

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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.

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

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization The Parasol Tahoe Community Foundation, Inc. Doing business as		D Employer identification number 88-0362053
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 948 Incline Way		E Telephone number (775) 298-0100
	City or town, state or province, country, and ZIP or foreign postal code Incline Village, NV 89451		G Gross receipts \$ 36,296,092.
	F Name and address of principal officer: Claudia Andersen same as C above		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number

J Website: **www.parasol.org**

K Form of organization: Corporation Trust Association Other **L** Year of formation: **1996** **M** State of legal domicile: **NV**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Cultivating community philanthropy to enhance and preserve the quality of life at Tahoe.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	6
	6 Total number of volunteers (estimate if necessary)	6	10
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,737.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	1,737.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	21,651,228.	21,042,521.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	54,201.	58,213.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,462,024.	377,846.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	-13,591.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	28,167,453.	21,464,989.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	7,332,235.	11,009,375.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	567,386.	684,254.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	189,872.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	585,710.	567,437.
19 Revenue less expenses. Subtract line 18 from line 12	8,485,331.	12,261,066.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	19,682,122.	9,203,923.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	120,733,725.	109,098,735.
		407,946.	1,288,424.
		120,325,779.	107,810,311.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date		
	Claudia Andersen, CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Deb Nelson, CPA	Deb Nelson, CPA	11/13/23		P01264758
	Firm's name	Firm's EIN			
	Eide Bailly LLP	45-0250958			
	Firm's address	Phone no.			
	800 Nicollet Mall, Ste. 1300 Minneapolis, MN 55402-7033	612-253-6500			

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: The Foundation envisions a thriving community created through meaningful philanthropy, inclusive communication, and the willingness to explore possibilities together.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 10,765,409. including grants of \$ 10,753,980.) (Revenue \$ 1,465.) PHILANTHROPIC SERVICES: Parasol fulfills its mission to build a more prosperous community by partnering with donors to make their charitable giving more meaningful, by supporting quality programs provided by local non-profit organizations and by providing community leadership on emerging issues.

4b (Code:) (Expenses \$ 583,198. including grants of \$) (Revenue \$ 56,748.) DONALD W. REYNOLDS COMMUNITY NON-PROFIT CENTER: In the year ended December 31, 2022, Parasol provided 42 local non-profit organizations with office space, storage space, meeting room use and other resources.

4c (Code:) (Expenses \$ 255,395. including grants of \$ 255,395.) (Revenue \$) DISCRETIONARY GRANTMAKING: Parasol's discretionary grants are awarded to respond to critical programs, emerging needs and innovative services for the benefit of our community.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 11,604,002.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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 entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
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?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 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) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website 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 financial 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 Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See 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.
 - 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.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Claudia Andersen CEO	40.00			X			185,000.	0.	10,963.	
(2) Cari Gutheil CFO	40.00			X			115,750.	0.	12,216.	
(3) Ron Alling Chair	1.00	X		X			0.	0.	0.	
(4) Kevin Hameister Treasurer	1.00	X		X			0.	0.	0.	
(5) Aimee LaFayette Secretary	1.00	X		X			0.	0.	0.	
(6) David Hardie Director	1.00	X					0.	0.	0.	
(7) John McLaughlin Director	1.00	X					0.	0.	0.	
(8) Aaron Moore Director	1.00	X					0.	0.	0.	
(9) Alvaro Pascotto Director	1.00	X					0.	0.	0.	
(10) Bill Watson Director	1.00	X					0.	0.	0.	
(11) Janice Charlie Director	1.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							300,750.	0.	23,179.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							300,750.	0.	23,179.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 2

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

The Parasol Tahoe Community Foundation, Inc.

Form 990 (2022)

88-0362053 Page 9

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	108,670.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	20,933,851.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 10,618,065.				
	h Total. Add lines 1a-1f			21,042,521.			
Program Service Revenue	2 a Building Use Income	Business Code					
		561000	56,748.	56,748.			
	b						
	c						
	d						
	e						
	f All other program service revenue	561000	1,465.	1,465.			
g Total. Add lines 2a-2f			58,213.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,294,548.		2,737.	2291811.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	12,899,335.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	14,815,635.	402.			
	c Gain or (loss)	7c	-1,916,300.	-402.			
	d Net gain or (loss)			-1,916,702.		-1916702.	
8 a Gross income from fundraising events (not including \$ 108,670. of contributions reported on line 1c). See Part IV, line 18	8a		1,475.				
		b Less: direct expenses	8b	15,066.			
		c Net income or (loss) from fundraising events			-13,591.		-13,591.
9 a Gross income from gaming activities. See Part IV, line 19	9a						
		b Less: direct expenses	9b				
		c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	10a						
		b Less: cost of goods sold	10b				
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			21,464,989.	58,213.	2,737.	361,518.	

The Parasol Tahoe Community Foundation,
Inc.

Form 990 (2022)

88-0362053 Page 10

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 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 ...	11,009,375.	11,009,375.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
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	323,929.	48,991.	225,947.	48,991.
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	272,081.	167,398.	2,590.	102,093.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	45,821.	28,000.	5,357.	12,464.
10 Payroll taxes	42,423.	16,518.	15,086.	10,819.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	33,096.		33,096.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	102,763.		102,763.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	3,778.			3,778.
13 Office expenses	79,512.	3,927.	63,858.	11,727.
14 Information technology	28,065.	21,805.	6,260.	
15 Royalties				
16 Occupancy	120,918.	120,918.		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	3,844.	69.	3,775.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	143,825.	142,273.	1,552.	
23 Insurance	44,061.	37,293.	6,768.	
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.)				
a _____				
b _____				
c _____				
d _____				
e All other expenses _____	7,575.	7,435.	140.	
25 Total functional expenses. Add lines 1 through 24e	12,261,066.	11,604,002.	467,192.	189,872.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

The Parasol Tahoe Community Foundation,
Inc.

Form 990 (2022)

88-0362053 Page 11

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	11,664,015.	2	7,775,342.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,703.	4	0.
	5 Loans and other receivables from 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	26,213.	9	18,191.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,807,161.		
	b Less: accumulated depreciation	10b 3,225,283.		
	11 Investments - publicly traded securities	3,712,855.	10c	3,581,878.
	12 Investments - other securities. See Part IV, line 11	91,340,705.	11	85,244,374.
	13 Investments - program-related. See Part IV, line 11	13,988,234.	12	12,478,950.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	120,733,725.	15	109,098,735.	
17 Accounts payable and accrued expenses	28,830.	16	109,098,735.	
18 Grants payable	50,000.	17	35,645.	
19 Deferred revenue	15,900.	18	1,000,000.	
20 Tax-exempt bond liabilities		19	16,400.	
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
22 Loans and other 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		21		
23 Secured mortgages and notes payable to unrelated third parties		22		
24 Unsecured notes and loans payable to unrelated third parties		23		
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	313,216.	24		
26 Total liabilities. Add lines 17 through 25	407,946.	25	236,379.	
27 Net assets without donor restrictions	64,468,035.	26	1,288,424.	
28 Net assets with donor restrictions	55,857,744.	27	61,736,251.	
29 Capital stock or trust principal, or current funds		28	46,074,060.	
30 Paid-in or capital surplus, or land, building, or equipment fund		29		
31 Retained earnings, endowment, accumulated income, or other funds		30		
32 Total net assets or fund balances	120,325,779.	31		
33 Total liabilities and net assets/fund balances	120,733,725.	32	107,810,311.	
33 Total liabilities and net assets/fund balances	120,733,725.	33	109,098,735.	

Form 990 (2022)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	21,464,989.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,261,066.
3	Revenue less expenses. Subtract line 2 from line 1	3	9,203,923.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	120,325,779.
5	Net unrealized gains (losses) on investments	5	-24,634,537.
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	2,915,146.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	107,810,311.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2022)

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

2022

Open to Public Inspection

Name of the organization The Parasol Tahoe Community Foundation, Inc. Employer identification number 88-0362053

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple questions (1-9) regarding conservation easements, including purpose, acreage, monitoring, and reporting requirements. Includes a small table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, and 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with questions 1a, 1b, and 2 regarding the reporting of art and historical treasures. Includes sub-questions (i) and (ii) for revenue and assets.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	17,752,679.	13,023,684.	10,743,999.	9,181,794.	9,679,292.
b Contributions	26,100.	3,691,600.	21,507.	71,464.	265,152.
c Net investment earnings, gains, and losses	-3,552,665.	1,669,497.	2,367,860.	1,953,907.	-314,109.
d Grants or scholarships					
e Other expenditures for facilities and programs	-376,781.	611,986.	95,836.	453,470.	439,779.
f Administrative expenses	38,459.	20,116.	13,846.	9,696.	8,760.
g End of year balance	14,564,436.	17,752,679.	13,023,684.	10,743,999.	9,181,796.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 100 %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|-------------------------------------|
| (i) Unrelated organizations | | <input checked="" type="checkbox"/> |
| (ii) Related organizations | | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? _____ | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		6,296,702.	2,745,840.	3,550,862.
c Leasehold improvements				
d Equipment		510,459.	479,443.	31,016.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,581,878.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) Alternative and Other		
(B) Investment Funds	12,478,950.	End-of-Year Market Value
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	12,478,950.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. 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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Split interest agreements	236,379.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	236,379.

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 ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	4,226,040.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-24,634,537.
b	Donated services and use of facilities	2b	293,032.
c	Recoveries of prior year grants	2c	2,915,146.
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-21,426,359.
3	Subtract line 2e from line 1	3	25,652,399.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	102,763.
b	Other (Describe in Part XIII.)	4b	-4,290,173.
c	Add lines 4a and 4b	4c	-4,187,410.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	21,464,989.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	10,948,925.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	293,032.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	15,066.
e	Add lines 2a through 2d	2e	308,098.
3	Subtract line 2e from line 1	3	10,640,827.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	102,763.
b	Other (Describe in Part XIII.)	4b	1,517,476.
c	Add lines 4a and 4b	4c	1,620,239.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	12,261,066.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V, line 4:

The intended use of the Foundation's endowment fund is to support the activities and programs of the Parasol Tahoe Community Foundation.

Part X, Line 2:

Management believes that the entity has appropriate support for any tax positions taken affecting its annual filing requirements, and as such, does not have any uncertain tax positions that are material to the financial statements. The Foundation would recognize future accrued interest and penalties related to unrecognized tax benefits and liabilities in income tax expense if such interest and penalties are incurred.

Part XIII Supplemental Information (continued)

Part XI, Line 4b - Other Adjustments:

Agency revenue not included in financials	-4,275,107.
Fundraising expenses included in revenue for tax purposes	-15,066.
Total to Schedule D, Part XI, Line 4b	-4,290,173.

Part XII, Line 2d - Other Adjustments:

Fundraising expenses included in revenue for tax purposes	15,066.
---	---------

Part XII, Line 4b - Other Adjustments:

Agency expenses not included in financials	1,517,476.
--	------------

PUBLIC DISCLOSURE COPY

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization
**The Parasol Tahoe Community Foundation,
Inc.**

Employer identification number
88-0362053

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
Central America and the Caribbean - Antigua & Barbuda, Aruba, Bahamas,	0	0	Investments		16,287,000.
3 a Subtotal	0	0			16,287,000.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			16,287,000.

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

Schedule F (Form 990) 2022

The Parasol Tahoe Community Foundation,
Inc.

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)

PUBLIC DISCLOSURE COPY

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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

PUBLIC DISCLOSURE COPY

232073 10-17-22

Part IV Foreign Forms

- 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 Instructions for Form 926)* 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 Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes 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 Instructions for Form 5471)* 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 Instructions for Form 8621)* 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 Instructions for Form 8865)* 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 Instructions for Form 5713; don't file with Form 990)* Yes No

PUBLIC DISCLOSURE COPY

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 G (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization **The Parasol Tahoe Community Foundation, Inc.**

Employer identification number
88-0362053

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	
- Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
 - If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

- List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

The Parasol Tahoe Community Foundation, Inc.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		25th Anniversary (event type)	(event type)	None (total number)	
Revenue	1	Gross receipts	110,145.		110,145.
	2	Less: Contributions	108,670.		108,670.
	3	Gross income (line 1 minus line 2)	1,475.		1,475.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	10,676.		10,676.
	8	Entertainment			
	9	Other direct expenses	4,390.		4,390.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			15,066.
11	Net income summary. Subtract line 10 from line 3, column (d)			-13,591.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If "Yes," enter name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV Supplemental Information *(continued)*

Lined area for supplemental information.

PUBLIC DISCLOSURE COPY

**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.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization **The Parasol Tahoe Community Foundation,
Inc.**

Employer identification number
88-0362053

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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	501c3	7,500.	0.			Well-Being
Aim High PO Box 410715 San Francisco, CA 94141-0715	94-3296338	501c3	10,000.	0.			Education & Youth Development
Alameda County Community Food Bank PO Box 2599 Oakland, CA 94614	94-2960297	501c3	6,000.	0.			Well-Being
Alzheimer's Association 639 Isbell Road, Suite 240 Reno, NV 89509	13-3039601	501c3	10,000.	0.			Well-Being
American Red Cross PO Box 37839 Boone, IA 50037-0839	53-0196605	501c3	65,000.	0.			Community Engagement
American Red Cross of Northern Nevada - 4750 Longley Lane, Suite 101 - Reno, NV 89502	53-0196605	501c3	10,000.	0.			Well-Being

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 139.

3 Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) 2022

The Parasol Tahoe Community Foundation,
Inc.

Schedule I (Form 990)

88-0362053

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part 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
Arukah International PO Box 644 Tahoe City, CA 96145	82-4356332	501c3	10,840.	0.			Community Engagement
Assyrian Arts Institute PO Box 1227 Los Altos, CA 94023	81-4638366	501c3	10,000.	0.			Arts, Culture & Heritage
Best Friends Animal Society 5001 Angel Canyon Road Kanab, UT 84741-5000	23-7147797	501c3	42,000.	0.			Well-Being
Boundless Freedom Project 5960 South Land Park Drive #584 Sacramento, CA 95822	27-3086459	501c3	10,000.	0.			Community Engagement
Boys and Girls Club of Lake Tahoe PO Box 17846 South Lake Tahoe, CA 96151	68-0241891	501c3	25,200.	0.			Education & Youth Development
Boys and Girls Club of North Lake Tahoe - PO Box 1617 - Kings Beach, CA 96143	31-1549603	501c3	35,000.	0.			Education & Youth Development
Boys and Girls Club of Truckee Meadows - 2680 East 9th Street - Reno, NV 89512	88-0142068	501c3	10,000.	0.			Education & Youth Development
Breast Cancer Alliance, Inc 48 Maple Avenue Greenwich, CT 06830	06-1453500	501c3	15,000.	0.			Well-Being
Butler University 4600 Sunset Avenue Indianapolis, IN 46208	35-0867977	501c3	15,000.	0.			Education & Youth Development

Schedule I (Form 990)

The Parasol Tahoe Community Foundation,
Inc.

Schedule I (Form 990)

88-0362053

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part 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
C4 Foundation PO Box 181679 Coronado, CA 92178	82-2075362	501c3	363,000.	0.			Well-Being
Cal Poly Pomona Philanthropic Foundation - PO Box 3121 - Pomona, CA 91769	83-2300241	501c3	20,000.	0.			Education & Youth Development
CARE Chest of Sierra Nevada 7910 North Virginia Street Reno, NV 89506	94-3118373	501c3	10,000.	0.			Well-Being
Carnation Farms 28901 NE Carnation Farm Road Carnation, WA 98014	81-3414267	501c3	2,455,760.	0.			Environment
Catholic Charities of Northern Nevada - PO Box 5099 - Reno, NV 89513	88-0339754	501c3	20,200.	0.			Community Engagement
Children's Center 13500 SE 7th Street Vancouver, WA 98683	91-1459420	501c3	50,000.	0.			Education & Youth Development
Children's Day School 333 Dolores Street San Francisco, CA 94110	94-3248631	501c3	25,000.	0.			Education & Youth Development
Classical Tahoe 948 Incline Way Incline Village, NV 89451	45-2682958	501c3	118,243.	0.			Arts, Culture & Heritage
Colorado Rocky Mountain School 500 Holden Way Carbondale, CO 81623	84-0425174	501c3	10,000.	0.			Education & Youth Development

Schedule I (Form 990)

The Parasol Tahoe Community Foundation,
Inc.

Schedule I (Form 990)

88-0362053

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part 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
Comfort Zone Camp 6606 West Broad Street, Suite 401 Richmond, VA 23230	54-1916517	501c3	10,000.	0.			Well-Being
Compassion Community Clinic PO Box 18452 Reno, NV 89511	45-4643088	501c3	12,500.	0.			Well-Being
Cornerstone Community Church 300 Country Club Drive Incline Village, NV 89451	27-1450831	501c3	26,250.	0.			Well-Being
Crisis Support Services of Nevada P.O. Box 8016 Reno, NV 89507	88-0201840	501c3	30,000.	0.			Well-Being
Crossline Community Church 23331 Moulton Pkwy Laguna Hills, CA 92653	73-1721664	501c3	50,000.	0.			Community Engagement
Del Paso Boulevard Foundation 1219 Del Paso Blvd Sacramento, CA 95815	20-5541333	501c3	10,000.	0.			Community Engagement
Denver Art Museum PO Box 17765 Denver, CO 80217	84-6038240	501c3	10,000.	0.			Arts, Culture & Heritage
Diamond Peak Ski Education Foundation - PO Box 5591 - Incline Village, NV 89450	94-3015906	501c3	9,199.	0.			Education & Youth Development
Diocese of Honolulu 1184 Bishop Street Honolulu, HI 96813	99-0222900	501c3	10,000.	0.			Community Engagement

Schedule I (Form 990)

The Parasol Tahoe Community Foundation,
Inc.

Schedule I (Form 990)

88-0362053

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part 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
Doctors Without Borders P.O. Box 5030 Hagerstown, MD 21741-5030	13-3433452	501c3	11,000.	0.			Well-Being
Eisenhower Health Foundation 39000 Bob Hope Drive Rancho Mirage, CA 92270	95-6130458	501c3	44,000.	0.			Well-Being
El Dorado Community Foundation 312 Main Street, Suite 201 Placerville, CA 95667	68-0255556	501c3	6,000.	0.			Community Engagement
Episcopal Diocese of Northern California - 350 University Avenue, Suite 280 - Sacramento, CA 95825	94-1408152	501c3	6,317.	0.			Community Engagement
Every Man Ministries 23312 Madero Road, Suite H Mission Viejo, CA 92691	33-0962080	501c3	10,000.	0.			Community Engagement
Food Bank of Northern Nevada 550 Italy Drive Sparks, NV 89437	94-2924979	501c3	45,750.	0.			Well-Being
Foundation 36, Inc. 316 California Avenue #36 Reno, NV 89509	37-1927112	501c3	387,000.	0.			Arts, Culture & Heritage
Friendship House Association of American Indians - 56 Julian Avenue - San Francisco, CA 94103	23-7097915	501c3	40,000.	0.			Well-Being
Friends in Service Helping - Emergency Referral Services Program - 138 E Long St - Carson City, NV 89706	94-2590904	501c3	20,000.	0.			Well-Being

Schedule I (Form 990)

The Parasol Tahoe Community Foundation,
Inc.

Schedule I (Form 990)

88-0362053

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part 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
Friends of the Children 44 NE Morris Street Portland, OR 97212	93-1300690	501c3	100,000.	0.			Education & Youth Development
Gateway Mountain Center 10038 Meadow Way, Unit D Truckee, CA 96161	82-2347906	501c3	30,000.	0.			Well-Being
Give The Dream Foundation 808 Northwood Blvd, #2 Incline Village, NV 89451	86-0882426	501c3	20,000.	0.			Well-Being
Glenbrook Underground, Inc. 3470 GS Richards Blvd Carson City, NV 89703	86-1791497	501c3	150,000.	0.			Community Engagement
GO2 Foundation for Lung Cancer 1100 Industrial Road, Suite 1 San Carlos, CA 94070	20-4417327	501c3	6,500.	0.			Well-Being
Graland Country Day School 55 Clermont Street Denver, CO 80220	84-0402699	501c3	40,000.	0.			Education & Youth Development
Grassroot Institute of Hawaii 1050 Bishop Street #508 Honolulu, HI 96813	99-0354937	501c3	50,000.	0.			Community Engagement
Haleakala Waldorf School Maui 4160 Lower Kula Rd Kula, HI 96790	99-0151085	501c3	100,000.	0.			Education & Youth Development
High Fives Non-Profit Foundation 10775 Pioneer Trail, Suite 108 Truckee, CA 96161	26-4275773	501c3	8,500.	0.			Well-Being

Schedule I (Form 990)

The Parasol Tahoe Community Foundation,
Inc.

Schedule I (Form 990)

88-0362053

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part 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
Hillsdale College 33 E. College Street Hillsdale, MI 49242	38-1374230	501c3	25,000.	0.			Education & Youth Development
Hoag Hospital Foundation 330 Placentia Avenue, Suite 100 Newport Beach, CA 92663	95-3222343	501c3	10,000.	0.			Well-Being
Hoover Institution 326 Galvez Street Stanford, CA 94305	94-1156365	501c3	25,000.	0.			Education & Youth Development
Hope Community Church 755 Trademark Dr Reno, NV 89521	20-4524747	501c3	12,000.	0.			Community Engagement
Horizons New York City/Brooklyn 59 Pineapple Street, 1L Brooklyn, NY 11201	85-1000631	501c3	20,000.	0.			Education & Youth Development
Hospital de la Familia Foundation PO Box 12981 Berkeley, CA 94712	94-2452906	501c3	25,000.	0.			Well-Being
Humane Society of Truckee-Tahoe 10961 Stevens Lane Truckee, CA 96161	68-0366788	501c3	15,000.	0.			Well-Being
iFred, Org. - Reno Branch 100 N. Arlington, Suite 200 Reno, NV 89501	20-1427003	501c3	50,000.	0.			Well-Being
Incline Boosters Club 499 Village Boulevard Incline Village, NV 89451	88-0232960	501c3	27,400.	0.			Education & Youth Development

Schedule I (Form 990)

The Parasol Tahoe Community Foundation,
Inc.

Schedule I (Form 990)

88-0362053

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part 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
Incline Village Community Hospital Foundation - 880 Alder Avenue - Incline Village, NV 89451	20-0752156	501c3	59,000.	0.			Well-Being
Keep Memory Alive 888 W. Bonneville Avenue Las Vegas, NV 89106	88-0515534	501c3	47,000.	0.			Well-Being
Keep Truckee Meadows Beautiful PO Box 7412 Reno, NV 89150	88-0254957	501c3	10,000.	0.			Environment
Kids & Horses 2869 Esaw Street Minden, NV 89423	88-0419196	501c3	5,200.	0.			Education & Youth Development
Lake Tahoe School 995 Tahoe Blvd. Incline Village, NV 89451	86-0868862	501c3	30,100.	0.			Education & Youth Development
Lake Tahoe Shakespeare Festival 948 Incline Way Incline Village, NV 89451	88-0358637	501c3	24,000.	0.			Arts, Culture & Heritage
Las Vegas Philharmonic 2451 S. Buffalo Drive, Suite 135 Las Vegas, NV 89117	88-0398092	501c3	10,000.	0.			Arts, Culture & Heritage
League to Save Lake Tahoe 2608 Lake Tahoe Boulevard South Lake Tahoe, CA 96150	94-6128680	501c3	18,600.	0.			Environment
Live Violence Free 2941 Lake Tahoe Blvd. South Lake Tahoe, CA 96150	94-2598256	501c3	25,000.	0.			Well-Being

Schedule I (Form 990)

The Parasol Tahoe Community Foundation,
Inc.

Schedule I (Form 990)

88-0362053

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part 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
Marin Academy 1600 Mission Avenue San Rafael, CA 94901	94-1186189	501c3	7,000.	0.			Education & Youth Development
Marine Mammal Center 2000 Bunker Road Sausalito, CA 94965	51-0144434	501c3	42,000.	0.			Environment
Marin Humane 171 Bel Marin Keys Blvd. Novato, CA 94949	94-1156562	501c3	42,000.	0.			Well-Being
McCallum Theatre 73000 Fred Waring Drive Palm Desert, CA 92260	95-2834871	501c3	21,700.	0.			Arts, Culture & Heritage
Mountain Metro Church 2550 Hanover Street Palo Alto, CA 94304	82-5259273	501c3	19,100.	0.			Community Engagement
Mountain Youth Musicals PO Box 571 Evergreen, CO 80437	82-2554127	501c3	10,000.	0.			Arts, Culture & Heritage
Native American Health Center, Inc. - 2920 International Blvd., Floor 2 - Oakland, CA 94601	23-7135928	501c3	10,000.	0.			Well-Being
Nature Conservancy Nevada One E. First Street, Suite 1007 Reno, NV 89501	53-0242652	501c3	25,000.	0.			Environment
Nevada Humane Society 2825 Longley Lane, Suite B Reno, NV 89502	88-0072720	501c3	10,000.	0.			Well-Being

Schedule I (Form 990)

The Parasol Tahoe Community Foundation,
Inc.

Schedule I (Form 990)

88-0362053

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part 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
Nevada Museum of Art 160 West Liberty Street Reno, NV 89501	88-6003042	501c3	2,061,000.	0.			Arts, Culture & Heritage
Nevada Policy Research Institute 7130 Placid Street Las Vegas, NV 89119	88-0276314	501c3	35,000.	0.			Community Engagement
North Lake Tahoe Fire Protection District - 866 Oriole Way - Incline Village, NV 89451	88-0181106	501c3	18,456.	0.			Community Engagement
Oakland Lacrosse Club 378 Grand Ave, Suite 102 Oakland, CA 94610	46-1048887	501c3	5,500.	0.			Well-Being
Orme School HC 63 Box 3040 Mayer, AZ 86333	86-0120990	501c3	60,000.	0.			Education & Youth Development
Our Lady of Tahoe Catholic Church PO Box 115 Zephyr Cove, NV 89448	27-4336535	501c3	60,500.	0.			Community Engagement
Parkinson's Foundation Inc. 200 SE 1st Street, Ste 800 Miami, FL 33131	13-1866796	501c3	25,000.	0.			Well-Being
Pet Network Humane Society 401 Village Blvd. Incline Village, NV 89451	94-3162646	501c3	11,000.	0.			Well-Being
Portland Rescue Mission PO Box 3713 Portland, OR 97208-3713	93-0429004	501c3	10,000.	0.			Well-Being

Schedule I (Form 990)

The Parasol Tahoe Community Foundation,
Inc.

Schedule I (Form 990)

88-0362053

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part 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
PTSD Now 948 Incline Way Incline Village, NV 89451	84-3847026	501c3	5,200.	0.			Well-Being
Read With Me Volunteer Programs PO Box 1016 Rancho Mirage, CA 92270	47-1406641	501c3	10,000.	0.			Education & Youth Development
Reno Rodeo Foundation 59 Damonte Ranch Parkway, Suite B-4 Reno, NV 89521	88-0230538	501c3	40,000.	0.			Arts, Culture & Heritage
Rocky Mountain Institute 2490 Junction Place, Suite 200 Boulder, CO 80301	74-2244146	501c3	25,000.	0.			Environment
Rowayton Civic Association PO Box 302 Rowayton, CT 06853	22-3044753	501c3	9,000.	0.			Community Engagement
Saint Joseph Community Land Trust 312 Dorla Court, Suite 205 Zephyr Cove, NV 89448	65-1166533	501c3	11,000.	0.			Well-Being
San Diego Zoo Wildlife Alliance PO Box 120551 San Diego, CA 92112	95-1648219	501c3	10,000.	0.			Well-Being
Santa Catalina School 1500 Mark Thomas Dr Monterey, CA 93940	94-1156652	501c3	10,000.	0.			Education & Youth Development
Sausalito Art Festival Foundation PO Box 10 Sausalito, CA 94966	94-3347958	501c3	10,000.	0.			Arts, Culture & Heritage

Schedule I (Form 990)

The Parasol Tahoe Community Foundation,
Inc.

Schedule I (Form 990)

88-0362053

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part 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
Sierra Arts Foundation 17 South Virginia Street, #120 Reno, NV 89501	88-0113398	501c3	137,500.	0.			Arts, Culture & Heritage
Sierra Community House 948 Incline Way Incline Village, NV 89451	94-2985554	501c3	64,408.	0.			Well-Being
Sierra Nevada College 999 Tahoe Boulevard Incline Village, NV 89451-9500	88-0121831	501c3	1,167,507.	0.			Education & Youth Development
Sierra Senior Services PO Box 4152 Truckee, CA 96160	68-0484075	501c3	30,000.	0.			Well-Being
Sky Tavern Junior Ski Program 21130 Mt. Rose Hwy Reno, NV 89511	88-0275590	501c3	11,000.	0.			Education & Youth Development
Smith Center for the Performing Arts - 361 Symphony Park Avenue - Las Vegas, NV 89106	88-0361875	501c3	10,000.	0.			Arts, Culture & Heritage
SOS Outreach 948 Incline Way Incline Village, NV 89451	84-1332544	501c3	37,500.	0.			Education & Youth Development
South Tahoe Futbol Club PO Box 8042 South Lake Tahoe, CA 96158	46-2503842	501c3	10,000.	0.			Well-Being
SPCA of Northern Nevada 4950 Spectrum Blvd. Reno, NV 89512	88-0386601	501c3	25,000.	0.			Well-Being

Schedule I (Form 990)

The Parasol Tahoe Community Foundation,
Inc.

Schedule I (Form 990)

88-0362053

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part 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
St. Francis of Assisi 701 Mount Rose Highway Incline Village, NV 89451-9152	27-4337971	501c3	25,000.	0.			Community Engagement
St. John in the Wilderness Episcopal Church - 1776 U.S. Highway 50 - Glenbrook, NV 89413	88-0254182	501c3	10,000.	0.			Community Engagement
St. Theresa Catholic Church 312 Dorla Court, Suite 205 Zephyr Cove, NV 89448	94-1337646	501c3	15,250.	0.			Well-Being
Suffield Academy 185 North Main Street Suffield, CT 06078	06-0678539	501c3	50,000.	0.			Education & Youth Development
Tahoe Coalition for the Homeless PO Box 13514 South Lake Tahoe, CA 96151	47-4825924	501c3	10,300.	0.			Well-Being
Tahoe Douglas Fire Protection District - PO Box 919 - Zephyr Cove, NV 89448	88-0461280	Stateline, NV	17,300.	0.			Community Engagement
Tahoe Family Solutions 774 Mays Boulevard, #13 Incline Village, NV 89451	88-0326582	501c3	82,726.	0.			Well-Being
Tahoe Fund 948 Incline Way Incline Village, NV 89451	01-0974628	501c3	198,361.	0.			Environment
Tahoe Magic PO Box 13070 South Lake Tahoe, CA 96151	94-3199111	501c3	50,500.	0.			Well-Being

Schedule I (Form 990)

The Parasol Tahoe Community Foundation,
Inc.

Schedule I (Form 990)

88-0362053

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part 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
Tahoe Nordic Search and Rescue Team, Inc. - PO Box 7703 - Tahoe City, CA 96145	94-2737988	501c3	26,000.	0.			Well-Being
Tahoe Prosperity Center 948 Incline Way Incline Village, NV 89451	45-3559172	501c3	15,000.	0.			Community Engagement
Tahoe Rim Trail Association PO Box 3267 Stateline, NV 89449	94-2789846	501c3	44,541.	0.			Environment
Tahoe School of Music 10038 Meadow Way, Suite E Truckee, CA 96161	46-0914096	501c3	10,000.	0.			Arts, Culture & Heritage
Tahoe's Connection for Families PO Box 3074 Incline Village, NV 89450	88-0503036	501c3	26,985.	0.			Education & Youth Development
The Center for the Study of Technology and Society - 1730 M Street NW Suite 910 - Washington, DC 20036	51-0399261	501c3	10,000.	0.			Education & Youth Development
The Global Mission PO Box 80222 Rancho Santa Margarita, CA 92688	20-4897897	501c3	31,000.	0.			Community Engagement
The Salvation Army 1931 Sutro Street Reno, NV 89512	94-1156347	501c3	15,000.	0.			Community Engagement
The University of Texas MD Anderson Cancer Center - PO Box 4486 - Houston, TX 77210-4486	74-1587488	501c3	10,000.	0.			Well-Being

Schedule I (Form 990)

The Parasol Tahoe Community Foundation,
Inc.

Schedule I (Form 990)

88-0362053

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part 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 White House Historical Association - PO Box 27624 - Washington, DC 20038	52-0749685	501c3	100,000.	0.			Arts, Culture & Heritage
Thunderbird Lodge Preservation Society - PO Box 6812 - Incline Village, NV 89450	88-0434866	501c3	215,500.	0.			Arts, Culture & Heritage
Travel North Tahoe Nevada 969 Tahoe Boulevard Incline Village, NV 89451	88-0273379	501c3	125,940.	0.			Community Engagement
Treasure House 7815 W. Aspera Blvd. Glendale, AZ 85308	80-0836112	501c3	125,000.	0.			Well-Being
UC Davis Tahoe Environmental Research Center - 291 Country Club Drive - Incline Village, NV 89451	94-6036494	501c3	45,000.	0.			Well-Being
UCSF Foundation PO Box 45339 San Francisco, CA 94145-0339	94-2829914	501c3	10,000.	0.			Well-Being
University of Nevada, Reno Foundation - 1664 N. Virginia Street, Mail Stop 0007 Morrill Hall - Reno, NV 89557	94-2781749	501c3	10,000.	0.			Education & Youth Development
University of Wisconsin Foundation U.S. Bank Lockbox Box 78807 Milwaukee, WI 53278	39-0743975	501c3	30,000.	0.			Education & Youth Development
USO PO Box 96860 Washington, DC 20077-7677	13-1610451	501c3	10,000.	0.			Community Engagement

Schedule I (Form 990)

The Parasol Tahoe Community Foundation,
Inc.

Schedule I (Form 990)

88-0362053

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part 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
Volunteers in Medicine of Southern Nevada - 1240 N. Martin Luther King Blvd. - Las Vegas, NV 89106	39-2072453	501c3	25,000.	0.			Well-Being
Warrior-Scholar Project 1012 14th Street NW, Ste1200 Washington, DC 20005-3408	45-2745669	501c3	25,000.	0.			Education & Youth Development
WildCare 76 Albert Park Lane San Rafael, CA 94901	51-0172331	501c3	42,000.	0.			Environment
Woodleaf Young Life Camp 4876 Santa Monica #263 San Diego, CA 92107	84-0385934	501c3	100,000.	0.			Community Engagement
YES! Youth for Environmental Sanity - 3240 King Street - Berkeley, CA 94703	77-0467495	501c3	9,051.	0.			Environment
Young America's Foundation 11480 Commerce Park Drive, Suite 60 Reston, VA 20191	23-7042029	501c3	25,100.	0.			Community Engagement
Young Life Tahoe Truckee 774 Mays Blvd, Suite 10-168 Incline Village, NV 89451	84-0385934	501c3	21,000.	0.			Education & Youth Development

Schedule I (Form 990)

The Parasol Tahoe Community Foundation,
Inc.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line 2:

All records pertaining to grants and grantees are maintained by the Organization's record retention policy, including the recommendations made by the donor advised fund holders and grant applications. The Organization 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
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization **The Parasol Tahoe Community Foundation,
Inc.**

Employer identification number
88-0362053

Part I Questions Regarding Compensation

1a 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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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

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?

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.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- 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:

- a** The organization?
- b** Any related organization?
- 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:

- a** The organization?
- b** Any related organization?
- 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 not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2022

The Parasol Tahoe Community Foundation,
Inc.

88-0362053

Schedule J (Form 990) 2022

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Claudia Andersen CEO	(i)	185,000.	0.	0.	5,550.	5,413.	195,963.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

PUBLIC DISCLOSURE COPY

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.

Part I, Line 7:

The CFO receives a discretionary bonus determined by the Executive
Committee.

PUBLIC
DISCLOSURE COPY

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization **The Parasol Tahoe Community Foundation, Inc.** Employer identification number **88-0362053**

Part 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 determining noncash contribution amounts
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	30	10,287,540.	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	X	1	330,525.	Appraisal
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 organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **0**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?
 b If "Yes," describe the arrangement in Part II.
 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?
 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
 b If "Yes," describe in Part II.
 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2022

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

Schedule M, Part I, Column (b):

The number reported in column (b) represents the total number of contributions.

PUBLIC DISCLOSURE COPY

**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.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

The Parasol Tahoe Community Foundation,
Inc.

Employer identification number
88-0362053

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

The Executive Committee shall be composed of the Board Chair, Vice Chair, Treasurer, Secretary, and chairs of all board committees, with 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 vote of the committee. The Executive Committee shall also be responsible for personnel matters related to Operating Officers and other management staff positions, including hiring, compensation, and termination of such positions, except that all actions related to hiring, compensation or termination of the CEO require approval of the full Board. The Executive Committee may relieve the CEO of his or her duties upon notice to the full Board.

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 transaction that they have a conflict with they must immediately disclose the existence and circumstances of the transaction to the Board in writing.

Name of the organization The Parasol Tahoe Community Foundation, Inc.	Employer identification number 88-0362053
--	---

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.

Form 990, Part VI, Section B, Line 15:

Good faith effort is made to obtain market data for comparison. In addition, job performance and business need is reviewed. All deliberations and decisions related to the executive compensation are fully documented.

Form 990, Part VI, Section C, Line 19:

The Organization's annual report and audited financial statements are available on the website. The governing documents and the conflict of interest policy are available upon request.

Form 990, Part XI, line 9, Changes in Net Assets:

Reversal of Grant Expenses	2,915,146.
----------------------------	------------

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization **The Parasol Tahoe Community Foundation, Inc.** Employer identification number **88-0362053**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

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

See Part VII for Continuations

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

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

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?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		X
1b		X
1c		X
1d		X
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l		X
1m		X
1n		X
1o		X
1p		X
1q		X
1r		X
1s	X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

The Parasol Tahoe Community Foundation, Inc.

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

PUBLIC DISCLOSURE COPY

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Part IV, Identification of Related Organizations Taxable as Corp or Trust:

Name of Related Organization:

Charitable Remainder Unitrust (1)

Direct Controlling Entity: The Parasol Tahoe Community Foundation

PUBLIC
DISCLOSURE COPY