	IRS e-file Signati	ure Authorization		OM8 No: 1545-1876
Form 8879-EO	for an Exemp	t Organization		
	For calendar year 2014, or fiscal year beginning	, 2014, and ending	,20	2014
Department of the Treasury	Do not send to the IR	· . ·		
Internal Revenue Service Name of exempt organization	Information about Form 8879-EO and its	instructions is at www.lrs.gov/lo		entification number
·······			1	
CLOVER PARK T	ECHNICAL COLLEGE FOUNDATI	ION	91-15	65219
Name and title of officer				
LYMAN GIFFORD				
EXECUTIVE DIR			· · · · ·	i.
here and the second sec	Return and Return Information (Whole m for which you are using this Form 8879-EO and		and frame the seture	If you should be have
on line 1a, 2a, 3a, 4a, or 5a	a, below, and the amount on that line for the return ank (do not enter -0-). But, if you entered -0- on the	m being filed with this form was bl	ank, then leeve lin	e 1b, 2b, 3b, 4b, or 5b,
1a Form 990 check here	<b>b</b> Total revenue, if any (Form 990,	Part VIII, column (A), line 12)	1b	715,934.
2a Form 990-EZ check her	re <b>b Total revenue.</b> if any (Form 6	990-EZ, line 9)	<b>2</b> 5	
3a Form 1120-POL check	here b Total tex (Form 1120-PC	Эц, ііле 22)	ЗЬ	
43 Form 990-PF check her	re 📕 🔄 b Tax based on investment in	ncome (Form 990-PF, Part VI, line	5) <b>4</b> b	AGAC 13
5a Form 8868 check here	b Balance Due (Form 8868, Part I,	, line 3c or Part II, line 8c)	<b>S</b> D	
Part II Declarati	on and Signature Authorization of Of	Kioor		
	I declare that I am an officer of the above organiz			
return, and the financial inst 1-888-353-4537 no later tha processing of the electronic	institution account indicated in the tax preparation titution to debit the entry to this account. To revolut an 2 business days prior to the payment (settleme c payment of taxes to receive confidential informa-	on software for payment of the orgoids a payment, I must contact the ent) date. I also authorize the finar stion necessary to answer inquirie	anization's federa U.S. Treasury Fini Incial institutions inv and resolve issue	ancial Agent at volved in the es related to the
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Form	<b>99</b>	0

Department of the Treasury

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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.

OMB No. 1545-0047 Open to Public Inspection

ΑF	or the	e 2014 calendar year, or tax year beginning and end	ding		
Bg	heck if pplicabi	C Name of organization		D Employer identific	ation number
	Addre	CLOVER PARK TECHNICAL COLLEGE FOUNDATIO	N		
	Name			91-1	565219
	_ Initial return		om/suite	E Telephone number	
	Final	4500 STETLACOOM BLVD SW		253-	589-578 <u>2</u>
	termir ated			G Gross receipts \$	1,001,606.
	Amen	ded tarrendo $Wa$ $QQAQQ = AOOA$		H(a) is this a group re	turn
				for subordinates'	?
	pendi		8499	H(b) Are all subordinates in	
11	ax-ex	empt status: 🔀 501(c)(3) 🛄 501(c) ( ) 🚽 (insert no.) 🛄 4947(a)(1) or	527		list. (see instructions)
-		te: WWW.CPTC.EDU/FOUNDATION		H(c) Group exemption	n number 🕨
KF	arm of	f organization: 🔀 Corporation 🔄 Trust 🔄 Association 🚺 Other 🕨	L Year o	f formation: <u>1993</u> <b>N</b>	State of legal domicile; WA
Pa	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: RAISES	FRI	ENDS AND FUI	NDS FOR
õ		CLOVER PARK TECHNICAL COLLEGE AND ITS TRAIL	NING	PROGRAMS.	
Ę,	2	Check this box 🕨 🦲 if the organization discontinued its operations or disposed	of more	than 25% of its net as	sets.
0 Ve	Э	Number of voting members of the governing body (Part VI, line 1a)		3	14
Ō	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	14
ŝ	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)			0
ij	6	Total number of volunteers (estimate if necessary)			40
Activities & Governance		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, line 34		7Ъ	0.
				Prior Year	Current Year
9	8	Contributions and grants (Part VIII, line 1h)	📖	356,177.	<u>643,266.</u>
Revenue	9	Program service revenue (Part VIII, line 2g)		248,463.	0.
ě	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		41,630.	77,442.
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	📖		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		635,028.	715,934.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		423,669.	285,610.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	📖	0.	Q.
ŝ		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Ü3(	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	ь	Total fundraising expenses (Part IX, column (D), line 25)	•		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		_117,202.	95,544.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		540,871.	381,154.
	19	Revenue less expenses. Subtract line 18 from line 12		94,157.	334,780.
Net Assets or Fund Balances			Beg	nning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		1,596,118.	1,896,409.
t As id B	21	Total liabilities (Part X, line 26)		48,202.	46,535.
		Net assets or fund balances. Subtract line 21 from line 20		1,547,916.	<u>1,849,874.</u>
Pa	irt II	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.

Sign Here	Signature of officer           LYMAN GIFFORD, EXECUTIVE DIRECTOR           Type or print name and title	Date
Paid Preparer	Print/Type preparer's name       Preparer's signature         SCOTT A. ROSENGREN       SCOTT A. ROSENGREN         Firm's name       DOTY BEARDSLEY ROSENGREN & CO, P.S.	Date         Check         PTIN           1         101 2015         1 self-employed         P00361845           Firm's EIN ►         20-5018267
Use Only	Firm's address 4301 SOUTH PINE STREET, SUITE 400 TACOMA, WA 98409	Phone no. (253) 830-5450
May the 1	RS discuss this return with the preparer shown above? (see instructions)           17-14         LHA         For Paperwork Reduction Act Notice, see the separate instructions.	

	1990 (2014)CLOVER_PARK_TECHNICAL_COLLEGE_FOUNDATION91-1565219_Pag rt III Statement of Program Service Accomplishments
-8	
1	Check if Schedule O contains a response or note to any line in this Part III
	TO ASSIST CLOVER PARK TECHNICAL COLLEGE STUDENTS AND PROGRAMS.
	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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, and
_	revenue, if any, for each program service reported.
3	(Code:) (Expenses \$66,828. including grants of \$66,828. ) (Revenue \$
	PROVIDE SCHOLARSHIPS TO STUDENTS FOR TUITION, BOOKS AND SUPPLIES AND
	AWARDS TO FACULTY FOR PROFESSIONAL DEVELOPMENT AND CLASSROOM EQUIPMENT
•	(Code:) (Expenses \$ 27,806. including grants of \$ 27,806.) (Revenue \$ PROVIDE EMBRGENCY GRANTS TO STUDENTS AT CLOVER PARK TECHNICAL COLLEGE
 I	PROVIDE EMERGENCY GRANTS TO STUDENTS AT CLOVER PARK TECHNICAL COLLEGE FOR SHELTER, UTILITIES OR OTHER NEEDS THAT WILL ENABLE THE STUDENT TO
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	PROVIDE EMERGENCY GRANTS TO STUDENTS AT CLOVER PARK TECHNICAL COLLEGE FOR SHELTER, UTILITIES OR OTHER NEEDS THAT WILL ENABLE THE STUDENT TO CONTINUE THEIR EDUCATION.
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	PROVIDE EMERGENCY GRANTS TO STUDENTS AT CLOVER PARK TECHNICAL COLLEGE FOR SHELTER, UTILITIES OR OTHER NEEDS THAT WILL ENABLE THE STUDENT TO CONTINUE THEIR EDUCATION.
	PROVIDE EMERGENCY GRANTS TO STUDENTS AT CLOVER PARK TECHNICAL COLLEGE FOR SHELTER, UTILITIES OR OTHER NEEDS THAT WILL ENABLE THE STUDENT TO CONTINUE THEIR EDUCATION. (Code:)(Expenses \$190,976. including greats of \$190,976.) (Revenue \$
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Form 990 (2014)	CLOVER PARK	TECHNICAL	COLLEGE	FOUNDATION	91-1565219	Page 3
Part IV Checklist o	f Required Schedules	3				

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		1	I
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<del></del>	-	
	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	<b></b>		
	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		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			<u> </u>
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		X
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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		х
ь	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	116	ſ	х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	.11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f				
	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	12a	X	
þ	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	<u>12</u> b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a b	Did the organization maintain an office, employees, or agents outside of the United Statea?	14a		X
Ģ	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			
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	145		<u>X</u>
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	46		v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<u>X</u>
	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,	16		<u> </u>
-	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
16	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		-+	<u>A</u>
	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? // "Yes, "			<u></u>
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2014)

Form 990 (2014)	CLOVER	PARK	TECHNICAL	COLLEGE	FOUNDATION	91-1565219	Page 4
Part IV Checklist of F	Required Sch	nedules	(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 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
<b>24</b> a	Did the organization have a tax-exempt bond issue with en 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	<b>-</b>	24b		~~
c			_	
	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?	24đ		
<b>25a</b>	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		Х
b	• • • • • • • • • • • • • • • • • • •			
	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		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,"			
	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			
00	of any of these persons? If "Yes," complete Schedule L, Part III	.27		<u>x</u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
а	instructions for applicable filing thresholds, conditions, and exceptions):			
b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
-	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		<u>X</u>
Ŭ	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			v
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c	v	<u>x</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	X	
••	contributions? If "Yes," complete Schedule M	30		<u>x</u>
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			
<b>.</b> _	Schedule N, Part II	32		<u>x</u>
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		<u>x</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	1		
05.	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
٥	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	054		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
	If "Yes," complete Schedule R, Part V, line 2	36		х
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?		T	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2014)

Form	990 (2014) CLOVER PARK TECHNICAL COLLEGE FOUNDATION 91-1565	219	P	age <u>5</u>
Pai	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 1a1			
b	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?	10		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (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	Зb		
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		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b .	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year7d			
	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		X
A	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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
ь	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			
ь	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			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
1 <b>2a</b>	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) gualified 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.			
h	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			
Ċ	Enter the amount of reserves on hand			
	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 <u>Schedule O</u>	14b		

Form	990	(2014)
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Form 990 (2014)
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Form 990 (2014) CLOVER PARK TECHNICAL COLLEGE FOUNDATION 91-1565219 Page 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 year1a14			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
Ь	Enter the number of voting members included in line 1a, above, who are independent 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	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?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
7a				
	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		8a	x	
ь	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		x
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		X
	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	Х	
	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	x	
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
	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?			
а	The organization's CEO, Executive Director, or top management official	15a	x	
	Other officers or key employees of the organization	15b	X	
	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?	16a		х
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?	16b		
Sect	tion C. Disclosure		I	
17	List the states with which a copy of this Form 990 is required to be filed <b>&gt;WA</b>			
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailabl	е	
	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)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	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:			
	$\underline{CPTC} = 253 - 589 - 5782$			
	4500 STEILACOOM BLVD SW, LAKEWOOD, WA 98499			

Page 6

## CLOVER PARK TECHNICAL COLLEGE FOUNDATION 91-1565219 Page 7

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 (Ď), (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.

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

(A)	(B)			(	C)			(D)	(E)	(F)
Name and Title	Average			Pos	sitior	٦		Reportable	Reportable	Estimated
	hours per	box	, unie	ess pe	rson	is bot	th an	compensation	compensation	amount of
	week	<u> </u>	cer ar	nd a c	i/recto	ar/trus	stee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di				ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		g	bens		(W-2/1099-MISC)		organization
	organizations below	ualtr	ional		Dey -	ee tco				and related organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DEBBIE RANNIGER	20.00	-	_			1				
EXECUTIVE DIRECTOR		x		х				0.	0.	Ο.
(2) MARY GREEN	3.00									
PRESIDENT		X		Х				0.	0.	0.
(3) MATT LANE	3.00							_		
VICE PRESIDENT		x		х		<b>i</b>		0.	0.	0.
(4) JONATHAN RUSSELL										
SECRETARY		X		X				0.	0.	0.
(5) STEVE CROSEY	2.00							_		
PAST PRESIDENT		Х					<u> </u>	0.	0.	0.
(6) SHEILA WINSTON	2.00	 								_
DIRECTOR		X						0.	0.	0.
(7) STEVE BREWER	2.00							_		_
DIRECTOR		X						0.	0.	0.
(8) TY CORDOVA	2.00									-
DIRECTOR		X						0.	0.	0.
(9) RHIANNON CUPPS	2.00								_	_
DIRECTOR		х						0.	0.	0.
(10) DAVID HARKNESS	2.00									
DIRECTOR		Х						0.	0.	0.
(11) MELISSA MISSALL	2.00								_	-
DIRECTOR		X				-		0.	0.	0.
(12) HARLEY MOBERG	2.00									•
DIRECTOR	2 00	X						0.	0.	0.
(13) JOYCE OUBRE	2.00	77	Í						0	0
DIRECTOR	2 00	X						0.	0.	0.
(14) KATHRYN SMITH	2.00	x						ο.	~	•
DIRECTOR	3.00	~							0.	0.
(15) COY ANGLIN	3.00			x				ο.	0	0
TREASURER				<u> </u>				Ų•	0.	0.
							-			
										c 000 most in

	n 990 (2014) CLOVER P.	ARK TEC	HN:	I CA	<u>AL</u>	C	OL:	LE(	<u>GE FOUNDATIC</u>	<u>N 91-1</u>	<u>565</u> 2	<u>219</u>	P	age 8
Pa	rt VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A) (B) Name and title Average hours per week (list any			not c , unie	(CPOS check ind a d	C) ition more erson	1 I than Is bot	one th an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		am	(F) timate ount other pensa	of
		hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	rmer	1	(W-2/1099-MIS		fro orga and	om th anizat I relat nizati	ie tion ted
			Ē	Ins	5	-é	<u> 뜻</u> 흩	e.						
				<u> </u>										
									i					
	<u> </u>		-											
	·													
							<u> </u>							
	<u> </u>	· · · · · · · · · · · · · · · · · · ·												
							<b> </b>							
							[				_			
	Sub-total Total from continuation sheets to Part VI								0.		0.			<u>0.</u> 0.
	Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including but n compensation from the organization	of limited to th	ose	liste	o at		a) wr	io re	eceived more than \$100	,000 of reportabl	e			0
3	Did the organization list any former officer,	director or tru	etoo	ko				~	aighost componented of		Г	'	Yes	No
3	line 1a? If "Yes," complete Schedule J for si											3		x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl	e co	mpe	ensa	tion	and	l oth	ner compensation from t	the organization		4		x
5	Did any person listed on line 1a receive or a	corue comper	isati	on fi	rom	апу	unre	elate	ed organization or indivi	dual for services				
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	olete Schedule	e J fo	or st	ich <u>(</u>	oers	on .			····		5		<u> </u>
1	Complete this table for your five highest con										pensat	tion fre	) Th	
	the organization. Report compensation for t (A)	<u>he calendar ye</u>	ear e	endir	ng w	ith (	or wi	thin	<u>the organization's tax y</u> (B)	/ear.		(C)		<del>.</del>
	Name and business	address	NC	)NE	3			_	Description of s	ervices	Co	mpen		n
								İ						
	······							+			<b></b>			
								_						
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	-	ot lin	niteo	to t	thos ()		teđ	above) who received m	ore than				
		anon 📂				Y								

Form 990	(2014) CLOV	ER PARK	TECHNICAL	COLLEGE	FOUNDATION	<u>91-156</u> 5	219 Page
Part VI							_
	Check if Schedule O cor	ntains a response	e or note to any lin	e in this Part VIII (A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue exclude from tax under sections 512 - 514
<u>ឌ្ឌ</u> 1 a	Federated campaigns	1a					512-514
	Membership dues						1
ან∣ ან¦ ი	Fundraising events						
j <u>a</u> d	Related organizations						
vj <u>E</u> e	Government grants (contribu	utions) 1e					
្តី ខេត្ត f	All other contributions, gifts, gra						
Ē	similar amounts not included ab		643,266.				
52 9	Noncash contributions included in line						
<u>ס א</u>	Total. Add lines 1a-1f			643,266	•		
			Business Code				
2 a envenue Bevenue Bevenue e							
					-		
de de la	·						
	All other program service rev	enue.	· · · · · · · · · · · · · · · · · · ·				
	Total. Add lines 2a-2f						
3	Investment income (including						
	other similar amounts)			52,426			52,426
4	Income from investment of ta						<i><i><i>x</i>-<i>yx</i></i></i>
5	Royalties		🕨 🚺				
ļ		(i) Real	(ii) Personal				
6 a	Gross rents				i		
b	Less: rental expenses						
	Rental income or (loss)						
d	Net rental income or (loss)						
7 a	Gross amount from sales of	(i) Securities					
	assets other than inventory	303,340.	·				
b	Less: cost or other basis						
	and sales expenses	278,324.	•				
	Gain or (loss)			05 046			AF 946
	Net gain or (loss)		· · · · · · · · · · · · · · · · · · ·	25,016.	· · · · ·	_	25,016
Other Revenue a	Gross income from fundraisir including \$						
eve	contributions reported on line						
5	Part IV, line 18	•	1,074.				
≝ b	Less: direct expenses						
0 c	Net income or (loss) from fund			-1,774.			-1,774
9 a	Gross income from gaming ad	ctivities. See					•
;	Part IV, line 19	а					
	Less: direct expenses						
c	Net income or (loss) from gan	ning activities	►				
10 a	Gross sales of inventory, less					Т	
Ì	and allowances						
	Less: cost of goods sold						
C	Net income or (loss) from sale			-3,000.			<u>-3,000</u>
4.0	Miscellaneous Revenu		Business Code				
	- <u> </u>					ł	
b						<del></del>	
c d							
	All other revenue						
	Total. Add lines 11a-11d			715 034	0.	<u> </u>	72.000
2009	Total revenue. See instructions.			715,934.	V.I	0.	72,668 Form <b>990</b> (2014

## Form 990 (2014)

### CLOVER PARK TECHNICAL COLLEGE FOUNDATION 91-1565219 Page 10 Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respon-				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	190,976.	190,976.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	94,634.	94,634.		
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				
0	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					
b					
C		22,500.	12,500.	10,000.	
d	Lobbying				
е	· · · · ·				
f	Investment management fees	13,421.		13,421.	
9	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	8,048.	7,948.	100.	
12	Advertising and promotion			1.064	
13	Office expenses	20,118.	15,055.	4,364.	699
14	information technology	5,342.	3,162.	1,257.	923
15	Royalties				
10	Occupancy				
17					
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,500.	1,037.	2,463.	
20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization			2 600	
23		3,609.		3,609.	
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	COLLEGE SUPPORT	8,769.	8,769.		
ь	HOSPITALITY	7,608.	6,725.	883.	
c	MEALS, TRAVEL & PROMOTI	1,954.	0,,23.		1,954.
d	MISCELLANEOUS	407.	399.		1,554.
	All other expenses	268.	268.		0
25	Total functional expenses. Add lines 1 through 24e	381,154.	341,473.	36,097.	3,584.
26	Joint costs. Complete this line only if the organization		· · · · · · · · · · · · · · · · · · ·		0,0041
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Carl in following SOP 98-2 (ASC 958-720)				

<u>t X</u>	Balance Sheet				
	Check if Schedule O contains a response or no	te to any line in this Part X			·····
			(A) Beginning of year		<b>(B)</b> End of year
1	Cash · non-interest-bearing			1	
2	Savings and temporary cash investments		542,308.	2	762,689.
Э	Pledges and grants receivable, net			3	
4	Accounts receivable, net			4	<u> </u>
5	Loans and other receivables from current and fo	ormer officers, directors,			
	trustees, key employees, and highest compensi	ated employees. Complete			
	Part II of Schedule L			5	
6	Loans and other receivables from other disqual	ified persons (as defined under			
	section 4958(f)(1)), persons described in section	n 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of sec	tion 501(c)(9) voluntary			
	employees' beneficiary organizations (see instr)	. Complete Part II of Sch L		6	
7	Notes and loans receivable, net			7	
8	Inventories for sale or use		23,316.	8	77,714.
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	105		10c	
11	Investments - publicly traded securities		951,192.	11	<u> </u>
12	Investments - other securities. See Part IV, line 1	11	79,302.	12	77,425.
13	Investments - program-related. See Part IV, line	11		13	
14	Intangible assets			14	
15	Other assets. See Part IV, line 11			15	
16	Total assets. Add lines 1 through 15 (must equ	al line 34}	1,596,118.	16	1,896,409,
17	Accounts payable and accrued expenses			17	
18	Grants payable			18	
19	Deferred revenue			19	
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability. Complete	Part IV of Schedule D		21	
22	Loans and other payables to current and former				
	key employees, highest compensated employee				
	Complete Part It of Schedule L	1		22	
23	Secured mortgages and notes payable to unrela			23	
24	Unsecured notes and loans payable to unrelate			24	
25	Other liabilities (including federal income tax, pa	•			
	parties, and other liabilities not included on lines	s 17-24). Complete Part X of	40.000		46 525
	Schedule D	·····	48,202.	25	46,535.
26	Total liabilities. Add lines 17 through 25		48,202.	26	46,535.
	Organizations that follow SFAS 117 (ASC 958				
	complete lines 27 through 29, and lines 33 an		<b>F73 0 3 C</b>		000 670
27	Unrestricted net assets		573,836.		<u> </u>
28	Temporarily restricted net assets		193,566.	28	322,832.
29			780,514.	29	636,364.
	Organizations that do not follow SFAS 117 (A	SG 958), check here 🕨 📖 🛛			
	and complete lines 30 through 34.				

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

30

31

32

33

34

1,849,874.

1,896,409.

Form 990 (2014)

<u>1,547,916.</u> 1,596,118.

Part

Form	990	(2014)
_		

Assets

Liabilities

Net Assets or Fund Balances

30

31

32

33

34

	1990 (2014) CLOVER PARK TECHNICAL COLLEGE FOUNDATION	91-	1565219	9 Pa	nge <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				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>34.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			.54.
3	Revenue less expenses. Subtract line 2 from line 1	3			780.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	_4_	1,54	<b>17</b> ,9	16.
5	Net unrealized gains (losses) on investments	5		<u>32,8</u>	<u>322.</u>
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)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	_ column (B))	10	1,84	<u>19,8</u>	74.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XI				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual X Other MODIFIE	<u>D C</u> A	<u>SH</u>	l	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.	1	-	
<b>2</b> a	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	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
þ	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 separat	e basis,			
	consolidated basis, or both:				
	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	e audit,		Į	
	review, or compliation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	e <b>dule</b> O.		-	
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 Aud	it		
	Act and OMB Circular A-133?		За		X
Þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		it		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				
			Г.—	. 000	1001 A

Form **990** (2014)

SCHEDULE A (Form 990 or 990-EZ)

## **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.

1	2017
orm990.	Open to Public Inspection
Employer	identification oumbor

OMB No. 1545-0047

201/

Internal Revenue Service	
Department of the Treasury	

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form99

nan	ne or i	the organization						Employe	r identification number
		CLOV	VER PARK TH	CHNICAL COLI	LEGE E	OUNDA	TION	9	1-1565219
Pa	art I	Reason for Public	Charity Status	(All organizations must c	complete ti	his part.) Se	e instructions	<u> </u>	
The	organ	ization is not a private found	dation because it is:	(For lines 1 through 11,	check only	/ one box.)			
1		A church, convention of ch			,				
2		A school described in sect				1.71			
Э		A hospital or a cooperative			ection 17	О(Б)(1)(А)(і	ii).		
4	$\square$	A medical research organiz					•	(iii). Enter	the hospital's name.
•		city, and state:	······	··· ,-··· - ··· - ··· - ··· - ··· - ··· - ··· - ··· - ··· - ···					
5	X	An organization operated f	or the benefit of a co	ollege or university owne	d or opera	sted by a o	overnmental u	nit descrit	ped in
•		section 170(b)(1)(A)(iv). (0							
6			-	mental unit described in	eastion 1	70/61/11/01	6.2		
7		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in							
'		section 170(b)(1)(A)(vi). (C	•	antial part of its support	noma gov	remmenta		ie general	public described in
			•	(A)(A)(-2) (Complete De					
8		A community trust describe							
9		An organization that norma							
		activities related to its exer							-
		income and unrelated busin		e (less section of 1 tax) T	rom busine	esses acqu	irea by the org	ganization	алег June 30, 1975.
40		See section 509(a)(2). (Co			( ) 0				
10		An organization organized			•				
11	<u></u>	An organization organized		•	•			-	
		more publicly supported or							neck the box in
		lines 11a through 11d that				•		•	
а		J Type I. A sup orting orga		•			• • • •		
		the supported organization			a majority	of the dired	ctors or truste	es of the a	upporting
		organization. You must o	complete Part IV, S	ections A and B.					
b		Type II. A supporting org	anization supervised	d or controlled in connec	tion with i	ts supporte	ed organizatio	n(s), by ha	ving
		control or management o	of the supporting org	anization vested in the s	same perse	ons that co	ntrol or manag	ge the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
c		Type III functionally inter-	egrated. A supportin	g organization operated	l in connec	tion with, a	and functional	y integrate	ed with,
		_ its supported organizatio	n(s) (see instruction:	s). You must complete	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	y integrated. A supp	porting organization ope	rated in co	nnection w	ith its suppor	ted organi	zation(s)
		that is not functionally int	tegrated. The organi	zation generally must sa	tisfy a dist	ribution red	quirement and	an attent	iveness
		requirement (see instruct	ions). You must cor	nplete Part IV, Section	s A and D,	, and Part <sup>•</sup>	<b>v</b> .		
e		Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	Type I, Type I	ll, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated support	ting organi	zation.			
f	Ente	r the number of supported (	organizations						
g		ide the following information							
		) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the c	rganization in your	(v) Amount of	-	(vi) Amount of
		organization		(described on lines 1-9 above or IRC section	governing	document?	support		other support (see
				(see instructions))	Yes	No	Instructio	ons)	Instructions)
				, ""					
					<u> </u>			-	
		_				<u> </u>			
		:			1				
			·			+			

<u>Total</u>

# Schedule A (Form 990 or 990 EZ) 2014 CLOVER\_PARK\_TECHNICAL\_COLLEGE\_FOUNDATION91-1565219 Page 2

(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.)

Calendary yes (of fixel year beginning in) → (a) 2010       (b) 2011       (c) 2012       (d) 2013       (e) 2014       (f) Total         1       Office grants, contributions, and ther paid to or expended on its behalt       190, 496.       286, 573.       212, 354.       356, 177.       612, 094.       1, 657, 694.         2       Tax revenues lavied for the organization without charge       190, 496.       286, 573.       212, 354.       356, 177.       612, 094.       1, 657, 694.         3       The value of services or facilities       194, 259.       191, 324.       253, 133.       410, 255.       175, 000.       1, 233, 971.         4       Total. Actil lines 1 through a governmental unit to the organization without charge       384, 755.       477, 897.       465, 487.       766, 432.       787, 094.       2, 881, 665.         5       The portion of total contributions by each person (office than a governmental unit or puckly supported organization) included on line 1 thraceodes 2% of the amount shown on line 11.       384, 755.       477, 897.       465, 487.       766, 432.       787, 094.       2, 891, 685.         6       Otfile support, Stever tas crossed.       50, 434.       36, 566.       30, 959.       19, 752.       52, 697.       190, 408.         7       Manuts from line 4.       384, 755.       477, 897.       455, 487.	Se	ction A. Public Support						
membership fees received. (b not include any "unusual grants.")       190,496.       286,573.       212,354.       356,177.       612,094.       1,657,694.         2       Tax revenues lovide for the organization's benefit and either paid to or opended on its bohat       190,496.       286,573.       212,354.       356,177.       612,094.       1,657,694.         3       The value of services or facilities furnished by a governmental unit to the organization without charge       194,259.       191,324.       253,133.       410,255.       175,000.       1,233,971.         4       Total. Add lines 1 through 3       384,755.       477,897.       465,487.       766,432.       787,094.       2,881,655.         5       The potion of total contributions by each person (bit man a governmental unit opublicy supported organization) included on line 1 threaceade 2% of the amount shown on line 11.       310,780.       310,780.         6       Public auport.       192,044.       36,566.       30,959.       19,752.       52,697.       190,408.         9       Net income from smala sources.       50,434.       36,566.       30,959.       19,752.       52,697.       190,408.         9       Net income from smala sources.       50,434.       36,566.       30,959.       19,752.       52,697.       190,408.         10       Other income	Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	( <b>b</b> ) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
include any 'unusual grants')       190,496.286,573.212,354.356,177.612,094.1,657,694.         2 Tax revenues level for the organization of the organization the organization whose change       190,496.286,573.212,354.356,177.612,094.1,657,694.         2 Total. Add lines 1 through 3       The value of services or facilities for minet 4 and the publicity as governmental unit to the organization whose change       194,259.191,324.253.133.410.255.175,000.1,233,971.         4 Total. Add lines 1 through 3       384,755.477,897.465,487.766,432.787,094.2.est.655.       787,094.2.est.655.         5 The portion of total combulines by each best (lines 5% of the amount form in 11. column 60 on line 11.       310,780.       2,570,885.         2 Catas income from line 4.384.755.477.897.465,487.766,432.787,094.2.881.855.       60,2011       (e)2012       (f) Total.         7 Amounts form line 4.384.755.477,897.465,487.766,432.787,094.2.881.855.       50,434.36,566.30,959.19,752.52,697.190,408.       50,434.36,566.30,959.19,752.52,697.190,408.         9 Met income from line 4.384.755.477.897.465,487.766,432.787,094.2.881.855.       50,434.36,566.30,959.19,752.52,697.190,408.       50,434.36,566.30,959.19,752.52,697.190,408.         9 Met income from line 4.384.755.477.897.465,487.766,432.787,094.2.881.855.       50,434.36,566.30,959.19,752.52,697.190,408.       52,697.190,408.         9 Met income from line 4.58.50000000000000000000000000000000000	1	Gifts, grants, contributions, and						
2 Tar veenues levied for the organ- traction's benefit and either paid to or expended or its behalf. 3 The value of services or facilities furnished by a governmental unit to the organization without charge to track the files 1 through 3 governmental unit to the organization without charge by each percent (biter than a governmental unit organization included on line 1 throcends (54 of the amount shown on line 11, column (f) 6 Public support. Sees this sees the sets through 3 8 Cross income from interact, dividends, payments reactived on securities Levis (or files) year beginning in) 9 Net income from sites and the business is regularly carried on of their and the structures 9 Net income from sites and the business is regularly carried on of the structures and the structures 9 Net income from sites and the business is regularly carried on of the structures and the structures 10 Other income from interade 10 Other income from interade business activities, whether or not the business is regularly carried on of the structures and the structures 10 Other income from interade business activities, whether or not the business is regularly carried on of the structures and the structures 10 Other income from interade business activities, whether or not the business is regularly carried on of the structures and the structures 11 Total support. Add lines 7 through 10 12 Gross recents it for the structures 13 First five yeapport test - 2014. If the organization's rist second, third, fourth, or fifth tax year as a section S01(c)(5) comparization creek this box and stop there 33 1/3% support test - 2014. If the organization's rist second, third, fourth, or fifth tax year as a section S01(c)(5) comparization qualifies as a publicly supported organization 14 (bits support percentage for 2014 (fire 6; courne) (fird) did not check the box on line 13, file, or 18b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization 14 (bits support test - 2014. If the organiz		membership fees received. (Do not						
2 Tar veenues levied for the organ- traction's benefit and either paid to or expended or its behalf. 3 The value of services or facilities furnished by a governmental unit to the organization without charge to track the files 1 through 3 governmental unit to the organization without charge by each percent (biter than a governmental unit organization included on line 1 throcends (54 of the amount shown on line 11, column (f) 6 Public support. Sees this sees the sets through 3 8 Cross income from interact, dividends, payments reactived on securities Levis (or files) year beginning in) 9 Net income from sites and the business is regularly carried on of their and the structures 9 Net income from sites and the business is regularly carried on of the structures and the structures 9 Net income from sites and the business is regularly carried on of the structures and the structures 10 Other income from interade 10 Other income from interade business activities, whether or not the business is regularly carried on of the structures and the structures 10 Other income from interade business activities, whether or not the business is regularly carried on of the structures and the structures 10 Other income from interade business activities, whether or not the business is regularly carried on of the structures and the structures 11 Total support. Add lines 7 through 10 12 Gross recents it for the structures 13 First five yeapport test - 2014. If the organization's rist second, third, fourth, or fifth tax year as a section S01(c)(5) comparization creek this box and stop there 33 1/3% support test - 2014. If the organization's rist second, third, fourth, or fifth tax year as a section S01(c)(5) comparization qualifies as a publicly supported organization 14 (bits support percentage for 2014 (fire 6; courne) (fird) did not check the box on line 13, file, or 18b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization 14 (bits support test - 2014. If the organiz		include any "unusual grants.")	190,496.	286,573.	212,354.	356,177.	612,094.	1 657 694.
Image: track of 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 change to the organization without change to traditions through 3       194, 259, 191, 324, 253, 133, 410, 255, 175, 000, 1, 233, 971, 455, 487, 765, 432, 787, 094, 2, 881, 565, 5         5       The pation of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)       310, 780, 2, 570, 685, 310, 786, 432, 787, 094, 2, 881, 655, 477, 897, 465, 487, 766, 432, 787, 094, 2, 881, 655, 477, 897, 483,	2	Tax revenues levied for the organ-						
or expanded on its behalf         3 The value of services or facilities furnished by a governmental unit to the organization without charge         4 Total. Add lines it through a governmental unit to publicly supported organization) included on line 1 that exceeds 250 of the amount shown on line 11.         5 The public organization without charge         6 Public support. Instructions in the state organization with accessed 250 of the amount shown on line 11.         column (f)         7 Amounts from line 4         7 Amounts from line 4.         7 Amounts from line 4.         8 Grass income from interest, dividends, support.         10 Other income from interest, dividends, support on the sale or capital and income from interest, organization or loss from the sale or capital and income from interest, organization or loss from the sale or capital assets (Explain in Part VI)         11 Total support. Advisor and support Corport percentage for metal explaints in the sale or capital assets (Explain in Part VI)         11 Total support. Advisor and support Corport percentage for metal explaints of the organizations first, second, third, fourth, or fifth tax year as a section 501(c)(s) organization. Check this box and stop here.         9 Public support percentage for 2014 (file 6, column (f) invided by line 11, column (f).       14       83.69 % 16.83.17% support test - 2014, file for organization did not check the box on line 13, and line 14 is 33.12% or more, check this box and stop here. The organization qualifies as a publicly supported organization and the organization meets the "factsta-and-circumstances" test. check this box o								
3 The value of services or facilities furnished by a governmental unit to the organization without charage 4 Total. Add lines 1 through 3 384, 755. 477, 897. 465, 487. 766, 432. 787, 094. 2, 381, 655.         4 Total. Add lines 1 through 3 governmental unit or publicly supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f)       310, 780.         6 Public support.       320, 755. 477, 897. 465, 487. 766, 432. 787, 094. 2, 381, 655.         Section B. Total Support       310, 780.         Calledary year (or fisel year beginning in) > A mount shown on line 1.1, column (f)       (a) 2010       (b) 2011       (c) 2012       (d) 2013       (e) 2014       (f) Total         A mount shown on line 1.1, column (f)       384, 755. 477, 897. 465, 487. 766, 432. 787, 094. 2, 881, 665.       2, 570, 885.         Section B. Total Support       384, 755. 477, 897. 465, 487. 766, 432. 787, 094. 2, 881, 665.       2, 881, 665.         9 Gross income from interest, divideds, symmetra received on securities loans, rents, royaties and income from similar sources as activities, whether or not the busines is regularly carried on or loss from the sale of captal assate (Explain in Part VI)       50, 434. 36, 566. 30, 959. 19, 752. 52, 597. 190, 408.         10 Other income. Do not include gain or loss from the sale of captal assate (Explain in Part VI)       12       3, 072, 073.         12 Gross receipts from related activities, received with sit, second, third, fourth, or fifth tax year as a section S01(c)(3) commutation of Public Support Percentage       14       83, 6								
function of both organization without charge       194, 259, 191, 324, 253, 133, 410, 255, 175, 000, 1, 223, 971, 384, 755, 477, 897, 465, 487, 766, 432, 787, 094, 2, 881, 655, 487, 766, 437, 787, 094, 2, 881, 655, 487, 766, 437, 787, 094, 2, 881, 655, 487, 766, 437, 787, 094, 2, 881, 655, 477, 897, 44, 54, 55, 477, 897, 44, 54, 55, 477, 897, 44, 54, 55, 477, 897, 44, 54, 56, 56, 30, 959, 19, 752, 52, 697,	3							
the organization without charge       194,259.       191,324.       253,133.       410,255.       175,000.       1,223,921.         4 Total. Add lines 1 brough 3       384,755.       477,897.       465,487.       766,432.       787,094.       2,881,655.         5 The portion to total combibutions 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.       310,780.       2,970,485.         Section B. Total Support       384,755.       477,897.       465,487.       766,432.       787,094.       2,870,485.         Section B. Total Support       384,755.       477,897.       465,487.       766,432.       787,094.       2,881,655.         6 Cross income from interest.       384,755.       477,897.       465,487.       766,432.       787,094.       2,881,655.         9 Not income from interest.       384,755.       477,897.       465,487.       766,432.       787,094.       2,881,655.         9 Not income from interest.       50,434.       36,566.       30,959.       19,752.       52,697.       190,408.         9 to tincome from intereation unrelated business activities, whether or not the business is regularly carried on income from interest.       50,434.       36,566.       30,959.       19,752.       52,697.       190,408.      <								
4 Total: Add lines 1 through 3       384,755.477,897.465,487.766,432.787,094.2,881,665.         5 The portion of total contributions by each person (ofter than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).       310,780.         6 Public support. Substatues term exits       2,370,885.         Section B. Total Support       (a) 2010       (b) 2011       (c) 2012       (d) 2013       (c) 2014       (f) Total         2 Interact year, through a governmental unit or publicly supported or gamization) interest, this box and stop here.       50,434.36,566.30,959.19,752.52,697.190,408.       2,881,665.         6 Grass Income from interest, royatiles and income from sintar sources and so the sequentiation of the organization instrates cound.       12       476,395.         10 Other income. Do not include gan or loss from the sequent get of 2014 (in 6, courn (i) winded by line 11, courn (f))       14       33,072,073.       12       476,395.         11 Total support. Add lines 7 through 10       3,072,073.       12       476,395.432.55       12       476,395.55       33,072,073.       12       476,395.5       <			194.259.	191.324.	253 133.	410 255.	175 000.	1 333 071
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)       310,780.         6       Public support.       310,780.         7       Amount shown on line 11, column (f)       310,780.         2,170,885.       Section B. Total Support       2,170,885.         Section B. Total Support       384,755.       477,897.       465,487.       766,432.       787,094.       2,881,655.         4       Grass income from interest, dividends, payments received on securities loans, rents, royatties and noome from similar sources.       50,434.       36,566.       30,959.       19,752.       52,697.       190,408.         9       Not income From unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI)       50,434.       36,566.       30,959.       19,752.       52,697.       190,408.         11       Total support. Add lines 7 through 10       12       476,395. 3072.073.         12       Fast five granization, class the organization's first, second, third, fourth, or fifth tax year as a secion 501(c)(3) organization.       14       83.69 %         13       Fast five granization qualifies as a publicly supported organization of lot otheck the box on line 13, and line 14 is 31.73% or more, check th	4							
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)		•	501,755.			100,402.	1017074.	2,001,005,
governmental unit or publicly supported organization jucided on line 11 that exceeds 2% of the amount shown on line 11, column (f)       310,780.         6 Public support.       32070,885.         Section B. Total Support       2,570,885.         Caledaryser (or fissal year beginning in) → A mounts from line 4       384,755.477,897.465,487.7666,432.787,094.2,881,665.         8 Cross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.       50,434.36,566.30,959.19,752.52,697.190,408.         9 Net income from interest, dividends, payments received on securities loans, rents, royalties and income from unrelated business activities, whether or not the business is regularly carried on or loas from the sale of capital assess (Explain in Part VI).       50,434.36,566.30,959.19,752.52,697.190,408.         10 Other income. Do not include gain or loas from the sale of capital assess (Explain in Part VI).       12       476,395.         13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and astop here Section C. Computation of Public Support Percentage       14         14 Public support percentage for 2013 Schedule A, Part II, Ime 14       83.69 % 15       83.1/3% support test - 2013. If the organization dual not check the box on line 13, and line 14 is 33.1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization and stop here. The organization qualifies as a publicly supported organization and stop here. The organization qualifies as a publicly supported organ		-						
supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)       310,780.         6       Public support. Suess lines to mee 4       310,780.         Section B. Total Support       2,570,885.         Section B. Total Support       384,755.477,897.465,487.766,432.787,094.2,881.565.         7 Amounts from line 4       384,755.477,897.465,487.766,432.787,094.2,881.565.         7 Amounts from line 4       384,755.477,897.465,487.766,432.787,094.2,881.565.         9 Not income from interest, dividends, payments received on securities loans, rents, royalities and income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI)       3,072,073, 12,076,395.         10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)       3,072,073, 12,076,395.         12 Gross receipts from related activities, etc. (see instructions)       12,476,395.         12 Gross receipts from related activities and activitis and actitis activities and activities and activitie								
on line 1 that exceeds 2% of the amount shown on line 11, column (f)       310,780.         6       Public support.       310,780.         2       570,885.         Section B. Total Support       384,755.477,897.465,487.766,432.787,094.2,981,665.         7       Amounts from line 4       384,755.477,897.465,487.766,432.787,094.2,981,665.         8       Gross income from interest, dividends, payments received on securities loans, rents, royatiles and income from similar sources.       50,434.36,566.30,959.19,752.52,697.190,408.         9       Net income from unrelated business activities, whether or not the business is regularly carted on or loss from the sale of capital assets (Explain in Part VI)       3.072.073.         10       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)       3.072.073.         12       Gross accepts from related activities, etc. (see instructions)       12       476,395.         13       First five years. If the Form 950 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)       Image: second se								
amount shown on line 11, column (f)       310,780.         6       Public support. Subtext ine 5 from line 4       2,570,885.         Section B. Total Support       (a) 2010       (b) 2011       (c) 2012       (c) 2013       (c) 2014       (f) Total         7       Amounts from line 4       384,755.       477,897.       465,487.       766,432.       787,094.       2,981,655.         9       Not income from interest, dividends, payments received on securities loans, rents, royaltes and income from interests, dividends, payments received on securities loans, rents, royaltes and income from interest set income interest set income from set interest set income from set interest								
column (f)       310,780.         6 Public support. Subtract thes from the 4       2,570,885.         Section B. Total Support       (f) Total         Calendar year (or fisel year beginning in) ►       (a) 2010       (b) 2011       (c) 2012       (d) 2013       (e) 2014       (f) Total         7 Amounts from line 4       384,755.       477,897.       465,487.       766,432.       787,094.       2,881,655.         8 Gross income from interest,       dividends, payments received on securities loans, rents, royalties and income from similar sources       50,434.       36,566.       30,959.       19,752.       52,697.       190,408.         9 Not income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)       50,434.       36,566.       30,959.       19,752.       52,697.       190,408.         10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)       3,072,073.       12       476,395.         12 Gross receipts from related activities, etc. (see instructions)       12       476,395.       14       14       83,69 %         14 Public support percentage for 2014 (inc 6, courm (f) divided by line 11, column (f))       14       84,34 %       16       84,34 %       16       84,34 %       13       13       16       84,34 %       16       84,34 %       1								
6       Public support. Subtract time 3 torm time 4       2,570,885.         Section B. Total Support         Caleadar year (or fiscal year beginning in) ▶       (a) 2010       (b) 2011       (c) 2012       (d) 2013       (e) 2014       (f) Total         A mounts from line 4       384,755.       477,897.       465,487.       766,432.       787,094.       2,881,665.         a       Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources       50,434.       36,566.       30,959.       19,752.       52,697.       190,408.         9       Net income from unrelated business activities, whether or not the business is regularly carried on       50,434.       36,566.       30,959.       19,752.       52,697.       190,408.         11       Total support. Add lines 7 through 10       1       3.072.073.       12       476,335.         12       Gross receipts from related activities, set. (see instructions)       12       476,395.       12       476,395.         14       Public support percentage for 2014 (ine 6, column (f) divided by line 11, column (f))       14       83.69 %       16       84.34 %       16       84.34 %       16       84.34 %       16       84.34 %       12       176, 6395.       12       16 </th <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>210 800</th>								210 800
Section B. Total Support       Calendar year (or fised year beginning in) (a) 2010       (b) 2011       (c) 2012       (d) 2013       (e) 2014       (f) Total         7 Amounts from line 4       384,755.       477,897.       465,487.       766,432.       787,094.       2,881,665.         8 Gross income from interest, dividends, payments received on securities leans, rents, royaties and income from similar sources.       50,434.       36,566.       30,959.       19,752.       52,697.       190,408.         9 Net income from unrelated business activities, whether or not the business is regularly carried on       50,434.       36,566.       30,959.       19,752.       52,697.       190,408.         10 Other income. Do not include gain or loss from the sale of capital assots (Explain in Part V).       3,072.073.       12       476,395.         12 Gross receipts from related activities, etc. (see instructions)       12       476,395.         13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.       Section C. Computation of Public Support Percentage         14 Public support percentage for 2014 (line 6, colurn (t) divided by line 11, column (f))       14       83.69 %         15 Dublic support test - 2014. If the organization did not check the box on line 13, and line 14 is 31/3% or more, check this box and stop here. The organization qualifies as a publicly supported organiz	~	•••••••••••••••••••••••••••••••••••••••						
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7 Amounts from line 4       384,755.477,897.465,487.766,432.787,094.2.881.665.         9 Grass income from interest, dividends, payments received on securities loans, rents, royatiles and income from similar sources       50,434.36,566.30,959.19,752.52,697.190,408.         9 Net income from unrelated business activities, whether or not the business is regularly carried on cross from the sale of captal assets (Explain in Part VI).       50,434.36,566.30,959.19,752.52,697.190,408.         10 Other income. Do not include gain or loss from the sale of captal assets (Explain in Part VI).       3.072.073.         12 Gross receipts from related activities, etc. (see instructions)       12 476,395.         13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and atop here.         14 Public support test - 2014. (fine 6, column (f) divided by line 11, column (f).       14 83.69 %         16 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization set - 2013. If the organization qualifies as a publicly support organization meets the 'facts-and-circumstances' test. The organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test. The organization did not check a box on line 13, 16a, or 17a, and line 15 is 10% or more, and if the organization qualifies as a publicly supported organization meets the 'facts-and-circumstances' test. The organization did not check a box on line 13, 16a, or 17a, and line 15 is 10% or mor			4-10010	(1.) 0011	( ) 0010	4 10 0010		(m. T. 1. 1
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Schedule A (Form 990 or 990-EZ) 2014

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

Page 3

(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

	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) ⊺otal
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that	ĺ					
	are not an unrelated trade or bus-						1
	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						·
Ŭ	furnished by a governmental unit to						
	the organization without charge						
		<u>}</u>					
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons					-l	
b	Amounts included on fines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			•			
c	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support				<u> </u>		
	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6		(0) 2011	(0)2012	(0) 2013	(8) 2014	
	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						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization's	first second this	d fourth or fifth ta	L. ax vear as a secti	on 501(c)(3) organiz	ation
••	check this box and stop here	-			-		
Sec	tion C. Computation of Publi						
	Public support percentage for 2014 (I	••••		olumo (fi)		15	D/
							<u>%</u>
	Public support percentage from 2013					16	%
	tion D. Computation of Inves	· · ·					
	Investment income percentage for 20						%
	Investment income percentage from 2						%
	33 1/3% support tests - 2014. If the						
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiz	zation	►
Ъ	33 1/3% support tests - 2013. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is m	ore than 33-1/3%, a	ind
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	>
	Private foundation. If the organization		•			-	

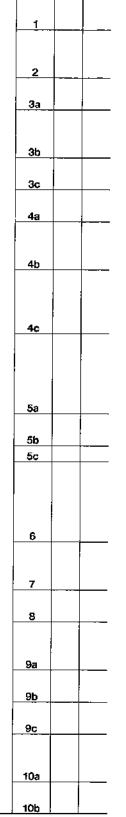
## Schedule A (Form 990 or 990 EZ) 2014 CLOVER PARK TECHNICAL COLLEGE FOUNDATION91-1565219 Page 4

## 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 datermined 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 **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (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, loan, 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 4956) 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.)



Yes

No

## Schedule A (Form 990 or 990 EZ) 2014 CLOVER PARK TECHNICAL COLLEGE FOUNDATION91-1565219 Page 5 Part IV Supporting Organizations (continued)

Mass the organization accessed a giff or contribution from any of the following persons?         Yes         No.           a A person who cirrently or indirectly controls, either alone or together with persons described in (b) and (c) below, the generalized accessed in (g) above?         111         111         111           b A attrix member of a person described in (g) above?         A 25% controlle entry of a person described in (g) (g) (g) above??         116         116           c A 25% controlle entry of a person described in (g) (g) (g) above??         Yes         No.         116         116           Section B. Type I Supporting Organizations         Yes         No.         Yes         No.           describe the directors, invalues, or membership of one or more supported organizations during the tax year? If No. 'describe. If the organization address that none supported organization, discribe or the persons of the supported organization.         Yes         No.           describe the directors, invalues, as provide access or trustees were allocated among the supported organization address the persons of the supported organization (g) and supported org				1	1
A Approximate of the control of a supported organization?     A Approximate of the associated in (a) adverted in (b) adverted in (b) and (c)     a. Approximate of the associated in (b) adverted in (b)			r	Yes	No
betwy, the governing body of a supported organization?     b A ram ymerite or la parsion described in (a) or (b) above? If 'Vis'' to a, b, or c, provide detail in Part V.     Section B. Type I Supporting Organizations     c. ASS's controlled entry of a parsion described in (a) or (b) above? If 'Vis'' to a, b, or c, provide detail in Part V.     Section B. Type I Supporting Organizations     Vise 'No.     Section B. Type I Supporting Organizations     Vise 'No.     Vise					
b A family member of a period described in (a) above? c A 35% controlled metay of period described in (b) dip (c) (c) period (c)	a				
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tax yes? If No.: describe in Pert V. how the supported organization (supported organization)       controlled the organization's activities. If the organization had more supported organization, or describe the provide of the powers of any supported organization or the supported organization or the powers of any supported organization supported organizations       1         2       Section C. Type II Supporting Organizations       2         1       Were a majority of the organization's directors or trustees during the sax year also a majority of the directors or trustees during the sax year also a majority of the directors or trustees during the supported organization's year also a majority of the directors or managed the supported organization's supported organization's upported organization's tay year, (1) a written notice describing the type and amount of support the organization's support to compare to entropy to tak any of the directors, or trustees dire (1) the organization's support tax year. (2) a congraization's down the organization's support organization's apport of organization's support organization's support organization's support organization's tay year. (3) a congraization's down the organization's tay wear. (4) a written notice describing the type and amount of support provided down the prot tax year. (4) a congraization support of a directory or managed the organization's down the organization's down and the directory or the directory or tax yeare, (4) a coupy of the Gran directory, or trustees dire	•				
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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 income or assets at all times during the tax year? If 'Yes, ' describe in Par VI the organization's supported organization's supported organizations played in this regard.       3         Section E. Type III Functionally-Integrated Supporting Organizations       3         1       Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):       3         a       The organization satisfied the Activities Test. Complete line 2 below.       5         b       The organization subported organization is the parent of each of its supported organizations. Complete line 3 below.       Yes No         a       Did usbstantially all of the organization is activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly further the in Part VI identify those supported organization's involvement, one or more of the organization's usported organization's involvement.       2a         b       Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's involvement.       2a         b       Did the activities described in (a) below.       2a       2a         c)       Did the activities described in (a) constitute activities	2				
<ul> <li>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.</li> <li>3 Section E. Type III Functionally-Integrated Supporting Organizations</li> <li>1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):</li> <li>a The organization satisfied the Activities Test. Complete line 2 below.</li> <li>b The organization supported organization is the parent of each of its supported organizations. Complete line 3 below.</li> <li>c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</li> <li>2 Activities Test. Answer (a) and (b) below.</li> <li>b Did the organizations and explain how these activities.</li> <li>b Did the organization is a supported organization(s) would have been engaged in these activities during in Part VI the reasons for the organization(s) moule ment.</li> <li>3 Yes No</li> <li>2 Did the organization's involvement.</li> <li>3 Did the organization have the power to regulary appoint or elect a majority of the officers, directors, or trustees of each of the supported organization? Si molvement.</li> <li>3 Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of the supported organization?</li> </ul>					
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 Section 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): a The organization satisfied the Activities Test. Complete line 2 below. b The organization supported organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). 2 Activities Test. Answer (e) and (b) below. a Did substantially all of the organization is activities during the tax year directly further the exempt purposes, how the organization was responsive? If "Yes," activities described in (a) constitute activities. b Did the activities constituted substantially all of its activities. b Did the organization's position that its supported organization(s) would have been engaged in these activities during the tis supported organization's involvement. 3 Parent of Supported organization have the power to regulary apoint or elect a majority of the officers, directors, or trustees of each of the supported organization? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			2		
<ul> <li>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.</li> <li>3</li> <li>4</li> <li>4&lt;</li></ul>	3				
supported organizations played in this regard.       3         Section 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):       a <ul> <li>The organization satisfied the Activities Test. Complete line 2 below.</li> <li> <li>The organization is the parent of each of its supported organizations. Complete line 3 below.</li> <li> <li>The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</li> </li></li></ul> <li>         Activities Test. Answer (e) and (b) below.         <ul> <li>             Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organization, and how the organization determined that these 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 involvement.</li> <li>             Parent of Supported Organizations. Answer (a) and (b) below.</li> <li>             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 Part VI.</li> <li>             Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each</li> </ul> </li>		· · · ·			
Section 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):         a       The organization satisfied the Activities Test. Complete line 2 below.         b       The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).         c       The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).         2       Activities Test. Answer (a) and (b) below.       Yes         a       Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain       how these activities directly furthered their exempt purposes, how the organization was responsive? If "Yes," then in Part VI identify       those supported organizations and explain         b       Did the activities described in (a) constitute activities.       2a         b       Did the organization's supported organization(s) would have been engaged in ? If "Yes," explain in Part VI the reasons for the organization's involvement.       2a         3       Parent of Supported Organizations. Answer (a) and (b) below.       2b         3       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 Part VI.         b					
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trustees of each of the supported organizations? Provide details in Part VI.       3a         b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each       3a					
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	-		3а		
	ь				
			<u>3b</u>		

# Schedule A (Form 990 or 990 EZ) 2014 CLOVER PARK TECHNICAL COLLEGE FOUNDATION91-1565219 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 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	tion 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	10		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
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 B, 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-functionally	y-integrated	Type III supporting orga	anization (see
	instructions).	_		

Schedule A (Form 990 or 990-EZ) 2014

## Schedule A (Form 990 or 990 EZ) 2014 CLOVER PARK TECHNICAL COLLEGE FOUNDATION91-1565219 Page 7

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (contin	ued)
Sect	ion D - Distributions	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported	
	organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 the organization is responsive	
_	(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	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable 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		<u> </u>	
b			
C			
d			
e From 2013			
f Total of lines 3a through e			·····
<u><u> </u></u>	-		
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			r
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D,			
line 7: \$			
<ul> <li>Applied to underdistributions of prior years</li> </ul>			
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			
<u> </u>			
d Excess from 2013			<b>-</b> .
e Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Part VI	Form 990 or 990-EZ) 2014 CLOVER PARK TECHNICAL COLLEGE FOUNDATION91-1565219 Page & 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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SC	HEDULE D	Supplement	al Financial St	tatements		OMB No. 1545-0047		
SCHEDULE D Supplemental Financial Statements (Form 990) ► Complete if the organization answered "Yes" to Form 990, 20*								
(· •··	Open to Public							
	tment of the Treasury al Reven <u>ue Service</u>	_► Information about Schedule D (Fo	Attach to Form 990. rm 990) and its instruct	ions is at www.irs.gov/f	orm990.	Inspection		
	lame of the organization Employer identification number							
CLOVER PARK TECHNICAL COLLEGE FOUNDATION 91-156								
Pa	rt I Organiza	ations Maintaining Donor Advise			ccoun			
	organizatio	n answered "Yes" to Form 990, Part IV, lin	e 6.					
		ed funds (	(b) Funds and other accounts					
1	Total number at er	nd of year						
2	Aggregate value o	f contributions to (during year)						
З	Aggregate value o	f grants from (during year)						
4	Aggregate value a	t end of year						
5	Did the organization	on inform all donors and donor advisors in	writing that the assets he	eld in donor advised fun	ds			
	are the organization	on's property, subject to the organization's	exclusive legal control?			Yes No		
6	Did the organization	on inform all grantees, donors, and donor a	idvisors in writing that gr	ant funds can be used o	only			
	for charitable purp	oses and not for the benefit of the donor of		· · · · · · · · ·				
_	impermissible priv					Yes No		
Ра		ation Easements. Complete if the or			line 7.			
1		servation easements held by the organizat	· · · · · · ·					
		n of land for public use (e.g., recreation or e		ervation of a historically				
	=	f natural habitat	Pres	ervation of a certified hi	storic str	ucture		
		of open space						
2		through 2d if the organization held a quali	fied conservation contrib	ution in the form of a co	nservatio	on easement on the last		
	day of the tax year	r.						
	<b>-</b> / / /					eld at the End of the Tax Year		
a		onservation easements			2a			
b		ricted by conservation easements			2b	·		
c J		vation easements on a certified historic str			2c			
d		vation easements included in (c) acquired			2d			
3		al Register vation easements modified, transferred, re				uring the tax		
•	year ►	vauon easements moumed, iranaieneu, re	leased, extinguished, or	terminated by the organ		uning the tax		
4		where property subject to conservation ea	sement is located <b>b</b>					
5		tion have a written policy regarding the pel		tion, handling of				
·		orcement of the conservation easements i	· ·	· •		Yes No		
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	and enforcing conservat	ion easements during th	ne vear 🖿	►		
7		es incurred in monitoring, inspecting, and						
8	-	vation easement reported on line 2(d) abov	5	- /	· · -			
-		(4)(B)(ii)?	•			🗌 Yes 🗌 No		
9		be how the organization reports conservati						
		le, the text of the footnote to the organization		-				
	conservation ease	ments.						
Pa	rt III Organiza	tions Maintaining Collections o	f Art, Historical Tre	asures, or Other S	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 (AS	C 958), not to report in it	ts revenue statement an	d balanc	e sheet works of art,		
	historical treasures	, or other similar assets held for public ext	hibition, education, or res	earch in furtherance of	oublic se	rvice, provide, in Part XIII,		
	the text of the foot	note to its financial statements that descri	bes these items.					
þ	If the organization	elected, as permitted under SFAS 116 (AS	C 958), to report in its re	wenue statement and ba	alance sh	neet works of art, historical		
	treasures, or other	similar assets held for public exhibition, ed	ducation, or research in fi	urtherance of public ser	vice, pro	vide the following amounts		
	relating to these items:							
	(i) Revenue included in Form 990, Part VIII, line 1							
	(ii) Assets include	d in Form 990, Part X						
2	If the organization	received or held works of art, historical trea	asures, or other similar as	ssets for financial gain, p	provide			
	the following amou	ints required to be reported under SFAS 1	16 (ASC 958) relating to t	these items:				
а	Revenue included	in Form 990, Part VIII, line 1			▶ \$_			
þ	Assets included in	Form 990, Part X			▶ \$_			

LHA	For	Paperwork	Reduction	Act Notice,	see the l	Instructions	for Form	990.
432051	1							
10-01-	14							

		PARK TECHN							
Part				-					
	Ising the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a	signific	cant use of its	collectio	on iten	ns
(0	check all that apply):								
al	Public exhibition	d		hange programs					
<b>b</b>	Scholarly research	e	Other	- <u></u>					
C i	Preservation for future generations								
	Provide a description of the organization's co						rt XIII.		
	)uring the year, did the organization solicit o				ar asse	əts _	_	,	_
	be sold to raise funds rather than to be many						Yes	Ĺ	_ No
Part	Escrow and Custodial Arran reported an amount on Form 990, Pa		te if the organizatio	n answered "Yes" t	o Form	990, Part IV,	line 9, oi	ſ	
1	s the organization an agent, trustee, custod		ian/ for contribution	e or other secole n	at inclu	dad			
	n Form 990, Part X?		•			_	Yes		
	"Yes," explain the arrangement in Part XIII				•••••	L			
U A		and complete the lor	iowing table.				Amour		
~ 0	agigning halanco				-	10	Antiqui	11	
	leginning balance					<u>1c</u>			
	dditions during the year					<u>1d</u>			
	histributions during the year					1e 15			
	nding balance					<u>1f</u>	<b></b>		
	id the organization include an amount on Fe "Yes," explain the arrangement in Part XIII.				-	L	_ Yes		
Part									<u></u>
1 (2) (							t-> For		heal
de D		(a) Current year	(b) Prior year			ree years back			
	b Contributions 30,350, 116,163, 19,775, 60,760, 53,226								
	et investment earnings, gains, and losses	42,867,	106,852,			-11,703			<u>,124</u> ,
	irants or scholarships	33,384.	31,252.	10,750.	·	32,155	•	1	,836.
	ther expenditures for facilities								
	nd programs								
	dministrative expenses	12,444.	11,014.	8.679.		7,924	-		278
	nd of year balance	978,581.	951,192.		d	689,111	J	680	,133
	rovide the estimated percentage of the curr			i)) held as:					
	oard designated or quasi-endowment		_%						
	ermanent endowment  B2.00	<u>%</u>							
	emporarily restricted endowment								
	he percentages in lines 2a, 2b, and 2c shou								
	re there endowment funds not in the posse	ssion of the organiza	ition that are held a	nd administered for	the org	janization			<del></del>
bj	-							Yes	No
<b>(</b> i)	-								X
(ii	i) related organizations		••••••	•••••••••••••••••••••••••••••••••••••••	••••••••••		. <u>3a(ii)</u>		X
	"Yes" to 3a(ii), are the related organizations						. <u>3</u> b		
	escribe in Part XIII the intended uses of the		wment funds.						
Part									
	Complete if the organization answered				, line 1	0.			
	Description of property	(a) Cost or ot basis (investm			Accum eprecia		( <b>d</b> ) Boo	k valu	e
ta La	and							_	
	uildings								
	easehold improvements								
	d Equipment								
	ther					-			
	dd lines 1a through 1e. (Column (d) must ei								0.

Schedule D (Form 990) 2014

	o Form 990, Part IV, line	11b. See Form 990, Part X	
(a) Description of security or category (moluding name of security)	(b) Book value	(c) Method of valuation	on: Cost or end-of-year market value
) Financial derivatives			
Closely-held equity interests			
Other			
(A)			
(8)			
(C)			··· <b>···</b>
(D)			
(E)			
(F)			
(G)			
	<b>_</b>		- ···-
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" to (a) Description of investment	b Form 990, Part IV, line (b) Book value		line 13. n: Cost or end-of-year market value
	(n) DOOK VAIDA	ter method of valuatio	. Oust of end-of-year market value
(1)			
(2)	· ·		
(3)			
(4)			· · · · · · · · · · · · · · · · · · ·
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			•
Part IX Other Assets.			
Complete if the organization answered "Yes" to	Eorm 990 Part IV line :	11d See Form 990 Part X	line 15
(a) U		14. 0001 0111 000, 1 art X,	
	escription		(b) Book value
(1)(2)			
(1) (2) (3)			
(1)         (2)         (3)         (4)			
(1) (2) (3) (4) (5)			
(1)       (2)         (3)       (4)         (5)       (6)			
(1)       (2)         (3)       (4)         (5)       (6)         (7)       (7)			
(1)       (2)         (3)       (4)         (5)       (6)         (7)       (8)			
(1)       (2)         (3)       (4)         (5)       (6)         (7)       (8)         (9)       (9)			
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line			
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line	escription		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.	escription 15.) Form 990, Part IV, line		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" to	escription 15.) Form 990, Part IV, line	1e or 11f. See Form 990, F	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability	escription 15.) 5 Form 990, Part IV, line -	1e or 11f. See Form 990, F b) Book value	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) LIABILITY UNDER TRUST AGRE	escription 15.) 5 Form 990, Part IV, line -	1e or 11f. See Form 990, F	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) LIABILITY UNDER TRUST AGRE (3)	escription 15.) 5 Form 990, Part IV, line -	1e or 11f. See Form 990, F b) Book value	(b) Book value
<ul> <li>(1)</li> <li>(2)</li> <li>(3)</li> <li>(4)</li> <li>(5)</li> <li>(6)</li> <li>(7)</li> <li>(8)</li> <li>(9)</li> <li>(9)</li> <li>(1) Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.</li> <li>Complete if the organization answered "Yes" to (a) Description of liability</li> <li>(1) Federal income taxes</li> <li>(2) LIABILITY UNDER TRUST AGRE</li> <li>(3)</li> <li>(4)</li> </ul>	escription 15.) 5 Form 990, Part IV, line -	1e or 11f. See Form 990, F b) Book value	(b) Book value
<ul> <li>(1)</li> <li>(2)</li> <li>(3)</li> <li>(4)</li> <li>(5)</li> <li>(6)</li> <li>(7)</li> <li>(8)</li> <li>(9)</li> <li>tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.</li> <li>(a) Description of liability</li> <li>(1) Federal income taxes</li> <li>(2) LIABILITY UNDER TRUST AGRE</li> <li>(3)</li> <li>(4)</li> <li>(5)</li> </ul>	escription 15.) 5 Form 990, Part IV, line -	1e or 11f. See Form 990, F b) Book value	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) LIABILITY UNDER TRUST AGRE (3)	escription 15.) 5 Form 990, Part IV, line -	1e or 11f. See Form 990, F b) Book value	(b) Book value
<ul> <li>(1)</li> <li>(2)</li> <li>(3)</li> <li>(4)</li> <li>(5)</li> <li>(6)</li> <li>(7)</li> <li>(8)</li> <li>(9)</li> <li>tal. (Column (b) must equal Form 990, Part X, col. (B) line</li> <li>art X Other Liabilities.</li> <li>Complete if the organization answered "Yes" to</li> <li>(a) Description of liability</li> <li>(1) Federal income taxes</li> <li>(2) LIABILITY UNDER TRUST AGRE</li> <li>(3)</li> <li>(4)</li> <li>(5)</li> <li>(6)</li> </ul>	escription 15.) 5 Form 990, Part IV, line -	1e or 11f. See Form 990, F b) Book value	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) LIABILITY UNDER TRUST AGRE (3) (4) (5) (6) (7)	escription 15.) 5 Form 990, Part IV, line -	1e or 11f. See Form 990, F b) Book value	(b) Book value

_	dule D (Form 990) 2014 CLOVER PARK TECHNICAL COL					Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	nents W	/ith Revenue per F	letur	n.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 123	a		······	,	
1	Total revenue, gains, and other support per audited financial statements			1	672,	<u>539.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
a	Net unrealized gains (losses) on investments	2a	-32,822.			
ь	Donated services and use of facilities	2b				
c	Recoveries of prior year grants	2c	-			
d	Other (Describe in Part XIII.)	2d	2,848.	1		
е	Add lines 2a through 2d			2e	-29,	
3	Subtract line 2e from line 1			3	702,	<u>513.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	13,421.			
b	Other (Describe in Part XIII.)	4b				
c	Add lines 4a and 4b			4c		421.
5					715,	<u>934.</u>
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater		With Expenses per	Retu	ırn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	<b>a</b> .				
1	Total expenses and losses per audited financial statements			1	370,	<u>581.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		,			
а	Donated services and use of facilities	2a		1		
b	Prior year adjustments	2b		1		
c	Other losses	2c			1	
ď	Other (Describe in Part XIII.)	2d	2,848.			
е	Add lines 2a through 2d	· · · <i>· · · ·</i> · · · · · · · · · · · ·		2e	2,	848.
з	Subtract line 2e from line 1	· · · • • • • • • • • • • • • • • • • •		3	367,	<u>733.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	investment expenses not included on Form 990, Part VIII, line 7b	4a	13,421.			
ь	Other (Describe in Pair XIII.)	410				
c	Add lines 4a and 4b			4c		<u>421.</u>
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	381,	154.
Pa	rt XIII Supplemental Information.					

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 FUNDS ARE TO BE USED FOR GRANTS AND SCHOLARSHIPS AS WELL AS PROGRAM

EXPENSES FOR INDIVIDUALS ATTENDING THE COLLEGE AND FOR SPECIFIC PROGRAMS

OR FUNCTIONS, AS DESIGNATED BY THE ORIGINAL DONOR IN THE ENDOWMENT

FORMATION DOCUMENT.

PART X, LINE 2:

THE FINANCIAL STATEMENTS CONTAIN A FOOTNOTE REGARDING THE TAX POSITIONS

TAKEN BY THE FOUNDATION. HOWEVER, NO UNCERTAIN TAX POSITIONS WERE

IDENTIFIED THAT REQUIRED DISCLOSURE IN THE FOOTNOTE.

Schedule D (Form 990) 2014 CLOVER PARK TECHNICAL Part XIII   Supplemental Information (continued)	COLLEGE FOUNDATION91-1565219 Page 5
FUNDRAISING EXPENSES	2,848.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES	2,848.
	·····
·······	
	······································

SCHEDULE ( (Form 990)		Go	irants and Otl vernments, a	nd Individua	ls in the Ŭn	ited States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			lete if the organizatio	Attach to For	m 990.	art IV, line 21 or 22. at www.irs.gov/form99	20	Open to Public Inspection
Name of the organizati			CAL COLLEGI				<u> </u>	Employer identification number 91-1565219
Part I General Ir	nformation on Grants a		<u></u>	<u>5 100</u> mbni11	011			91-1005219
1 Does the organiz	ation maintain records	to substantiate the	amount of the grant	s or assistance, the	grantees' eligibili	ty for the grants or as	sistance and the selec	tion
criteria used to a	ward the grants or assi	stance?		·	•	· · · · · · · · · · · · · · · · · · ·		X Yes No
2 Describe in Part	IV the organization's pro	ocedures for monit	toring the use of gram	t funds in the United	d States.			
Part II Grants an	d Other Assistance to hat received more than	Domestic Organi	zations and Domest	ic Governments. C	omplete if the org	anization answered "	Yes" to Form 990, Part	IV, line 21, for any
1 (a) Name and ac	dress of organization vernment	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLOVER PARK TECHN 4500 STEILACOOM E							IN-KIND GOODS	
LAKEWOOD, WA 9849		01 1502641				DONOR'S	FOR COLLEGE	TO PROVIDE SUPPLIES FOR
DRIGWOOD, WA 9849	<u> </u>	91-1523641		<u> </u>	21,356,	VALUATION	PROGRAMS	COLLEGE PROGRAMS
CLOVER PARK TECHN	TOM COLLECT						FUNDS FOR CPTC	
4500 STEILACOOM E							TO PURCHASE	
LAKEWOOD WA 9849		91-1523641		1.00 .000	_		EQUIPMENT WITH	TO PROVIDE EQUIPMENT FOR
HARENOOD, WA 5045	<u> </u>	91-1020041	· · · · · ·	169,480.	0,	· · · · · · · · · · · · · · · · · · ·	CAMPAIGN	COLLEGE PROGRAMS
CLOVER PARK TECHN	TCAL COLLECE						FUNDS FOR	
4500 STEILACOOM B		ſ					TECHNOLOGY	TO MAKE TECHNOLOGY
LAKEWOOD, WA 9849		91 1523641		1.40			UPGRADES WITH	UPGRADES TO COLLEGE
<u></u>	<u> </u>	<u>91</u> _1J23041	·	140.	0,	· · · · · · · · · · · · · · · · · · ·	PRIOR TECHNOLOGY	EQUIPMENT
2 Enter total numb	er of section 501(c)(3) a	L. Ind government or	L	L		<u> </u>		L
	er of other organization							
	Reduction Act Notice				<u></u>		·····	Schedule I (Form 990) (2014)

SEE PART IV FOR COLUMN (G) DESCRIPTIONS

## Schedule | (Form 990) (2014) CLOVER PARK TECHNICAL COLLEGE FOUNDATION

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	(c) Amount of cash grant	(d) Amount of non- cash assistanc <del>e</del>	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance		
SCHOLARSHIPS FOR ATTENDANCE AT CLOVER PARK	125	63,828,	O.				
EMERGENCY GRANTS TO STUDENTS AT CLOVER PARK TECHNICAL COLLEGE	148	27,806,	0.				
SCHOLARSHIP AWARD TO FACULTY TO ATTEND SEMINAR	2	1,000.					
SCHOLARSHIP AWARD TO FACULTY FOR EDUCATION	2	2,000,	0.				
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2, Part III, column	(b), and any other a	dditional information.			
PART I, LINE 2:							
SCHOLARSHIPS AND GRANTS ARE PROVID	ED TO ST	UDENTS WHO	ARE APPLY	ING FOR OR			
CURRENTLY ENROLLED AT CLOVER PARK	TECHNICA	L COLLEGE.	WHEN A S	CHOLARSHIP OR			
GRANT IS AWARDED, THE AWARD IS FOR	WARDED D	IRECTLY TO	THE COLLE	GE. THE			
COLLEGE THEN PROVIDES INFORMATION	BACK TO	THE FOUNDA	TION ABOUT	THE PROGRESS			
OF THE STUDENT OR PROGRAM FOR WHIC	H THE AW	ARD WAS IN	ITENDED.				
PART II, LINE 1, COLUMN (G):							

NAME OF ORGANIZATION OR GOVERNMENT: CLOVER PARK TECHNICAL COLLEGE

91-1565219

Page 2

Schedule | (Form 990) CLOVER PARK TECHNICAL COLLEGE FOUNDATION 91-1565219 Page 2

(G) DESCRIPTION OF NON-CASH ASSISTANCE: FUNDS FOR CPTC TO PURCHASE

EQUIPMENT WITH CAMPAIGN CONTRIBUTIONS COLLECTED

NAME OF ORGANIZATION OR GOVERNMENT: CLOVER PARK TECHNICAL COLLEGE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: FUNDS FOR TECHNOLOGY UPGRADES

WITH PRIOR TECHNOLOGY CAMPAIGN CONTRIBUTIONS

33

b If "Yes," describe in Part II.

## Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

►	Complete if the organizations an	iswered "Yes"	on Form 990,	Part IV, lines	: 29 or 30.
	Complete if the organizations an	iswered "Yes"	on Form 990,	Part IV, lines	; 29 o

Attach to Form 990.

Open To Public Inspection

Name of the or	ganization
----------------	------------

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

### Employer identification number CLOVER PARK TECHNICAL COLLEGE FOUNDATION 91-1565219 Part I Types of Property

		(a) Check if	(b) Number of	(c) Noncash contribution	d)		-:	
		applicable	contributions or	amounts reported on	Method of d noncash contrib			ta.
			items contributed	Form 990, Part VIII, line 1g				
1	Art - Works of art	<u> </u>						
2	Art - Historical treasures							
з	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property						_	
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous					-		
13	Qualified conservation contribution -		-					
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							-
16	Real estate - Commercial							
17	Real estate - Other			• **		_		
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy		ĺ					-
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (CHEMISTRY AND)	X	3	45,465.	OPINION OF	EXP	ERT	s
26	Other ( AUTOMOTIVE )	X	7		COST AND OF			
27	Other ( <b>HEMODIALYSIS</b> )	X	1	4,999.	OPINION OF	EXP	ERT	S
28	Other > (AEROSPACE PRO)	Х	1	4,740.	OPINION OF	EXP	ERT	s
29	Number of Forms 8283 received by the organiz	zation during	the tax year for c					
	for which the organization completed Form 828	33, Part IV, D	onee Acknowledg	ement 29				
							Yes	No
<b>3</b> 0a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three yeers from the date	of the initial	contribution, and	which is not required to be	used for			
	exempt purposes for the entire holding period?	•		`		30a		х
ь	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	quires the review (	of any non-standard contrib	utions?	31	x	
32a	Does the organization hire or use third parties of							

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 990.

Schedule M (Form 990) (2014)

32a

Х



 Schedule M (Form 990) (2014)
 CLOVER
 PARK
 TECHNICAL
 COLLEGE
 FOUNDATION
 91–1565219
 Page 2

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

PART I, OTHER TYPES OF PROPERTY:

MEDICAL LAB TECHNICIAN

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 4060.

(D) METHOD OF DETERMINING REVENUE: OPINION OF EXPERTS

MISCELLANEOUS PROGRAMS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 3

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 2250.

(D) METHOD OF DETERMINING REVENUE: OPINION OF EXPERTS

FUNDRAISING PRIZES

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 6

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 389.

(D) METHOD OF DETERMINING REVENUE: COST

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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.

CLOVER PARK TECHNICAL COLLEGE FOUNDATION 91-1565219

Employer identification number 91-1565219

OMB No. 1545-0047

Open to Public

Inspection

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

PROVIDE ASSISTANCE TO COLLEGE PROGRAMS THROUGH EQUIPMENT DONATIONS TO

ASSIST STUDENTS IN PRACTICAL TRAINING FOR THEIR VOCATION; PROVIDED CASH

TO SPECIFIC PROGRAMS FOR SUPPLIES AND OTHER NEEDS.

EXPENSES \$ 55,863. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990 PART V LINE 7H-FILING OF FORM 1098-C

THE FOUNDATION FOLLOWS IRS GUIDANCE PROVIDED IN THE 1098-C

(CONTRIBUTIONS OF MOTOR VEHICLES, BOATS AND AIRPLANES) INSTRUCTIONS.

ACCORDINGLY, IN LIEU OF PROVIDING COPIES B AND C OF FORM 1098-C TO A

DONOR, THE FOUNDATION PROVIDES A WRITTEN ACKNOWLEDGMENT THAT CONTAINS

ALL OF THE REQUIRED INFORMATION TO THE DONOR.

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

AN EMAIL IS SENT TO ALL BOARD MEMBERS ADVISING THAT THE 990 IS AVAILABLE

FOR REVIEW. THE FINANCE COMMITTEE REVIEWS IN DETAIL PRIOR TO SUBMISSION TO THE IRS.

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

BOARD MEMBERS ARE REQUIRED AT LEAST ANNUALLY TO COMPLETE A QUESTIONNAIRE. IN ADDITION, THEY ARE ASKED TO KEEP THE FOUNDATION INFORMED IF THERE ARE ANY CHANGES THROUGHOUT THE YEAR WHICH MAY CREATE A CONFLICT OF INTEREST.

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

 
 THE DIRECTOR AND STAFF ARE PAID BY THE CLOVER PARK TECHNICAL COLLEGE.
 THE

 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
 08-27-14
 Schedule O (Form 990 or 990-EZ) (2014)

Schedule O (Form 990 or 990-EZ) (2014) Page
Name of the organization         Employer identification number           CLOVER PARK TECHNICAL COLLEGE FOUNDATION         91-1565219
COLLEGE HAS STRICT POLICIES FOR SETTING THE PAY SCALE, ALL OF WHICH ARE
GOVERNED BY THE STATE OF WASHINGTON. THEREFORE, THE FOUNDATION DOES NOT
HAVE WAGES WHICH ARE PAID DIRECTLY BUT, INSTEAD, UTILIZES THE COLLEGE STAFF
TO CARRY OUT FUNCTIONS ON BEHALF OF THE FOUNDATION.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE UPON REQUEST,
INCLUDING CONFLICT OF INTEREST POLICY AND FINANCIAL INFORMATION.
FORM 990 PART XII LINE 1
THE FOUNDATION USES THE MODIFIED CASH BASIS FOR REPORTING. THERE HAS
BEEN NO CHANGE IN THE METHOD SINCE LAST YEAR.
FORM 990 PART XII, LINE 2C
THERE HAVE BEEN NO CHANGES IN THE OVERSIGHT AND APPROVAL OF THE
REVIEWED FINANCIAL STATEMENT BY THE BOARD SINCE LAST YEAR.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## 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.

2014 Open to Public Inspection

OMB No. 1545-0047

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

CLOVER PARK TECHNICAL COLLEGE FOUNDATION

Employer identification number \_\_\_\_91-1565219

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(1) 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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	(f) Direct controlling entity	cont	<b>9)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
CLOVER PARK TECHNICAL COLLEGE - 91-1523641	_					ł	
4500 STEILACOOM BLVD, SW	TECHNICAL INSTITUTE-HIGHER					•	
LAKEWOOD, WA 98499	EDUCATION	WASHINGTON		LINE 2			x
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2014

## Schedule R (Form 990) 2014 CLOVER PARK TECHNICAL COLLEGE FOUNDATION

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

	,										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or forelgn	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General ( managin partner)	r Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	<u> </u>
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and ElN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(9) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(t contr enti	i) tion o)(13) olled ity?
		country)		ortiusty				Yes	No

Page 2

91-1565219

## Schedule R (Form 990) 2014 CLOVER PARK TECHNICAL COLLEGE FOUNDATION

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 During the tax year, did the organization engage in any of the following tra	ansactions with one or more r	elated organizations listed in Pr	arts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a contro	lled entity	-	1	a		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)					x	
c Gift, grant, or capital contribution from related organization(s)			1	с	<u> </u>	x
d Loens or loan guarantees to or for related organization(s)			1	ď	f	X
e Loans or loan guarantees by related organization(s)						X
f Dividends from related organization(s)				f		x
g Sale of assets to related organization(s)			1			X
h Purchase of assets from related organization(s)				n h		X
h Purchase of assets from related organization(s) Exchange of assets with related organization(s)				í		X
j Lease of facilities, equipment, or other assets to related organization(s)	······································		·····			Σ
k Lease of facilities, equipment, or other assets from related organization(s)				k		X
I Performance of services or membership or fundraising solicitations for relations	ated organization(s)					X
m Performance of services or membership or fundraising solicitations by relations	ated organization(s)		1	-		Σ
n Sharing of facilities, equipment, mailing lists, or other assets with related of	organization(s)		1		х	
o Sharing of paid employees with related organization(s)					Х	
p Reimbursement paid to related organization(s) for expenses			1	p	x	
q Reimbursement paid by related organization(s) for expenses			1	9		X
r Other transfer of cash or property to related organization(s)				r	:	X
s Other transfer of cash or property from related organization(s)			1			X
2 If the answer to any of the above is "Yes," see the instructions for informa	ation on who must complete t	his line, including covered relat	ionships and transaction thresholds	<u> </u>		
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Mathad of datamining amount involve			

Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CLOVER PARK TECHNICAL COLLEGE	<u>B</u>	94,634.	MODIFIED CASH BASIS
(2) CLOVER PARK TECHNICAL COLLEGE	N	62,699.	FAIR MARKET VALUE
(3) CLOVER PARK TECHNICAL COLLEGE	o	299,6 <u>18</u> .	FAIR MARKET VALUE
(4) CLOVER PARK TECHNICAL COLLEGE	P	<u> 190,976.</u>	MODIFIED CASH BASIS
(5)			
(6)			

\_

## Schedule R (Form 990) 2014 CLOVER PARK TECHNICAL COLLEGE 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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(g) Share of end-of-year assets	(h) Dispropor- tionale allocations Yes No		(j) General o managing partner? Yes No	(k) Percentage ownership
					<u>_</u>		· · · · ·		
			·						

Schedule R (Form 990) 2014

Schedule R	(Form 990	<u>)} 2014</u>	0	LOVER	PARK	TECHN	ICAL	COLLEGE	FOUNDAT	10N91	-1565219	Page 5
Schedule R	Supple	mental	Informa	ation								
-	Provide a	additional i	nformatio	n for res <u>po</u>	onses to qu	estions on	Schedule	R (see instructi	ons).			
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<u>Form 8868 (Rev. 1-2014)</u>
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• 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). Page 2

► X

	are filing for an Automatic 3-Month Extension, comple						
Parti	Additional (Not Automatic) 3-Month E	xtensio		•	-		
			Enter filer's			see instructions	
Type or print	Name of exempt organization or other filer, see instru	Employer identification number (EIN) or					
File by the	CLOVER PARK TECHNICAL COLLEC		91-1565219				
due date fo filing your ratum, See	<sup>f</sup> Number, street, and room or suite no. If a P.O. box, s <u>4500</u> STEILACOOM BLVD SW	Social security number (SSN)					
Instructions	City, town or post office, state, and ZIP code. For a for LAKEWOOD, WA 98499-4004	oreign ado	Iress, see instructions.				
Enter the	e Return code for the return that this application is for (file	e a separa	te application for each return)	,		0 1	
Applicat	ion	Return	Application			Return	
Is For		Code	ls For			Code	
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Form 99		02	Form 1041-A			08	
	20 (individual)	03	Form 4720 (other than individual)			09	
Form 990		04	Form 5227			10	
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
	D-T (trust other than above) to not complete Part II if you were not already granted	06	Form 8870			12	
<ul> <li>If the</li> <li>If this</li> <li>box ▶</li> <li>4 I re</li> <li>5 For</li> <li>6 If the</li> <li>7 State</li> <li>AI</li> </ul>	hone No.       253-589-5782         organization does not have an office or place of business         is for a Group Return, enter the organization's four digit (        If it is for part of the group, check this box        If it is for part of the group, check this box	Group Exe and atta NOVEMI heck reaso	mption Number (GEN) If ch a list with the names and ElNs of BER 15, 2015. and ending on: Initial return	f this is fo <u>all memb</u> Final r	r the whole g ears the exten eturn	<u>sion is for.</u>	
	nis application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6 <b>069</b> , e	enter the tentative tax, less any	8-	¢	0.	
	nonrefundable credits. See instructions.  Ba  S  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 allo	owed as a	credit and any amount paid			•	
pre	eviously with Form 8868.			8b	\$	0.	
	l <b>ance due.</b> Subtract line 8b from line 8a. Include your pey IPS (Electronic Federal Tax Payment System). See instru		n this form, if required, by using	8c	\$	0.	
			t be completed for Part II o		<u> </u>		
	alties of perjury, I declare that I have examined this form, includi orrect, and complete, and that I am authorized to prepare this for	ng accomp		-	f my knowledg	e and belief,	
Signature	. Ilina Altim			Date	► <u>8</u>	1115	
	per Juse				Form 88	368 (Rev. 1-2014)	