Form **990**

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

Departr Interna	ment of the Treas Revenue Servic	sury ce	► Information about Form 990 and its instructions is at www.irs.go	v/form99		Inspection
			year, or tax year beginning 7/01 , 2015, and endi	ng 6		, 2016
	neck if applicable				D Employer ident	
Ī	Address chan		mmunity College League of California		68-0224	
ł	Name change	100	17 O Street		E Telephone num	nber
ŀ	Initial return	" sa	cramento, CA 95814		(916) 2	45-5031
ŀ	 i	1				
	Final return/tern				G Gross receipts	\$ 5,356,682.
ŀ	Amended ret	turn	Name and address of principal officer: Sarah Kiesling	H(a) is th	nis a group return for su	
	Application p			H(b) Are	all subordinates includ lo,' attach a list. (see in	ed? Yes No
			ame As C Above 501(c)(3) 501(c) ()	- 17 17	to," attach a list. (see ii	structions
1	Tax-exempt sta		301(c)(3) 301(0) () (most int) 10 in (s)(3)	H(c) Gro	up exemption number	>
J	Website: ►		ccleague.org			legal domicile: CA
K	Form of organic		Corporation Trust Association Other L Year of form	4.0	, , , , , , , , , , , , , , , , , , , ,	
Par	tl ∫Sun	nmary	the organization's mission or most significant activities: The Com	munity	v College L	eague of
	0-12	e		promo	tes student	access and
છ્	Call	Tornra	strengthening colleges through leadership	devel	opment, adv	ocacy, policy
ভ	7	7	and diatriat corrières			
Governance	0 Chast.	thic boy	if the organization discontinued its operations or disposed of t	nore that	n 25% of its net a	ssets.
ଞ୍ଚା	T Nivenha	er of wotir	or members of the governing body (Part VI, III) [13]			
	4 Alumba	or of inde	pendent voting members of the governing body (Part VI, line ID)	<i>.</i>	<u>4</u>	14
es	E Total n	umbar o	findividuals employed in calendar year 2015 (Part V, line 2a)		<u> </u>	24
Activities &	E Total n	number o	f volunteers (estimate if necessary)			
Act	7a Total u	unrelated	business revenue from Part VIII, column (C), line 12		7	
1	b Net un	related b	usiness taxable income from Form 990-T, line 34		Prior Year	Current Year
				-	140,801	
45	8 Contril	butions a	nd grants (Part VIII, line 1h)	• • •	4,983,176	The state of the s
Revenue	9 Progra	am servic	e revenue (Part VIII, line 2g)		89,770	
eve	10 invest	ment inc	ome (Part VIII, column (A), lines 3, 4, and 7d)(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
Œ	11 Other	revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,213,747	5,356,682.
	12 Total	revenue	illar amounts paid (Part IX, column (A), lines 1-3)			
	13 Grants	s and sin	o or for members (Part IX, column (A), line 4)			
	14 Benet	its paid t	compensation, employee benefits (Part IX, column (A), lines 5-10).		2,081,065	. 1,928,410.
ø	15 Salari	ies, otner	compensation, employee benefits (are in, obtaining)			
nse	16a Profes	ssional fu	indraising fees (Part IX, column (A), line 11e)	A.V.0.95	a projektoria nacionali il nestrativa	gas its employees on a figure for a tradition of
Expenses	b Total	fundraisi	ng expenses (Part IX, column (D), line 25)		2,978,959	. 3,198,875.
Ω		expense	s (Part IX, column (A), lines 11a-11d, 11f-24e)	····	5,060,024	
	18 Total	expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	····	153,723	
		nue less	expenses. Subtract line 18 from line 12	Por	ginning of Current Ye	
8			_		11,283,647	
99ot	20 Total	assets (Part X, line 16)		10,402,163	
Net Aesots or	21 Total	liabilities	(Part X, line 26)	-	881,484	
ž	1		fund balances. Subtract line 21 from line 20	···· _	001,10.	
P	art II Si	gnature	Block	od to the hes	et of my knowledge and	belief, it is true, correct, and
Une	der penalties of p	perjury, I de	Block clare that I have examined this return, including accompanying schedules and statements, are pr (other than officer) is based on all information of which preparer has any knowledge.	id to the hea		
cor	npiete. Deciarati	on or prepa	12 0 0 1 110 C		1-27	2017
		Signatur			Date	
	ign [Signatu	The state of the s	F	inance Dire	ctor
H	ere 🏻	► <u>Sara</u>	ah Kiesling print name and title.			
		•	reparer's name Preparer's signature C. Date	1,, 1,.	Check	<i>t</i>
_	1,		N Theiss Alana N Theiss time 12	114111	self-employed	P00967001
	س س.ت	ALAIIA Firm's name	TIME WIDER C CO TIP	- '		07 1000001
		Firm's addre	TOTAL STEEL COME ES			27-1682261
	-		SACRAMENTO CA 95825-4688			916) 993-9494
<u> </u>	IDS d	ticouse th	is return with the preparer shown above? (see instructions)			X Yes No

Form	990 (2015) Community College League of California	68-0224448	Page 2
Par	t III Statement of Program Service Accomplishments		,
	Check if Schedule O contains a response or note to any line in this Part III	***************	X
1	Briefly describe the organization's mission:		
	The Community College League of California, a non-profit public	benefit corporat	cion,
	promotes student access and success by strengthening colleges th	rough leadership)
	development, advocacy, policy development and district services.		
2	Did the organization undertake any significant program services during the year which were not listed on the pr	ior	
	Form 990 or 990-EZ?		X No
	If 'Yes,' describe these new services on Schedule O.	ا ا	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	ervices? Yes	X No
	If 'Yes,' describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation and revenue, if any, for each program service reported.	vices, as measured by exns to others, the total exp	penses. Denses,
4 8	(Code:) (Expenses \$ 1,274,872. including grants of \$) (I	Revenue \$ 1,192	,045.)
	Conventions, Conferences and Workshops: The League sponsors conf		
	and seminars that provide vital training, information and leader	ship development	<u> </u>
	skills to its members. These include the Annual Convention, Annu		
	Conference, Annual Trustees Conference, Classified Leadership In		dent
	Trustees Workshop.		
41		Revenue \$)
	Athletic services: Through the California Community College Athl		
	provides services such as community colleges issues series and t		rc
	code with circulation to some 35,000 community colleges, trustee	S_and_other	
	interested in the work of community colleges.		
4			3,807 <u></u>)
	District Services Programs: Provide member districts with cost-	ffective, easy-	to-use_
	purchasing, fiscal and foundation services. Districts benefit fr	om the power of	
	collaborative purchasing and competitive pricing for such service	<u>es and commodit:</u>	<u>ies_as_</u>
	online library databases, energy services and technical assistar	rce in developing	g
	policies and procedures.		
4	d Other program services. (Describe in Schedule O.) See Schedule O		
	(Expenses \$ 533,577. including grants of \$) (Revenue \$)
4	e Total program service expenses > 3,981,802.		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		<u> </u>
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	Х	
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	10 AS 20 AS		
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a	Х	
	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b	Х	
	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		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	11 d		x
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	X	ļ
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12	2a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	x	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b	1	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	-	X
14	4a Did the organization maintain an office, employees, or agents outside of the United States?	14a	 	^_
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b		X
1!	5 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.	15		Х
1	6 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
1	7 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
	8 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	<u> </u>	Х
1	9 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		X

BAA

r a	THY CHECKIST OF REquired Schedules (Continued)			
			Yes	No
20:	a Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H	20a		Χ
1	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		
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		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.	23	Х	
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a 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 is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		Х
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	ļ	Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
	b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>	28b		Х
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Χ
30	contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part 1	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34	E	X
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		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		Х
38	20 July 20 Jul	38	Х	

Form 990 (2015) Community College League of California Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					.
					Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	21	30000	\$8.5(18) Bir	0030000
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b	0		0.11017	ne suge
c	Did the organization comply with backup withholding rules for reportable payments to vendors and responsible to prize winners?	eportable gaming	S	1 c		X
2 a	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	20				
			24		X	<u> </u>
L	of at least one is reported on line 2a, did the organization file all required federal employment			2b	Λ	
- -	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in		4		**************************************	1666,000
	Did the organization have unrelated business gross income of \$1,000 or more during the year		•• -	3 a	X	
	olf 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O			3Ь	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other to the country of t	er authority over, a inancial account)?		4 a		Х
ŀ	olf 'Yes,' enter the name of the foreign country:					
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	, ,	1			
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax		1	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelf		••	5 b		X
•	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?			5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?	and did the organization		6 a		Х
t	olf 'Yes,' did the organization include with every solicitation an express statement that such contribut not tax deductible?	ions or gifts were		6 b		
7	Organizations that may receive deductible contributions under section 170(c).			OSINION	West Livering	1000 (CE.)
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made partly as a contribution and payor?	partly for goods and		7 a	Green S Anne de	X
ı	of Yes,' did the organization notify the donor of the value of the goods or services provided?		-	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it					
•	Form 8282?	was required to me		7 c		X
	Hif 'Yes,' indicate the number of Forms 8282 filed during the year	7d		16(688)	de steat	18.00 E77
6	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal	benefit contract?		7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal bei			7 f		X
•	g If the organization received a contribution of qualified intellectual property, did the organization file as required?	Form 8899		7 g		
ŀ	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	e organization file a		7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	I by the sponsoring	-		\$\$\$\$\$4.0 <u>%</u>	anschalt
	organization have excess business holdings at any time during the year?		٠	8		
	Sponsoring organizations maintaining donor advised funds.].			APRILL.
	a Did the sponsoring organization make any taxable distributions under section 4966?	*******		9 a		
١	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related pe	rson?	٠ إ	9Ь		
	Section 501(c)(7) organizations. Enter:	1 1			N.W. IS	
	a Initiation fees and capital contributions included on Part VIII, line 12	10a				
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	106				
	Section 501(c)(12) organizations. Enter:	1 1			u mana	100
	a Gross income from members or shareholders	11 a				
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11.6				
12	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu	of Form 1041?	٠٠٠	12 a	someterba	- Settlemen
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			13a	20196000	
	a is the organization licensed to issue qualified health plans in more than one state?	,	• • •	ısa	gangwii	i gisələyə ə e
	Note. See the instructions for additional information the organization must report on Schedu	ile O.	ļ			
	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
	c Enter the amount of reserves on handa Did the organization receive any payments for indoor tanning services during the tax year?			14a	1200479.7935	X
				14b		+
2 A /	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in	Juliedale V	• • •			(2015)

Form 990 (2015) Community College League of California 68-0224448 Page 6 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 Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year. 1 a 14 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 14 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?..... 2 Χ 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 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... X 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х Did the organization have members or stockholders?.... 6 X 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?.... X 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?...... X 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Х a The governing body?..... X b Each committee with authority to act on behalf of the governing body?..... 8 b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes X 10 a 10 a Did the organization have local chapters, branches, or affiliates?..... b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b operations are consistent with the organization's exempt purposes?...... 11 a X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?...... b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O X 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12 c Schedule O how this was done..... X 13 Did the organization have a written whistleblower policy?..... 13 X 14 Did the organization have a written document retention and destruction policy?..... 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? X 15 a 15 b Х 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 X 16 a taxable entity during the year?..... 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?..... 16 b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > _CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate now you made these available. Check all that apply. Another's website Other (explain in Schedule O) Upon request Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records: Sarah Kiesling 2017 O Street Sacramento CA 95814 (916) 245-5031

Form 990 (2015)	Community	College League	of California

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Part VIII 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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.											
	(C)										
(A) Name and Title	(B) Average hours per	age is both an officer and a irs director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-211099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(1) Brian King	1										
Board Member	0	X						0.	0.	0.	
(2) Cheryl Marshall	1_	1									
Board Member	0	X						0.	0.	0.	
(3) Louise Jaffe	1										
Immd Past Chair	0	X						0.	0.	0.	
(4) Frank Gornick	11			ļ			'				
Board Member	0	X						0.	0.	0.	
(5) Maureen Chenoweth									,		
Board Member	0	X						0.	0.	0.	
Oug_Otto	1_1_	 						_		_	
Board Member	0	X	-		ļ <u> </u>	-	<u> </u>	0.	0.	0.	
	1	1			ļ	1			0.	0.	
Treasurer	0	X		X		ļ	-	0.	U.	<u> </u>	
(8) Ann Ransford		1	1 1					0.	0.	0.	
Board Member	0	X				-	-	U.	V .)	
(9) Ron Galatolo	1	۱,,		77				0.	0.	0.	
Chair	0	X	1	X				0.	<u> </u>	<u> </u>	
(10) Debbie Weatherly	1-1-	٠, ١		 				0.	0.	0.	
Secretary	0	<u> x</u>		X	<u> </u>	ļ	┼	0.			
(11) Lawrence Galizio	1_40_			,,				86,785.	٥.	9,806.	
President & CEO	0			X	┼	 	╁	00,703.	<u> </u>	3,000.	
(12) Thuy Nguyen	1-40-	.}		X				103,404.	0.	6,664.	
Interim CEO	0 40	-	+-	1	\vdash		+-	103,404.	1	0,001.	
(13) Sarah Kiesling Finance Directr	<u> 40</u> 0			x				67,065.	ĺ o.	6,462.	
(14) Carlyle Carter	40	+	+	 * *	1		T				
President/CEO-CCCA	7-0-	1			X			151,266.	0.	11,521.	

BAA

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
	(B)			(0						
(A) Name and title	Average hours per week	box,	unle: er an	heck ss pe d a c	rson lirect	than o is both or/trust	ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	(list any hours for related organiza - tions	Individual trustee or director	nslitutional	Officer	Key employee	Highest compensated employee	ormer	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
	below dotted line)	ustee	trustee		ee	pensaled				
(15) Kimi Shigetani Vice President Ops	- <u>40</u> -					Х		120,995.	0.	9,092.
(16) Rita Mize VP Govt Relations	<u>40</u>					х		125,071.	0.	8,953.
(17) Carmen Sandoval Director Ed Svcs	<u>40</u>					х		108,527.	0.	8,357.
(18)										
<u>(19)</u>										
(20)										
(21)										
(22)										
(23)										
(24)		-								
(25)										
1 b Sub-total						• • • •	Y Y.	763,113. 0.	0.	60,855.
d Total (add lines 1b and 1c).							-	763,113.	0.	60,855.
2 Total number of individuals (including but not limited from the organization ► 5	to those	listed	abo	ve) ۱	who	recei	ved	more than \$100,00	00 of reportable comp	
3 Did the organization list any former officer, direct	tor, or tru	ustee,	, key	y en	nplo	yee,	or h	nighest compensa	ted employee	Yes No
on line 1a? If 'Yes,' complete Schedule J for such 4 For any individual listed on line 1a, is the sum of the organization and related organizations great	f renortat	ale co	mne	ensa	ation	and	oth	er compensation		4 X
such individual	ie compei	nsatio	on fr	om dule	any	unre	late	ed organization or	individual	5 X
Section B. Independent Contractors	nsated inc	lener	den	t cc	ontra	ctors	tha	at received more	han \$100.000 of	
compensation from the organization. Report compensation for the calendar year ending with or within the organizations tax year. (A) (B) (C)										
Name and business address Description of services Compensation Jane B. Wright 355 NW Flagline Drive Bend, OR 97701 Consultant 124,890.										
						189,558.				
2 Total number of independent contractors (including \$100,000 of compensation from the organization		nited t	o the	ose	liste	d abo	ve)	who received more	e than	
BAA		TEEA	0108L	_ 10/	/12/15	5				Form 990 (2015)

Form 990 (2015) Community College League of California 68-0224448 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII...... (A) Total revenue (B) (C) (D) Related or Unrelated Revenue exempt business excluded from tax function revenue under sections 512-514 revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns...... 1a **b** Membership dues..... 1 b c Fundraising events..... 1 c d Related organizations...... ٦ď e Government grants (contributions).... 1 e f All other contributions, gifts, grants, and similar amounts not included above... 109,517 g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f..... 109,517 Program Service Revenue **Business Code** 2a Membership Dues 900099 2,432,593 2,432,593 541900 b <u>District Services</u> 1,575,807 1,548,707 27,100 Conv. Conf. and Workshops 541900 1,192,045 1,192,045 d Publications 541800 20,817 7,567 13,250 f All other program service revenue ... g Total. Add lines 2a-2f..... 5,221,262 Investment income (including dividends, interest and other similar amounts)..... 25,903. 25,903 Income from investment of tax-exempt bond proceeds.. > Royalties..... (i) Real 6a Gross rents..... b Less: rental expenses c Rental income or (loss) . . . d Net rental income or (loss)..... (i) Securities 7 a Gross amount from sales of assets other than inventory **b** Less: cost or other basis and sales expenses c Gain or (loss)...... d Net gain or (loss)..... 8 a Gross income from fundraising events Other Revenue (not including. . \$ of contributions reported on line 1c). See Part IV, line 18..... a b Less: direct expenses..... b c Net income or (loss) from fundraising events...... 9 a Gross income from gaming activities. See Part IV, line 19...... a b Less: direct expenses..... b c Net income or (loss) from gaming activities..... 10a Gross sales of inventory, less returns and allowances..... a b Less: cost of goods sold b c Net income or (loss) from sales of inventory...... 11 a b

5,356,682

40,350

5,180,912

25,903.

d All other revenue......

Part IX Statement of Functional Expenses

Do no 6b, 7k	ot include amounts reported on lines b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
(Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				ligas in kongresi. Propositional proposition in the second
2	Grants and other assistance to domestic individuals. See Part IV, line 22			1000	
3 (Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
	Benefits paid to or for members				differential expension of the contraction of the co
-	Compensation of current officers, directors, trustees, and key employees	309,285.	241,242.	68,043.	0.
	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0 -	0.	0.	0 .
	Other salaries and wages	1,047,081.	813,582.	233,499.	
	Pension plan accruals and contributions	1,047,001.	013,302.	200, 200.	
•	(include section 401(k) and 403(b) employer contributions)	221,867.	172,391.	49,476.	
9	Other employee benefits [259,398.	201,552.	57,846.	
	Payroll taxes	90,779.	70,535.	20,244.	
11	Fees for services (non-employees):				
а	Management				
	Legal [
	Accounting				
ď	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)	56,015.	43,524.	12,491.	
	Office expenses	177,632.	138,020.	39,612.	
	Information technology.	177,032.	150,020.	33,012.	
	Royalties.				
	Occupancy				
	Travel				
	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings	788,295.	612,505.	175,790.	
	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	38,810.	30,155.	8,655.	
23	Insurance				1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)		AMPANYA TARAH PENNING AN		
-	•	1,105,630.	859,075	246,555.	
	Athletics District Services	675,549.	524,902	150,647.	
	Boards	113,489.	88,181	. 25,308.	
	Other	98,936.	73,848	25,088.	
e	All other expenses	144,519.	112,290	32,229.	
	Total functional expenses. Add lines 1 through 24e	5,127,285.	3,981,802	1,145,483.	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
	SOP 98-2 (ASC 958-720)	TEEA0110L 1	<u> </u>	Į	Form 990 (2015)

		Check if Schedule O contains a response or note to	any line	in this Part X				
					(A) Beginning of year		(B) End of year	
	1	Cash — non-interest-bearing			2,682,227.	1	3,602,422.	
ļ	2	Savings and temporary cash investments	262,266.	2	449,084.			
1	3	Pledges and grants receivable, net			3			
ı	4	Accounts receivable, net	<i></i>		492,212.	4	448,976.	
	5	Loans and other receivables from current and former trustees, key employees, and highest compensated el Part II of Schedule L	officers, mployees	directors, . Complete		5		
	6	Loans and other receivables from other disqualified posection 4958(f)(1)), persons described in section 4958(c)(comployers and sponsoring organizations of section 501(complete posections). Complete posections (see instructions).	s defined under contributing ary employees' f Schedule L		6			
Assets	7	Notes and loans receivable, net	.,			7		
	8	Inventories for sale or use			8			
ځ	9	Prepaid expenses and deferred charges	,		399,507.	9	150,658.	
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10 a	1,022,497.				
		Less: accumulated depreciation		701,971.	331,540.	10 c	320,526.	
1	11	Investments — publicly traded securities			1,801,527.	11	1,871,914.	
.	12	Investments – other securities. See Part IV, line 11		F	5,314,368.	12	4,726,714.	
	13	Investments - program-related. See Part IV, line 11.		<u>}</u>	0,011,000.	13	2,,00,,111	
	14	Intangible assets			14			
	15	Other assets. See Part IV, line 11		15				
	16	Total assets. Add lines 1 through 15 (must equal line		<u> </u>	11,283,647.	16	11,570,294.	
\dashv	17	Accounts payable and accrued expenses		657,221.	17	371,086.		
	18	Grants payable	.00,7,221.	18	<u> </u>			
	19	Deferred revenue			183,046.	19	153,782.	
	20	Tax-exempt bond liabilities		······································	20			
Ø	21	Escrow or custodial account liability. Complete Part		ì		21		
Liabilities	22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L				22		
	23	Secured mortgages and notes payable to unrelated the	hird partie	es		23		
1	24	Unsecured notes and loans payable to unrelated third				24		
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	es to rela oplete Pa	ted third parties, rt X of Schedule D.	9,561,896.	25	7,836,590.	
	26	Total liabilities. Add lines 17 through 25			10,402,163.	26	8,361,458.	
es		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	ere 🟲	X and complete				
ü	27	Unrestricted net assets			881,484.	27	3,208,836.	
8	28	Temporarily restricted net assets				28		
8	29	Permanently restricted net assets				29		
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), cand complete lines 30 through 34.						
S	30	Capital stock or trust principal, or current funds				30		
<u>8</u>	31	Paid-in or capital surplus, or land, building, or equipro	or capital surplus, or land, building, or equipment fund					
Ą	32	Retained earnings, endowment, accumulated income	e, or othe	r funds		32		
o	33	Total net assets or fund balances			881,484.		3,208,836.	
Z	34	Total liabilities and net assets/fund balances			11,283,647.	34	11,570,294.	
ВА							Form 990 (2015)	

Forn	n 990 (2015) Community College League of California 68-0	0224448		Pag	je 12
Pai	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	5,35	6,6	82 <u>.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,12	27,2	85.
3	Revenue less expenses, Subtract line 2 from line 1	3	22	9,3	97.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	38	31,4	84.
5	Net unrealized gains (losses) on investments	5		5	95.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	2,09	7,3	60.
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	3,20	08,8	36.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. П
	Officer in concedure of contains a responde of note to any line in the restriction.			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		.05(18)606	9/300000 s	stront recu
·					
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Χ
_	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe	ed on a	100 170 P	8 W W	MANAGARA.
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
	b Were the organization's financial statements audited by an independent accountant?		2 b	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa	ate	1000000	0 000	Miscory
	basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis		1000000		4000 VA
	c if 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	••••••	2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			0.000000	
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a		X
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	lit 	3 b		
ВА			Form	990 ((2015

TEEA0112L 10/20/15

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Employer identification number

Com	nur	nity College League	of California	1			68-0224448	
		Reason for Public Char						ons.
he o	rgai	nization is not a private founda	ation because it is: (F	or lines 1 through 11, o	check or	ily one b	oox.)	
1		A church, convention of churche	es, or association of chu	ırches described in <mark>secti</mark>	on 170(b)(1)(A)(ī)	١.	
2		A school described in section 13	70(b)(1)(A)(ii). (Attach S	chedule E (Form 990 or	990-EZ).)		
3	П	A hospital or a cooperative ho	ospital service organiz	ation described in sec	tion 170	(b)(1)(A)	(îiî).	
4	П	A medical research organizat	ion operated in conjur	nction with a hospital d	escribec	l in sect	ion 170(b)(1)(A)(iii). En	ter the hospital's
	_	name, city, and state:						·
5		An organization operated for the 170(b)(1)(A)(iv). (Complete P	be benefit of a college or art II.)	university owned or ope	rated by	a govern	nmental unit described in	section
6		A federal, state, or local gove						
7		An organization that normally rein section 170(b)(1)(A)(vi). (C	Complete Part II.)			ental unit	or from the general publ	ic described
8		A community trust described						
9	X	An organization that normally refrom activities related to its exe investment income and unrell June 30, 1975. See section 5	mpt functions — subject ated business taxable	t to certain exceptions, a income (less section s	nd (2) no	o more tr	nan 33-1/3% of its suppoi	rt trom aross
10		An organization organized an						
71		An organization organized an or more publicly supported or lines 11a through 11d that de	rganizations described scribes the type of su	l in section 509(a)(1) o pporting organization a	r section and com	n 509(a) plete lin	(2). See section 50 9(a) es 11e, 11f, and 11g.	(3). Check the box in
а		Type I. A supporting organization organization (s) the power to recomplete Part IV, Sections A	cularly appoint or elect :	, or controlled by its sup a majority of the director	ported or s or trust	rganization tees of the	on(s), typically by giving ne supporting organizatio	the supported n. You mu st
b		Type II. A supporting organiz management of the supporting must complete Part IV. Secti	ation supervised or co organization vested in t ons A and C.	he same persons that co	ontrol or	manage	the supported organization	on(s). You
c		Type III functionally integrated. organization(s) (see instruction	A supporting organizations). You must comp	on operated in connection lete Part IV, Sections /	n with, an A, D, and	id function I E.	nally integrated with, its s	supported
d		Type III non-functionally integr functionally integrated. The c instructions). You must com	rated. A supporting organization generally	nization operated in con	nection v	with its s	upported organization(s).	that is not
е		Chack this boy if the organiz	stiop received a writte	n determination from t	he IRS t	that it is	a Type I, Type II, Type	III functionally
	_	' integrated, or Type III non-fu	nctionally integrated s	supporting organization	١.			
		nter the number of supported of						
<u> </u>	Pr	ovide the following information		organization(s).		. 11	(v) Amount of monetary	(vi) Amount of other
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	l in vour a	s the tion listed overning nent?	support (see instructions)	support (see instructions)
					Yes	No		
(A)								
<u>~~</u>								
(B)			1					
(C)								
								_
(D)								
(E)					angatifraenasi	. Storen ASSA	·	
Tota			(A)		000 57		Schedule A (Earn	n 990 or 990-EZ) 2015
BAA	F	or Paperwork Reduction Act N	lotice, see the Instruc	tions for Form 990 or	99U-E∠.		Schedule A (Forn	11 220 01 220-127 2012

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

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

Calendar year (or fiscal year beginning in) - 1 6fft, grafts, contributions, and memberality in service. (Contributions) and memberality in service. (Contributions) and deliber paid to or expended on its behalfs and either paid to or expended on its behalfs. 3 The value of services or growing and the properties of the organization vibrout charge. 4 Total, Add inset I through 3. 5 The portion of total confrontions by each person (Only or youther) and the properties of confrontions by each person (Only or youther) as your properties of confrontions by each person (Only or youther) as your properties of confrontions by each person (Only or youther) as your properties of confrontions by each person (Only or youther) as your properties of confrontions by each person (Only or youther) as your properties of confrontions by each person (Only or youther) as your properties of confrontions by each person (Only or youther) as your properties of the service of confrontions of the service of confrontions of the service of the service of confrontions of the service	Sec	tion A. Public Support						
membrashe tes required. QP not include gradue. OP not include gradue to or expended on its behalf. 2 Tax revenues levide for the either paid to or expended on its behalf. 3 The value of services or sections of services or sections from without charge. 4 Total. Add lines 1 through 3. 5 The portion without charge. 4 Total. Add lines 1 through 3. 5 The portion of total control of the properties of the committee of the commit	Cale	ndar year (or fiscal year nning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a great of the companies of the companie	1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.)						
facilities furnished by a governmental unit to the general sum to the governmental unit to the governmental unit to the governmental unit to the governmental contributions by each person (other than a governmental contribution and stop here than a governmental contribution and stop here than a governmental contribution and stop here. The organization qualifies as a publicly supported organization contribution and stop here. The organization qualifies as a publicly supported organization expendition and stop here. The organization described as a con	2	organization's benefit and either paid to or expended						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported and an accordance of the amount shown on line 11, column (0). 6 Public support Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4. 8 Gross income from interest, dividends, payments received dividends, payments received royalities and income from similar sources and sources and income from similar sources and	3	facilities furnished by a governmental unit to the			·			
contributions by each person (other than a governmental unit or public's support. Subtract line 5 from line 1, column (f). 6 Public support. Subtract line 5 from line 4. 7 Amounts from line 4. 8 Gross income from interest, dividends, payments received, on securities loans, rents, royalites and income from similar sources. 9 Net income from unrelated business activities, whether or carried on. 20 Cate of the sample of the sample of the organization of an experimental 11 Total support. Add lines 7 through loss from related activities, etc. (see instructions). 12 Gross receipts from related activities, etc. (see instructions). 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 from 2015 (fine 6, column (f) divided by line 11, column (f)). 15 Public support percentage from 2014 Schedule A, Part II, line 14. 16 as 33-1834, support test — 2015, 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. 17 a 10%-facts-and-circumstances test — 2015, if the organization did not check a box on line 13 for 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. 18 Private foundation. If the organization indi not check a box on line 13 for 16a, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how or more, and if the org	4	Total. Add lines 1 through 3						
Section B. Total Support Calendar year (or fiscal year beginning in) * 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of applical assets (Explain in Part VI). 11 Total support. Add lines 7 through 10. 12 Gross receipts from related activities, etc. (see instructions)	5	contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
Calendar year (or fiscal year beginning in) 7 Amounts from line 4	6							
beginning in) F 7 Amounts from line 4	Sec	tion B. Total Support			T		1	
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. 9 Net income from unrelated business activities, whether or not the business is regularly carried on. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). 11 Total support. Add lines 7 through 10. 12 Gross receipts from related activities, etc. (see instructions). 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 2015 (line 6, column (f) divided by line 11, column (f)). 15 Public support percentage from 2014 Schedule A, Part II, line 14. 16 a 33-1/3% support test — 2015. 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. 17 a 10%-facts-and-circumstances test — 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization meets the 'facts-and-circumstances' test. The organization underlies as a publicly supported organization. 17 a 10%-facts-and-circumstances test — 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. 18 Private foundation. If the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. 19 Private foundation in the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	Cale begi	endar year (or fiscal year inning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
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16a 33-1/3% support test — 2015. 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. b 33-1/3% support test — 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test — 2015. If 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, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test — 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.		Public support percentage for 2	2015 (line 6, colun	nn (t) divided by l	ine II, column (f)	٠	15	
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17a 10%-facts-and-circumstances test — 2015. If 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, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test — 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	16	and stop nere. The organization	iti dhaiities as a bi	dollery supported	organization.			
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18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	•	or more, and it the organization organization meets the 'facts-a	and-circumstances	test. The organi	zation qualifies as	a publicly suppo	rted organization.	
	18	Private foundation. If the orga	nization did not cl	neck a box on line	e 13, 16a, 16b, 17	a, or 17b, check t	nis box and see in	stractions

Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sect	ion A. Public Support						
Calend	ar year (or fiscal year beginning in) >	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include	` .					
	and membership fees						
	any 'unusual grants.')	123,996.	160,291.	158,849.	140,801.	109,517.	693,454.
	Gross receipts from admis-	220/0001					
	sions, merchandise sold or						
	services performed, or facilities						
	furnished in any activity that is related to the organization's						
	tax-exempt purpose	5 598 175	5 629 342	4 700 035	4 926 190	5.180.912	26,034,654.
	Gross receipts from activities	3,330,173.	J, 02J, 342.	4,700,000.	7,520,150.	3,100,512.	20,001,001.
•	that are not an unrelated trade						_
	or business under section 513.						0.
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on						
	its behalf						0.
5	The value of services or						
	facilities furnished by a						
	governmental unit to the organization without charge						0.
6	Total. Add lines 1 through 5	5,722,171.	5,789,633.	1 252 221	5,066,991.	5 290 429	
	Amounts included on lines 1.	J, 122, 111.	3, 109, 033.	4,000,004.	0,000,001.	J, 250, ±25.	20,720,100.
<i>,</i> a	2, and 3 received from						
	disqualified persons	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2						
	and 3 received from other than						
	disqualified persons that exceed the greater of \$5,000 or						
	1% of the amount on line 13	•					
	for the year	0.	0.	0.	0.	0.	0.
c	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support. (Subtract line		Haran (canadaya ingilika)	Aliano consensativi (Salamonica)		30073740445880	
0	7c from line 6.)			1,000 (0.00)	The Control of the Control	13 (3 (3 (3 (3 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4	26,728,108.
Sec	tion B. Total Support						
	COTT DI TOUR PROPERT				T	T	
Calon	dar year (or fiscal year heginning in)	(a) 2011	(b) 2012	(c) 2013	l (d) 2014	(e) 2015	(f) Total
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014 5 066 991	(e) 2015 5 290 429	(f) Total
9	Amounts from line 6	(a) 2011 5,722,171.	(b) 2012 5,789,633.	(c) 2013 4,858,884.		(e) 2015 5, 290, 429.	(f) Total 26,728,108.
9	Amounts from line 6		<u> </u>				
9	Amounts from line 6	5,722,171.	5,789,633.	4,858,884.	5,066,991.	5,290,429.	26,728,108.
9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.		<u> </u>				
9 10 a	Amounts from line 6	5,722,171.	5,789,633.	4,858,884.	5,066,991.	5,290,429.	26,728,108.
9 10 a	Amounts from line 6	5,722,171.	5,789,633.	4,858,884.	5,066,991.	5,290,429.	26,728,108.
9 10 a	Amounts from line 6	5,722,171.	5,789,633. -17,661.	121,065.	5,066,991. 89,770.	5,290,429. 25,903.	26,728,108. 224,071.
9 10 a b	Amounts from line 6	5,722,171.	5,789,633.	4,858,884.	5,066,991. 89,770.	5,290,429.	26,728,108. 224,071.
9 10 a b	Amounts from line 6	5,722,171. 4,994.	5,789,633. -17,661.	121,065.	5,066,991. 89,770.	5,290,429. 25,903.	26,728,108. 224,071.
9 10 a b	Amounts from line 6	5,722,171. 4,994.	5,789,633. -17,661.	121,065.	5,066,991. 89,770.	5,290,429. 25,903.	26,728,108. 224,071. 0. 224,071.
9 10 a b	Amounts from line 6	5,722,171. 4,994. 4,994.	5,789,633. -17,661. -17,661.	121,065. 121,065.	89,770. 89,770.	5,290,429. 25,903.	26,728,108. 224,071.
9 10 a k	Amounts from line 6	5,722,171. 4,994.	5,789,633. -17,661.	121,065.	5,066,991. 89,770.	5,290,429. 25,903. 25,903.	26,728,108. 224,071. 0. 224,071.
9 10 a k	Amounts from line 6	5,722,171. 4,994. 4,994.	5,789,633. -17,661. -17,661.	121,065. 121,065.	89,770. 89,770.	5,290,429. 25,903. 25,903.	26,728,108. 224,071. 0. 224,071.
9 10 a k	Amounts from line 6	5,722,171. 4,994. 4,994. -534.	5,789,633. -17,661. -17,661.	121,065. 121,065.	89,770. 89,770.	5,290,429. 25,903. 25,903.	26,728,108. 224,071. 0. 224,071.
9 10 a k 11	Amounts from line 6	5,722,171. 4,994. 4,994. -534. 30,996.	5,789,633. -17,661. -17,661. -204.	121,065. 121,065. 981.	89,770. 89,770. 36,051.	25,903. 25,903. 25,903.	26,728,108. 224,071. 0. 224,071. 55,392. 30,996.
9 10 a k 11 12	Amounts from line 6	5,722,171. 4,994. 4,994. -534. 30,996.	5,789,633. -17,661. -17,661. -204.	4,858,884. 121,065. 121,065. 981.	89,770. 89,770. 36,051.	5,290,429. 25,903. 25,903. 19,098.	26,728,108. 224,071. 0. 224,071. 55,392. 30,996. 27,038,567.
9 10 a k 11 12	Amounts from line 6	5,722,171. 4,994. 4,994. -534. 30,996. 5,757,627.	5,789,63317,66117,661204.	4,858,884. 121,065. 121,065. 981.	89,770. 89,770. 36,051.	5,290,429. 25,903. 25,903. 19,098. 5,335,430.	26,728,108. 224,071. 0. 224,071. 55,392. 30,996. 27,038,567.
9 10 a k 11 12	Amounts from line 6	5,722,171. 4,994. 4,994. -534. 30,996. 5,757,627.	5,789,63317,66117,661204.	4,858,884. 121,065. 121,065. 981.	89,770. 89,770. 36,051.	5,290,429. 25,903. 25,903. 19,098. 5,335,430.	26,728,108. 224,071. 0. 224,071. 55,392. 30,996. 27,038,567.
9 10a k 11 12	Amounts from line 6	5,722,171. 4,994. 4,994. -534. 30,996. 5,757,627. is for the organizatop here	5,789,633. -17,661. -17,661. -204. 5,771,768. cation's first, second	4,858,884. 121,065. 121,065. 981. 4,980,930. and, third, fourth,	89,770. 89,770. 36,051.	5,290,429. 25,903. 25,903. 19,098. 5,335,430. s a section 501(c)	26,728,108. 224,071. 0. 224,071. 55,392. 30,996. 27,038,567. (3) ► □
9 10 a 11 12 13 14 Sec 15	Amounts from line 6	5,722,171. 4,994. 4,994. -534. 30,996. 5,757,627. is for the organizatop here blic Support I	5,789,633. -17,661. -17,661. -204. 5,771,768. cation's first, second secon	4,858,884. 121,065. 121,065. 981. 4,980,930. nd, third, fourth,	89,770. 89,770. 36,051. 5,192,812. or fifth tax year as	5,290,429. 25,903. 25,903. 19,098. 5,335,430. s a section 501(c)	26,728,108. 224,071. 0. 224,071. 55,392. 30,996. 27,038,567. (3) 98.85 %
9 10 a 11 12 13 14 Sec 15	Amounts from line 6	5,722,171. 4,994. 4,994. -534. 30,996. 5,757,627. is for the organizatop here blic Support I	5,789,633. -17,661. -17,661. -204. 5,771,768. cation's first, second secon	4,858,884. 121,065. 121,065. 981. 4,980,930. nd, third, fourth,	89,770. 89,770. 36,051. 5,192,812. or fifth tax year as	5,290,429. 25,903. 25,903. 19,098. 5,335,430. s a section 501(c)	26,728,108. 224,071. 0. 224,071. 55,392. 30,996. 27,038,567. (3) ► □
9 10 a 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. 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. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). See. Part. VI. Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 organization, check this box and the support percentage for 20 Public support percentage from	5,722,171. 4,994. 4,994. 4,994. -534. 30,996. 5,757,627. is for the organizatop here iblic Support I	5,789,633. -17,661. -17,661. -204. 5,771,768. cation's first, second secon	4,858,884. 121,065. 121,065. 981. 4,980,930. nd, third, fourth,	89,770. 89,770. 36,051. 5,192,812. or fifth tax year as	5,290,429. 25,903. 25,903. 19,098. 5,335,430. s a section 501(c)	26,728,108. 224,071. 0. 224,071. 55,392. 30,996. 27,038,567. (3) ► □
9 10 a 11 12 13 14 Sec 15 16 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. 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. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). See. Part. VI. Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 organization, check this box and the support percentage for 20 Public support percentage from	5,722,171. 4,994. 4,994. 4,994. -534. 30,996. 5,757,627. is for the organizatop here iblic Support I	5,789,633. -17,661. -17,661. -204. 5,771,768. cation's first, second secon	4,858,884. 121,065. 121,065. 981. 4,980,930. nd, third, fourth,	89,770. 89,770. 36,051. 5,192,812. or fifth tax year as	5,290,429. 25,903. 25,903. 19,098. 5,335,430. s a section 501(c)	26,728,108. 224,071. 0. 224,071. 55,392. 30,996. 27,038,567. (3) ► □ 98.85 % 98.95 % 0.83 %
9 10 a 11 12 13 14 Sec 17	Amounts from line 6	5,722,171. 4,994. 4,994. 4,994. -534. 30,996. 5,757,627. is for the organized stop here is for the Old Support Incompared to the Color 2014 Schedule Avestment Incompared to the Color 2015 (line 10cm)	5,789,633. -17,661. -17,661. -204. 5,771,768. cation's first, second form (f) divided by in the control of	4,858,884. 121,065. 121,065. 981. 4,980,930. ond, third, fourth, ine 13, column (f)	89,770. 89,770. 36,051. or fifth tax year and the second secon	5,290,429. 25,903. 25,903. 19,098. 5,335,430. s a section 501(c)	26,728,108. 224,071. 0. 224,071. 55,392. 30,996. 27,038,567. (3) 98.85 % 98.95 % 0.83 %
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9 10 a 11 12 13 14 Sec 15 16 Sec 17 18 19	Amounts from line 6	4,994. 4,994. 4,994. 4,994. -534. 30,996. 5,757,627. is for the organization here iblic Support I 015 (line 8, column 2014 Schedule All Companization here 2015 (line 10column 2014 Schedule All Companization here) if the organization here and steep here 2015 (line 10column 2014 Schedule All Companization here) if the organization here and steep here 2015 (line 10column 2014 Schedule All Companization here)	5,789,633. -17,661. -17,661. -17,661. -204. 5,771,768. cation's first, second form (f) divided by Interest (f) divided by Interest (f) divided by Interest (f) divided (4,858,884. 121,065. 121,065. 981. 4,980,930. nd, third, fourth, ine 13, column (f, third, fourth, fourth	89,770. 89,770. 36,051. 5,192,812. or fifth tax year and line 15 is more as a publicly sup	5,290,429. 25,903. 25,903. 19,098. 5,335,430. s a section 501(c) 15 16 17 18 fore than 33-1/3%, ported organization	26,728,108. 224,071. 0. 224,071. 55,392. 30,996. 27,038,567. 30,996. 27,038,567. 30,996. 27,038,567. 30,996. 27,038,567. X
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9 10 a 11 12 13 14 Sec 15 16 Sec 17 18 19	Amounts from line 6	4,994. 4,994. 4,994. 4,994. 5,757,627. is for the organization here blic Support I 015 (line 8, column 2014 Schedule Average Incompanization from 2014 Schedule Average Incompanization this box and stop for general schedule Average Incompanization the organization of the organization (check this box and stop for general schedule III) (check this box and schedule III) (check this general schedule IIII)	5,789,633. -17,661. -17,661. -17,661. -204. 5,771,768. cation's first, second and (f) divided by Intercentage on (f) divided on (f)	4,858,884. 121,065. 121,065. 121,065. 981. 4,980,930. nd, third, fourth, ine 13, column (f) e ed by line 13, column (go to the column qualifies box on line 14 or the organization qualifies box on line 14 organiz	89,770. 89,770. 36,051. 36,051. 5,192,812. or fifth tax year as a publicly sup line 19a, and line ualifies as a public.	5,290,429. 25,903. 25,903. 19,098. 19,098. 5,335,430. s a section 501(c) 15	26,728,108. 224,071. 0. 224,071. 55,392. 30,996. 27,038,567. 33,996. 27,038,567. X331/3%, and anization X33-1/3%, anix X42-1/3%, anix X43-1/3%, anix X43-1/3%

68-0224448

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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.)

Sec	tion A. All Supporting Organizations			
	•	37,932,1630	Yes	No
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	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3 8	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below			
Ī	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.	3b	949 (X) (X	
•	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	3c		\$1,000,00
4:	a 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	4a	(%) (ji)) 24. (52.)	(0.0%(0.00)
ا	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	4b	\$55 (59); (1	P(4)
	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	4c		
5	a 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).	5a		
	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?	5b		
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		ļ
6	We wish a familiar of an increase of familiars to	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	7	40.00	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8	8, 25,	2 /38/48
Ş	a 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	98	a	
	b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	91)	
	c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9.	c _	
10	Da Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.	70:	a	
	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.)	101	b	

Pa	rt IV Supporting Organizations (continued)			
17	Has the organization accepted a gift or contribution from any of the following persons?	. na astronosto	Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
	b A family member of a person described in (a) above?	11b 11c		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	110		Ĺ
Se (ction B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	165	NU
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Se	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Se	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	3		
Se	ction E. Type III Functionally-Integrated Supporting Organizations			
1	<u> </u>			
	a The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	1s).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
_	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		e de la constante de la consta	A CONTRACTOR OF THE CONTRACTOR
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2t		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	a 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.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		74 (1987) 1862
	0 1 21 1 7 7 000	000) E7)	2015

Sched	dule A (Form 990 or 990-EZ) 2015	ifor	nia 68-022	4448 Page 6
Par	V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga			·
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No other Type III non-functionally integrated supporting organizations must complete	vembe Secti	er 20, 1970. See instructio ons A through E.	ns. All
Sect	ion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions).	3		
4	Add lines 1 through 3	4		
	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		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	٦d		
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		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4		4		
5	Income tax imposed in prior year	5		

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

Schedule A (Form 990 or 990-EZ) 2015

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Part V Type III Non-Functionally Integrated 509(a)(3) Su	ipporting Organiza	tions (continued)	
Section D — Distributions		-	Current Year
1 Amounts paid to supported organizations to accomplish exempt pu	rposes		
2 Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity			
3 Administrative expenses paid to accomplish exempt purposes of so	upported 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 organizati in Part VI). See instructions			
9 Distributable amount for 2015 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-2015	(iii) Distributable Amount for 2015
Distributable amount for 2015 from Section C, line 6			
Underdistributions, if any, for years prior to 2015 (reasonable cause required — see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a I a grand de la companya de la co		1937 1938 - 1938 - 1938 - 1938 - 1938 - 1938 - 1938 - 1938 - 1938 - 1938 - 1938 - 1938 - 1938 - 1938 - 1938 - 1938 -	
b			
			androughous problems
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years	Saviese, akabawalli		
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7:			
a Applied to underdistributions of prior years	(7) http://doi.org/10.100/	*	
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7:		The state of the s	erschurz wernennen führeigt bei ist in.
	31. M. 1981 1981 1981 1981 1981 1981 1981 198		
b			
c Excess from 2013		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
d Excess from 2014	voin experience file		
e Excess from 2015	and the parties of the property of the parties of t		

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Schedule A (Form 990 or 990-EZ) 2015

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Schedule C (Form 990 or 990-EZ) 2015

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered 'Yes,' on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts i-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered 'Yes,' on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (see instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see instructions), then

·•\$	ection 501(c)(4), (5), or (6) or	ganizations: Complete Part III.			
	of organization			Employer identificat	ion number
Com	munity College Lead	nue of California		68-0224448	}
Par	t I-A Complete if the or	ganization is exempt under section	n 501(c) or is a s	ection 527 organiz	ation.
1	Provide a description of the o	rganization's direct and indirect political ca	ampaign activities in F	Part IV.	
Par	t I-B Complete if the or	ganization is exempt under sectio	n 501(c)(3).		
1	Enter the amount of any exci-	ganization is exempt under sections in the section of the section	section 4955	"	0.
2	Enter the amount of any exci	se tax incurred by organization managers	under section 4955		0.
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for	this year?		Yes No
4 a	Was a correction made?				Yes No
ŀ	If 'Yes,' describe in Part IV.				
Par	t I-C Complete if the or	ganization is exempt under section	on 501(c) , except	section 501(c)(3).	
1	Enter the amount directly exp	pended by the filing organization for section	n 527 exempt function	n activities 🟲 💲	
2	Catanatha amenint of the filing o	rannization's funds contributed to other organ	zations for section 527	exempt	
2	function activities	rganization s runds contributed to outs organi	,	⊁\$	
3	Total exempt function expend	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	►ċ	
	line 17b	,		·······	
4	Did the filing organization file	Form 1120-POL for this year?			Yes No
5	Enter the names, addresses	and employer identification number (EIN)	of all section 527 poli	tical organizations to w	hich the tiling is. Also enter the
	organization made payments amount of political contribution	s. For each organization listed, effer the all s received that were promptly and directly del ! action committee (PAC). If additional spa	ivered to a separate po	litical organization, such	as a separate
	segregated fund or a politica	l action committee (PAC). If additional spa	ice is needed, provide	intormation in Fait tv.	
***************************************	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If	(e) Amount of political contributions received and
	(4) (14)			none, enter-0	promptly and directly delivered to a separate political organization. If
					political organization. If none, enter -0
(1)					
(2)					
(3)					
<u></u>					<u> </u>
(4)					
(5)			-	i i	
(6)			-		ļ

Part II-A Complete if th section 501(h)	e organization).	is exempt under secti	on 501(c)(3) and fi	led Form 5768 (elec	ction under
A Check ► if the filing of	organization belongs	to an affiliated group (and list	in Part IV each affiliated	d group member's name,	
E_1 -		share of excess lobbying ex			
B Check ► ☐ if the filing	organization check	ked box A and 'limited control	ol' provisions apply.		
(The term 'e	Limits on Lobbyi xpenditures' mear	ng Expenditures is amounts paid or incurred	.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditure					
b Total lobbying expenditure		=		50,191.	
c Total lobbying expenditure	•			50,191.	0.
d Other exempt purpose ex				5,077,094.	
e Total exempt purpose exp	enditures (add line	es 1c and 1d)		5,127,285.	0.
f Lobbying nontaxable amo both columns	unt. Enter the amo	unt from the following table	in	406,364.	
If the amount on line 1e, coluπ	(4) 4. (4)	The lobbying nontaxable an	ount is:	2 (C. 12 (Discount Objects 60)	(1800.a) (1.00.a)
Not over \$500,000		20% of the amount on line 1e.		e la propia de la compansión de la compa	
Over \$500,000 but not over \$1,00	-7	3100,000 plus 15% of the excess over	136	3	
Over \$1,000,000 but not over \$1,	· /	175,000 plus 10% of the excess ov	2 () c		
Over \$1,500,000 but not over \$17	7,000,000	3225,000 plus 5% of the excess ove	\$1,500,000.	o en de vive de la companya de la c	
Over \$17,000,000		\$1,000,000.			
g Grassroots nontaxable an				101,591.	<u> </u>
h Subtract line 1g from line				0.	0.
i Subtract line 1f from line				0.	0.
j If there is an amount other	than zero on either	ine 1h or line 1i, did the orgar	nization file Form 4720 re	porting	
section 4911 tax for this y	year?				Yes No
		1-Year Averaging Period Un	der section 501(h)		
(Some	organizations that				
	column	t made a section 50 i(n) election 50 i(n) election 50 in the section 50 in the secti	tion do not have to co s for lines 2a through	mplete all of the five 2f.)	
	column	t made a section so (n) elects s below. See the instruction ying Expenditures During 4	s for lines 2a through	2f.)	
Calendar year (or fiscal year beginning in)	column	s below. See the instruction	s for lines 2a through	2f.)	(e) Total
Calendar year (or fiscal year beginning in) 2 a Lobbying nontaxable amount	column Lobb	s below. See the instruction ying Expenditures During 4 (b) 2013	s for lines 2a through Year Averaging Period	2f.) I	
year beginning in) 2 a Lobbying nontaxable	column Lobb (a) 2012	s below. See the instruction ying Expenditures During 4 (b) 2013	s for lines 2a through Year Averaging Period (c) 2014	2f.) H (d) 2015	1,629,427
year beginning in) 2 a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line	column Lobb (a) 2012	s below. See the instruction ying Expenditures During 4 (b) 2013 3. 392,039.	s for lines 2a through Year Averaging Period (c) 2014	2f.) H (d) 2015	1,629,427 2,444,141
year beginning in) 2 a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column (e)) c Total lobbying	column Lobby (a) 2012 428,02	(b) 2013 3. 392,039. 9. 47,161.	(c) 2014 403,001.	2f.) I (d) 2015 406, 364.	1,629,427 2,444,141 499,060
year beginning in) 2 a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column (e)) c Total lobbying expenditures d Grassroots nontaxable	column Lobby (a) 2012 428,02	(b) 2013 3. 392,039. 9. 47,161.	s for lines 2a through Year Averaging Period (c) 2014 403,001.	2f.) (d) 2015 406,364.	(e) Total 1,629,427 2,444,141 499,060 407,357 611,036
year beginning in) 2 a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column (e)) c Total lobbying expenditures d Grassroots nontaxable amount	column Lobby (a) 2012 428,02	(b) 2013 3. 392,039. 9. 47,161.	s for lines 2a through Year Averaging Period (c) 2014 403,001.	2f.) (d) 2015 406,364.	1,629,427 2,444,141 499,060 407,357

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(b))

(election under section 501(h)).	(2	<u>, , , , , , , , , , , , , , , , , , , </u>	(b		
For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	Amo		
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements?					
f Grants to other organizations for lobbying purposes?					
i Other activities? j Total. Add lines 1c through 1i			D/25-410-188/980	02://gv/1115	ovek (*)
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501), or			
section 501(c)(6).				Vaa	Na
 Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? 	<i></i> .		2	Yes	No
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501 (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) answered 'Yes.'	(c)(5), or :	section 50)1(c)	
1 Dues, assessments and similar amounts from members		. 1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		85 099 80 1750 1			
a Current year. b Carryover from last year	• • • • •	. 2a			
c Total	• • • • •				
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4			
5 Taxable amount of lobbying and political expenditures (see instructions)		. 5	<u> </u>		—
Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground in the provided in the part II-A) (affiliated ground in the part II-A) (affili	up lis	t); Par	t II-A, lines	1 and	

2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047 2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	Community College League of	California		68-0224448	
Part		r Advised Funds or Ot	her Similar Fund 0. Part IV, line 6	s or Accounts.	
	Complete if the organization distri-	(a) Donor advised		(b) Funds and other acc	counts
1	Total number at end of year	(4)			
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
⊿	Aggregate value at end of year				
5	Did the association inform all denote and den	or advisors in writing that th	ne assets held in don	or advised funds Yes	∏ No
6	are the organization inform all deficies and dollars the organization's property, subject to the Did the organization inform all grantees, donor	e and donor advisors in wr	iting that grant funds	can be used only	□
Ŭ	for charitable purposes and not for the benefit impermissible private benefit?	of the donor or donor advis	or, or for any other p	Jurpose contenting	No
Par	III Conservation Fasements				
	Complete if the organization answ	wered 'Yes' on Form 99	90, Part IV, line 7	7.	
1	Purpose(s) of conservation easements held by	the organization (check all	that apply).		
	Preservation of land for public use (e.g., r	ecreation or education)		a historically important land	area
	Protection of natural habitat		Preservation of	a certified historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization hast day of the tax year.	neld a qualified conservation c	ontribution in the form		
	•			Held at the End of	the Tax Year
	a Total number of conservation easements	,		. 2a	
1	b Total acreage restricted by conservation ease	ments		2b	
	Number of conservation easements on a certi	fied historic structure includ	ed in (a)	2c	
	d Number of conservation easements included structure listed in the National Register				
3	Number of conservation easements modified, traitax year	nsferred, released, extinguishe	ed, or terminated by th	e organization during the	
4	Number of states where property subject to cons	ervation easement is located	·	_	
5	Does the organization have a written policy re	egarding the periodic monito	oring, inspection, han		☐ No
_	and the second s	inspecting handling of violation	ons, and enforcing cor	nservation easements during the	e year
6	·				
7	Amount of expenses incurred in monitoring, insp	ecting, handling of violations,	and enforcing conserv	ration easements during the yea	ır
8	and section 170(b)(4)(B)(ii)?		,,,		No No
9	In Part XIII, describe how the organization report include, if applicable, the text of the footnote		**	as atatoment, and halance shee	et, and occunting for
T	conservation easements.	actions of Art Historic	al Treasures, or	Other Similar Assets.	
	Complete if the organization and	SWEIEU LES OILLOIM.	550, 1 alt 11, 11170	- -	Last works of
1	a If the organization elected, as permitted und art, historical treasures, or other similar assets in Part XIII, the text of the footnote to its fin-	ancial statements that descr	ibes these items.		
	b If the organization elected, as permitted und historical treasures, or other similar assets held	ler SFAS 116 (ASC 958), to For public exhibition, educatio	report in its revenue in, or research in furthe	statement and balance shee erance of public service, provide	t works or art, e the
		I, line 1			
	(ii) Assets included in Form 990, Part X		cimilar accets for fine	ocial gain, provide the following	
:	 (ii) Assets included in Form 990, Factor If the organization received or held works of art amounts required to be reported under SFA: 	, historical treasures, or other S 116 (ASC 958) relating to	these items:	notal gain, provide the fellowing	
	amounts required to be reported under SEA. a Revenue included on Form 990, Part VIII, lir				
	t Annah included in Form 990 Part X				

Part III Organizations Maintai	ning Collection	ns of Art, Histori	cal Treasures, or	Otner Similar Asse	ts (cont	unue	<u>u)</u>
3 Using the organization's acquisition, items (check all that apply):	accession, and oth	er records, check any	of the following that are	a significant use of its co	ollection		
a Public exhibition		d Loan or	exchange programs				
b Scholarly research		e Other					
c Preservation for future genera	ations						
4 Provide a description of the organization Part XIII.	ation's collections a	nd explain how they fo	urther the organization's	exempt purpose in			
5 During the year, did the organizat to be sold to raise funds rather th	an to be maintain	ed as part of the org	anization's collection?.		Yes	لبسيية	No
Part IV Escrow and Custodial line 9, or reported an a	Arrangement amount on For	s. Complete if the m 990, Part X, li	e organization ans ne 21.	wered 'Yes' on For	m 990,	Part	l∨,
1 a Is the organization an agent, trus on Form 990, Part X?	tee, custodian or	other intermediary fo	r contributions or othe	r assets not included	Yes		No
b If 'Yes,' explain the arrangement						لـــا	1
bit res, explain the alterigement	mir arrotti ana o	striptoto the renember	,	J.	Amount		
c Beginning balance				1c			A
d Additions during the year							
e Distributions during the year							
f Ending balance							
2 a Did the organization include an a					Yes		No
b If 'Yes,' explain the arrangement	in Part XIII. Chec	k here if the explana	ition has been provided	d on Part XIII		🖂	
2 ,,		,	•				
Part V Endowment Funds. C	omplete if the	organization ans	wered 'Yes' on Fo	rm 990, Part IV, lin	e 10.		
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Fou	r years	back
1 a Beginning of year balance							
b Contributions							
c Net investment earnings, gains,							
and losses							
d Grants or scholarships		-			 		
e Other expenditures for facilities and programs							
f Administrative expenses							
g End of year balance			1 l (-1) h-ald				
2 Provide the estimated percentag		ear end balance (line	e ig, column (a)) nela i	as:			
a Board designated or quasi-endown	nent ►						
b Permanent endowment ►	<u> </u>	_					
c Temporarily restricted endowme		%					
The percentages on lines 2a, 2b, a	nd 2c should equal	100%.					
3 a Are there endowment funds not in	the possession of t	ne organization that ar	e held and administered	for the		Yes	No
organization by:						1 e2	NO
(i) unrelated organizations					. 3a(i)		
(ii) related organizations					3a(ii)		
b If 'Yes' on line 3a(ii), are the rel	ated organizations	s listed as required o	n Schedule R?		. 3b		
4 Describe in Part XIII the intende		nization's endowme	nt funds.				
Part VI Land, Buildings, and	Equipment.			11 O F 00)O Dowt	V 512	aa 10
Complete if the organ	nization answer	red 'Yes' on Forn	n 990, Part IV, line	e Ta. See Form 99	o, Part	A, 111	10 TO
Description of property		Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Bo	ook va	alue
1 a Land			51,177.				<u>, 177 </u>
b Buildings			552,300.	452,678.			<u>, 622</u>
c Leasehold improvements			180,053.	38,387.			, 666
d Equipment			117,623.	100,331.			<u>, 292</u>
e Other			121,344.	110,575.			<u>,769</u>
Total. Add lines 1a through 1e. (Colum	mn (d) must equa	l Form 990, Part X, d	column (B), line 10c.)	<u></u>			, 526 3 6015
				Sched	ule D (For	m 990) 2015

art VIII Investments — Other Securities. Complete if the organization answered		000 Date	v 1ino 10
	'Yes' on Form 990), Part IV, line 11b. See Form 990, Part	X, IIIIe 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market	value
) Financial derivatives			
2) Closely-held equity interests			
	4 726 714	End of Year Market Value	
3) Other <u>Gift annuity investments</u>	4,720,722		·
4)			
3)			
0)			
D)			
E)			
F)			
G)			
H)			
(I)		and the second of the second o	tanon editor andi attebaili
	4,726,714.		
rotal. (Column (b) must equal Form 990, Part X, column (B) line (2.)		o Bart N / N/A	X line 13.
Complete if the organization answered	d 'Yes' on Form 99	(c) Method of valuation: Cost or end-of-year m	arket value
(a) Description of investment	(b) Book value	(c) Method of Valuation. Cost of end-or-year in	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.).	N/	Δ	15
Part IX Other Assets.	ed 'Yes' on Form 9	^{'A} 90, Part IV, line 11d. See Form 990, Par (b) E	t X, line 15
Complete if the organization and (a) [escription	(b) c	ook value
(1)			
(2)			
(3)			
(4)			
(5)			
(5)			
(6)			
(6) (7)			
(6) (7) (8)			
(6) (7) (8) (9)			
(6) (7) (8) (9)	n (B) line 15.)		
(6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column	n (B) line 15.)		
(6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' or	n Form 990. Part IV, lin	e 11e or 11f. See Form 990, Part X, line 25	
(6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' or	n <i>(B) line 15.</i>) on Form 990, Part IV, lin (b) Book va	e 11e or 11f. See Form 990, Part X, line 25	
(6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' of the organization of liability (1) Federal income taxes	on Form 990, Part IV, lin (b) Book va	te 11e or 11f. See Form 990, Part X, line 25	
(6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' of the organization of liability (1) Federal income taxes	on Form 990, Part IV, lin (b) Book va	le 11e or 11f. See Form 990, Part X, line 25	
(6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' of (a) Description of liability (1) Federal income taxes (2) Funds Held on Behalf of Others	on Form 990, Part IV, lin (b) Book va	le 11e or 11f. See Form 990, Part X, line 25	
(6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' of (a) Description of liability (1) Federal income taxes (2) Funds Held on Behalf of Others (3) Gift Annuities	on Form 990, Part IV, lin (b) Book va	le 11e or 11f. See Form 990, Part X, line 25	
(6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' of (a) Description of liability (1) Federal income taxes (2) Funds Held on Behalf of Others (3) Gift Annuities (4)	on Form 990, Part IV, lin (b) Book va	le 11e or 11f. See Form 990, Part X, line 25	
(6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' of (a) Description of liability (1) Federal income taxes (2) Funds Held on Behalf of Others (3) Gift Annuities (4) (5)	on Form 990, Part IV, lin (b) Book va	le 11e or 11f. See Form 990, Part X, line 25	
(6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' of (a) Description of liability (1) Federal income taxes (2) Funds Held on Behalf of Others (3) Gift Annuities (4) (5) (6)	on Form 990, Part IV, lin (b) Book va	le 11e or 11f. See Form 990, Part X, line 25	
(6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' of (a) Description of liability (1) Federal income taxes (2) Funds Held on Behalf of Others (3) Gift Annuities (4) (5)	on Form 990, Part IV, lin (b) Book va	le 11e or 11f. See Form 990, Part X, line 25	
(6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' of (a) Description of liability (1) Federal income taxes (2) Funds Held on Behalf of Others (3) Gift Annuities (4) (5) (6) (7)	on Form 990, Part IV, lin (b) Book va	le 11e or 11f. See Form 990, Part X, line 25	
(6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' of (a) Description of liability (1) Federal income taxes (2) Funds Held on Behalf of Others (3) Gift Annuities (4) (5) (6) (7) (8) (9) (10)	on Form 990, Part IV, lin (b) Book va	le 11e or 11f. See Form 990, Part X, line 25	
(6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' of (a) Description of liability (1) Federal income taxes (2) Funds Held on Behalf of Others (3) Gift Annuities (4) (5) (6) (7) (8) (9) (10) (11)	3,109,4,726	ne 11e or 11f. See Form 990, Part X, line 25	
(6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' of (a) Description of liability (1) Federal income taxes (2) Funds Held on Behalf of Others (3) Gift Annuities (4) (5) (6) (7) (8) (9) (10)	n Form 990, Part IV, lin (b) Book va 3,109 4,726	e 11e or 11f. See Form 990, Part X, line 25 liue 876. ,714. ,590.	for uncertain

BAA

Design of Carrier of C	0-0224448	Fage 4				
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn.					
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.						
1 Total revenue, gains, and other support per audited financial statements	. 7	5,357,277.				
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	(6)/(0)/(6	0,001,277.				
a Net unrealized gains (losses) on investments	6.0					
b Donated services and use of facilities	7 1					
c Recoveries of prior year grants	-					
d Other (Describe in Part XIII.)	7 1					
e Add lines 2a through 2d.	. 2e	595.				
3 Subtract line 2e from line 1		5,356,682.				
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		3,330,002.				
a Investment expenses not included on Form 990, Part VIII, line 7b						
b Other (Describe in Part XIII.)	7.00					
c Add lines 4a and 4b	. 4c					
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5,356,682.				
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.						
1 Total expenses and losses per audited financial statements	1 1	5,127,285.				
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	***************************************	3,127,200.				
a Donated services and use of facilities						
b Prior year adjustments	1					
c Other losses	1 1	•				
d Other (Describe in Part XIII.)	1					
e Add lines 2a through 2d	. 2e					
3 Subtract line 2e from line 1		5,127,285.				
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	(2000)	2,12,7200.				
a Investment expenses not included on Form 990, Part VIII, line 7b	10-17 (100)					
b Other (Describe in Part XIII.)						
c Add lines 4a and 4b	. 4c					
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	. 5	5,127,285.				
Part 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 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Schedule J (Form 990) 2015

Name of the organization

Community College League of California

Part I Questions Regarding Compensation

Employer identification number 68-0224448

7 a	a Check the appropriate box(es) if the organization provided any of t VII, Section A, line 1a. Complete Part III to provide any releva	the following to or for a person listed on Form 990, Part	1.0 J	Yes	No
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence	12. 189		
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e.g., maid, chauffeur, chef)	e de la composição de l	day order	11/0
1.					
Ľ	olf any of the boxes on line 1a are checked, did the organization fol reimbursement or provision of all of the expenses described a	llow a written policy regarding payment or above? If 'No.' complete Part III to explain.	1 b		<u> </u>
	,	,	1105/876	(Section)	4 ************************************
2	Did the organization require substantiation prior to reimbursin trustees, and officers, including the CEO/Executive Director, r	g or allowing expenses incurred by all directors, regarding the items checked in line 1a?	2	Х	
3	Indicate which, if any, of the following the filing organization used CEO/Executive Director. Check all that apply. Do not check at establish compensation of the CEO/Executive Director, but ex	to establish the compensation of the organization's ny boxes for methods used by a related organization to plain in Part III.		16 (16) (6) (16)	
	Compensation committee	X Written employment contract			1/2011
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee		8 (6)	
				W. 11	
4	During the year, did any person listed on Form 990, Part VII, organization or a related organization:	Section A, line 1a, with respect to the filing		(0) (1) (0) (0)	
	Receive a severance payment or change-of-control payment?		4 a		X
	Participate in, or receive payment from, a supplemental nonq	· · · · · · · · · · · · · · · · · · ·	4 b		Х
(Participate in, or receive payment from, an equity-based com	· -	4 c	:300224444133	X
	If 'Yes' to any of lines 4a-c, list the persons and provide the a	applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organization	s must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the				
	contingent on the revenues of:		26000	100	146
	a The organization?		5 a		X
ŀ	n Any related organization?		5 b	Consultation for	<u>X</u>
	If 'Yes' to line 5a or 5b, describe in Part III.				
	For persons listed on Form 990, Part VII, Section A, line 1a, did tr contingent on the net earnings of:				
	a The organization?		6a		X
١	b Any related organization?		6 b	aniskanije.	X
		way to the same of	337,3407,	di mu	Ministrati
	For persons listed on Form 990, Part VII, Section A, line 1a, payments not described on lines 5 and 6? If 'Yes,' describe in		7		<u>X</u>
8	Were any amounts reported on Form 990, Part VII, paid or ac	ccrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations sect If 'Yes,' describe in Part III	; (c)(b)4-0ce+.cc 1101	8		X
9	If 'Yes' to line 8, did the organization also follow the rebuttable pre				
-	section 53.4958-6(c)?		9	1	1

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

SCHEDULE O (Form \$90 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

68-0224448

Community College League of California

Form 990, Part III, Line 4d - Other Program Services Description

Government Relations: The League represents the local community college perspective on educational, fiscal, organizational and governance issues, including issues of access and diversity, before the California State Legislature and Executive Branch.

Program support services: Include special reports; research studies; telephone, supplies, postage, office & meeting space provision and maintenance; public relations and other miscellaneous program support services.

Form 990, Part VI, Line 11b - Form 990 Review Process

League staff recommends that the Board review the Form 990 at the next scheduled meeting after submittal to the IRS.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management Written performance review and comparable compensation data from similar associations and local community colleges.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees Written performance review and comparable compensation data from similar associations and local community colleges.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Documents are available on the League's website and upon request.

Schedule A (Form 990 or 990-EZ) 2015 Com

Community College League of California

68-0224448

Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part III, Line 12 - Other Income

Nature and Source		2015	2014	2013	2012	2011
Other Income	Total	\$ 0.	\$ 0.	\$ 0.	\$ 0.	\$ 30,996. \$ 30,996.

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

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

Community College League of C	California	68-0224448			
Organization type (check one):		00 0001110			
Filers of:	Section:				
Form 990 or 990-EZ	\boxed{X} 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a	private foundation			
	527 political organization	private realisation			
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a priva	ate foundation			
	501(c)(3) taxable private foundation				
Check if your organization is covered by the General	l Rule or a Special Rule.				
	anization can check boxes for both the General Rule and a S	nocial Bula. San instructions			
General Rule	and an enter boxes for both the deficial rule and a c	pecial Rule. See instructions.			
	7 or 990-PE that received during the year contributions total	ding \$5,000 or more (in manay or			
property) from any one contributor. Comple	Z, or 990-PF that received, during the year, contributions tota te Parts! and II. See instructions for determining a contribute	tor's total contributions.			
Special Rules					
<u> </u>	11(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% supp	ort test of the regulations			
under sections 509(a)(1) and 170(b)(1)(A)(vi),	that checked Schedule A (Form 990 or 990-EZ). Part II. line 13. 1	l6a, or 16b, and that			
Form 990, Part VIII, line 1h, or (ii) Form 99	he year, total contributions of the greater of (1) \$5,000 or (2) 0-EZ, line 1. Complete Parts I and II.	2% of the amount on (i)			
For an organization described in section 50 during the year, total contributions of more	P1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received f than \$1,000 <i>exclusively</i> for religious, charitable, scientific, lit	rom any one contributor, terary, or educational			
purposes, or for the prevention of cruelty to	o children or animals. Complete Parts I, II, and III.	,,			
The on examination described in eastion 50	11(a)(7) (9) as (10) filing Form 900 as 900 F7 that specified f	irom ony ana cantributor			
	01(c)(7), (8), or (10) filing Form 990 or 990-EZ that received for religious, charitable, etc., purposes, but no such contribution				
\$1,000. If this box is checked, enter here to	ne total contributions that were received during the year for a	n <i>exclusively</i> religious,			
charitable, etc., purpose. Do not complete	any of the parts unless the General Rule applies to this orga	nization because			
it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$					
Caution. An organization that is not covered by	y the General Rule and/or the Special Rules does not file Sch ne 2, of its Form 990; or check the box on line H of its Form	edule B (Form 990, 990-EZ, or			
Part I, line 2, to certify that it does not meet the	ne 2, of its Form 990; or check the box on line H of its Form ie filing requirements of Schedule B (Form 990, 990-EZ, or 9!	990-E2 or on its Form 990-PF, 90-PF).			

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1 of

3 of Part I

Community College League of California

Employer identification number

68-0224448

Parti	Contributors (see instructions). Use duplicate copies of Part I if additional space	is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Atkinson, Andelson, Loya, Ruud Romo 17871 Park Plaza Dr, Suite 200 Cerritos, CA 90703	\$ 15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Constellation New Energy 350 South Grand Avenue Los Angeles, CA 90071	\$ 15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-	Keenan and Associates 2355 Crenshaw Blvd, Suite 200 Torrance, CA 90501	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Libert Cassidy Whitmore 6033 W. Century Blvd, St 500 Los Angeles, CA 90045	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Piper Jaffray 345 California Street, Ste 240 San Francisco, CA 94104	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Туре of contribution
6	Barnes and Noble 1312 Madrona Way NW Gig Harbor, WA 98332	\$ 7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
BAA	TEEA0702L 10/12/15	Schedule B (Form 99)	0, 990-EZ, or 990-PF) (2015)

Schedule	В	(Form	990.	990-EZ.	or 990-PF)	(2015)
	_	· - · · · ·	,		0, 000-, 1	(2010)

Name of organization

Page

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Employer identification number

3 of Part I

Community College League of California

68-0224448

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space	is n	eeded.	
(a) Number	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
7	RBC Capital Markets 777 S. Figueroa St., St. 850 Los Angeles, CA 90744	\$_	10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
8	WLC Architects 10470 Foothill Blvd, Tower St Rancho Cucamonga, CA 91730	\$ -	15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
9	Professional Personnel Leasing 11751 Ashland Way Yucaipa, CA 92399	; ; -	5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
10_	Blach Construction 469 El Camino Real, Ste 100 Santa Clara, CA 95050	\$_	5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
11_	Morgan Stanley 1999 Ave of the Stars Ste 2400 Los Angeles, CA 90067	\$_	5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
12_	EdFinancial Services PO Box 36008 Knoxville, TN 37930	\$_ -	<u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule	В	(Form 99	0, 990-EZ,	or 990-PF)	(2015)

Name of organization

Page

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3 of Part I

Community College League of California

Employer identification number 68-0224448

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space	is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	KNN Public Finance 1300 Clay Street, Suite 1000 Oakland, CA 94612	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Stifel 10866 Wilshire Blvd, Ste 1650 Los Angeles, CA 90024	\$ <u>5,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)

Community College League of California

68-0224448

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional s	pace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	<u></u>		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		1	
]\$	
ВАА	Sch	edule B (Form 990, 990-E	Z, or 990-PF) (2015

of Part III

Name of organization Community College League of California

Employer identification number 68-0224448

Part III	Exclusively religious, charitable, et or (10) that total more than \$1,000 for the following line entry. For organizations of contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional states.	ne year from any one contribut empleting Part III, enter the total of Enter this information once. See	tor. Complete	te columns (a) through (e) and	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	N/A				
	Transferee's name, address	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	Transferee's name, address	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	Transferee's name, address	Rela	tionship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ationship of transferor to transferee	
BAA	Schedule B (Form 990, 990-EZ, or 990-PF) (2015)				