202,892.	202,892.		
с	STUDENT PROGRAMS	8,169.	8,169.		
d					
е	All other expenses	4,761.		4,423.	338
25	Total functional expenses. Add lines 1 through 24e	1,033,907.	1,018,226.	15,343.	338
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form **990** (2014)

#### COLLEGE OF THE REDWOODS FOUNDATION

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		Check if Schedule O contains a response or note to any line in this Part X …			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing		1	90,106.
	2	Savings and temporary cash investments	4 0 6 0 4 0 0		3,192,881.
	3	Pledges and grants receivable, net		3	0,101,0011
	4	Accounts receivable, net		4	190,209.
	5	Loans and other receivables from current and former officers, directors,		-	
	ľ	trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined und			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contribu			
		employers and sponsoring organizations of section 501(c)(9) voluntary	Ŭ.		
S		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
¥8	8	Inventories for sale or use		8	
	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	2,549,795.	11	2,448,642.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	240,640.	15	1,041,364.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	6,963,202.
	17	Accounts payable and accrued expenses			18,157.
	18	Grants payable		18	864.
	19	Deferred revenue			004.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees			
bili		key employees, highest compensated employees, and disqualified persons.		22	
Lia	23	Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties		22	
	24	Unsecured notes and loans payable to unrelated third parties		23	
	25	Other liabilities (including federal income tax, payables to related third		27	
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	647 860	25	343,372.
	26	Total liabilities. Add lines 17 through 25	774,504.	26	362,393.
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🔟 an	ld		
es		complete lines 27 through 29, and lines 33 and 34.			
nce	27	Unrestricted net assets	1,372,052.	27	1,266,427.
3ala	28	Temporarily restricted net assets	1,486,350.	28	1,530,061.
Fund Balances	29	Permanently restricted net assets	3,832,008.	29	3,804,321.
Fu		Organizations that do not follow SFAS 117 (ASC 958), check here $\blacktriangleright$			
Net Assets or		and complete lines 30 through 34.			
sets	30	Capital stock or trust principal, or current funds		30	
Ast	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Vet	32	Retained earnings, endowment, accumulated income, or other funds		32	
~	33	Total net assets or fund balances		33	6,600,809.
	34	Total liabilities and net assets/fund balances	7,464,914.	34	6,963,202.
					Form <b>990</b> (2014)

Form	990 (2014) COLLEGE OF THE REDWOODS FOUNDATION	94-	-1603509	Pa	ge <b>12</b>
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	991	L,7	37.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,033	3,9	07.
3	Revenue less expenses. Subtract line 2 from line 1	3			70.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,690		
5	Net unrealized gains (losses) on investments	5	98	3,8	48.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	-115		
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-31	L,0	65.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	6,600	),8	09.
Pa	t 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	D.			
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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis	,		
	consolidated basis, or both:				
	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	audit	,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule C	).		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Au	dit		
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		dit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			<b>F</b>	000	(2014)

Form **990** (2014)

432012 11-07-14

Department of the Treasury Internal Revenue Service

(Form	990	or	990-	·ΕΖ
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# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Open to	Public
Inspe	ction

OMB No. 1545-0047

2014

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.	
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Name of the	organization
Name of the	o gamzation

Nam	e of t	the organization						Employer	identification number		
				REDWOODS FO					4-1603509		
Pa	τI	Reason for Public (	Charity Status (/	All organizations must co	omplete th	is part.) Se	ee instruction	S.			
The c	organ	ization is not a private found	lation because it is: (	(For lines 1 through 11, o	check only	one box.)					
1		A church, convention of ch	urches, or associatio	on of churches describe	d in <b>sectio</b>	n 170(b)(*	1)(A)(i).				
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E.)							
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
		city, and state:									
5	Х	An organization operated for	or the benefit of a co	llege or university owne	d or operat	ted by a g	overnmental	unit describ	ed in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, state, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).				
7		An organization that norma	Ily receives a substa	intial part of its support	from a gov	ernmental	unit or from	the general	public described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)						
9		An organization that norma	Illy receives: (1) more	e than 33 1/3% of its sup	oport from	contributi	ons, member	ship fees, ar	nd gross receipts from		
		activities related to its exen	npt functions - subje	ct to certain exceptions,	, and (2) no	o more tha	n 33 1/3% of	its support	from gross investment		
		income and unrelated busir	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the o	rganization a	after June 30, 1975.		
		See section 509(a)(2). (Cor	mplete Part III.)								
10		An organization organized a	and operated exclus	ively to test for public sa	afety. See <b>s</b>	section 50	)9(a)(4).				
11		An organization organized a	and operated exclus	ively for the benefit of, to	o perform 1	the functio	ons of, or to c	arry out the	purposes of one or		
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	or section &	509(a)(2).	See section	5 <b>09(a)(3).</b> C	heck the box in		
		lines 11a through 11d that	describes the type c	of supporting organization	on and corr	nplete lines	s 11e, 11f, an	d 11g.			
а		<b>Type I.</b> A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s),	typically by	giving		
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority o	of the dire	ctors or trust	ees of the su	upporting		
	_	organization. You must c	complete Part IV, Se	ections A and B.							
b		<b>Type II.</b> A supporting org	anization supervised	d or controlled in connec	tion with it	s support	ed organizatio	on(s), by hav	ving		
		control or management o	f the supporting org	anization vested in the s	same perso	ons that co	ontrol or mana	age the sup	ported		
	_	organization(s). You mus	t complete Part IV,	Sections A and C.							
С		Type III functionally interpretent of the second	grated. A supporting	g organization operated	in connec	tion with, a	and functiona	Illy integrate	d with,		
	_	its supported organizatio	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.				
d		Type III non-functionally	<b>y integrated.</b> A supp	oorting organization oper	rated in co	nnection v	vith its suppo	rted organiz	zation(s)		
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a disti	ribution re	quirement an	d an attenti	veness		
		requirement (see instruct	ions). <b>You must con</b>	nplete Part IV, Section	s A and D,	and Part	V.				
е		Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	а Туре I, Туре	e II, Type III			
		functionally integrated, or	• •								
f	Ente	er the number of supported of	organizations								
g		vide the following information		· · · ·				1			
	(	<ul> <li>i) Name of supported organization</li> </ul>	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the or listed i		(v) Amount o support	-	(vi) Amount of other support (see		
		organization		above or IRC section	governing o		Instruct	·	Instructions)		
				(see instructions))	Yes	No		··-,	······,		
				1							

g Provide the following information about the supported organization(s).									
(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the o listed i	rganization in your	., ,	(vi) Amount of			
organization			governing document?		support (see	other support (see			
		above or IRC section	Yes	No	Instructions)	Instructions)			
		(see instructions))	163	NO					
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

## Schedule A (Form 990 or 990-EZ) 2014 COLLEGE OF THE REDWOODS FOUNDATION Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and a section of the section of

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	282,432.	102,406.	988,464.	160,823.	84,010.	1618135.
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						
4	Total. Add lines 1 through 3	282,432.	102,406.	988,464.	160,823.	84,010.	1618135.
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)						
6	Public support. Subtract line 5 from line 4.						1618135.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	282,432.	102,406.	988,464.	160,823.	84,010.	(f) Total 1618135.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	481,232.	87,438.	57,551.	7,848.	11,576.	645,645.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	57,167.					57,167.
11	Total support. Add lines 7 through 10						2320947.
12		etc. (see instruction	ons)			12 6	,066,333.
13	First five years. If the Form 990 is for	· ·	,	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and <b>stor</b>	-	· · · ·	· · ·			
Sec	ction C. Computation of Publ		rcentage				
14	Public support percentage for 2014 (	line 6, column (f) d	ivided by line 11, c	olumn (f))		14	69.72 %
	Public support percentage from 2013					15	62.18 %
	33 1/3% support test - 2014. If the o					nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	1			
b	stop here. The organization qualifies as a publicly supported organization <b>b 33 1/3% support test - 2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and <b>stop here.</b> The organization qualifies as a publicly supported organization						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization						
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b	b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or						
	more, and if the organization meets the						
	organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization						
18							
	Schedule A (Form 990 or 990-EZ) 2014						

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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						
<b>3</b> 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						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	(4) 2010	(6) 2011	(0) 2012			
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
<ul> <li>c Add lines 10a and 10b</li> <li>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</li> </ul>						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	the organization'	s first, second. thi	rd, fourth. or fifth t	tax year as a section	on 501(c)(3) organiz	zation,
check this box and <b>stop here</b>	-			-		
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2014 (I			column (fl)		15	%
16 Public support percentage from 2013					16	%
Section D. Computation of Invest						70
17 Investment income percentage for 20					17	%
		`				
18 Investment income percentage from 2				- 15 is many them	18	%
<b>19a 33 1/3% support tests - 2014.</b> If the	-					
more than 33 1/3%, check this box a						<b>.</b>
b 33 1/3% support tests - 2013. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organizatio	n did not check a	box on line 14, 19	9a, or 19b, check t			
432023 09-17-14				Scl	nedule A (Form 99	0 or 990-EZ) 2014

1

Yes

No

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of 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* (*b*) *and* (*c*) *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 11a or 11b in Part I, answer (b) and (c) 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* **P***art* **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 (b) and (c) 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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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, Ioan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 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).
- **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 9(a)) 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 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer (b) 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.)

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2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990 or 990-EZ) 2014

# Schedule A (Form 990 or 990-EZ) 2014 COLLEGE OF THE REDWOODS FOUNDATION Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
u	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
-	Did the directory twisters or membership of one or more supported exercitations have the neuror to		165	NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
-	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	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. 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, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
•	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	3		i
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):			
a b	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>	ructions		
c 2	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inside the second seco	ructions		No
2	Activities Test. Answer (a) and (b) below.		Yes	No
а				
	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 (a) 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		L
3	Parent of Supported Organizations. Answer (a) and (b) 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? Provide details in <i>Part VI</i> .	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 <i>Part VI</i> the role played by the organization in this regard.	3b		

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Schedule A (Form 990 or 990-EZ) 2014

## Schedule A (Form 990 or 990-EZ) 2014 COLLEGE OF THE REDWOODS 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. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Net short-term capital gain			(optional)
	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3	4		
Depreciation and depletion	5		
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		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
on B - Minimum Asset Amount		(A) Prior Year	(B) Current 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):			
Average monthly value of securities	1a		
Average monthly cash balances	1b		
Fair market value of other non-exempt-use assets	1c		
Total (add lines 1a, 1b, and 1c)	1d		
Discount claimed for blockage or other			
factors (explain in detail in <b>Part VI</b> ):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d	3		
Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by .035	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
on C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
Enter 85% of line 1	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
Enter greater of line 2 or line 3	4		
Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	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) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) on B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities Average monthly value of securities Average monthly value of other non-exempt-use assets Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) on C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 Income tax imposed in prior year	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) Other expenses (see instructions) <b>7</b> <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4) <b>8</b> on <b>B</b> - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities Average monthly value of securities Average monthly value of securities <b>1a</b> Average monthly cash balances <b>1b</b> Fair market value of other non-exempt-use assets <b>1c</b> <b>Total</b> (add lines 1a, 1b, and 1c) <b>1d</b> <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ): Acquisition indebtedness applicable to non-exempt-use assets <b>2</b> Subtract line 2 from line 1d <b>3</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). <b>4</b> Net value of non-exempt-use assets (subtract line 4 from line 3) <b>5</b> Multiply line 5 by .035 <b>6</b> Recoveries of prior-year distributions <b>7</b> Minimum Asset Amount (add line 7 to line 6) <b>8</b> on <b>C</b> - <b>Distributable Amount</b> Adjusted net income for prior year (from Section A, line 8, Column A) <b>1</b> Enter greater of line 2 or line 3 <b>4</b> Income tax imposed in prior year <b>5</b> <b>Distributable Amount</b> . Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). <b>6</b>	Portion of operating expenses paid or incurred for production or collection of goess income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) on B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities Average monthly value of securities Fair market value of other non-exempt-use assets to to b - Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets to Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). Multiply line 5 by .035 Multiply line 2 or prior-year distributions Adjusted new for prior year (from Section A, line 8, Column A) Enter greater of line 2 or line 3 Income tax imposed in prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 Income tax imposed in prior year Distributable Amount. Subtract line 2 or line 3 Income tax imposed in prior year Distributable Amount. Subtract line 4, unless subject to

instructions).

Schedule A (Form 990 or 990-EZ) 2014

432026 09-17-14

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### Schedule A (Form 990 or 990-EZ) 2014 COLLEGE OF THE REDWOODS FOUNDATION

Fai	V   Type III Non-Functionally Integrated 509	a)(3) Supporting Org	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizatior	าร	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6		F10-2014	
2	Underdistributions, if any, for years prior to 2014			
-	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
 b				
 c				
d				
	From 2013			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Carryover from 2009 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
•	line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
с				
d	Excess from 2013			
	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

432027 09-17-14 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

432028 09-17-14	Schedule A (Form 990 or 990-EZ) 2014

10210512 784056 00388

\*\* PUBLIC DISCLOSURE COPY \*\*

### Schedule of Contributors

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

Name of the organization

Organization type (check one):

Schedule B

(Form 990, 990-FZ.

Department of the Treasury

Internal Revenue Service

or 990-PF)

COLLEGE	OF	THE	REDWOODS	FOUNDATION
	OT.	T T T T T	ICED MOODD	TOOLDHITON

Employer identification number

OMB No. 1545-0047

94-1	L60	350	9
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Filers of:	Section:
Form 990 or 990-EZ	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, 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. Do not 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

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

LHA 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) (2014)

Employer identification number

94-1603509

#### COLLEGE OF THE REDWOODS FOUNDATION

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
<u>    1</u>		\$114,594.	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
2		\$37,500.	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
3		\$11,750.	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
<u>4</u>		\$ <u>13,550.</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
5		\$65,351.	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
6		\$12,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

423452 11-05-14

10210512 784056 00388

Employer identification number

94-1603509

#### COLLEGE OF THE REDWOODS FOUNDATION

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		\$56,504.	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		\$9,750.	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
9		\$7,636.	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
10		\$6,000.	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
11		\$5,000.	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
12		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

423452 11-05-14

10210512 784056 00388

Employer identification number

94-1603509

#### COLLEGE OF THE REDWOODS FOUNDATION

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
13		\$5,915.	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
14		\$5,312.	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
		\$ <u>41,000.</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
		\$	Person Payroll On 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) (2014)

423452 11-05-14

10210512 784056 00388

Employer identification number

94-1603509

#### COLLEGE OF THE REDWOODS FOUNDATION

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

10210512 784056 00388

Name of org	ganization			Employer identification number
COLLE	GE OF THE REDWOODS FOU	NDATION		94-1603509
Part III	Exclusively religious, charitable, etc., co the year from any one contributor. Complet	ntributions to organizations descr e columns (a) through (e) and the	<b>ibed in section</b> following line er	501(c)(7), (8), or (10) that total more than \$1,000 for try. For organizations
	completing Part III, enter the total of exclusively religi Use duplicate copies of Part III if addition	ious, charitable, etc., contributions of \$1,0	100 or less for the y	ear. (Enter this info. once.) <b>\$</b>
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
_				
	Transforce's name address	(e) Transfer o		tionship of transforms to transforms
ľ	Transferee's name, address,		neid	tionship 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 o		
	Transferee's name, address,			tionship of transferor to transferee
-	Handroi de di hanno, adal dedi			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
ŀ		(e) Transfer o	f gift	
-	Transferee's name, address,	and ZIP + 4	Rela	tionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		.		
ŀ		(e) Transfer o	- f gift	
	Transferee's name, address,			tionship of transferor to transferee
Ī				
423454 11-05	5-14			Schedule B (Form 990, 990-EZ, or 990-PF) (2014

10210512 784056 00388

	HEDULE D m 990)	Supplemental Fin	ancial Statements		OMB No. 15	545-0047 <b>1 1</b>
Depart	tment of the Treasury	► Complete if the organization Part IV, line 6, 7, 8, 9, 10, 11a, 11l ► Attach to ► Information about Schedule D (Form 990) a	o Form 990.		Open to Inspect	Public
-	al Revenue Service		ind its instructions is at www.irs.gov/		er identificatio	
	_	COLLEGE OF THE REDWOODS			94-16035	509
Pa	rt I Organiz	ations Maintaining Donor Advised Fund	Is or Other Similar Funds or A	Accounts	S.Complete if the second se	ne
	organizatio	n answered "Yes" to Form 990, Part IV, line 6.				
			a) Donor advised funds	( <b>b)</b> Funds a	and other accou	unts
1		nd of year				
2		f contributions to (during year)				
3		f grants from (during year)				
4		t end of year				
5	-	on inform all donors and donor advisors in writing th			<b>—</b>	□
•		on's property, subject to the organization's exclusive			📖 Yes	└── No
6	-	on inform all grantees, donors, and donor advisors in		-		
		oses and not for the benefit of the donor or donor a	advisor, or for any other purpose confe	rring		
Pa	impermissible priv	ate benefit? ation Easements. Complete if the organizatior	a apsword "Vos" to Form 000. Part IV	lino 7	Yes	No No
1		servation easements held by the organization (chec				
		of land for public use (e.g., recreation or education		(important	t land area	
		f natural habitat	Preservation of a certified h			
		n of open space			oture	
2		through 2d if the organization held a qualified cons	ervation contribution in the form of a c	onservatior	n easement on	the last
_	day of the tax yea	<b>v</b>		oneenvalien		
				Hel	ld at the End of th	ne Tax Year
а	Total number of c	onservation easements		2a		
b				2b		
с	Number of conse	vation easements on a certified historic structure in	cluded in (a)	2c		
d	Number of conse	vation easements included in (c) acquired after 8/17	7/06, and not on a historic structure			
	listed in the Natio	nal Register		2d		
3		vation easements modified, transferred, released, e		nization du	ring the tax	
	year 🕨					
4	Number of states	where property subject to conservation easement is	s located ►			
5	Does the organiza	tion have a written policy regarding the periodic mo	nitoring, inspection, handling of			
		orcement of the conservation easements it holds?			📖 Yes	L No
6	Staff and volunte	r hours devoted to monitoring, inspecting, and enfo	orcing conservation easements during	the year 🕨		
7		es incurred in monitoring, inspecting, and enforcing				_
8	Does each conse	vation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(	3)(i)		
	and section 170(h				Yes	└── No
9		be how the organization reports conservation easen	•		-	
		ble, the text of the footnote to the organization's fina	ancial statements that describes the or	ganization'	's accounting fo	or
De	conservation eas	ments. ations Maintaining Collections of Art, H	listorical Traceuros or Other	Similar	Accoto	
Pal		-	-	Similar	499612.	
		the organization answered "Yes" to Form 990, Par		un al la glaur		
ia	-	elected, as permitted under SFAS 116 (ASC 958), r s, or other similar assets held for public exhibition, e	-			
	motoriodi li casult				VIDE. DIUVIUE. II	

b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and bala	ance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service	ce, provide the following amounts
	relating to these items:	

	(i) Revenue included in Form 990, Part VIII, line 1 📃 🕨 🕹	
	(ii) Assets included in Form 990, Part X > \$	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenue included in Form 990, Part VIII, line 1 > \$ _	
b	Assets included in Form 990, Part X	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

the text of the footnote to its financial statements that describes these items.

Schedule D (Form 990) 2014

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Sche		OF THE RE					94-16			age <b>2</b>
Par	t III   Organizations Maintaining C	ollections of A	rt, Historical	Freasures, or (	Other	<sup>·</sup> Simila	ar Asse	<b>ts</b> (contii	nued)	
3	Using the organization's acquisition, accessi (check all that apply):	on, and other record	ls, check any of t	ne following that ar	e a sigi	nificant	use of its	collectio	n item	IS
а	Public exhibition	d		xchange programs						
b	Scholarly research	e		xchange programs						
	Preservation for future generations	e								
с 4	Provide a description of the organization's co	alloctions and evalui	n how thoy furthe	r the ergenization's	ovom	nt nurn	noo in Dor	• VIII		
5	During the year, did the organization solicit o						JSE III Fai	L AIII.		
5	to be sold to raise funds rather than to be ma		,	,				Yes		No
Par	t IV Escrow and Custodial Arran									
	reported an amount on Form 990, Par				5 1011	0111 000	, i aitiv, i	110 0, 01		
1a	Is the organization an agent, trustee, custod		diary for contribut	ons or other assets	s not in	ncluded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:				······			1.10
-			ine thing take to					Amoun	t	
с	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f				
	Did the organization include an amount on Fe							Yes		No
	If "Yes," explain the arrangement in Part XIII.		-							]
Par										
		(a) Current year	(b) Prior year	(c) Two years ba	ack (d	<b>s)</b> Three y	ears back	(e) Fou	r years	back
1a	Beginning of year balance	4,866,977.	4,419,18	0. 4,174,1	91.	4,3	54,718.	3	,866,	749.
b	Contributions	3,378.	5,93	0. 33,3	07.		6,605.		42,	020.
с	Net investment earnings, gains, and losses	71,964.	476,57	6. 308,0	36.	-	85,259.		455,	685.
d	Grants or scholarships	45,406.	35,70	9. 96,3	54.		96,354.		38,	533.
е	Other expenditures for facilities									
	and programs		-10	0.			5,519.		-28,	797.
f	Administrative expenses									
g	End of year balance	4,896,913.	4,866,97	7. 4,419,1	80.	4,1	74,191.	4	,354,	718.
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, colum	ı (a)) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment > 78.73	%								
с	Temporarily restricted endowment  2	<u>1.2</u> 7 <u>%</u>								
	The percentages in lines 2a, 2b, and 2c should	uld equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organization	ation that are hele	and administered	for the	e organiz	zation			
	by:								Yes	No
	(i) unrelated organizations							3a(i)	Х	
	(ii) related organizations							3a(ii)		Х
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Schedule R? .					3b		
4	Describe in Part XIII the intended uses of the		owment funds.							
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" to Form 990	, Part IV, line 11a	See Form 990, Pa	ırt X, lin	ne 10.				
	Description of property	(a) Cost or o	• •		• •	cumulate	ed	<b>(d)</b> Boo	k valu	е
		basis (investn	nent) bas	is (other)	depre	eciation				
	Land									
	Buildings									
	Leasehold improvements									
	Equipment									
	Other		<u> </u>							
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), lin	e 10c.)						0.
							Schedule	D (Forn	n 990)	2014

Complete if the organization answered "Yes" t	to Form 990, Part IV,	line 11b. See Form 990, I	Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or en	d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" t	to Form 990, Part IV,	line 11c. See Form 990, I	Part X, line 13.	
(a) Description of investment	(b) Book value			d-of-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" t	to Form 990, Part IV,	line 11d. See Form 990, I	Part X, line 15.	
	Description			(b) Book value
(1) BENEFICIAL INTEREST IN CRA	AT			209,575.
(2) INTERNAL BALANCES				831,789.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)			1,041,364.
Part X Other Liabilities.	,			
Complete if the organization answered "Yes" t	to Form 990, Part IV,	line 11e or 11f. See Form	990, Part X, line 25	i.
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) AMOUNTS HELD FOR OTHERS		343,372.		
(3)		•		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)	343,372.		
<b>2.</b> Liability for uncertain tax positions. In Part XIII, provide			inancial statements	that reports the
organization's liability for uncertain tax positions under		-		
				nedule D (Form 990) 2014

COLLEGE OF THE REDWOODS FOUNDATION

Schedule D (Form 990) 2014

Part VII Investments - Other Securities.

94-1603509 Page 3

Sche	dule D (Form 990) 2014 COLLEGE OF THE REDWOODS FO	DUNDATI	ON	94-	1603509	Page <b>4</b>
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With				
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	l <b>.</b>				
1	Total revenue, gains, and other support per audited financial statements			1	1,069,	859.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a	98,850.			
b	Donated services and use of facilities	. 2b				
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)		-54,913.			
е	Add lines 2a through 2d			2e		937.
3	Subtract line 2e from line 1			3	1,025,	922.
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	. <b>4</b> a				
b	Other (Describe in Part XIII.)	4b	-34,185.			
с	Add lines <b>4a</b> and <b>4b</b>			4c		185.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5		737.
Pa						
	rt XII Reconciliation of Expenses per Audited Financial Stater		n Expenses per	Retu	urn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	l.		Retu		
1		l.		Retu 1	urn.	460.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:			Retu		460.
1	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements			Retu		460.
1 2	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	. 2a 2b		Retu		460.
1 2 a	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a 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				460.
1 2 a	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a 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	91,368.		1,159,	
1 2 a	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a 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	91,368.	2e	<u>1,159</u> , 91,	368.
1 2 b c d	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a 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	91,368.	1	1,159,	368.
1 2 b c d e	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a 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:	2a 2b 2c 2d	91,368.	1 2e	<u>1,159</u> , 91,	368.
1 2 b c d e 3	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a 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	2a 2b 2c 2d 2d	91,368.	1 2e	<u>1,159</u> , 91,	368.
1 2 b c d 3 4	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a 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	91,368.	1 2e	1,159, 91, 1,068,	<u>368.</u> 092.
1 2 b c d 3 4 a	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a 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.) Add lines <b>4a</b> and <b>4b</b>	2a 2b 2c 2d 2d  2d  4a 4b	91,368.	1 2e 3 4c	1,159, 91, 1,068,	368. 092. 185.
1 2 3 4 5	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a 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  4a 4b	91,368.	1 2e 3	1,159, 91, 1,068,	368. 092. 185.

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 ENDOWMENT FUNDS ARE INTENDED TO PROVIDE STUDENT SCHOLARSHIPS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:	
CHANGE IN VALUE OF CRAT	-31,065.
NON CASH DONATIONS	-23,848.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-54,913.

#### PART XI, LINE 4B - OTHER ADJUSTMENTS:

#### FUNDRAISING EXPENSES NETTED WITH FUNDRAISING REVENUE

-34,185.

#### PART XII, LINE 4B - OTHER ADJUSTMENTS: 432054 10-01-14 Scho

Schedule D (Form 990) 2014

Schedule D	(Form 990)	2014 nental Inform	COLLEGE	OF T	HE	REDWOODS	FOUNE	DATION	94-1603	509	Page <b>5</b>
	Suppler	nental Inform	ation (continu	ued)							
FUNDRA	ISING	EXPENSES	NETTED	WITH	FU	JNDRAISIN	G REVE	INUE		-34,	185.
432055 10-01-14									Schedule D (	Form 99	90) 2014

SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Complete if the o	ental Information Regarding e organization answered "Yes" to F organization entered more than \$1 Attach to Form 990 bout Schedule G (Form 990 or 990-EZ)	Form § 5,000 or Fo	990, P on Fo rm 99	art IV, lines 17, 18, o rm 990-EZ, line 6a. 10-EZ.	or 19	, or if the orm 990.	OMB No. 15 20 Open to P Inspection	14 Public n
Name of the organization							Employer i		n number
Eundraiai		OF THE REDWOODS F					94-160		<u> </u>
	complete this par	<ul> <li>Complete if the organization answe t.</li> </ul>	ered "Y	'es" to	Form 990, Part IV, IIr	ne 1	7. Form 990-	∠ filers are	not
<ul> <li>a Mail solicitation</li> <li>b Internet and e</li> <li>c Phone solicitation</li> <li>d In-person soli</li> <li>2 a Did the organization key employees lister</li> </ul>	ons email solicitations ations citations n have a written c ed in Form 990, P highest paid indi	f ☐ Solicitat g ☐ Special or oral agreement with any individual 'art VII) or entity in connection with p ividuals or entities (fundraisers) purs	tion of tion of fundra (inclue	non-g gover aising ding o	overnment grants nment grants events fficers, directors, trus fundraising services?	tees	<b>Y</b>	es	No
(i) Name and address or entity (fundr		(ii) Activity	(iii) fundr have c or cor contrib	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (o	Amount paic or retained by fundraiser ted in col. <b>(i)</b>	/) to (or re	ount paid tained by) nization
			Yes	No					
								_	
Total			•						
3 List all states in which		on is registered or licensed to solicit o		oution	s or has been notified	it is	exempt from	n registration	 າ
or licensing.									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2014

432081 08-28-14

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

			1		-	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			CR SPORTS		NONE	(add col. (a) through
			AUCTION			-
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
nue						
Revenue	1	Gross receipts	26,727.			26,727.
Re	•		20,7270			2011211
	~					
	2	Less: Contributions				
	_		26 727			26 727
	3	Gross income (line 1 minus line 2)	26,727.			26,727.
	_					
	4	Cash prizes				
~	5	Noncash prizes				
sec						
pen	6	Rent/facility costs				
Direct Expenses						
ect	7	Food and beverages				
Dir						
	8	Entertainment				
	9	Other direct expenses				34,185.
	10	Direct expense summary. Add lines 4 through			▶	34,185.
	11	Net income summary. Subtract line 10 from l	ine 3, column (d)		<b>&gt;</b>	-7,458.
Pa	rt I	II Gaming. Complete if the organization	answered "Yes" to Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				
۵			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Billigo	bingo/progressive bingo		col. (a) through col. (c))
eve						
щ	1	Gross revenue				
s	2	Cash prizes				
ISE						
per	3	Noncash prizes				
Direct Expenses	-	·····				
rect	4	Rent/facility costs				
Ō	-					
	5	Other direct expenses				
	•		Yes %	Yes %	Yes %	
	6	Volunteer labor				
	U					
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		•	
	'	Direct expense summary. Aud imes 2 through				
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)		•	
	0	Net gaming income summary. Subtract line r				
•		ex the state(s) is which the exception condu	usta comina activitiaa			
		ter the state(s) in which the organization condu				Yes No
		he organization licensed to conduct gaming a		states?		
D	IT "	No," explain:				
40				weeks at the test of the		
		ere any of the organization's gaming licenses re			year?	Yes No
b	I† "`	Yes," explain:				

432082 08-28-14

Schedule G (Form 990 or 990-EZ) 2014

Sch	edule G (Form 990 or 990-EZ) 2014 COLLEGE OF THE REDWOODS FOUNDATION 94-1	603509	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	🗌 No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	· · · ·	
	Name		
	Address ►		
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No No
b	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount		
	of gaming revenue retained by the third party $\blacktriangleright$ \$		
с	If "Yes," enter name and address of the third party:		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation <b>&gt;</b> \$		
	Description of services provided 🕨		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year 🕨 \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, I	ines 9, 9b, 10	)b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).		
_			
43208	33 08-28-14 Schedule G (Form	n 990 or 990	-EZ) 2014

10210512 784056 00388

Schedule G	i (Form 990 or 990-EZ) Supplemental Info	COLLEGE C	F THE	REDWOODS	FOUNDATION	94-1603509 Page 4
Part IV	Supplemental Info	rmation (continue	d)			
						Schedule G (Form 990 or 990-EZ)
432084 05-01-14						

10210512 784056 00388 2014.05092 COLLEGE OF THE REDWOODS FOU 00388\_2

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990. ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.									
Name of the organizat	ion	Informati	on about Schedule I	(Form 990) and it	s instructions is a	it <u>www.irs.gov/form99</u>	00.	Inspection Employer identification numbe		
Name of the organizat		F THE RED	WOODS FOUNE	DATION				94-1603509		
Part I General Ir	nformation on Grants a	Ind Assistance								
1 Does the organiz	zation maintain records	to substantiate the	e amount of the grants	s or assistance, the	e grantees' eligibilit	y for the grants or as	sistance, and the seled			
	award the grants or assis							X Yes No		
	IV the organization's pro						(			
	nd Other Assistance to hat received more than \$	•			1 0	anization answered in	res" to Form 990, Par	t IV, line 21, for any		
1 (a) Name and ad	ddress of organization vernment	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
2 Enter total numb	per of section 501(c)(3) a	and government or	ganizations listed in th	ne line 1 table				•		
	per of other organization									
LHA For Paperwork	Reduction Act Notice	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (201		

#### Schedule I (Form 990) (2014) COLLEGE OF THE REDWOODS FOUNDATION

94-1603509

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	0	130,118.	0.		

**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:

THE FOUNDATION REVIEWS SCHOLARSHIP APPLICATIONS AND AWARDS THE

SCHOLARSHIPS. THE REDWOODS COMMUNITY COLLEGE DISTRICT DISTRIBUTES THE

SCHOLARSHIPS TO ELIGIBLE STUDENTS.

SC	HEDULE J	Compensation Information	1	OMB No.	1545-00	47	
(Fo	Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest				2014		
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.						
Depa	epartment of the Treasury Attach to Form 990.						
_	al Revenue Service	Information about Schedule J (Form 990) and its instructions is at www.irs.gov/for		Inspe			
Nan	ne of the organizatio		Employer id			mber	
De	rt I Question	COLLEGE OF THE REDWOODS FOUNDATION s Regarding Compensation	94-1	60350	9		
Fd		s Regarding Compensation			V.		
10	Chack the appropr	iste bay/aa) if the organization provided any of the following to ar far a person listed in Form	000		Yes	No	
Id		iate box(es) if the organization provided any of the following to or for a person listed in Form line 1a. Complete Part III to provide any relevant information regarding these items.	990,				
	First-class or o		معبياهم				
	Travel for com						
		cation and gross-up payments Health or social club dues or initiation fee					
		spending account					
	,	·					
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or					
	•	provision of all of the expenses described above? If "No," complete Part III to explain		1b			
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and office	ers, including the CEO/Executive Director, regarding the items checked in line 1a?		2			
3	Indicate which, if a	ny, of the following the filing organization used to establish the compensation of the organization	ation's				
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organizat	ion to				
	establish compens	ation of the CEO/Executive Director, but explain in Part III.					
	Compensation	n committee Written employment contract					
		compensation consultant Compensation survey or study					
	Form 990 of c	ther organizations Approval by the board or compensation of	ommittee				
4		d any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing					
_	0	elated organization:		4.5		x	
a h		ce payment or change-of-control payment?				X	
b c	Participate in, or re	ceive payment from, a supplemental nonqualified retirement plan?		40 40		X	
C		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.		+0			
	Only section 501(	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n				
	contingent on the r						
а	The organization?			5a		X	
b	Any related organiz	zation?		5b		Х	
		or 5b, describe in Part III.					
6	For persons listed	in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n				
	contingent on the r	net earnings of:					
а	The organization?			6a		X	
b	Any related organiz	zation?		6b		X	
		or 6b, describe in Part III.					
7		in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments					
		es 5 and 6? If "Yes," describe in Part III		7		X	
8	•	reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				v	
~		eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X	
9		id the organization also follow the rebuttable presumption procedure described in					
		n 53.4958-6(c)?			- 000		
∟НА	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedu	le J (Forr	11 990	<i>j</i> 2014	

94-1603509

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

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

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

	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred in prior Form 990
(1) KEITH SNOW-FLAMER	(i)	206,493.	0.	0.	16,793.	13,183.	236,469.	0.
TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

#### Part III Supplemental Information

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.

Schedule J (Form 990) 2014

SCHEDULE	Μ
(Eorm 990)	

### **Noncash Contributions**

OMB No. 1545-0047

**Open To Public** 

4

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

/form990. Inspection Employer identification number

ZU

	COLLEGE OF	THE	REDWOODS	FOUNDATION	94-1603509
Part I Types of P	roperty				

			1						
		<b>(a)</b> Check if applicable		(c) Noncash contril amounts report Form 990, Part VII	ed on	(d) Method of de noncash contribu	etermin	•	S
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	Х	2	5,0	.000	APPRASIAL			
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 -								
10	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 ► (25 HP COMPAQ )	X	1	16,2	250.	COST			
26	Other ( OTHER MISCELL )	X	10	1,6	598.	COST			
27	Other ( WOODWORKING T)	Х	1		900.	COST			
28	Other  ( )								
29	Number of Forms 8283 received by the organized	zation durin	g the tax year for o	ontributions					
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement	29				
				_				Yes	No
30a	During the year, did the organization receive by	y contributio	on any property rej	oorted in Part I, line	s 1 throu	gh 28, that it			
	must hold for at least three years from the date	e of the initia	al contribution, and	d which is not requi	red to be	used for			
	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	oolicy that r	equires the review	of any non-standar	d contrib	utions?	31		Х
32a	Does the organization hire or use third parties	or related or	rganizations to soli	cit, process, or sell	noncash				
	contributions?						32a		X
b	If "Yes," describe in Part II.								
33	If the organization did not report an amount in	column (c) 1	for a type of prope	rty for which colum	n (a) is ch	iecked,			
	describe in Part II.								

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

Schedule M (Form 990) (2014)

432141 08-12-14

Schedule M	4 (Form 990) (2014) COLLEGE OF THE REDWOODS FOUNDATION	94-1603509 Page 2
Part II	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 3 is reporting in Part I, column (b), the number of contributions, the number of items received, or a co this part for any additional information.	3, and whether the organization mbination of both. Also complete
432142 08-12-	-14	Schedule M (Form 990) (2014)

10210512 784056 00388

2014.05092 COLLEGE OF THE REDWOODS FOU 00388\_2

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.

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

OMB No. 1545-0047

COLLEGE OF THE REDWOODS FOUNDATION

Employer identification number 94 - 1603509

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DISPENSING FUNDS TO ASSIST STUDENTS, AND PROMOTING THE GENERAL WELFARE

OF THE COLLEGE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE FOUNDATION PROVIDES SCHOLARSHIP FUNDS AND SUPPORTS VARIOUS

EDUCATIONAL STUDENT PROGRAMS, COLLEGE TEAMS, AND CLUBS AT THE COLLEGE

OF THE REDWOODS.

EXPENSES \$ 138,844. INCLUDING GRANTS OF \$ 130,118. REVENUE \$ 3,826.

FORM 990, PART VI, SECTION A, LINE 3:

THE HIRING OF THE TEMPORARY PERSONNEL IN DINING SERVICES WAS MANAGED BY AN

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

THE 990 IS REVIEWED DURING THE BOARD MEETINGS.

FORM 990, PART V, LINE 2A

REDWOODS COMMUNITY COLLEGE DISTRICT FILES AND REPORTS ALL W-2 AND

PAYROLL COMPLIANCE FOR THE EXECUTIVE DIRECTOR. THE FOUNDATION

REIMBURSES THE DISTRICT FOR THE EXECUTIVE DIRECTOR'S COMPENSATION.

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

ON AN ANNUAL BASIS THE POLICY IS REVIEWED AND DISCLOSURE STATEMENTS ARE

RENEWED.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2014) 432211 08-27-14

Name of the organization	OLLEGE OF THE	E REDWOODS FO	DUNDATION		Employer ide 94-16	entification number 503509
FORM 990, PART	VI, SECTION C	C, LINE 19:				
GOVERNING DOCUM	IENTS, POLICIE	S, AND FINA	NCIAL STATEM	ENTS A	RE MADE	AVAILABLE
TO THE PUBLIC O	N THE FOUNDAT	TION WEBSITE	AND BY REQU	EST.		
FORM 990, PART	VT LINE 9 (	HANGES IN N				
CHANGE IN VALUE		TIANGES IN N	11 ASS15.			-31,065.
						51,005.
432212 08-27-14				Sched	lule O (Form 9	90 or 990-EZ) (2014)

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Schedule O (Form 990 or 990-EZ) (2014)

2014.05092 COLLEGE OF THE REDWOODS FOU 00388\_2

Page 2

SCH	EDULE R

#### (Form 990)

#### **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Name of the organization

#### COLLEGE OF THE REDWOODS FOUNDATION

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

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

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
REDWOODS COMMUNITY COLLEGE DISTRICT -							
94-2022980, 7351 TOMPKINS HILL ROAD, EUREKA,							
CA 95501	COMMUNITY COLLEGE	CALIFORNIA	115(1)		N/A		х
	-						

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

OMB No. 1545-0047

2014 Open to Public Inspection

Employer identification number

94-1603509

#### Schedule R (Form 990) 2014 COLLEGE OF THE REDWOODS FOUNDATION

94-1603509 Page 2

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. Part III

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
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 sections 512-514)	Share of total income	Share of end-of-year assets	alloca		amount in box 20 of Schedule	manag partn	<sup>I or</sup> Percentag <sup>ing</sup> ownership r?
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes I	lo
	]										
	1										

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 Part IV 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	(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	<b>(h)</b> Percentage ownership	Sec 512(l contr ent	<b>i)</b> b)(13) rolled tity?
		country)				233613			No
	-								
CHARITABLE REMAINDER TRUST (1)	CHARITABLE TRUST	CA	N/A	TRUST			33.00%		X
	-								
	-								

#### Schedule R (Form 990) 2014 COLLEGE OF THE REDWOODS FOUNDATION

Part V	Transactions With Related Organizations Complete if the organization answered	"Yes" on Form 990, Part IV, line 34, 35b, or 36.
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ote. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
<b>b</b> Gift, grant, or capital contribution to related organization(s)	1b		
c Gift, grant, or capital contribution from related organization(s)	1c	X	
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			
f Dividends from related organization(s)	1f		_
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 organization(s)			
k Lease of facilities, equipment, or other assets from related organization(s)	1k		T
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X	
o Sharing of paid employees with related organization(s)			
p Reimbursement paid to related organization(s) for expenses	1p		
<b>q</b> Reimbursement paid by related organization(s) for expenses			+
r Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)			

<b>(a)</b> Name of related organiz	ation (b) Transac type (i	tion Amount involved	(d) Method of determining amount involved
(1)			
(2)			
<u>(</u> 3)			
<u>(</u> 4)			
<u>(</u> 5)			
<u>(</u> 6)			

#### Schedule R (Form 990) 2014 COLLEGE OF THE REDWOODS FOUNDATION

#### 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.

	, , , , , , , , , , , , , , , , , , ,		<u> </u>			(0)	( )			(1)	(1)	
(a)	(b)	(c)	(d)	(e Are a partners 501 (c orgs	<b>;)</b>	(f)	(g)	(ł	ו)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	partners	'S SEC.	Share of	Share of	Dispr	opor- nate	Code V-UBI	General o	Percentage
of entity		(state or foreign	(related, unrelated,	501(c	c)(3)	total	end-of-year	tior	tions?	amount in box 20	partner?	ownership
		country)		Yes		income		Yes		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Yes NO	
		,,,		res	NO			res	NO	(101111000)	Yes NU	
												<u> </u>
												<u> </u>
				$ \square$								

Schedule R (Form 990) 2014

Part VII Supplemental Information	۱
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Provide additional information for responses to questions on Schedule R (see instructions).

Schedule R (Form 990) 2014

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