Form **990**

** PUBLIC DISCLOSURE COPY **

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.

ntern	al Reven	nue Service	Go to www.irs.gov/	/Form990 for instructions and t	the latest in	formation.	Inspection				
			lar year, or tax year beginning	and	ending						
3 C	heck if		f organization			D Employer identific	cation number				
	Addres change Name	The	Parasol Tahoe Comm	nunity Foundation	١,	00 0000					
	change Initial		usiness as			88-03620					
	return Final return/		r and street (or P.O. box if mail is not d Incline Way	lelivered to street address)	Room/suite	E Telephone number 775-298-0100					
	termin- ated	City or t	own, state or province, country, and	d ZIP or foreign postal code		G Gross receipts \$	36,010,558.				
	Amend		ine Village, NV 8			H(a) Is this a group re					
	Applica tion pendin		and address of principal officer: Cla	audia Andersen		for subordinates' H(b) Are all subordinates in	? Yes X No				
ΙT	ax-exe	empt status:) (insert no.) 4947(a)(1)	or 527	1 ` ′	list. See instructions				
			parasol.org	,		H(c) Group exemption					
				Association Other	L Year		State of legal domicile: NV				
	rt I	Summary					<u> </u>				
	1	Briefly describ	pe the organization's mission or mos	st significant activities: Cult	ivatin	g community					
Activities & Governance			hropy to enhance a				t Tahoe.				
nar		Check this bo		ontinued its operations or dispos							
ver			ting members of the governing body	•		3	11				
Ĝ			dependent voting members of the go				<u></u> 11				
∞ 4			of individuals employed in calendar			·····	6				
ties			of volunteers (estimate if necessary)			·····	11				
ţi			d business revenue from Part VIII, c				-1,641.				
Ac						1 1	0.				
	D	ivet urirelated	business taxable income from Form	1990-1, Part I, line 11		Prior Year	Current Year				
		0	and sugate (Dout) (III, line 1b)			21,042,521.	15,141,840.				
ne						58,213.	61,056.				
Revenue		•		4 170		377,846.	1,232,116.				
Re			come (Part VIII, column (A), lines 3, 4								
			e (Part VIII, column (A), lines 5, 6d, 8			-13,591.	0.				
			- add lines 8 through 11 (must equa			21,464,989.	16,435,012.				
			milar amounts paid (Part IX, column			11,009,375.	11,817,922.				
			to or for members (Part IX, column (0.	0.				
es			r compensation, employee benefits			684,254.	748,087.				
Expenses	16a	Professional fo	undraising fees (Part IX, column (A),			0.	0.				
×			ing expenses (Part IX, column (D), lin	-							
Ш	17	Other expense	es (Part IX, column (A), lines 11a-11d	d, 11f-24e)		567,437.	597,410.				
	18	Total expense	es. Add lines 13-17 (must equal Part	IX, column (A), line 25)		12,261,066.	13,163,419.				
		Revenue less	expenses. Subtract line 18 from line	e 12		9,203,923.	3,271,593.				
Net Assets or und Balances						ginning of Current Year	End of Year				
sets	20	Total assets (F	Part X, line 16)		<u>1</u>	09,098,735.	127,807,391.				
t As	21	Total liabilities	s (Part X, line 26)			1,288,424.	337,748.				
			fund balances. Subtract line 21 from	n line 20	1	07,810,311.	127,469,643.				
Pa	rt II	Signature	e Block								
Jnde	er pena	Ities of perjury,	I declare that I have examined this return	n, including accompanying schedules	s and stateme	ents, and to the best of my	knowledge and belief, it is				
rue,	correc	t, and complete.	. Declaration of preparer (other than office	cer) is based on all information of wh	nich preparer	has any knowledge.					
Sigr	, [Signature of of	fficer			Date					
Here		Claudia	Andersen, CEO								
		Type or print n									
		Print/Type prep	parer's name	Preparer's signature		Date Check	PTIN				
aid	ŀ		son, CPA	Deb Nelson, CPA	1	1/14/24 self-employe	P01264758				
	arer	Firm's name	Eide Bailly LLP	,			5-0250958				
	Only		800 Nicollet Mall	L. Ste. 1300		THIN SERVE					
	٠, ا	5 addi 000	Minneapolis, MN 5			Phone no. 61	2-253-6500				
				· • • •		1 HOHO HO. • - 1					

X Yes

;	(Code:) (Expenses \$
	Discretionary Grantmaking: Parasol's discretionary grants are awarded
	to respond to critical programs, emerging needs and innovative services
	for the benefit of our community.
ı	Other program services (Describe on Schedule O.)

) (Revenue \$

Total program service expenses 12,458,143.

including grants of \$

			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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			l
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			l
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			l
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			l
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	1
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		7.7	
	Schedule D, Parts XI and XII	12a	Х	
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?			,,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		v	
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-		
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		_V
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.		_ v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.0		_v
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

(gambling) winnings to prize winners?

	990 (2023) The Parasol Tahoe Community Foundation, 88-0362	053	Р	age 4
Par	t IV Checklist of Required Schedules (continued)		T	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Х	
20	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Λ	┈
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	23	Х	
24.5	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	- 25	
LTU	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			3,7
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? f	28a		x
h	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
Ü		28c		X
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
	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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	177
	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			
20	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?	26		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		1
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	5,		<u> </u>
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	<u>, JU</u>		
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u>.</u>	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

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Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

		_		Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	اء			
	filed for the calendar year ending with or within the year covered by this return 2a 2a	6		v	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	Г	2b	X	х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	¨ Г	3a		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	·· ├	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		4-		x
L	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	·· ⊦	4a		
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	- 1			
50		- 1	5a		х
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	· г	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	·	30		
oa	and the Manage Heat was a set to a dead of the Lange Heat and the Manage To a Company		6a		x
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	·	- Ou		
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		0.0		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor	?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Г	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	·			
_	to file Form 8282?		7c		x
d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	П	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	::	7f	-	Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	_ [7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	-1	1		
	sponsoring organization have excess business holdings at any time during the year?		8		X
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	.	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		X
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	4			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4			
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders	-1			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	-			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	Н	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	\dashv			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	- 1	120		
а	Is the organization licensed to issue qualified health plans in more than one state?	٠ ١	13a		
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the				
b	organization is licensed to issue qualified health plans				
c	Enter the amount of reserves on hand	╛			
	Did the organization receive any payments for indoor tanning services during the tax year?	T	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	∵ Ի	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	¨			
	excess parachute payment(s) during the year?		15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	[16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	. [17		
	If "Yes," complete Form 6069.	ſ			

Form 990 (2023) The Parasol Tahoe Community Foundation, 88-0362053 Page Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 11	4		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1	-		
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		_X_
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		_ <u>X</u> _
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u> </u>
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			7.7
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		77	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			37
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	40-	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-	Х	
12	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	14	X	
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	14	22	
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
•	The organization's CEO, Executive Director, or top management official	15a	Х	
		15b	X	
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130	-2	
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
104		16a		Х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availat	nle
	for public inspection. Indicate how you made these available. Check all that apply.	···y/		
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Cari Gutheil - 775-298-0100			
	948 Incline Way Incline Village NV 89451			

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

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

88-0362053

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

Employees, and Independent Contractors

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	T		((C)		isan	(D)	(E)	(F)
Name and title	Average		not c		more	than		Reportable	Reportable compensation	Estimated
	hours per week	offi	box, unless person officer and a direc			s both or/trus	n an tee)	compensation from	from related	amount of other
	(list any	ector						the	organizations	compensation
	hours for	Individual trustee or director	9			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	truste		90	suadı		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual tr	Institutional trustee		nploy	st con	_	,		organizations
	line)	Individ	Institu	Officer	Key employee	Highest compensated employee	Former			o.ga _
(1) Claudia Andersen	40.00								_	
CEO				Х		₩.		201,650.	0.	11,725.
(2) Cari Gutheil	40.00					L		100 700		
CFO	1 00		1	X				120,783.	0.	19,330.
(3) Ron Alling	1.00	х		x				0	_ 0.	0
Chair (4) Kevin Hameister	1.00	Α.			1			0.	0.	0.
Treasurer	1.00	X	1	х		1	L	0.	0.	0.
(5) Aimee LaFayette	1.00									
Secretary		Х		x				0.	0.	0.
(6) Janice Charley	1,00									
Director		Х						0.	0.	0.
(7) David Hardie	1.00]								
Director		Х						0.	0.	0.
(8) Mark Holmlund	1.00	↓								
Director	1 00	Х				_		0.	0.	0.
(9) John McLaughlin	1.00	٠,,							_	0
(10) Aaron Moore	1.00	Х						0.	0.	0.
Director	1.00	Х						0.	0.	0.
(11) Alvaro Pascotto	1.00							0.	0.	0.
Director	1100	х						0.	0.	0.
(12) Bill Watson	1.00									
Director		Х						0.	0.	0.
(13) Kendra Wong	1.00									
Director		Х						0.	0.	0.
		1								
		1								
		l		L	<u> </u>	1	1	1		

Form 990 (2023) 332007 12-21-23

Part	VII Section A. Officers, Directors, Trust		oloy	ees,			ghes	st C	ompensated Employee	s (continued)				
	(A)	(B)			•	C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos heck		ገ than	one	Reportable	Reportable	.	Es	timated	i
		hours per	box	, unle	ss pe	rson i	is both	n an	compensation	compensation			nount o	f
		week		ou ar	.u a u	.,	Jiruus	(-0.0	from	from related			other	
		(list any hours for	Individual trustee or director				_		the organization	organization (W-2/1099-MIS			pensati om the	
		related	eord	tee			sated		(W-2/1099-MISC/	1099-NEC)			anizatio	
		organizations	ruste	Institutional trustee		99/	mpen		1099-NEC)	10001420)			d relate	
		below	dualt	ution	<u></u>	Key employee	st co	ы					anizatio	
		line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former						
-							-							
								<u> </u>						
		1	1											
							1							
1b S	Subtotal							-	322,433.		0.	3:	1,05	5.
	Total from continuation sheets to Part VII	. Section A							0.		0.			0.
	Total (add lines 1b and 1c)					10			322,433.		0.	3:	1,05	5.
	Fotal number of individuals (including but no						e) wh	o re	eceived more than \$100,	000 of reportable	 e			
	compensation from the organization													2
									1		,		Yes	No
3 [Did the organization list any former officer,	director, truste	ee, k	кеу є	empl	loye	e, or	hig	hest compensated emp	loyee on				
li	ine 1a? If "Yes," complete Schedule J for si	uch individual										3		<u>X</u>
	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150											4	Х	
	Did any person listed on line 1a receive or a	•				,		elate	ed organization or individ	dual for services				37
	endered to the organization? If "Yes," com	plete Schedule	e J f	or su	ıch ı	pers	son					5		Х
	on B. Independent Contractors Complete this table for your five highest cor	mponostod ind	lono	ndo	nt or	ntr	aata	ro th	and received more than [©]	100 000 of com	aanaat	tion fro	.m	
	he organization. Report compensation for t	•	•							· '	oci iodi	LIOIT IIC	7 111	
	(A)	ine calendar ye	Jai C	, i i dii	ig w	1011	OI WI	<u> </u>	(B)	car.		(C	:)	
	Name and business	address	NO	ONE	3				Description of s	ervices	С		nsation	
	Total number of independent contractors (in		ot lir	nited	d to		_	ted	above) who received mo	ore than				
\$	\$100,000 of compensation from the organiz	zation				()						000	

Forn	1 99 rt V	0 (2 /	2023) The Parasol Ta	hoe Comr	nunity Four	ndation,	88-0362	053 Page 9
Pa	ı t V	1111	_					
			Check if Schedule O contains a response o	r note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f	15,141,840. 3,482,384.	15,141,840.			
				Business Code				
Program Service Revenue	2	a b c d	Building Use Income	561000	59,348.	59,348.		
90 E		е						
Ā		f	All other program service revenue	561000	1,708.	1,708.		
		g	Total. Add lines 2a-2f		61,056.			
Other Revenue	3 4 5 6	a b c d a b c d	Investment income (including dividends, interest other similar amounts) Income from investment of tax-exempt bond properties and sales expenses and sales expenses and sales expenses and or (loss) Income from investment of tax-exempt bond properties and sales expenses and sales	(ii) Personal	-1,530,464.		-1,641.	-1530464.
	9	c a b c a b	Part IV, line 18 Less: direct expenses Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 Less: direct expenses Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances Less: cost of goods sold Net income or (loss) from sales of inventory					
				Business Code				
Miscellaneous Revenue	11	b c d	All other revenue Total. Add lines 11a-11d					
			Total revenue See instructions		16 435 012.	61 056.	-1 641.	1233757.

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respor				<u></u>
	oot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	11,763,922.	11,763,922.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	54,000.	54,000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	353,489.	53,344.	246,801.	53,344.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	296,220.	178,983.	4,882.	112,355.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	52,202.	31,951.	5,844.	14,407.
10	Payroll taxes	46,176.	17,552.	16,402.	14,407.
11	Fees for services (nonemployees):				
а	Management				
	Legal				
	Accounting	32,578.		32,578.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	108,736.		108,736.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)		IKL		
12	Advertising and promotion	2,963.			2,963. 7,616.
13	Office expenses	79,990.	4,034.	68,340.	7,616.
14	Information technology	28,823.	20,980.	7,843.	
15	Royalties		111 - 1		
16	Occupancy	146,507.	146,507.	1 222	
17	Travel	1,093.		1,093.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials \dots	1 100		4 4 9 4	
19	Conferences, conventions, and meetings	1,190.		1,101.	89.
20	Interest				
21	Payments to affiliates	124 640	124 640		
22	Depreciation, depletion, and amortization	134,640.	134,640.	7 654	
23	Insurance	37,931.	30,277.	7,654.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а					
b					
С					
d					
е	All other expenses	22,959.	21,953.	728.	278.
25	Total functional expenses. Add lines 1 through 24e	13,163,419.	12,458,143.	502,002.	203,274.
26	$\mbox{\sc Joint costs.}$ Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				000

Form 990 (2023)
Part X Balance Sheet

Pai	τX	Balance Sneet					
		Check if Schedule O contains a response or note	to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			7,775,342.	2	4,171,396
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	1,125
	5	Loans and other receivables from any current or	former	officer, director,			
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of thes	•			5	
	6	Loans and other receivables from other disqualif		•			
		under section 4958(f)(1)), and persons described		6			
ts	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			10 101	8	10 10 1
⋖	9				18,191.	9	19,137
	10a	Land, buildings, and equipment: cost or other		C 001 202			
		basis. Complete Part VI of Schedule D	10a	6,821,393.	2 501 070		2 466 220
				3,355,073.	3,581,878.		
	11	Investments - publicly traded securities			85,244,374.		106,586,734
	12	Investments - other securities. See Part IV, line 1	12,478,950.	12	13,562,679		
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			109,098,735.	15	107 007 201
	16	Total assets. Add lines 1 through 15 (must equa			35,645.	16	127,807,391
	17	Accounts payable and accrued expenses			1,000,000.		70,955
	18	Grants payable	16,400.	18 19	16,900		
	19 20	Deferred revenue			10,400.	20	10,500
	21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete F		of Cobodula D		21	
	22	Loans and other payables to any current or form				21	
ies	22	trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of thes				22	
Lia	23	Secured mortgages and notes payable to unrelate				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines					
		of Schedule D	-		236,379.	25	249,893
L	26	Total liabilities. Add lines 17 through 25			1,288,424.		337,748
		Organizations that follow FASB ASC 958, chec					-
ses		and complete lines 27, 28, 32, and 33.					
auc	27	Net assets without donor restrictions			61,736,251.	27	74,500,818
Bal	28	Net assets with donor restrictions			46,074,060.	28	52,968,825
nd		Organizations that do not follow FASB ASC 95					
ᇳ		and complete lines 29 through 33.					
s or	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or eq				30	
As	31	Retained earnings, endowment, accumulated inc	ome, o	or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		107,810,311.		127,469,643	
	33				109,098,735.	33	127,807,391

Par	TXI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI					
	Check if Schedule O contains a response of note to any line in this Part Ai					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	16	,43	5.0	12.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,16		
3	Revenue less expenses. Subtract line 2 from line 1	3	3	,27	1.5	93.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	107	,81	0.3	11.
5	Net unrealized gains (losses) on investments	5		,38		
6	Donated services and use of facilities	6		,		
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	127	,46	9,6	43.
Par	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
	· · · · · ·				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:				<	
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule () .			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2023)
)150-					

SCHEDULE A

(Form 990)

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.

Attach to Form 990 or Form 990-E∠.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number

The Parasol Tahoe Community Foundation, 88-0362053 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) Total

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	7234197.	12586207 .	21651228.	21042521.	15141840.	77655993.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3	7234197.	12586207.	21651228.	21042521.	15141840.	77655993.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						02661040
_	column (f)						23661848.
	Public support. Subtract line 5 from line 4.						53994145.
	• • • • • • • • • • • • • • • • • • • •	() 2040	(1.) 0000	() 2024	(1) 0000	() 0000	
	ndar year (or fiscal year beginning in)	(a) 2019 723/1107	(b) 2020 1 2 5 8 6 2 0 7	(c) 2021	(d) 2022 21042521.	(e) 2023	(f) Total
	Amounts from line 4	1234131.	12300207.	21031220.	21042321.	13141040.	11033333.
8	Gross income from interest,			-			
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	1157088.	1674756.	3571878.	2291811.	2764221	11459754.
۵	Net income from unrelated business	1137000.	10717300	3371070.	2231011.	Z/UIZZI.	114337344
•	activities, whether or not the						
	business is regularly carried on			6,357.	2,737.		9,094.
10	Other income. Do not include gain			,,,,,,,,			7,000
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						89124841.
	Gross receipts from related activities,	etc. (see instruction	ons)	•		12	367,413.
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
	organization, check this box and stop	here					
Sec	tion C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2023 (I					14	60.58 %
	Public support percentage from 2022					15	59.42 %
16a	33 1/3% support test - 2023. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact			=	· ·	VI how the organiz	zation
	meets the facts-and-circumstances te	· ·	•				
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction:	s

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

Sec	etion A. Public Support	elow, please comp	nete Fart II.)			-			
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e)	2023	(f) Total	_
	Gifts, grants, contributions, and	(4,) = 0.10	(2) = 3 = 3	(5) = 5 = 1	(4,7 = 5 = 1	(3)	-525	(1) 1010.	_
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions,								_
	merchandise sold or services per-								
	formed, or facilities furnished in								
	any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that		1						_
	are not an unrelated trade or bus-								
	iness under section 513								
4	Tax revenues levied for the organ-								_
	ization's benefit and either paid to								
	or expended on its behalf								
5	The value of services or facilities								_
	furnished by a governmental unit to								
	the organization without charge								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and								
	3 received from disqualified persons					<u> </u>			
b	Amounts included on lines 2 and 3 received from other than disqualified persons that			1 11					
	exceed the greater of \$5,000 or 1% of the			1 1					
	amount on line 13 for the year								
	Add lines 7a and 7b								_
8	Public support. (Subtract line 7c from line 6.)								\
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) :	2023	(f) Total	
	Amounts from line 6								
10a	Gross income from interest, dividends, payments received on				h.				
	securities loans, rents, royalties,								
	and income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses								
N.	acquired after June 30, 1975		<u> </u>	 	+	 			
	Add lines 10a and 10b								—
11	Net income from unrelated business activities not included on line 10b,								
	whether or not the business is								
	regularly carried on								_
12	Other income. Do not include gain or loss from the sale of capital							1	
	assets (Explain in Part VI.)			<u> </u>					
	Total support. (Add lines 9, 10c, 11, and 12.)							<u> </u>	—
14	First 5 years. If the Form 990 is for the	J		•	•	. , . ,	J	· —	_
	check this box and stop here				<u></u>	<u></u>	<u></u>		ᆚ
	etion C. Computation of Publi					1.5			
	Public support percentage for 2023 (I					15			<u>%</u>
	Public support percentage from 2022 ction D. Computation of Investigation					16			%
	Investment income percentage for 20			ine 13. column (fl)		17			<u></u> %
	Investment income percentage from 2					18			/ 0 %
	33 1/3% support tests - 2023. If the						and line 17	 7 is not	
	more than 33 1/3%, check this box ar								\neg
		-	-		· · · · · ·				_
b	33 1/3% support tests - 2022. If the	organization did n	IOL CHECK a DOX OF	1 111110 14 01 11110 194	a, and mic to is mic				
b	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	•			•		•	_	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

1			
1 2 3a 3b 3c 4a 4b 4b 4c 5a 5b 5c 6 6 7 8 8 9a 9b 9c 10a		Yes	No
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a			
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a			
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a			
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3b 3c 4a 4b 4b 5a 5b 5c 6 7 8 9a 9b 9c 10a			
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3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a			
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4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a			
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a			
5a 5b 5c 6 7 8 9a 9b 9c 10a	4a		
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5b 5c 6 7 8 9a 9b 9c			
5b 5c 6 7 8 9a 9b 9c			
5b 5c 6 7 8 9a 9b 9c	_		
6 7 8 9a 9b 9c	5a		
6 7 8 9a 9b 9c			
6 7 8 9a 9b 9c	5b		
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9b 9c 10a	02		
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9c 10a			
10a	9b		
10a			
10a	90		
	90		
	10a		
10b			
10b	,		
	10b		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	dule A (Form 990) 2023 The Parasol Tahoe Commun			8-0362053 Page 6
Par	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			
1	Check here if the organization satisfied the Integral Part Test as a qualifying t		·	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must contain the supporting organizations of the supporting organizations or the supporting organizations of the supporting organizations or the support of the suppo	omplet	e Sections A through E.	T (5) 6
Sect	on A - Adjusted Net Income	_	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in 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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

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

Schedule A (Form 990) 2023

instructions).

Schedule A (Form 990) 2023

and 4c.

8 Breakdown of line 7:

a Excess from 2019

b Excess from 2020

c Excess from 2021

d Excess from 2022

e Excess from 2023

7 Excess distributions carryover to 2024. Add lines 3j

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

The Parasol Tahoe Community Foundation,

Employer identification number 88-0362053

Pa	rt I	Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
		- enganization anomorou i robi oni omi oco, i artiv, inic	(a) Donor advised funds	(b) Funds and other accounts
1	Total	number at end of year	92	74
2		egate value of contributions to (during year)	13,761,334.	3,897,863.
3		egate value of grants from (during year)	11,107,517.	5,754,525.
4		egate value at end of year	68,534,029.	33,047,492.
5		e organization inform all donors and donor advisors in w	•	
		e organization's property, subject to the organization's ex	_	
6		e organization inform all grantees, donors, and donor ad		
		aritable purposes and not for the benefit of the donor or		-
	imper			
Pa	rt II	Conservation Easements. Complete if the organization	anization answered "Yes" on Form 990, P	art IV, line 7.
1	Purpo	ose(s) of conservation easements held by the organization	n (check all that apply).	
		Preservation of land for public use (for example, recreation	on or education) Preservation of	a historically important land area
		Protection of natural habitat	Preservation of	a certified historic structure
		Preservation of open space		
2	Comp	olete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of	of a conservation easement on the last
	day o	f the tax year.		Held at the End of the Tax Year
а	Total	number of conservation easements		2a
b				
С	Numb	per of conservation easements on a certified historic structure	cture included on line 2a	2c
d		per of conservation easements included on line 2c acquire		
	on a h	nistoric structure listed in the National Register		2d
3	Numb	per of conservation easements modified, transferred, relea	ased, extinguished, or terminated by the	organization during the tax
	year		1111	
4	Numb	per of states where property subject to conservation ease	ment is located	
5		the organization have a written policy regarding the period		
		ons, and enforcement of the conservation easements it h		
6	Staff	and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing conse	ervation easements during the year
7	Amou	int of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conservati	on easements during the year
	_			() () (
8		each conservation easement reported on line 2d above s	•	
_		ection 170(h)(4)(B)(ii)?		
9		t XIII, describe how the organization reports conservation	·	
		ce sheet, and include, if applicable, the text of the footno	ite to the organization's financial stateme	nts that describes the
Pa	organ	ization's accounting for conservation easements. Organizations Maintaining Collections of A	Art Historical Treasures or Oth	ner Similar Assets
· u		Complete if the organization answered "Yes" on Form 9		ioi oiiiiidi Addeta.
12	If tho	organization elected, as permitted under FASB ASC 958		ad balanca shoot works
Id		historical treasures, or other similar assets held for publi	•	
		e, provide in Part XIII the text of the footnote to its finance	•	•
h		organization elected, as permitted under FASB ASC 958		
b		storical treasures, or other similar assets held for public ϵ		
			exhibition, education, or research in further	erance of public service,
	•	de the following amounts relating to these items.		¢
		evenue included on Form 990, Part VIII, line 1ssets included in Form 990, Part X		
2		organization received or held works of art, historical treas	sures or other similar assets for financial	'
_		llowing amounts required to be reported under FASB AS		gan, provide
а		nue included on Form 990, Part VIII, line 1	_	\$
		s included in Form 990, Part X		
J	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	o monacca in ricinii 000, ricini A		Ψ

							Founda			88-03		Page	2
Pai	t III	Organizations Maintaining	Collecti	ons of Art	t, Historic	al Tre	easures, or	Other	Simila	r Assets	(continu	ed)	_
3	Using	the organization's acquisition, acces	sion, and	other records	s, check any	of the	following that	make si	gnificant	use of its			
	collec	ction items (check all that apply).											
а		Public exhibition		d	I 🔙 Loan	or exc	change progra	ım					
b		Scholarly research		е	Othe	r							_
С		Preservation for future generations											
4	Provi	de a description of the organization's	collections	and explain	n how they fu	rther th	ne organizatio	n's exem	npt purpo	se in Part	XIII.		
5	Durin	g the year, did the organization solicit	or receive	donations c	of art, historic	al trea	sures, or othe	r similar	assets		_		
		sold to raise funds rather than to be r									Yes	L N	<u>o</u>
Pai	t IV	Escrow and Custodial Arra			te if the orgai	nizatio	n answered "Y	es" on F	orm 990	, Part IV, li	ne 9, or		
		reported an amount on Form 990, F	Part X, line	21.									_
1a		organization an agent, trustee, custo								_	_		
		orm 990, Part X?								L	Yes	X N	O
b	If "Ye	s," explain the arrangement in Part XI	II and com	plete the foll	lowing table:					T			_
									-		Amount		_
С		ning balance											—
d		ions during the year											—
е		butions during the year											_
f		ng balance							1f		٦		—
		ne organization include an amount on							ty?	L	」Yes	₩ N	0
Par		s," explain the arrangement in Part XI											_
rai	LV	Endowment Funds Complete		ı						voore book	(a) Four v	voare baol	_
				rrent year	(b) Prior y		(c) Two year		` '	years back	· · ·		
1a	_	ining of year balance		,564,436. 15,028.	17,752	,079.	-		10,7	243,999.		.81,794	_
b		ibutions	_			_	· ·	,600.	2 .	21,507.		71,464	_
C		nvestment earnings, gains, and losses		,774,762.	-3,552	,005.	1,669	,437.	۷,۰	367,860.	1,3	53,907	÷
a		s or scholarships											₹
е		expenditures for facilities		-558,141.	376	,781.	611	.,986.		95,836.		153,470	. 1
		programs		26,871.		, 459.		,116.		13,846.	9	9,696	_
		nistrative expenses		,885,496.	14,564			_	13 (23,684.	10 7	43,999	
g		of year balance						,075.	13,0	23,004.	10,7	40,000	÷
2		de the estimated percentage of the cudesignated or quasi-endowment	arrent year	end balance	oz	лин (а	ii) Neid as.						
a h		anent endowment 100	%		_70								
		endowment	%										
-		percentages on lines 2a, 2b, and 2c sh		1100%									
3a		here endowment funds not in the poss			tion that are	held aı	nd administer	ed for the	۵				
		nization by:	30331011 01	tilo organiza	tion that are	noia ai	ria aarriiriiotori	ou for the	5		<u> </u>	es No	_
L											3a(i)	Х	_
											3a(ii)	х	
b		s" on line 3a(ii), are the related organi									3b		_
4		ribe in Part XIII the intended uses of the											_
Par	t VI	Land, Buildings, and Equip											_
		Complete if the organization answer	red "Yes" o	on Form 990), Part IV, line	11a. S	See Form 990,	Part X,	line 10.				
		Description of property		(a) Cost or o	ther (I) Cost	t or other	(c) Ad	cumulat	ed	(d) Book	value	_
		· · ·		asis (investm		•	(other)		reciation				
1a	Land		L										_
	Build				(, 29	6,702.	2,8	368,1	68.	3,428	,534	•
С	Lease	ehold improvements											_
		oment				52	24,691.	4	186,9	05.	37	,786	•
			I .										
F-4-1	ام ام ا	lines 1s through 1s (O.) (d)		000 5	V /		(D))			1	3 466	320	

Part VII Investments - Other Securities	Tanoe Communi	ty Foundation, 86	-0362055 Page 3
Complete if the organization answered "Yes" of	on Form 990 Part IV line 1	1h See Form 990 Part V line 12	
(a) Description of Security or Category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of-vear market value
(A) F: 11 1 1 1	(a) Doon value	(c) member of variations over or one	or your market raids
(1) Financial derivatives (2) Closely held equity interests			
(3) Other			
(A) Alternative Investments			
(B) Funds at NAV	13,562,679.	End-of-Year Market	Value
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	13,562,679.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	In		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" of		1d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)	\bigcirc		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	(5))		
Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities	(B))		
Complete if the organization answered "Yes" of	on Form 900 Part IV line 1	1e or 11f See Form 990 Part Y line 25	
(15 19 69 199	orr orri 990, r art rv, line r	11. Gee 1 01111 330, 1 att X, iii1e 23.	(b) Book value
			(b) Book value
(1) Federal income taxes (2) Split interest agreements			249,893.
			249,093.
(3)			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u> (7)			
(<i>t</i>)(8)			
(9)			

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

liabilities in income tax expense if such interest and penalties are

incurred.

Schedule D (Form 990) 2023 The Parasol Tahoe Community Foundation, Part XIII Supplemental Information (continued)	88-0362053 Page 5
Tare Alli Supplemental information (continuea)	
Part XI, Line 4b - Other Adjustments:	
Agency revenue not included in financials	6,770,129.
Part XII, Line 4b - Other Adjustments:	
Agency expenses not included in financials	2,733,007.
PUBLIC DISCLOSURE C	

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection

Name of the organization **Employer identification number**

The	e Parasol Tah	oe Commui	nity Four	ndation,	88-036205	3
Pa	rt I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organization answered "\	res" on
	Form 990, Part IV	/, line 14b.				
1	For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of its gra	nts and other assistance,	
	the grantees' eligibility for	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assistance?	Yes No
2	For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of its	grants and other assistance outs	ide the
	United States.					
3	Activities per Region. (TI	ne following Part	I, line 3 table ca	n be duplicated if additional space is n	eeded.)	
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total
		offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a program service,	expenditures for and
		in the region	independent contractors	gram services, investments, grants to recipients located in the region)	describe specific type of service(s) in the region	investments
			in the region	recipients located in the region)	or service(s) in the region	in the region
Cent	ral America and					
the	Caribbean -					
Anti	lgua & Barbuda,					
Aruk	oa, Bahamas,	0	0	Investments		18,443,000.
			-			
		\ \				
		1				
		_ \				
N						
						
						
						+
		_	_			10 440 000
	Subtotal	0	0			18,443,000.
b	Total from continuation					
	sheets to Part I	0	0			0.
С	Totals (add lines 3a					l
	and 3b)	0	0			18,443,000.

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

Schedule F (Form 990) 2023

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				1 1 (
		F	DUR			-	PY	
			051	JR	E			
٢	118	CL						
1								

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (d) Amount of (c) Number of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash assistance noncash assistance

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)	X Yes No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)	X Yes No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)	X Yes No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	X Yes No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)	Yes X No
	SCLOSURE	Schedule F (Form 990) 2023

Part V | Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Part IV:

The Foundation reviews its direct and indirect investments during the tax period for determining required foreign filings.

The Foundation makes direct and indirect transfers to foreign corporations and foreign partnerships. The Foundation would file Form 926 or Form 8865 if the transfers met the requirements for filing. The Foundation's transfers to foreign corporations did require filing Form 926. The Foundation's transfers to foreign partnerships did not require filing Form 8865.

The Foundation has ownership interests in foreign corporations and foreign partnerships. The Foundation would file Form 5471 or Form 8865 if the ownership met the requirements for filing. The Foundation's ownership in foreign corporations did not require filing Form 5471. The Foundation's ownership in foreign partnerships did not require filing Form 8865.

The Foundation invests in partnerships that hold direct or indirect interests in passive foreign investment companies (PFICs). The Foundation would file Form 8621s for underlying investments that generate unrelated business income. The Foundation would not file Form 8621s where the investment partnerships have properly filed Form 8621s, or where the underlying investments did not generate any unrelated business income. The Foundation did not require filing Form 8621.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

2023

OMB No. 1545-0047

Open to Public Inspection

Name of the organization The Paras	ol Tahoe (Community Fo	oundation.	,			Employer identification number 88-0362053
Part I General Information on Grants a			·	'			
Does the organization maintain records criteria used to award the grants or assis Describe in Part IV the organization's pro	stance?ocedures for monite	oring the use of grant	funds in the United	l States.			X Yes No
Part II Grants and Other Assistance to recipient that received more than	•				anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Achieve Tahoe PO Box 8339 Truckee, CA 96162	68-0024920	501(c)(3)	26,400.	0.	,		Well-Being
Adventure Risk Challenge PO Box 3208 Truckee, CA 96160	47-1579462	501(c)(3)	14,000.	0.	= C	OF	Education & Youth Development
Advisory Board for Booker T Washington High School for the Performing and Visual - PO Box 192648 - Dallas, TX 75219	74-3068174	501(c)(3)	10,000.	0.			Education & Youth Development
Aim High PO Box 410715 San Francisco, CA 94141-0715	94-3296338	501(c)(3)	10,000.	0.			Education & Youth Development
Air Force Academy Foundation 3116 Academy Drive USAF Academy, CO 80840-4475	26-0537053	501(c)(3)	250,000.	0.			Education & Youth Development
Alzheimer's Association 639 Isbell Road, Suite 240 Reno, NV 89509	13-3039601	501(c)(3)	15,000.	0.			Well-Being

3 Enter total number of other organizations listed in the line 1 table

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pai	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Annal and Bad Green of Northern							
American Red Cross of Northern Nevada - 4750 Longley Lane, Suite							
101 - Reno, NV 89502	53-0196605	501/a)/3)	10 000	0.			Community Engagement
	33-0190003	501(0)(3)	10,000.	0.			Community Engagement
Awaken INC							
PO Box 40635							
Reno, NV 89504	38-3843380	501(c)(3)	230,000.	0.			Well-Being
Barton Health Foundation							
PO Box 529							
Zephyr Cove, NV 89448	88-0268799	501(c)(3)	9,965.	0.			Well-Being
Boulder County Arts Alliance			1141				
2400 28th St. #103							
Boulder, CO 80301	84-0566939	501(c)(3)	20,000.	0.			Arts, Culture & Heritage
Boys and Girls Club of Lake Tahoe							
PO Box 17846							Education & Youth
South Lake Tahoe, CA 96151	68-0241891	501(c)(3)	25,000.	0.			Development
Davis and Girls Glub of North Labo							
Boys and Girls Club of North Lake							Education & Youth
Tahoe - PO Box 1617 - Kings Beach,	31-1549603	E01/E)/(2)	25 000	0.			
CA 96143	31-1549603	501(6)(3)	25,000.	0.			Development
Boys and Girls Club of Truckee							
Meadows - 2680 East 9th Street -							Education & Youth
Reno, NV 89512	88-0142068	501/a)/3)	10,000.	0.			Development
Reno, NV 03312	00-0142000	501(0)(3)	10,000.	0.			Development
Burning Man Project							
660 Alabama Street, 4th Floor							
San Francisco, CA 94110-2008	45-2638273	501(c)(3)	10,000.	0.			Community Engagement
·			·				
Butler University							
4600 Sunset Avenue							Education & Youth
Indianapolis, IN 46208	35-0867977	501(c)(3)	15,000.	0.			Development

(a) Name and address of organization or government	ssistance to Dor	mestic Organizations (c) IRC section	and Domestic Go	vernments (Sche	edule I (Form 990), Pai	t II.)	_
` '	(b) EIN	(a) IPC section					
		if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
California Polytechnic State							
Jniversity Foundation - 1 Grand							
Avenue, Bldg. 117 - San Luis							Education & Youth
Obispo, CA 93407	20-4927897	501(c)(3)	10,725.	0.			Development
Cal Poly Pomona Philanthropic							
Foundation - PO Box 3121 - Pomona,							Education & Youth
CA 91769	83-2300241	501(c)(3)	25,000.	0.			Development
Cancer Foundation of Santa Barbara							
501 W. Junipero Street							
Santa Barbara, CA 93105-9961	95-2158727	501(c)(3)	20,000.	0.			Well-Being
CARE Chest of Sierra Nevada							
7910 North Virginia Street	04 2110272	E01(-)(2)	10,000				Wall Daime
Reno, NV 89506	94-3118373	501(0)(3)	10,000.	0.			Well-Being
Carnation Farms							
28901 NE Carnation Farm Road							
Carnation, WA 98014	81-3414267	501(c)(3)	2,419,830.	0			Environment
.alliacton, wa 30014	01-3414207	501(0)(3)	2,413,030.	0.			Environment
Cascade Health Foundation							
2650 Suzanne Way Suite 200							
Eugene, OR 97408	93-0421470	501(c)(3)	6,000.	0.			 Well-Being
agene, ex 37100	33 0 121 1,0	301(3)(3)	0,000.	••			Holl Being
Catholic Charities of Northern							
Nevada - PO Box 5099 - Reno, NV							
39513	88-0339754	501(a)(3)	12,900.	0.			 Well-Being
3313	00 0333734	301(0)(3)	12,500.	0.			Well being
Catholic Relief Services							
PO Box 5200							
Harlan, IA 51593	13-5563422	501(c)(3)	15,075.	0.			Well-Being
Children's Day School							
333 Dolores Street							Education & Youth
San Francicsco, CA 94110	94-3248631	501(a)(3)	125,000.	0.			Development

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Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pai	rt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Christ the King Lutheran Church							
PO Box 6449				_			
Tahoe City, CA 96145	94-2727336	501(c)(3)	12,250.	0.			Community Engagement
Classical Tahoe							
948 Incline Way							
Incline Village, NV 89451	45-2682958	501(c)(3)	102,824.	0.			Arts, Culture & Heritage
Climate Solutions							
1402 Third Avenue Suite 1200							
Seattle, WA 98101	91-1123302	501(c)(3)	25,000.	0.			Environment
Colorado Rocky Mountain School 500 Holden Way			BI		7		Education & Youth
Carbondale, CO 81623	84-0425174	501(c)(3)	50,000.	0.			Development
Community Cooperative Nursery							
School - 4 Trolley Place -						1	Education & Youth
Rowayton, CT 06853	06-0734484	501(c)(3)	10,000.	0.			Development
Cornerstone Community Church	,01		20				
Incline Village, NV 89451	27-1450831	501(c)(3)	10,000.	0.			Community Engagement
Courage Worldwide 3495 Lakeside Dr. #88							
Reno, NV 89509	20-3126288	501(c)(3)	35,000.	0.			 Well-Being
			33,333				
Cristo Rey High School Sacramento							
8475 Jackson Road							Education & Youth
Sacramento, CA 95826	04-3832927	501(c)(3)	5,100.	0.			Development
Crossline Community Church							
crossline Community Church 23331 Moulton Pkwy							
Laguna Hills, CA 92653	73-1721664	501(c)(3)	50,000.	0.			Community Engagement

Schedule I (Form 990) The Parase	ol Tanoe	Community F	<u>oundation,</u>			8	8-0362053 Page
Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Par	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Cystic Fibrosis Foundation-							
Arizona Chapter - 2777 E.							
Camelback Road, Suite 330 -							
Phoenix, AZ 85028	13-1930701	501(c)(3)	15,000.	0.			Well-Being
Denver Art Museum Development Office, PO Box 17765	04 6020040	F01()(2)	00.500				
Denver, CO 80217	84-6038240	501(c)(3)	22,500.	0.			Arts, Culture & Heritage
Dezart Performs 611 South Palm Canyon Drive, Suite							
Palm Springs, CA 92264	01-0965335	501(c)(3)	10,000.	0.			Arts, Culture & Heritage
Diamond Peak Ski Education Foundation - PO Box 5591 - Incline Village, NV 89450	94-3015906	501(c)(3)	130,045.	0.		OF	Well-Being
Doctors Without Borders P.O. Box 5030			11	DF		U	
Hagerstown, MD 21741-5030	13-3433452	501(c)(3)	5,150.	0.			Well-Being
Douglas County Sheriff's Advisory Council - PO Box 1002 - Minden, NV			50				
89423	20-1308918	501(c)(3)	5,500.	0.			Community Engagement
Drake University 2507 University Avenue							Education & Youth
Des Moines, IA 50311	42-0680460	501(a)(3)	22,850.	0.			Development
DOD MOTHOS, IN JUSTI	42 0000400	501(0)(3)	22,030.	0.			Pereropment
Eisenhower Health Foundation 39000 Bob Hope Drive							
Rancho Mirage, CA 92270	95-6130458	501(c)(3)	127,431.	0.			Well-Being
El Dorado Search and Rescue Council, Inc PO Box 721 -							
Placerville, CA 95667	68-0097526	501(c)(3)	15,000.	0.			Community Engagement

Schedule I (Form 990) The Parase	ol Tahoe	Community F	<u>oundation,</u>	,		8	8-0362053 Page
Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	_
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Exodus Cry							
638 Camino De Los Mares Suite H130-							
San Clemente, CA 92673	26-2317116	501(c)(3)	204,210.	0.			Community Engagement
First Apostolic Faith Church 4614 Melrose Avenue							
Oakland, CA 94601	94-3219121	501(c)(3)	10,000.	0.			Community Engagement
Food Bank of Northern Nevada 550 Italy Drive							
Sparks, NV 89437	94-2924979	501(c)(3)	45,200.	0.			Well-Being
Foundation 36, Inc. 316 California Avenue #36 Reno, NV 89509	37-1927112	501(c)(3)	987,000.	0.		OF	Arts, Culture & Heritage
Fountier Valley Cabool							
Fountian Valley School 6155 Fountian Valley School Rd							Education & Youth
Colorado Springs, CO 80911-2251	84-0423922	501(c)(3)	20,000.				Development
Friends in Service Helping -	04 0423322	301(0)(3)	20,000.	٠.			Белегориене
Emergency Referral Services Program - 138 E Long St - Carson			\mathcal{O}^{C}				
City, NV 89706	94-2590904	501(c)(3)	20,000.	0.			Well-Being
Friends of JCC Krakow 74 Lafayette Avenue, Suite 101							
Suffern, NY 10901	46-5714234	501(c)(3)	25,000.	0.			Community Engagement
Friends of the Children Phoenix			,				
4050 E Cotton Center Blvd., Suite 1							Education & Youth
Phoenix, AZ 95040	87-4244522	501(c)(3)	100,000.	0.			Development
Friends of the Marysville Stampede 1129 D Street							
Marysville, CA 95901-4818	47-3003178	501(c)(3)	37,500.	0.			Community Engagement

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Gateway Mountain Center							
10038 Meadow Way, Unit D							Education & Youth
Truckee, CA 96161	82-2347906	501(c)(3)	40,000.	0.			Development
Glenbrook Underground, Inc.							
3470 GS Richards Blvd	06 1701407	E01/~\/2\	250 000	_			Community Dragonout
Carson City, NV 89703	86-1791497	DUI(C)(3)	250,000.	0.			Community Engagement
GO2 Foundation for Lung Cancer							
1100 Industrial Road, Suite 1							
San Carlos, CA 94070	20-4417327	501(c)(3)	10,000.	0.			 Well-Being
,			-		-		
Graland Country Day School			1121				
55 Clermont Street							Education & Youth
Denver, CO 80220	84-0402699	501(c)(3)	20,000.	0.			Development
Greater Horizons							
1055 Broadway Boulevard, Suite 130						1	
Kansas City, MO 64105	20-0849590	501(c)(3)	184,166.	0.			Community Engagement
Hawai'i Community Foundation							
444 Hna Hwy Suite 201				_			
Kahului, HI 96732	99-0261283	501(c)(3)	10,750.	0.			Community Engagement
Wich Diver Non Burgle Broadestin							
High Fives Non-Profit Foundation							
10775 Pioneer Trail, Suite 108	26-4275773	E01/->/2>	10 424	0.			Wall Daims
Fruckee, CA 96161	20-42/5//3	501(6)(3)	10,434.	٠.			Well-Being
Hoag Hospital Foundation							
330 Placentia Avenue, Suite 100							
Newport Beach, CA 92663	95-3222343	501(c)(3)	50,000.	0.			Well-Being
HonorHealth Foundation							
8125 N. Hayden Road		504 () (0)		_			
Scottsdale, AZ 85258	74-2355411	pu1(c)(3)	75,000.	0.			Well-Being

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	urt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hoover Institution							
Office of Development, 326 Galvez S							Education & Youth
Stanford, CA 94305	94-1156365	501(c)(3)	25,000.	0.			Development
Hope Community Church 755 Trademark Dr			10.000				
Reno, NV 89521	20-4524747	501(c)(3)	12,000.	0.			Community Engagement
Hospital de la Familia Foundation PO Box 12981							
Berkeley, CA 94712	94-2452906	501(c)(3)	25,000.	0.			Well-Being
Humane Society of Truckee-Tahoe 10961 Stevens Lane Truckee, CA 96161	68-0366788	501(c)(3)	15,000.	0.	/	OF	Well-Being
Incline Boosters Club 499 Village Boulevard				DF		,01	Education & Youth
Incline Village, NV 89451	88-0232960	501(c)(3)	21,450.	0.			Development
Incline Education Fund 948 Incline Way			50				Education & Youth
Incline Village, NV 89451 Incline Village Community Hospital	85-3759623	501(c)(3)	40,000.	0.			Development
Foundation - 880 Alder Avenue -	00 0550456	504 () (0)					
Incline Village, NV 89451	20-0752156	501(c)(3)	56,500.	0.			Well-Being
Keep Memory Alive							
888 W. Bonneville Avenue							
Las Vegas, NV 89106	88-0515534	501(c)(3)	139,500.	0.			Well-Being
Keep Truckee Meadows Beautiful PO Box 7412							
Reno, NV 89150	88-0254957	501(c)(3)	10,000.	0.			Environment

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Part II Continuation of Grants and Other	r Assistance to Do	mestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KidZone Museum							
11711 Donner Pass Road							
Truckee, CA 96161-4848	94-3156964	501(c)(3)	10,000.	0.			Arts, Culture & Heritage
Lake Tahoe Dance Collective PO Box 1766							
Tahoe City, CA 96145	47-2304889	501(c)(3)	21,000.	0.			Arts, Culture & Heritage
Lake Tahoe School 995 Tahoe Blvd.	96 0969963	E01/->/2>	0.100	0.			Education & Youth
Incline Village, NV 89451	86-0868862	501(C)(3)	9,100.	0.	_		Development
Lake Tahoe Shakespeare Festival 948 Incline Way Incline Village, NV 89451	88-0358637	501(c)(3)	35,000.	0.		OF	Arts, Culture & Heritage
Lanai Cat Sanctuary PO Box 631577				DI		,01	
Lanai City, HI 96763	26-1329156	501(c)(3)	10,000.	0.			Well-Being
League to Save Lake Tahoe 2608 Lake Tahoe Boulevard	101		56				
South Lake Tahoe, CA 96150	94-6128680	501(c)(3)	46,300.	0.			Environment
Legacy Health Foundation PO Box 4500 Unit 96							
Portland, OR 97208	46-5562403	501(c)(3)	50,000.	0.			Well-Being
LifeChurch PO Box 10130							
College Station, TX 77842	74-2701463	501(c)(3)	15,000.	0.			Community Engagement
Little Pink Houses of Hope 2442 Tribek Court							
Burlington, NC 27215	27-3365488	501(c)(3)	10,000.	0.			Well-Being

Schedule I (Form 990) The Paras	ol Tahoe	Community F	<u>oundation,</u>	i			8-0362053 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	t II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Live Violence Free							
2941 Lake Tahoe Blvd.							
South Lake Tahoe, CA 96150	94-2598256	501(c)(3)	9,000.	0.			Well-Being
McCallum Theatre 73000 Fred Waring Drive							
Palm Desert, CA 92260	95-2834871	501(c)(3)	35,780.	0.			Arts, Culture & Heritage
Mountain Metro Church PO Box 5943							
Tahoe City, CA 96145	82-5259273	501(c)(3)	123,500.	0.			Community Engagement
National Automobile Museum 10 South Lake Street Reno, NV 89501	94-2777978	501(c)(3)	10,000.	0.	<i>,</i>	OF	Arts, Culture & Heritage
Nature Conservancy Nevada 639 Isbell Rd., Suite 330				DE		,01	
Reno, NV 89509	53-0242652	501(c)(3)	26,500.	0.			Environment
Nevada Museum of Art 160 West Liberty Street			50				
Reno, NV 89501	88-6003042	501(c)(3)	87,000.	0.			Arts, Culture & Heritage
Nevada Policy Research Institute 7130 Placid Street							
Las Vegas, NV 89119	88-0276314	501(c)(3)	80,000.	0.			Community Engagement
North Tahoe- Truckee Homeless Services - PO Box 2188 - Truckee,							
CA 96161	47-0932204	501(c)(3)	10,541.	0.			Well-Being
Oasis House Ministries PO Box 522							
Grandview, MO 64030-0522	43-1165709	501(c)(3)	10,000.	0.			Community Engagement

Schedule I (Form 990) The Parase	ol Tahoe	Community Fo	oundation,			8	8-0362053 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Par	t II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Our Lady of Tahoe Catholic Church							
PO Box 115							
Zephyr Cove, NV 89448	27-4336535	501(c)(3)	50,000.	0.			Community Engagement
Palm Springs Art Museum PO Box 2310							
Palm Springs, CA 92262	95-1809576	501(c)(3)	6,250.	0.			Arts, Culture & Heritage
Palm Springs Opera Guild of the Desert - PO Box 5022 - Palm				. (
Springs, CA 92263	95-6220739	501(c)(3)	10,000.	0.			Arts, Culture & Heritage
Parkinson's Foundation Inc. 200 SE 1st Street, Ste 800 Miami, FL 33131	13-1866796	501(c)(3)	26,000.	0.		OF	Well-Being
Pioneers, Inc. 10123 William Carey Drive Orlando, FL 32832	52-1206938	501(a)(3)	6,000.	R			Community Engagement
oriando, Fr 52052	32 1200330	301(0)(3)	0,000.	0.			Community Engagement
Reno Christian Fellowship 1700 Zolezzi Lane							
Reno, NV 89511 Reno Jazz Orchestra 124 West Taylor Street	23-7186202	501(c)(3)	25,000.	0.			Community Engagement
Reno, NV 89509	86-0881117	501(c)(3)	5,150.	0.			Arts, Culture & Heritage
Reno Rodeo Foundation							
59 Damonte Ranch Parkway, Suite B-4	1						Education & Youth
Reno, NV 89521	88-0230538	501(c)(3)	32,000.	0.			Development
Reno-Sparks Gospel Mission PO Box 5956							
Reno, NV 89513	88-6005643	501(c)(3)	10,200.	0.			Community Engagement

Schedule I (Form 990) IIIE Falas	or rance v	Community F	Junuacion,				0-0302033 Pag
Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Par	t II.)	Т
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Rocky Mountain Institute							
2490 Junction Place, Suite 200							
Boulder, CO 80301	74-2244146	501(c)(3)	25,000.	0.			Community Engagement
,			, -	-			
Roman Catholic Diocese of Reno							
290 S. Arlington Avenue, Suite 200							
Reno, NV 89501-1713	90-0111462	501(c)(3)	50,000.	0.			Community Engagement
Rowayton Civic Association							
PO Box 302							
Rowayton, CT 06853	22-3044753	501(c)(3)	25,000.	0.			Community Engagement
		-					_ /
afe Harbor Homes & Services							
8008 Avenue 393	45 2624225						
Kingsburg, CA 93631	47-3684925	501(c)(3)	50,000.	0.			Community Engagement
Grint Transla Granussitus I and Massat							
Saint Joseph Community Land Trust PO Box 12032							
	65-1166533	F01/a)/2)	30,000.				 Well-Being
Sephyr Cove, NV 89448	05-1100555	301(0)(3)	30,000.	0.			well-being
Saint Mary's University of							
finnesota - 700 Terrace Heights							Education & Youth
21 - Winona, MN 55987	41-0695527	501(c)(3)	10,000.	0.			Development
villena, inv sosov	11 0033327	301(3)(3)	10,000.	•			Бетегормене
San Francisco Conservatory of							
Music - 50 Oak Street - San							
Francisco, CA 94102	94-1156610	501(c)(3)	50,000.	0.			 Arts, Culture & Heritag
•			,				
an Luis Obispo County Sheriff's							
Advisory Foundation - PO Box 3752							
San Luis Obispo, CA 93403	77-0189925	501(c)(3)	8,000.	0.			Community Engagement
Segerstrom Center for the Arts							
000 Town Center Drive							
Costa Mesa, CA 92626	23-7287150	501(c)(3)	15,000.	0.			Arts, Culture & Heritag

or Tanoe (Community Fo	oundation,			8	8-0362053 Page
ssistance to Dor	mestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Par	rt II.)	
(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
88-0113398	501(c)(3)	50,800.	0.			Arts, Culture & Heritage
94-2985554	501(c)(3)	69 227.	0.			 Well-Being
		32,221				
68-0484075	501(c)(3)	20,000.	0.			Well-Being
						_ /
		11-51				
						Education & Youth
84-1332544	501(c)(3)	23,100.	0.			Development
88-0386601	501(c)(3)	25 000.	0.			 Well-Being
	()					
95-3802159	501(c)(3)	10,000.	0.			Well-Being
27-4337971	501(c)(3)	25,000.	0.			Community Engagement
99_0254192	501(a)(3)	10 000	•			Community Engagement
00-0234182	501(6)(3)	10,000.	0.			Community Engagement
94-1337646	501(c)(3)	22,350.	0.			Community Engagement
	(b) EIN 88-0113398 94-2985554 68-0484075 84-1332544 88-0386601 95-3802159 27-4337971	(b) EIN (c) IRC section	(b) EIN (c) IRC section if applicable (d) Amount of cash grant 50,800. 88-0113398 501(c)(3) 50,800. 94-2985554 501(c)(3) 69,227. 68-0484075 501(c)(3) 20,000. 84-1332544 501(c)(3) 23,100. 88-0386601 501(c)(3) 25,000. 95-3802159 501(c)(3) 25,000. 27-4337971 501(c)(3) 25,000.	(b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of noncash assistance 88-0113398 501(c)(3) 50,800. 0. 94-2985554 501(c)(3) 69,227. 0. 68-0484075 501(c)(3) 20,000. 0. 84-1332544 501(c)(3) 23,100. 0. 88-0386601 501(c)(3) 25,000. 0. 95-3802159 501(c)(3) 25,000. 0. 27-4337971 501(c)(3) 25,000. 0. 88-0254182 501(c)(3) 10,000. 0.	(b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 88-0113398 501(c)(3) 50,800. 0. 94-2985554 501(c)(3) 69,227. 0. 68-0484075 501(c)(3) 20,000. 0. 88-0386601 501(c)(3) 25,000. 0. 95-3802159 501(c)(3) 25,000. 0. 27-4337971 501(c)(3) 25,000. 0. 88-0254182 501(c)(3) 25,000. 0.	Selection Color Color

		Community F					8-0362053 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Makas Carlibian for the Namelan							
Tahoe Coalition for the Homeless PO Box 13514							
South Lake Tahoe, CA 96151	47-4825924	501(a)(3)	10,000.	0.			Well-Being
South bake lande, CA 90131	47-4023324	501(0)(3)	10,000.	0.			well-being
Tahoe Family Solutions							
774 Mays Boulevard, #13							
Incline Village, NV 89451	88-0326582	501(c)(3)	63,500.	0.			 Well-Being
			,				
Tahoe Forest Health System							
Foundation - PO Box 2508 -							
Truckee, CA 96160	94-3047869	501(c)(3)	5,529.	0.			Well-Being
					,		
Tahoe Fund			11				
948 Incline Way			יכוו				
Incline Village, NV 89451	01-0974628	501(c)(3)	487,282.	0.			Environment
m.1v							
Tahoe Magic							
PO Box 13070	94-3199111	E01/a)/3)	50,000.				Woll Boing
South Lake Tahoe, CA 96151	94-3199111	501(0)(3)	30,000.	0.			Well-Being
Tahoe Nordic Search and Rescue							
Team, Inc PO Box 7703 - Tahoe							
City, CA 96145	94-2737988	501(c)(3)	15,000.	0.			Community Engagement
02017, 011 70210		002(0)(0)	10,000.	-			John Harry Engagement
Tahoe Rim Trail Association							
PO Box 3267							
Stateline, NV 89449	94-2789846	501(c)(3)	5,500.	0.			Environment
·			,				
Tahoe Truckee School of Music							
10038 Meadow Way, Suite E							
Truckee, CA 96161	46-0914096	501(c)(3)	32,500.	0.			Arts, Culture & Heritage
The ALS Association							
PO Box 37022							
Boone, IA 50037-0022	13-3271855	501(c)(3)	11,000.	0.			Well-Being

Schedule I (Form 990) The Paras	ol Tahoe	Community F	oundation,			8	8-0362053 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Center for the Study of							
Technology and Society - 1730 M							
Street, NW Suite 910 - Washington,							Education & Youth
DC 20036	51-0399261	501(c)(3)	10,000.	0.			Development
The Global Mission							
PO Box 80222							
Rancho Santa Margarita, CA 92688	20-4897897	501(c)(3)	31,000.	0.			Community Engagement
The Salvation Army-Kansas &							
Western Missouri Divisional							
Headquarters - 3637 Broadway -							
Kansas City, MO 64111	44-0545998	501(c)(3)	10,000.	0.			Well-Being
		-			J		_ /
The Salvation Army - Reno							
1931 Sutro Street	04.4456045						
Reno, NV 89512	94-1156347	501(c)(3)	11,000.	0.			Well-Being
The Turner Foundation							
PO Box 186							
Santa Barbara, CA 93102	95-6111806	501(c)(3)	150,000.	0			Community Engagement
Ballea Balbala, CA 93102	33 0111000	301(0)(3)	130,000.	٠.			Community Engagement
Thunderbird Lodge Preservation							
Society - PO Box 6812 - Incline							
Village, NV 89450	88-0434866	501(c)(3)	339,000.	0.			 Arts, Culture & Heritage
			,				,
Tibetan Nuns Project							
815 Seattle Blvd. S #418							
Seattle, WA 98134	68-0327175	501(c)(3)	15,000.	0.			Well-Being
Travel North Tahoe Nevada							
969 Tahoe Boulevard							
Incline Village, NV 89451	88-0273379	501(c)(3)	128,324.	0.			Community Engagement
Treasure House							
7815 W. Aspera Blvd.							
-	80-0836112	501(a)(3)	125 000	0.			 Well-Being
Glendale, AZ 85308	1 30-0030112	POT (C)(3)	125,000.	٠.			Merr-perma

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pai	t II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Truckee Community Cares, Inc.							
PO Box 2955							
Truckee, CA 96161	68-0391861	501(c)(3)	6,000.	0.			 Well-Being
			, -	-			
Truckee Trails Foundation							
PO Box 1751							
Truckee, CA 96160	01-0601303	501(c)(3)	6,200.	0.			Environment
UC Regents of the University of							
California, Davis - 202 Cousteau							Education & Youth
Place, Suite 185 - Davis, CA 95618	94-6036494	501(c)(3)	12,779.	0.			Development
United Justice – Justicia Unida 55 Springstowne Ctr #245			IBI		,		\
Vallejo, CA 94591	83-3301602	501(c)(3)	40,000.	0.			Well-Being
University of Nevada, Reno							
Foundation - 1664 N. Virginia							
Street, Mail Stop 0007 Morrill							Education & Youth
Hall - Reno, NV 89557	94-2781749	501(c)(3)	1,331,100.	0.			Development
University of Notre Dame			50				Education & Youth
Notre Dame, IN 46556	35-0868188	501(c)(3)	505,000.	0.			Development
University of Wisconsin Foundation							Diametrica & Worth
U.S. Bank Lockbox Box 78807	20 0542055	501 () (2)	20.000				Education & Youth
Milwaukee, WI 53278	39-0743975	501(c)(3)	30,000.	0.			Development
Vallojo Doaf Church							
Vallejo Deaf Church 1640 Broadway Street							
Vallejo, CA 94590	68-0403114	501(a)(3)	12,000.	0.			Community Engagement
vallejo, ca 34330	00-0403114	DOT(C)(3)	12,000.	0.			Community Engagement
Veterans Guest House							
880 Locust Street							
Reno, NV 89502	94-3160109	501(c)(3)	5,500.	0.			 Well-Being

		Community F			adula I (Farm 000) Da		8-0362053 Pag
Part II Continuation of Grants and Othe	er Assistance to Doi	nestic Organizations	and Domestic Go	vernments (Sch	edule i (Form 990), Pa 	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Vision of Children Foundation 12555 High Bluff Dr # 330							Education & Youth
	95-4271785	E01/a\/2\	6 000	0.			Development
San Diego, CA 92130	95-42/1/85	201(6)(3)	6,000.	0.			Development
Warrior-Scholar Project							
.012 14th Street NW, Ste1200							Education & Youth
Washington, DC 20005-3408	45-2745669	501(c)(3)	25,000.	0.			Development
,							
Water and Rails							
1325 Airmotive Way, Suite 390							
Reno, NV 89502	61-1546946	501(c)(3)	7,500.	0.			Community Engagement
·							
MestCare Foundation			1141				
PO Box 94738							
as Vegas, NV 89193	86-0852629	501(c)(3)	75,000.	0.			Well-Being
WGHSA							
16 School Street							
Washington, CT 06793-0000	80-0332713	501(c)(3)	10,000.	0.			Well-Being
Young Life							
PO Box 5184							
Marlan, IA 51593	84-0385934	501(c)(3)	90,000.	0.			Community Engagement
\ \ \ \ \							
Coung Life Tahoe Truckee							
774 Mays Blvd, Suite 10-168							
ncline Village, NV 89451	84-0385934	501(c)(3)	59,000.	0.			Community Engagement
						1	<u> </u>

Part III can be duplicated if additional space is needed.					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Emergency Assistance	3	54,000.	0.		
		IBI			nV
			DF	: CO	
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	ne 2; Part III, column	(b); and any other ac	dditional information.	
Part I, Line 2:		2			
All records pertaining to grants an	nd grante	es are mai	ntained by	the	
Organization's record retention pol	licy, inc	cluding the	recommend	ations made	
by the donor advised fund holders a	and grant	applicati	ons. The	Organization	

The grants to individuals were to provide immediate financial assistance to

verifies the eligibility of all grantees by verifying their status as a

charitable organization and by obtaining a copy of their tax determination

letter issued by the IRS.

SCHEDULE J (Form 990)

Department of the Treasury

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.

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

The Parasol Tahoe Community Foundation,

Part I | Questions Regarding Compensation

88-0362053

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee		,	
	ninh			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		37
	The organization?	5a		<u>X</u>
b	Any related organization?	5b		A
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			v
a	The organization?	6a		X
b	Any related organization?	6b		Δ
-	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7		Х
0	not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			Х
0	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		
	negulations section 33.4830-0[0]?	ו ש	1	1

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

Schedule J (Form 990) 2023

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MISocompensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Claudia Andersen	(i)	201,650.	0.	0.	6,049.	5,675.	213,374.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)				_			
	(ii)							1
	(i) (ii)						M	
	(i)							
	(ii)						, ·	
	(i)	-						
	(ii)							
	(i)			•				
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
-11210
DUDE, VODA
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Schedule J (Form 990) 2023

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

	The Parasol	Tahoe	Community	Foundation,	88-0	362	053	
Pai	t I Types of Property		_					
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of dei noncash contribu			s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	39	3,482,384.	Fair Value			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organ	ization during	g the tax year for c	ontributions				
	for which the organization completed Form 82	283, Part V, D	Oonee Acknowledg	ement 29			0	
					1		Yes	No
30a	During the year, did the organization receive b	•		,	· · · · · · · · · · · · · · · · · · ·			
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ich isn't required to be used t	for			
	exempt purposes for the entire holding period	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review of	of any nonstandard contribut	ions?	31	X	<u> </u>
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in o	column (c) fo	r a type of property	for which column (a) is chec	ked,			
	describe in Part II							

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

Schedule M (Form 990) 2023

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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 Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

The Parasol Tahoe Community Foundation,

Employer identification number 88-0362053

Form 990, Part VI, Section A, line 1a:

The Executive Committee shall be composed of Board of Directors only including the Chair, Treasurer, Secretary, chairs of all current Permanent and Standing Committees, and the CEO serving as an ex-officio non-voting member. The Executive Committee shall have the power to act for the Corporation on all matters between meetings of the Board of Directors by the vote of a majority of the directors present at a committee meeting at which a quorum is present.

Form 990, Part VI, Section B, line 11b:

The Form 990 draft is provided to management for review and approval. After necessary changes are made, a draft is provided to the audit and executive committees for review and approval. A final draft is then provided and approved by the board of directors prior to submitting to the Internal Revenue Service.

Form 990, Part VI, Section B, Line 12c:

Employees and Board Members are required to acknowledge, not less than annually, that he or she has read and complied with the conflict of interest policy. When a Board Member becomes aware of a proposed transacation that they have a conflict with they must immediately disclose the existence and circumstances of the transaction to the Board in writing. In addition, they must refrain from using his or her personal influence to encourage the Board; physically excuse himself or herself from any discussions regarding the transaction except to answer questions, including

Board discussions and decisions on the subject.

Schedule O (Form 990) 2023 Page **2**

Name of the organization	The Parasol Tahoe Community Foundation,	Employer identification number 88-0362053
Form 990, Part	VI, Section B, Line 15:	
Good faith eff	ort is made to obtain market data for compar	ison. In
addition, job	performance and business need is reviewed. A	11 deliberations
and decisions	related to the executive compensation are fu	11y documented.
Form 990, Part	VI, Section C, Line 19:	
The Organizati	on's annual report and audited financial sta	tements are
available on t	he website. The governing documents and the	conflict of
interest polic	y are available upon request.	
	DUBLIC CLOSURE	

SCHEDULE R (Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

	The Parasol Ta	hoe Community Found	dation,			88-0	036205	53	
Part I	Identification of Disregarded Entities. Complete	e if the organization answered "Yes"	on Form 990, Part IV, line 33						
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total inco	(e) me End-of-year		(f) Direct cor enti	ntrolling	
	Identification of Related Tax-Exempt Organizat	tions. Complete if the organization of	newood "Vas" on Form 900	Part IV line 34 F	poques it had one	D V	A toy overm	nt.	
Part II	organizations during the tax year. (a)	(b)	(c)	(d)	(e)	(f)			٠١
	Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct conti entity	rolling	Section 5 control entiti	olled

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

	4.3				(0)		Τ.		(1)		T (1)
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	General o	Percentage
of related organization		(state or	entity	(related, unrelated, excluded from tax under sections 512-514)	income	end-of-year		itions?	amount in box 20 of Schedule	managing	ownership
		foreign		excluded from tax under		assets		1	K-1 (Form 1065)	partitors	1
		country)		Sections 512-514)			Yes	No	K-1 (F0111 1003)	Yes No	<u> </u>
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(l contr	i) tion o)(13) olled ity?
		country)		21 21 21				Yes	No
113 4									
Charitable Remainder Unitrust (1)	Investments	NV	N/A		N/A	N/A	N/A		X
	1								
]								
	1								
	1								
	1								
	-								

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	X
					1b	X
С	Gift, grant, or capital contribution from related organization(s)				1c	X
					1d	X
	Loans or loan guarantees by related organization(s)				1e	Х
	, , , , , , , , , , , , , , , , , , , ,					
f	Dividends from related organization(s)				1f	Х
g	Sale of assets to related organization(s)				1g	X
	Purchase of assets from related organization(s)				1h	X
i	Exchange of assets with related organization(s)				1i	X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	Х
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	X
	Performance of services or membership or fundraising solicitations for related organic				11	X
	Performance of services or membership or fundraising solicitations by related organizations				1m	X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	n(s)			1n	X
					10	X
р	Reimbursement paid to related organization(s) for expenses				1p	Х
q	Reimbursement paid by related organization(s) for expenses	_ 1			1q	X
•						
r	Other transfer of cash or property to related organization(s)				1r	Х
						Х
	If the answer to any of the above is "Yes," see the instructions for information on who					
	(a)	(b)	(c)	(d)		
	Name of related organization	Transaction	Amount involved	Method of determining amount inv	olved	
		type (a-s)		_		
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
33216	3 09-28-23			Schedule I	२ (Form १	990) 2023

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

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

(a)	(b)	(c)		(a)	(f)	(g)	(h)		(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Drodominant income	(e) Are all partners se 501(c)(3) orgs.?	Share of	Share of		nor-	(i) Codo V IIDI	(J) General ((K)
of entity	Filliary activity	(state or foreign	(related, unrelated,	501(c)(3)	total	end-of-year	Disprop tiona	te	amount in box 20	managin	ownership
or entity		country)					allocatio	ons?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partner's	- Cwileisilip
		Country)	Sections 512-514)	Yes No	income	833013	Yes I	No	(FOIII 1065)	Yes No	
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			11174								
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Form 990 Page 10 990

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	Building & Equipment	Various	SL	.000	:	16 (,821,393.				5,821,393.3	,255,283.		134,640.	3,389,923.
	* Total 990 Page 10 Depr					(6,821,393.				5,821,393.3	,255,283.		134,640.	3,389,923.
								5 1							
							11	51					0		
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			.1				5								
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CARRYOVER DATA TO 2024

Name The Parasol Tahoe Community Foundation,	Employer Identification Number 88-0362053
Based on the information provided with this return, the following are possible carryover amounts to next year.	
Federal Post-2017 Net Operating Loss - Pass-through Par	tners 1,641.
PUBLIC	