990

Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

2015 Open to Public Inspection

OMB No. 1545-0047

For the 2015 calendar year, or tax year beginning 07/01/15, and ending 06/30/16 C Name of organization Check if applicable: D Employer identification number GOLDEN WEST COLLEGE FOUNDATION Address change Doing business as 33-0073702 Name change Number and street (or P.O. box if mail is not delivered to street address) 15744 GOLDEN WEST STREET Initial return 714-895-8315 Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated HUNTINGTON BEACH CA 92647 2,808,931 G Gross receipts \$ Amended return Name and address of principal officer: Application pending H(a) Is this a group return for subordinates? WES BRYAN H(b) Are all subordinates included? If "No," attach a list, (see instructions) X 501(c)(3) Tax-exempt status: 501(c) ( ) (insert no.) 4947(a)(1) or WWW.GOLDENWESTCOLLEGE.EDU/FOUNDATION Website: H(c) Group exemption number Form of organization: X Corporation Trust Association Other > Year of formation: 1984 M State of legal domicile: Part I 1 Briefly describe the organization's mission or most significant activities: Activities & Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 20 4 Number of independent voting members of the governing body (Part VI, line 1b) 14 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 0 5 6 Total number of volunteers (estimate if necessary) 0 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 Current Year 8 Contributions and grants (Part VIII, line 1h) 892,608 945,113 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 574,147 314,138 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 37,629 -2,99312 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,504,384 1,256,258 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 441,085 407,059 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 145,205 109,544 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 339,423 323,680 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 909,970 856,026 19 Revenue less expenses. Subtract line 18 from line 12 594,414 400,232 10 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 8,673,031 8,811,377 21 Total liabilities (Part X, line 26) 57,941 63,968 22 Net assets or fund balances. Subtract line 21 from line 20 8,615,090 8,747,409 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign Date Here WES BRYAN BD MBR/GWC PRES Type or print name and title Print/Type preparer's name PTIN Paid HEATHER MCGEE DECAUWER 10/17/17 self-employed P01061594 Preparer CLIFTONLARSONALLEN 41-0746749 Firm's EIN **Use Only** 2210 E ROUTE 66 GLENDORA, CA 91740-4676 626-857-7300 May the IRS discuss this return with the preparer shown above? (see instructions)

783,668

4e Total program service expenses ▶

## Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X 1 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? X 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 candidates for public office? If "Yes," complete Schedule C, Part I X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II X 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, 5 X Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I X 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 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III X Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV X Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V X 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI X 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII X 11b Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII X 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX X 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 11e 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 X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII X 12a Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III X

## Part IV Checklist of Required Schedules (continued)

20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	4444		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IV column (A) line 12 if "Vos." complete Schodule I. Parts I and II.	21		X
2	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	none =		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	ORESTON -		
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	х	
4a	0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			
	\$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		2
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		
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
ā	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		2
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		2
3	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	125301		
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		
,	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20.20.00		
	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		2
3	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		J	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			Ш
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		2
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		2
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		3
)	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
)	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		2
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		2
2	Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		2
3	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		2
ļ	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34	X	
ia	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		2
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	33-33-33		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
i	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	C0-63-64		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		2
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	181141		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		2
;	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	130500		-
	19? <b>Note</b> . All Form 990 filers are required to complete Schedule O.	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 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 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 e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? X If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 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 4a X 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? X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X 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? If "Yes," did the organization notify the donor of the value of the goods or services provided? 7h Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 7h Sponsoring organizations maintaining donor advised fundsDid a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b 10b Section 501(c)(12) organizations.Enter: 11 Gross income from members or shareholders а 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts.ls the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? X 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form.990 (2015) GOLDEN WEST COLLEGE FOUNDATION 33-0073702 Page 6 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 Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 20 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. Enter the number of voting members included in line 1a, above, who are independent 14 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 X 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? X 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 assets? 6 Did the organization have members or stockholders? 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 b Are any governance decisions of the organization reserved to (or subject to approval by) members. stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? X 8b 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 X Section 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? X 10a 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? X 11a 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 X 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 X 13 Did the organization have a written document retention and destruction policy? 14 X 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b 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 taxable entity during the year? X 16a THE THE PARTY OF T 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 exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ CA 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website | X | Another's website | X | Upon request | Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: PAUL WISNER 15744 GOLDEN WEST ST

DAA

HUNTINGTON BEACH

CA 92647

714-895-8315

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

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

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

- 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) (C) (D) (E) (F)										
Name and Title	Average hours per	(4	Position (do not check more than one			than o	<b>DO</b>	Reportable	Reportable	Estimated	
	week	bo	box, unless person is both an officer and a director/trustee)			is both	an	compensation from	compensation from related	amount of other	
	(list any hours for							the organizalion	organizations (W-2/1099-MISC)	compensation from the	
	related	or dir	Instit	Officer	Key	emp High	Former	(W-2/1099-MISC)	(**-2/1033-WIGC)	organization	
	organizations below dolted	idual ecto	ulion	e e	Key employee	est co	е́			and related organizations	
	line)	Individual trustee or director	Institutional trustee		oyee	mpe				0.30	
		60	stee			Highest compensated employee					
(1) JENELLE BADER		$\vdash$								<del>_</del>	
(.,	1.00										
BOARD MEMBER	0.00	x						ol	0	0	
(2) WES BRYAN											
	1.00					Н					
BD MBR/GWC PRES	40.00	X						0	232,079	42,360	
(3) CRAIG CAMPBELL											
	1.00										
TREASURER	0.00	X		X				0	0	0	
(4) YVAN CAO	4 00										
31 00700071500000000000000000000000000000	1.00									_	
BOARD MEMBER (5) THERESA LAVARINI	0.00	X	_	_		-	_	_0	0	0	
(5) INERESA LAVARINI	1.00										
BD MBR/GWC FACULTY	40.00	x						o	110 106	21 250	
(6) BONNIE CASTREY	40.00	1	-	-	-		-	U	118,106	31,358	
(0)=0111111	1.00										
BOARD MEMBER	0.00	x						0	0	0	
(7) JUDY ELMORE											
	1.00										
BOARD MEMBER	0.00	x						0	0	0	
(8) NORAH MORRISON											
	1.00										
BOARD MEMBER	0.00	X						0	0	0	
(9) STEVE OLMSTED											
* 1.10.000000000000000000000000000000000	1.00										
CHAIR	0.00	X		X				0	0	0	
(10)DAVINA SAMUEL											
<u> </u>	1.00	1_1						_	_		
BOARD MEMBER	0.00	X		_			_	0	0	0	
(11) NEIL SWARTZ	1 00										
POTEN MEMORES	1.00 0.00										
BOARD MEMBER	0.00	X				1 1	- 1	0	0	0	

Part VII Section A. Officers	s, Directors, Tru	ustee	es, K	ey E	mp	oyee	es, a	ind Highest Compensated	d Employee(continued)				
(A) Name and title	(B) Average hours per week (list any	bo	ox, uni	Pos check ess po	erson	than of the thick the thic	an	(D) Reportable compensation from the	(E)  Reportable  compensation from  related  organizations		(F) Estimated amount of other compensation		
	hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)		from the fro	ation ated	
(12) DONALD TESTA	1.00												
BOARD MEMBER	0.00	x						0	0				0
(13) JERRY WHEELER	1.00												
BOARD MEMBER	0.00	x						О	o				0
(14) MARK YOKOYAMA													
PRESIDENT	1.00	x		x				o	o				0
(15) EMILEE YOUNG		<u> </u>											
BOARD MEMBER	1.00	x											^
(16) BRUCE BERMAN	0.00	^				-		0	0				0
1.775277777700000000000000000000000000000	40.00												
FOUNDATION DIRECTOR (17) JANET HOULIHA	0.00	-		X				0	125,592			12,	132
	1.00												
GWC VP ADMIN	40.00			X				0	162,246			17,	708
1b Sub-total			988	1000			<b>•</b>		638,023		16	63,	558
c Total from continuation shee									630,033		1,	<u> </u>	
d Total (add lines 1b and 1c).  Total number of individuals (inc	luding but not lin	nited	to th	ose	listed	abo	ve) v	l who received more than \$10	638,023 00,000 of		те	03,	558
reportable compensation from t	he organization	<b></b>	0									Yes	No
3 Did the organization list any for	mer officer, dire	ctor,	or tru	ıstee	, ke	y em	oloye						
employee on line 1a? If "Yes," of any individual listed on line								and other compensation from	n the		3		Х
organization and related organiz	_							•			4	х	
5 Did any person listed on line 1a	receive or accru	ie co	mpe	nsat	ion fi	om a	iny u	unrelated organization or inc	lividual				
for services rendered to the org Section B. Independent Contracto		s, c	ompi	ete	sche	dule	J for	such person			5		X
1 Complete this table for your five	highest comper	nsate	d inc	lepe	nder	t con	trac	tors that received more than	\$100,000 of				
compensation from the organization	(A) business address	nper	ISAUC	101	une	calei	luar		(B) illion of services		Co	(C) npensat	lan
Traine and	edilinesi dedi oss							Descript	IOII OI SELVICES		COI	препза	IOII
		-											
2 Total number of independent co								listed above) who			22	51,1	1.13
received more than \$100,000 of	f compensation f	rom	the o	rgar	izati	on 🕨			0				

Pa	art \	/III Stater Check	<b>nent of Reve</b> if Schedule (	<b>nue</b> Diconta	ins a response or	note to any line in t	this Part VIII		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
tts t	1a	Federated car	npaigns	1a			a a fill wast	L. VIALSIE	
Contributions, Gifts, Grants and Other Similar Amounts	k	Membership d		1b			1577 20 1		
S L	d	Fundraising ev	vents	1c	85,000				
J.E	c	Related organ		1d				128	
S, C	е	Government grants		1e	75,000			- E -	
ion		f All other contribution	7.1				1000	L. Maria	
but		and similar amounts	not included above	1f	785,113				
E C	9	Noncash contributio	ns included in lines 1a-	1f: \$	90,389				
20 6	ŀ	Total. Add line	s 1a-1f	***************		945,113		3 15 2 2 2 1 1	
Program Service Revenue					Busn. Code				
ven	2a								
Re	b	941			1.00				
vice	С	CE PERSON - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 -	FOR THE PARTY OF T	· in Name					
Ser	d								
am	e								
g	f		am service rever						
<u>~</u>	g	Total. Add line	s 2a-2f		<b>&gt;</b>				
	3		ome (including d	ividends	, interest,				
		and other simil				181,083			181,083
	4	Income from in	vestment of tax-	exempt l	ond proceeds 🕨				
	5	Royalties							
			(i) Real		(ii) Personal				
	6a	Gross rents							
	b	Less: rental exps.						V	
	С	Rental inc. or (loss)						Z	
	_d	Net rental inco	me or (loss)						
	1 a	Gross amount from sales of assets	(i) Securities		(ii) Other	1 7 70 1 1 1 1		JUST UIT	
		other than inventory	1,557	149		4 7		3 - 2	
	b	Less: cost or other						-11 -11	
		basis & sales exps.	1,424						
	С	Gain or (loss)	133						
	d	Net gain or (los	ss)			133,055	133,055		
ē	8a	Gross income fro	m fundraising ever						
enr		(not including \$		F16.40 BOX					
Ş			eported on line 1c).		20				
ē			18		125,586			37	
Other Revenue			penses		128,579				
			(loss) from fundr	-	ents	-2,993			
	9a		m gaming activities						
			19				NEWS THE RESERVE OF THE PERSON NAMED IN COLUMN TO SERVE O		
			penses						
			(loss) from gamii	ng activit	ies				
	10a	Gross sales of							
		returns and allo	wances						
		Less: cost of go		. b∟			- 18 G H 28 - 18 E	And the fall of	
- 1	С		(loss) from sales	of inven					
- }		Misc	cellaneous Revenue		Busn. Code				
	11a		· · · · · Rysiologiciologici		MARKET -				
	b								
	C								
	d		ie		624(24)4"				
		Total. Add line	(5)1,5(1)53		MANAGER CONTRACTOR OF THE PARTY	4 4 4 4 4 4 4			
- 1	12	i otal revenue	. See instruction:	S. S	7310,751700000000000000000	1,256,258	133.055	Ol	181:083

## Part IX Statement of Functional Expenses

Da :	Check if Schedule O contains a respons	(A)	(B)	(c)	(D)
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	407,059	407,059		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign		6		
	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	109,544	74,470	35,074	
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				
	Accounting				
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	51,175	47,643	3,532	
g	Other, (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	0.700			
13	Office expenses	8,599		8,599	
14	Information technology	17,514		17,514	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials	2 104		0 104	
19	Conferences, conventions, and meetings	2,194		2,194	
20 21	Interest  Payments to affiliates				
21 22	Payments to affiliates  Depreciation, depletion, and amortization				
23					
23 24	Other expenses. Itemize expenses not covered		7		
<b>4</b>	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column	La Rainey			
	(A) amount, list line 24e expenses on Schedule O.)				
а	COLLEGE SUPPORT	254,496	254,496		
b	HOSPITALITY	2,186	234,490	2,186	
C	OTHER EXPENSES	2,011		2,011	
ď	BANK CHARGES	1,248		1,248	
	All other expenses	1,230		1,240	
	Total functional expenses. Add lines 1 through 24e	856,026	783,668	72,358	C
	Joint costs. Complete this line only if the	230,020	, 55, 666	12,330	
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here ▶ if				
	fundraising solicitation. Check here ► if				

Form 990 (2015)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash—non-interest bearing 1,932,886 1,987,836 Savings and temporary cash investments 2 645,042 2 641,332 Pledges and grants receivable, net Accounts receivable, net 1,000 746 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 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 Investments—publicly traded securities 5,862,741 11 5,967,325 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 231,362 214,138 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 8,673,031 16 Total assets. Add lines 1 through 15 (must equal line 34) 8,811,377 16 Accounts payable and accrued expenses 17 43,625 58,978 18 Grants payable 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 14,316 4,990 Total liabilities. Add lines 17 through 25 57,941 63,968 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 527,503 499,928 Temporarily restricted net assets 28 3,380,948 3,187,262 28 Permanently restricted net assets 4,706,639 29 5,060,219 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 Total net assets or fund balances 8,615,090 33 8,747,409 33 Total liabilities and net assets/fund balances 8,673,031 8,811,377

Form 990 (2015)

Pa	art XI Reconciliation of Net Assets			g					
	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)	1,2	56,	258					
2	Total expenses (must equal Part IX, column (A), line 25)								
3	Revenue less expenses. Subtract line 2 from line 1								
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))								
5	Net unrealized gains (losses) on investments 5	-1	300						
6	Donated services and use of facilities  6								
7	Investment expenses 7								
8	Prior period adjustments   8								
9	Other changes in net assets or fund balances (explain in Schedule O)	_	95,	613					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line								
	33, column (B))	8,7	47,	409					
Pa	art XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
		50	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	100	. 193						
	Schedule O.								
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?								
	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	b Were the organization's financial statements audited by an independent accountant?								
	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:	3.0	.2	-81					
	Separate basis Consolidated basis X 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?								
	If the organization changed either its oversight process or selection process during the tax year, explain in								
	Schedule O.								
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in								
	the Single Audit Act and OMB Circular A-133?	3a		x					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the								
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b							

Form **990** (2015)