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190 05/07/2010 9 09 AM

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 2009

Open to Public Inspection

Α	For the 200	9 calendar y	ear, or tax year beginning , and ending				
В	Check if applica		C Name of organization COMMUNITY COLLEGE OF AURORA	D	Emplo	yer iden	tification number
	Address chang	e use IRS label or	FOUNDATION				
	Name change	print or	Doing Business As		84-	<u> 1078</u>	004
$\overline{\Box}$	Initial return	type.	Number and street (or P O box if mail is not delivered to street address) Room/suite	: E	,	one numb	
\dashv		See Specific	16000 EAST CENTRETECH PARKWAY		303	-360	<u>-4833</u>
\vdash	Termination	Instruc-	City or town, state or country, and ZIP + 4	G	Gross rece	pts \$	2,491,449
	Amended return		AURORA CO 80011-9057				
	Application per	iong	e and address of principal officer ADJEW M. DIEDCE DESCIDENT	H((a) Is this a		
			ADLEY M PIERCE, PRESIDENT ME AS C ABOVE	H(affiliate b) Are all	affiliates	Yes X No
5		SA	ME AS C ABOVE		include		Yes No
<u>્રા</u>	Tay ava-sat	-tetus X	501(c) (3) ◄ (insert no) 4947(a)(1) or 527		11 140,	attach a ns	t. (see instructions)
<u>∌}_</u>	Tax-exempt	Status A	501(c) (3) ◀ (insert no) 4947(a)(1) or 527 CCAURORA . EDU/FOUNDATION	—— _H ,	(c) Group	evemetion r	umber
= <u>.</u> - <u>*</u>		zation X Co		400			f legal domicile CO
	Part I	Summa				iii olbio o	. Togar communic
	1 Brie	_	the organization's mission or most significant activities				
	T		DATION PROVIDES SUPPORT TO INSTRUCTIONAL PROGRAMS, C	COLLEG	E		
岩	F.	ACILITI	ES, STUDENT SCHOLARSHIPS, SPECIAL COLLEGE PROJECTS,	AND S	ERVES	AS	
ZE	T		UIT FOR REPAYMENT OF EDUCATIONAL DEVELOPMENT REVENUE				
38	2 Che	ck this box	if the organization discontinued its operations of disposed of more than 25% of its remembers of the governing body (Part VI line 1a)	net assets	5		
<i>M</i>	3 Num	ber of voting	g members of the governing body (Part VI, line 1aREUEIVEU		3	29	
es	4 Num	ber of indep	pendent voting members of the governing body (Part VI, line 1b)		4	29	
Ϋ́	5 Tota		volunteers (estimate if necessary)		5	3	
SCANNED SCANNED Activities & Governance	6 Tota	I number of	volunteers (estimate if necessary)		6	0	
•	7a Tota	ıl gross unre	lated business revenue from Part VIII, column (C)		7a		
	b Net	unrelated bu	controls taxable intestric neith t entries of 1, medical taxable intestriction		7b		0
			 	orior Year 536,	276	<u>C</u>	urrent Year 470,625
ne	1		d grants (Part VIII, line 1h)	, 832 ,		1	,922,710
Revenue	1		` · · •	, 832 , 124 ,			87,884
æ	1		me (Part VIII, column (A), lines 3, 4, and 7d)		263		-13,571
	L	-	Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) add lines 8 through 11 (must equal Part VIII, column (A), line 12)	,581,		2	,467,648
_	T		ar amounts paid (Part IX, column (A), lines 1–3)	456,			523,073
	ľ		or for members (Part IX, column (A), line 4)				
	1	="	ompensation, employee benefits (Part IX, column (A), lines 5–10)	156,	417		154,523
penses	16a Prof		draising fees (Part IX, column (A), line 11e)		933		
per	b Tota		expenses (Part IX, column (D), line 25) 145,314				
Ä	1	-		,393,	268	1	,413,144
	18 Tota	l expenses	Add lines 13–17 (must equal Part IX, column (A), line 25)	,024,	277	2	,090,740
	19 Rev	enue less ex	openses Subtract line 18 from line 12	556,			376,908
8 0 2	200			g of Current			nd of Year
Assets or	20 Tota	•		<u>,038,</u>			<u>,099,992</u>
Net A	21 Tota	•	. ,	<u>,042,</u>			,727,499
				<u>,995,</u>	262		<u>,372,493</u>
	Part II		re Block		 		
			lties of penury, I declare that I have examined this return, including accompanying schedules and staten t is true, correct, and complete. Declaration of prepa <u>rer (othe</u> r than officer) is based on all information of				
۵.		R 1	Collin In O day		1	•	_
Sig	_	2			J. Dete		
He	ere		HADLEY M. PIERCE, PRESIDENT		Date	3-/	\circ
			r print name and title	_			
_				Check if			er's identifying number
Pa	id	Preparer's signature		self-	⊾ П	(see ins	structions)
	eparer's	orginature	JASON D. ADAMS, CPA 05/07/10 POYSTI & ADAMS, LLC	employed		1	<u> </u>
	e Only	Firm's name	400 C COLORADO BILID CHE 600	+	EIN P		
	-	if self-emplo address, an	77		Phone	303-	·733-3796
AA-	v the IPS d		eturn with the preparer shown above? (see instructions)		no 🕨	<u> </u>	X Yes No
ivia	<u> </u>		eturn with the preparer shown above? (see instructions)				Form 990 (2000)

_			Service Accomplishments	04 20,000	-		raye Z
1		he organization's missi					
3	the prior Form 99 If "Yes," describe Did the organizat services? If "Yes," describe Describe the exe Section 501(c)(3	e these new services on tion cease conducting, of the these changes on Schempt purpose achievement and 501(c)(4) organization	or make significant changes in how	it conducts, any program hree largest program services are required to report the amo		_	X No
C F	ACILITIES	PROVIDING SU	1,879,580 including grant PPORT TO INSTRUCT CHOLARSHIPS AND S AURORA.	IONAL PROGRAMS		THE)
4b	(Code) (Expenses \$	ıncluding grant	s of \$) (Revenue \$		· · · · · · · · · · · · · · · · · · ·
4c	(Code) (Expenses \$	including grant	s of \$) (Revenue \$)
		ervices (Describe in Sc					
	(Expenses \$ Total program s	ervice expenses	including grants of \$ 1,879,580) (Revenue \$			
				· · · · · · · · · · · · · · · · · · ·		Form 9	90 (2009)

DAA

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	_ 3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		<u>x</u>
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	1		
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			37
	complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_7_		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			x
	complete Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	9		x
10	complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or	3		
10	quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
• •	VII, VIII, IX, or X as applicable	11	х	
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
Ī	Schedule D, Part VI			1
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more		-	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 167 If "Yes," complete Schedule D, Part IX		-	
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			1
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		77	
	Schedule D, Parts XI, XII, and XIII	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No If "Yes " completing Schedule D. Parts XI. XII. and XIII is optional			
	The state of the s	42	-	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		$\frac{\mathbf{x}}{\mathbf{x}}$
14a	The second of th	140		
b	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	- 75		
13	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		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? If "Yes," complete Schedule G, Part I	17		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? If "Yes," complete Schedule G, Part II	_18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		<u> </u>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		Form	990	(2009)

Form	990 (2009) COMMUNITY COLLEGE OF AURORA 84-1078004		P	age 4
Pa	art IV ` Checklist of Required Schedules (continued)		,	
	,		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	_ 21	X	<u></u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the		1	
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	•		
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
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? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		X
d	The state of the s	24d		X
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a		<u> </u>	<u> </u>
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			İ
	990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			<u> </u>
20	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		<u> </u>
27	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
		27		x
	If "Yes," complete Schedule L, Part III	21		-
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		X	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	201		x
	Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	ļ	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			l
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	ĺ		
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			}
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			İ
	Port VI	37		X

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

19? Note. All Form 990 filers are required to complete Schedule O

Pa	rt V 'Statements Regarding Other IRS Filings and Tax Compliance					
	•				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1 1				
	U.S. Information Returns. Enter -0- if not applicable	1a	6		-	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		1	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portabl	е			
	gaming (gambling) winnings to prize winners?			1c	X	
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	3			/
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined	ns?		2b	X	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			ļ		
	instructions)					,
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	d by		_		J J
	this return?			3 <u>a</u>	┦—	<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	ـــــ	↓
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		ty			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	ancial				
	account)?			<u>4a</u>		X
b	If "Yes," enter the name of the foreign country			l		, t
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Bank			1	
	and Financial Accounts			<u>-</u>		ز بٍ إ.
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5a</u>	+	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact			<u>5b</u>	+	
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarders of the state	arding				
	Prohibited Tax Shelter Transaction?	_		<u>5c</u>	 	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	е		6-	x	
L	organization solicit any contributions that were not tax deductible?			6a	12	
Ь	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or		6.	x	
7	gifts were not tax deductible?			6b	1	┼
	Organizations that may receive deductible contributions under section 170(c).	node			-	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	jouas		72	X	-
ь	and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?			7 <u>a</u> 7b	$\frac{\hat{\mathbf{x}}}{\mathbf{x}}$	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	e		70	+*	
·	required to file Form 8282?	.5		7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		1	+	+=-
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p		 I		1	
Ū	benefit contract?	0,00,10	•	7e	1	x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f	†	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0	as		1	T	
	required?			7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	organization, have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.] ,
a	Did the organization make any taxable distributions under section 4966?			9a		<u> </u>
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?			9ь		<u> </u>
10	Section 501(c)(7) organizations. Enter					
а	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			-	1	
а	Gross income from members or shareholders	11a			1	
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?		12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			<u></u>	<u> </u>

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	tion A. Governing Body and Management				Yes	No
1a	Enter the number of voting members of the governing body	1a	29			1
b	Enter the number of voting members that are independent	1b	29			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was	filed?		4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?			5		X
6	Does the organization have members or stockholders?			6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members					
	of the governing body?			7a	Ì	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during					
	the year by the following				l	
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached					
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the I	nterna	al			
Rev	renue Code.)					
					Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			1		
	affiliates, and branches to ensure their operations are consistent with those of the organization?			10b		<u> </u>
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the					1
	form?			11	X	L
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990					
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	L
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give				1	
	rise to conflicts?			12b	X	ļ
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			l.		
	describe in Schedule O how this is done			12c	X	<u> </u>
13	Does the organization have a written whistleblower policy?			13	X	
14	Does the organization have a written document retention and destruction policy?			14	X	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by			l		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a	<u> </u>	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate					
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard					
	the organization's exempt status with respect to such arrangements?			16b		
<u>Sec</u>	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE					

- Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply X Own website X Another's website X Upon request
- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 19 policy, and financial statements available to the public
- State the name, physical address, and telephone number of the person who possesses the books and records of the 20 organization > THE ORGANIZATION 16000 EAST CENTRETECH PARKWAY

303-360-4833

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

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. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average	Posi	tion ((Checl		that a	(vlac	(D) Reportable	(E) Reportable	(F) Estimated
Name and The	hours per week	Individual trustee or director	Institutional trustee	Officer		•	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
AMY MCLAUGHRY		Ī								
MEMBER DELLE DOUBLE		X	.			Н		0	0	(
ANNE DELLE DONNE MEMBER		x				,		o	0	(
BRADLEY M. PIERC. PRESIDENT	E	x						0	0	(
DALE MINGILTON MEMBER		x						0	0	C
DAN SANDOS									<u> </u>	
TREASURER		X						o	0	C
DAVID COOPER										
MEMBER		X						0	0	
DAVID PATTERSON										
MEMBER		X	<u> </u>					0	0	
DEBRA PARCHETA										
MEMBER		X	<u> </u>	<u> </u>		Ш		0	0	(
DIANE GARCIA								_		
MEMBER		X						0	0	
DOUG EVANS										,
MEMBER		X	<u> </u>		<u> </u>	\vdash		0	0	
FRED BROWN MEMBER		x						o	0	(
JAMES LEWIEN		╁╾	\vdash	-	┢	\vdash				
MEMBER		x						0	0	C
JASMIN ESPY		+		ļ —	 	 				
MEMBER		x						o	0	(
JOHN HILL		 -			_					<u> </u>
SECRETARY		X						o	0	C
KARIN JENSON										
MEMBER		X						0	0	
KEVIN HAGGERTY										
MEMBER		X						0	0	
KEVIN HOUGEN										
MEMBER		X		1	1			0	0	C

Part VII Section A. Officers	s, Directors, Trus	stee	s, Ke	y Er	nplo	yees	s, an	d Highest Compensated	Employees (continued)				
` (A) Name and Title	(B) Average	Pos	ition (C) k all t	that a	pply)	(D) Reportable	(E) Reportable		(F) ımate		
·	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	comp fro orga and	ount of other oensatem the nization related	tion e ion ed	
LARRY PISCIOTTA MEMBER		x						0	0				
LYNN MYERS MEMBER													`
MICHAEL HANLEY		X						0	0				<u>_</u> ,
MEMBER MIKE QUIRK		X		_	_			0	0			<u> </u>	
VICE PRESIDENT PAT HOGAN	ļ	X						0	0				
MEMBER		x						0	0				(
PAUL SUSS													,
RICH ALLISON		X						0	0		-		
MEMBER RICK POPPE		X			ļ		-	0	0				(
MEMBER	·	x		<u> </u>				0	0				
RUTH FOUNTAIN MEMBER		x						o	o				(
SUZANNE PITRUSU		-											`
ASST TREASURER		X					_	0	0				(
TOM ASHBURN MEMBER		x						o	0				C
WENDY MITCHELL MEMBER		x						0	0				
DIANA WHYE	<u> </u>										-		
EXECUTIVE DIRECTOR 1b Total	40.00			X				97,911 97,911	0				
2 Total number of individuals (in				thos	e list	ted a	bove		\$100,000 in				
reportable compensation from	n the organization	<u> </u>	0								T	'es	No
3 Did the organization list any fo	ormer officer, dire	ector	or t	ruste	e, k	ey er	nplo	yee, or highest compensat	ed		+	es	
employee on line 1a? If "Yes," 4 For any individual listed on lin								n and other compensation	from	3	+	\dashv	<u> </u>
the organization and related of individual	organizations grea	ater t	han	\$150	0,000)? If	"Yes	s," complete Schedule J for	rsuch	4			X
5 Did any person listed on line									r		١.		x
services rendered to the orga Section B. Independent Contract		COL	npiei	ie St	cnea	ule J	TOT	such person		5			
Complete this table for your fit compensation from the organ	ve highest comp	ensa	ted ı	ndep	end	ent c	ontr	actors that received more t	than \$100,000 of				
	(A) d business address							Descript	(B) bon of services		Comp	(C) ensati	ол
				-									
	_												
				-	_				=				
							<u> </u>	- 					
2 Total number of independent	•	_				d to	thos	se listed above) who receiv	ed				
more than \$100,000 in compe	ensauon nom the	orga	HIZ	шол							0	ian /	

Pa	rt V	III Statement of Reve	nue		- · · · · · · · · · · · · · · · · · · ·			
,	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ম্ম	1a	Federated campaigns	1a			10101100		312,010,01014
rani	h	Membership dues	1b				•	
Program Service Revenue Contributions, gifts, grants	c	Fundraising events	1c	63,122				
jifts ar a	d	Related organizations	1d	-,-,				
ns, g	e	Government grants (contributions)	1e		į			
ion r sı	f	All other contributions, gifts, grants,	-'* 					
but	'	and similar amounts not included above	_{1f}	407,503				
ntri d o	g	Noncash contributions included in lines 1a-		34,250				
Col	h		- Ψ	D	470,625			
ē		Total. Add inics 7a 11		Busn. Code				
enu	2a	RENT FROM CCA		900099	1,827,902	1,827,902		
Rev	b	CCA SUPPORT REIMBUR	SEMENT	900099	94,808	94,808		
ice		CCA BOFFORT RELIBOR			7,000			
eΣ	4	d o						
E S	e							
gra	f	All other program service reve	nue		-			
Pro	a				1,922,710			
	3	Investment income (including	dividends interi	est, and	-7 7			
	_	other similar amounts)	,	▶	87,884			87,884
	4	Income from investment of tax	exempt bond r	proceeds >	•			
	5	Royalties		▶ □				
		(ı) Real	(11)	Personal				
	6a	Gross Rents						
	ь	Less rental exps						
	С	Rental inc or (loss)						
	d	Net rental income or (loss)		•				
	7a	i (i) Securite:	s (II)) Other				
		sales of assets other than inventory		·]				:
	b	Less cost or other						
		basis & sales exps						
	С	Gain or (loss)						
	d	Net gain or (loss)		>				
d)	8a	Gross income from fundraising eve						
une		(not including \$ 63,	122		1			
Other Reven		of contributions reported on line 1c))			j		
r.		See Part IV, line 18	a	10,230				
the	b	Less direct expenses	ь[23,801				
0	С	Net income or (loss) from fund	Iraising events	>	-13,571			-13,571
	9a	Gross income from gaming activities	s.	e .				
		See Part IV, line 19	a					
		Less direct expenses	ь					
		Net income or (loss) from gam	ning activities					
	10a	Gross sales of inventory, less						
		returns and allowances	a					
	b	Less cost of goods sold	b		,		:	
	С	Net income or (loss) from sale	s of inventory	<u> </u>				
		Miscellaneous Revenue	·	Busn. Code				
	11a			ļ				
	b							
	С			 -				
	d	All other revenue		L				
	е	Total. Add lines 11a-11d		<u> </u>				
	12	Total Revenue. See instruction	ns	▶	2,467,648	1,922,710	0	74,313

Form 990 (2009)

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) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b, , 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 governments and			-	
	organizations in the U.S. See Part IV, line 21	523,073	523,073		
2	Grants and other assistance to individuals in				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				ı
	U S See Part IV, lines 15 and 16				· · · · · · · · · · · · · · · · · · ·
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	97,911			97,911
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	37,166		37,166	
7	Other salaries and wages	31,100			
8	Pension plan contributions (include section 401(k)				
0	and section 403(b) employer contributions) Other employee benefits				
9 10	Payroll taxes	19,446		6,480	12,966
11	Fees for services (non-employees)	13,110		0,400	12,300
'' a	Management				
b	Legal				
c	Accounting	14,356	· · · · · · · · · · · · · · · · · · ·	14,356	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	18,235		İ	18,235
12	Advertising and promotion	11,996			11,996
13	Office expenses	9,605	4,979	2,845	1,781
14	Information technology				
15	Royalties				
16	Occupancy	809,516	809,516		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,274		1,274	
20	Interest	231,249	231,249		
21	Payments to affiliates	201 751	200 040	4 450	4 450
22	Depreciation, depletion, and amortization	291,761	288,843	1,459	1,459
23	Insurance	23,852	21,920	966	966
24	Other expenses Itemize expenses not				,
	covered above (Expenses grouped together				•
	and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)			1	
_	PROFESSIONAL DEVELOPMENT	1,300		1,300	· · · · · · · · · · · · · · · · · · ·
a b	TROUBSSIONED PEVEDSTEENT	1,500		1,300	
C	<u> </u>				
d					
e	ļ	. = =			
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	2,090,740	1,879,580	65,846	145,314
26	Joint costs. Check here ▶ If following				
	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation				
DAA					Form 990 (2009)

		(2009) COMMUNITY COLLEGE OF A	URUKA	·	0.3	-1078004		Page 1 1
Par	<u>t X</u>	Balance Sheet				(A)		(B)
•	•				ľ	Beginning of year		End of year
Τ,	4	Cash—non-interest bearing				1,438,985	1	252,80
	1	Savings and temporary cash investments			-	3,120,332		4,665,823
- 1	2 3	Pledges and grants receivable, net			F	20,000	_	10,000
	3 4	Accounts receivable, net			F	6,206		20/00
- 1	5	Receivables from current and former officers, directors, t	trustees k	ev.	-		-	
'	,	employees, and highest compensated employees Comp						
		Schedule L	p.0.0	•.	1		5	
١,	6	Receivables from other disqualified persons (as defined	under sec	tion	ľ			
	•	4958(f)(1)) and persons described in section 4958(c)(3)(l						
		Part II of Schedule L			^		6	Approximation of the Property Service and the Control of the Contr
Assets	7	Notes and loans receivable, net		7				
ပွဲ ေ	8	Inventories for sale or use					8	
۱ 🏲	9	Prepaid expenses and deferred charges				5,504	9	3,45
1	I0a	Land, buildings, and equipment cost or						
		other basis Complete Part VI of Schedule D	10a	13,643,1	105			
	ь	Less accumulated depreciation	10b	4,602,8	369	9,297,326	10c	9,040,23
1	11	Investments—publicly traded securities			L		11	
1:	12	Investments—other securities See Part IV, line 11			12	_		
1	3	Investments—program-related See Part IV, line 11			13			
1.	14	Intangible assets	L	149,722	14	127,67		
1	15	Other assets See Part IV, line 11			L		15	
1	16	Total assets. Add lines 1 through 15 (must equal line 34	4)			14,038,075		14,099,992
1	17	Accounts payable and accrued expenses			L	5,658		16,389
1	8	Grants payable			-	005 445	18	005 05
1	9	Deferred revenue				907,445		925,959
	20	Tax-exempt bond liabilities		_	-	6,764,833		5,994,980
<u>~ </u>	21	Escrow or custodial account liability Complete Part IV of		∍ D	-		21	
≝ ²	22	Payables to current and former officers, directors, trustee						
<u>ප</u>		employees, highest compensated employees, and disqu	ualified				· .	
		persons Complete Part II of Schedule L			F		22	
- 1	23	Secured mortgages and notes payable to unrelated third			F		23	
- 1	24	Unsecured notes and loans payable to unrelated third pa	aπies		F	364 554	24	790 17
- 1	25	Other liabilities Complete Part X of Schedule D			F	364,554 8,042,490		790,173
-	26	Total liabilities. Add lines 17 through 25	and		-+	0,042,430	20	1,121,20.
<u> </u>		Organizations that follow SFAS 117, check here ▶ X complete lines 27 through 29, and lines 33 and 34.	anu					
ر ا ع	. 7	Unrestricted net assets			ŀ	4,943,206	27	5,198,020
E 2	27	Temporarily restricted net assets			F	1,041,379		1,163,473
ءَ ا ق	28 29	Permanently restricted net assets			F	11,000		11,000
Fund Balances	-3	Organizations that do not follow SFAS 117, check her	re ▶ 🗂		ŀ	<u> </u>		
		and complete lines 30 through 34.	با		ŀ			
o s	30	Capital stock or trust principal, or current funds			İ		30	
# 3	31	Paid-in or capital surplus, or land, building, or equipment	t fund		Ì		31	
76	32	Retained earnings, endowment, accumulated income, or		ds	ľ		32	
	33	Total net assets or fund balances	-		Ī	5,995,585		6,372,493
<u> </u>	34	Total liabilities and net assets/fund balances				14,038,075		14,099,992

Form **990** (2009)

Form 990 (2009) COMMUNIT	Y COLLEGE OF A	AURORA	84-1078004		Pag	ge 1 2
Part XI ' Financial State	ements and Reportin	g				
					Yes	No
1 Accounting method used to	prepare the Form 990	Cash X Acci	rual Other			
If the organization changed i	s method of accounting from	m a prior year or ched	cked "Other," explain in			
Schedule O						
2a Were the organization's finar	icial statements compiled o	r reviewed by an inde	pendent accountant?	2a		X
b Were the organization's finar	icial statements audited by	an independent acco	untant?	2b	X	
c If "Yes" to line 2a or 2b, does	the organization have a co	mmittee that assume	s responsibility for oversight of] :		
the audit, review, or compila	tion of its financial statemer	nts and selection of a	n independent accountant?	2c	X	
If the organization changed e	other its oversight process of	or selection process d	uring the tax year, explain in			
Schedule O						
d If "Yes" to line 2a or 2b, ched	k a box below to indicate w	hether the financial s	atements for the year were			
issued on a consolidated bas	sis, separate basis, or both					
X Separate basis Co	onsolidated basis Bot	th consolidated and se	eparate basis			
3a As a result of a federal award	d, was the organization requ	ured to undergo an ai	udit or audits as set forth in			
the Single Audit Act and OM	B Circular A-133?			3a		X

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

Employer identification number

Open to Public Inspection

FOUNDATION 84-1078004 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

COMMUNITY COLLEGE OF AURORA

<u> </u>												
ersons othe	r than foundation	on managers	and other than one or more pu	blicly sup	orted org	janizatio	ns desc	ribed in	section	1		
		•										
the organiz	ation received a	a written dete	ermination from the IRS that it is	s a Type I,	Type II,	or Type	III supp	orting				
ganızatıon,	check this box											
ince August	t 17, 2006, has	the organiza	tion accepted any gift or contrib	ution from	any of the	ne						
ollowing per	sons?											
i) A persor	n who directly o	r indirectly co	ontrols, either alone or together	with perso	ons descr	ibed in (II)				Yes	No
and (III)	below, the gove	erning body o	f the supported organization?							11g(i)		
ii) A famıly	member of a p	erson describ	oed in (i) above?							11g(ii		
iii) A 35% c	ontrolled entity	of a person of	described in (i) or (ii) above?							11g(ii	i)	
rovide the f	following inform	ation about t	he supported organization(s)									
f supported zation	(ii) E	ilN	(iii) Type of organization (described on lines 1–9 above or IRC section	ın col (i) lı	sted in your	the organ	nization in of your	organizati (i) organi:	ion in col zed in the			
			(coo manadada)/	Yes	No	Yes	No	Yes	No			
				 	 						_	
						•			ļ			
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				+		<u> </u>						
			İ	1	I	l	1	1	1			
				i			l					
						<u> </u>				- ,		
	church, co school des hospital or medical rety, and statin organizate ection 170(federal, stan organizate escribed in community norganizate cepts from export from export from export from export from organization organization organization organization organization organization organization, ince August ganization, inc	church, convention of church school described in section hospital or a cooperative in medical research organizative, and state in organization operated for ection 170(b)(1)(A)(iv). (Confederal, state, or local govern organization that normal escribed in section 170(b) community trust described in organization that normal eccipts from activities relatively of the organization section 509(a)(3). Check the box that the organization received erganization, check this box ince August 17, 2006, has following persons? (a) A person who directly organization organization organization organization organization organization organization feech this box ince August 17, 2006, has following persons? (a) A person who directly organization	school described in section 170(b)(1)(hospital or a cooperative hospital servine medical research organization operated ty, and state in organization operated for the benefit of section 170(b)(1)(A)(iv). (Complete Partifederal, state, or local government or gin organization that normally receives a sescribed in section 170(b)(1)(A)(vi). (Complete Partifederal, state, or local government or gin organization that normally receives a sescribed in section 170(b)(1)(A)(vi). (Complete Partifederal, state, or local government or gin organization that normally receives a sescribed in section 170(b)(1)(A)(vi). (Complete Partifederal) in organization that normally receives (in organization activities related to its exemple of the organization organized and operated in organization organized and operated in organization organized and operated in organization organized and operated in organization organized and operated in organization organized and operated in organization organized and operated in organization organized and operated in organization organized and operated in organization organized and operated in organization organized and operated in organization, check the box that describes the organization, check this box ince August 17, 2006, has the organization organization, check this box ince August 17, 2006, has the organization organiz	school described in section 170(b)(1)(A)(ii). (Attach Schedule E) hospital or a cooperative hospital service organization described in se medical research organization operated in conjunction with a hospital ity, and state n organization operated for the benefit of a college or university owned section 170(b)(1)(A)(iv). (Complete Part II) federal, state, or local government or governmental unit described in se n organization that normally receives a substantial part of its support fr sescribed in section 170(b)(1)(A)(vi). (Complete Part II) community trust described in section 170(b)(1)(A)(vi). (Complete Part II) community trust described in section 170(b)(1)(A)(vi). (Complete Part in organization that normally receives (1) more than 33 1/3 % of its sup- protection from gross investment income and unrelated business taxable in coquired by the organization after June 30, 1975. See section 509(a)(2) in organization organized and operated exclusively to test for public saff in organization organized and operated exclusively for the benefit of, to unposes of one or more publicly supported organizations described in si coganization organized and operated exclusively for the benefit of, to unposes of one or more publicly supported organizations described in si coganization organized and operated exclusively for the benefit of, to unposes of one or more publicly supported organizations described in si coganization organized and operated exclusively for the benefit of, to unposes of one or more publicly supported organization so not controlled direct ersons other than foundation managers and other than one or more publicly of the organization received a written determination from the IRS that it is ganization, check this box unce August 17, 2006, has the organization accepted any gift or contrib collowing persons? ii) A person who directly or indirectly controls, either alone or together and (iii) below, the governing body of the supported organization? iii) A 35% controlled entity of a person described in (i) ab	school described in section 170(b)(1)(A)(ii). (Attach Schedule E) hospital or a cooperative hospital service organization described in section 170 medical research organization operated in conjunction with a hospital described ty, and state n organization operated for the benefit of a college or university owned or operate ection 170(b)(1)(A)(iv). (Complete Part II) federal, state, or local government or governmental unit described in section 17 norganization that normally receives a substantial part of its support from a government or in organization that normally receives a substantial part of its support from a government or government or government or government or government or its support from a government or government or government II) community trust described in section 170(b)(1)(A)(vi). (Complete Part II) n organization that normally receives (1) more than 33 1/3 % of its support from activities related to its exempt functions—subject to certain exception upport from gross investment income and unrelated business taxable income (lectured by the organization after June 30, 1975. See section 509(a)(2). (Complete norganization organized and operated exclusively for the benefit of, to perform to unround the properties of one or more publicly supported organizations described in section 509(a)(3). Check the box that describes the type of supporting organization and complete organization an	school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(medical research organization operated in conjunction with a hospital described in sectio ty, and state n organization operated for the benefit of a college or university owned or operated by a g action 170(b)(1)(A)(iv). (Complete Part II.) federal, state, or local government or governmental unit described in section 170(b)(1)(A) n organization that normally receives a substantial part of its support from a governmental escribed in section 170(b)(1)(A)(vi). (Complete Part II.) community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) n organization that normally receives (1) more than 33 1/3 % of its support from contribut excepts from activities related to its exempt functions—subject to certain exceptions, and (2) apport from gross investment income and unrelated business taxable income (less section cquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) n organization organized and operated exclusively to test for public safety. See section 50 n organization organized and operated exclusively for the benefit of, to perform the function arganization organized and operated exclusively for the benefit of, to perform the function properson or more publicly supported organizations described in section 509(a)(1) or cong(a)(3). Check the box that describes the type of supporting organization and complete in properson of the supported organization and complete in properson of the supported organization and complete in properson of the supported organization and complete in properson of the supported organization received a written determination from the IRS that it is a Type I, Type II, properson who directly or indirectly controls, either alone or together with persons described and (iii) below, the governing body of the supported organization (described on lines 1–9 above or IRC section (vi) is the organiz	hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). medical research organization operated in conjunction with a hospital described in section 170(b)(ty, and state in organization operated for the benefit of a college or university owned or operated by a government or governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). In organization that normally receives a substantial part of its support from a governmental unit or escribed in section 170(b)(1)(A)(vi). (Complete Part II) community trust described in section 170(b)(1)(A)(vi). (Complete Part II) no organization that normally receives (1) more than 33 1/3 % of its support from contributions, me exceptions from activities related to its exempt functions—subject to certain exceptions, and (2) no me apport from gross investment income and unrelated business taxable income (less section 511 taxoquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) in organization organized and operated exclusively to test for public safety. See section 509(a)(4). In organization organized and operated exclusively for the benefit of, to perform the functions of, ourposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e. Type	school described in section 170(b)(1)(A)(ii). (Attach Schedule E) hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii), medical research organization operated for the benefit of a college or university owned or operated by a governmental university of the college of university owned or operated by a governmental university of the college of university owned or operated by a governmental university of the college of university owned or operated by a governmental university of the college of university owned or operated by a governmental university of the college of the college of university owned or operated by a governmental university owned or operated by a governmental university owned or operated by a governmental university owned or operated by a governmental university owned or operated by a governmental university owned or operated by a governmental unit or from the from a governmental unit or from the governmental unit or from the governmental unit or from the governmental unit or from the governmental unit or from the governmental unit or from the governmental unit or from the governmental unit or from the governmental unit or from the governmenta	school described in section 170(b)(1)(A)(iii). (Attach Schedule E) hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enterly, and state in organization operated for the benefit of a college or university owned or operated by a governmental unit described in 170(b)(1)(A)(iv). (Complete Part II) federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). federal, state, or local governmental unit described in section 170(b)(1)(A)(v). federal, state, or local governmental unit describes in section 170(b)(1)(A)(v). federal, state, or local governmental unit describes in section 170(b)(1)(A)(v). forganization in organization in section 170(b)(1)(A)(vi). forganization forganization and secribed in section 170(b)(1)(A)(vi). forganization organization and operated exclusively to test for public safety See section 509(a)(4). forganization organized and operated exclusively to the benefit of, to perform the functions of, or to carry out this urposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See 199(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type II b Type II c Type II c Type II c Type II organization and complete lines 11e through 11h Type II b Type II c Type II c Type III organization organization organization received a written	school described in section 170(b)(1)(A)(ii). (Attach Schedule E) hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hit by, and state in organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(vi). (Complete Part II) federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). norganization that normally receives a substantial part of its support from a governmental unit or from the general public escribed in section 170(b)(1)(A)(vi). (Complete Part II) community trust described in section 170(b)(1)(A)(vi). (Complete Part II) norganization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and grin organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and grin organization that normally receives (1) more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses exquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) no organization organized and operated exclusively to test for public safety. See section 509(a)(4). no organization organized and operated exclusively to the benefit of, to perform the functions of, or to carry out the urposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11th Type II b Type II c Type III c Type III organization section 509(a)(2) which is publicly supported organizations described in section 509(a)(1) or section 509(a)(2) the organization received a written determination from the IRS that it is a Type II,	school described in section 170(b)(1)(A)(ii). (Attach Schedule E) hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name ty, and state in organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). In organization that normally receives a substantial part of its support from a governmental unit or from the general public sescribed in section 170(b)(1)(A)(v)). (Complete Part II) In organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its upport from gross investment income and unrelated business taxable income (less section 511 tax) from businesses exquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) In organization organized and operated exclusively to test for public safety. See section 509(a)(4). In organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the urposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 199(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h	school described in section 170(b)(1)(A)(ii). (Altach Schedule E) hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, by, and state in organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). In organization that normally receives a substantial part of its support from a governmental unit or from the general public sescribed in section 170(b)(1)(A)(v)). (Complete Part II) In organization that normally receives a substantial part of its support from a governmental unit or from the general public sescribed in section 170(b)(1)(A)(v)). (Complete Part II) In organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses exquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) In organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the urposes of one or more publicly supported organizations described in section 509(a)(4). In organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the urposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h In Type I b Type III c Type III c Type III or Type III or Type III or Type III or Ty

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

Private foundation, If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

18

Part III : Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

	Complete only if you on	conca the box	CONTINUE O ON T	art i.j			
	tion A. Public Support	· · · · · ·	1	T	1		
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5		<u> </u>				
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received					ĺ	
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support		T		T	T	
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)		<u> </u>	<u></u>	L <u>.</u>		
14	First five years. If the Form 990 is for the	•	t, second, third, fo	urth, or fifth tax yea	ar as a section 501	(c)(3)	
<u> </u>	organization, check this box and stop here		4				• [
	tion C. Computation of Public Su						
15	Public support percentage for 2009 (line 8		-	nn (f))		15	<u>%</u>
16	Public support percentage from 2008 School					16	%
	tion D. Computation of Investme			(A)		147	
17	Investment income percentage for 2009 (in		•	, column (t))		17	<u>%</u>
18	Investment income percentage from 2008 33 1/3 % support tests—2009. If the orga			e 14 and line 15 is	more than 33 1/2	18 % and line	%_
19a	17 is not more than 33 1/3 %, check this b						▶ [
ь	33 1/3 % support tests—2008. If the orga	-	_				
_	line 18 is not more than 33 1/3 %, check the						▶ [
20	Private foundation If the organization did						

Schedule A (Form 990 or 990-EZ) 2009 COMMUNITY COLLEGE OF AURORA

84-1078004

Page 4

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

PART II, LINE 10 - OTHER INCOME DETAIL

SPECIAL EVENT REVENUE

\$ 238,880

OTHER REVENUE

\$ 137,577

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 **2009**

Open to Public Inspection

Name of the organization Employer identification number COMMUNITY COLLEGE OF AURORA 84-1078004 **FOUNDATION** Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a 2b **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Sche	dule D (Form 990) 2009 CC	MMUNITY	COLLEGE	OF	<u>AURORA</u>		84-10	78004			Page 2
Pa	rt III · Organizations	Maintaining (Collections	of Art	Historical Tre	asures,	or Other	Similar A	ssets	(continu	ed)
3	Using the organization's acquicollection items (check all that	isition, accession t apply)	, and other reco	ords, ch	eck any of the follo	wing that a	are a signific	ant use of its	i		
а	Public exhibition		d [Loan	or exchange progr	ams					
b	Scholarly research		e 🗍	Othe	r						
С	Preservation for future ge	nerations	_						_		
4	Provide a description of the or Part XIV		ections and expl	ain how	they further the or	ganızatıon	's exempt p	urpose in			
5	During the year, did the organ assets to be sold to raise fund	ization solicit or r ds rather than to t	eceive donation be maintained a	s of art	, historical treasure f the organization's	s, or other collection	r sımılar 12			Yes	No
Pa	rt IV Escrow and Cu							"Yes" to F	orm 9	90. Part	
	IV, line 9, or rep										
1a	Is the organization an agent, t						ets not				
	included on Form 990, Part X					011101 4000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Yes	No
	If "Yes," explain the arrangem		nd complete the	followi	na table						
D	ii res, explain the anangem	entin Part Aiv a	na complete the	IOIIOWII	ig table					Amount	
_	Decision belong							4-		741100111	
	Beginning balance							1c			
đ	Additions during the year							1d			
е	• •							1e			
f	Ending balance							1f	L		
	Did the organization include a		m 990, Part X, II	ne 217						Yes	No
	If "Yes," explain the arrangem				1.45.7	,, <u> </u>	000 D	1076	40	 	
Pa	rt V Endowment Fu	inds. Comple						1			
			(a) Current ye		(b) Prior year		o years back	(d) Three yea	ars back	(e) Four y	ears back
1a	Beginning of year balance		1,052		11,00	0		ļ			
b	Contributions		391	, 668			,	<u> </u>			
С	Net investment earnings, gain	ıs,									
	and losses		10	,107							
d	Grants or scholarships		160	, 888							
е	Other expenditures for facilities	es		ŀ							
	and programs		118	, 793							
f	Administrative expenses										
g	End of year balance		1,174	473	11,00	0					
2	Provide the estimated percent	tage of the year e	nd balance held	l as							
а	Board designated or quasi-en	-	%								
	Permanent endowment ▶	0.17%									
		<u>.26</u> %									
	Are there endowment funds n	_	ion of the organ	zation	that are held and a	dministere	d for the				
-	organization by		.							ΓY	es No
	(i) unrelated organizations									3a(i)	X
	(ii) related organizations									3a(ii)	X
h	If "Yes" to 3a(II), are the relate	ed organizations l	isted as require	d on Sc	hedule R?					3b	· · · · · ·
4	Describe in Part XIV the inten	-	•							(<u>-55</u>)	
_	irt VI Investments—					90 Par	t X line 1	<u>n</u>			
	Description of investme		(a) Cost or oth		(b) Cost or			cumulated		(d) Book va	alue
	possipuon or investine	····	(a) cost of ou		basis (ott		1 '	eciation		(3) 200K VC	
4.	l and				_	4,716	L		+	4 50	4,716
	Land					4,710 5,533		402,48	6		$\frac{1}{3}, \frac{710}{100}$
	Buildings				0,16	ددد, ی	" ,	ZUZ,40		4,30.	J, U4 /
	Leasehold improvements				+	2 05 0	 	200 20			2 472
	Equipment					2,856	 	200,38	-	82	2,473
_	Other			4 14	1 (2)				_	0.044	226
ota	I. Add lines 1a through 1e (Col	iumn (a) must eq	uai Form 990, P	ап Х, с	olumn (B), line 10(d	<u>))</u>			<u>* </u> .		0,236
										D /F	0001 2000

Schedule D (Form 990) 2009 COMMUNITY COLLEGE OF		84-1078004	Page 3
Part VII · Investments—Other Securities. See Form 99		(-)14-6-4-7	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
		Cost of end-of-year man	
Financial derivatives			
Closely-held equity interests			· · · — - — — - ·
Other			- · · -
	-		
- 			
- 			<u> </u>
_ 			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	<u> </u>		
Part VIII Investments—Program Related. See Form 99	90, Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method of valuat	ion
		Cost or end-of-year mark	et value
	 		
	1		
		- · · · ·	
	<u> </u>		.
Table (Oak and the mouth accord Form 2000 Part V and (P) has 100			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<u> </u>		
Part IX Other Assets. See Form 990, Part X, line 15.			/b) Dealerralisa
(a) Description			(b) Book value
			
· ·-·-			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		•	
Part X Other Liabilities. See Form 990, Part X, line 2	25.		
1 (a) Description of liability	(b) Amount		
Federal income taxes	† ··· ` · · · · · · · · · · · · · · · ·		
DUE TO-COMMUNITY COLLEGE OF AURORA	631,211		
CCA STUDENT FEES PAYABLE	110,512		
ACCRUED INTEREST PAYABLE	 		
WOOLOGO INTENEST ENTUBLE	48,448		
	<u> </u>		
	 		
	ļ		
· · · · · · · · · · · · · · · · · · ·			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	790,171		
2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the orga		nts that reports the	*
organization's liability for uncertain tax positions under FIN 48		•	

Sche	dule D (Form 990) 2009 COMMUNITY COLLEGE OF AURORA	<u> </u>	84-107800	4	Page 4
Pa	art XI · Reconciliation of Change in Net Assets from Form 99	to Audited	d Financial Statem	ents	- ·
1	Total revenue (Form 990, Part VIII, column (A), line 12)	_		1	2,467,648
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	2,090,740
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	376,908
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lines 4 through 8			9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 a	ınd 9		10	376,908
Pa	rt XII Reconciliation of Revenue per Audited Financial State	ments Witl	h Revenue per Re	turn	
1	Total revenue, gains, and other support per audited financial statements			1	2,467,648
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	2,467,648
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	ĺl			1. 1
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
	Add lines 4a and 4b	<u> </u>		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	2,467,648
	art XIII Reconciliation of Expenses per Audited Financial State	ements Wi	th Expenses per F	Return	, ,
1	Total expenses and losses per audited financial statements			1	2,090,740
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c		1	
d	Other (Describe in Part XIV)	2d	•		
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	2,090,740
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				<u> </u>
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
h	Other (Describe in Part XIV)	4b			
	Add lines 4a and 4b		- · · ·	4c	
_	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	2,090,740
	irt XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part	III lines 1a and	d / Part IV lines 1h		
	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part X				
	part to provide any additional information	in, inico za ani	2 40 7 Hoo complete		
uns	oart to provide any additional information				
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Schedule D (F	orm 990) 2009	COMMUNITY	COLLEGE OF	' AURORA	84-1078004	Page 5
Part XIV	Supplem	ental Information	(continued)			
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding
Fundraising or Gaming Activities
Complete if the organization answered "Yes" to Form 990, Part IV, lines 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. See separate instructions.

OMB No 1545-0047 2009

Open To Public Inspection

Internal Revenue Service	Attach	to Form 990 or Form 9	90-EZ.	P S	ee separate instructions.		Inspection
~	OMMUNITY COLLEGE	OF AURORA	7			Employer identif	
	OUNDATION	£ 11	•		1 (SZ 1) t - F	84-10780	
	sing Activities. Complete i 0-EZ filers are not required				erea "Yes" to For	m 990, Paπ IV, III	ne 17.
1 Indicate whether the	organization raised funds through	any of the following	g activ	rities	Check all that apply		
a Mail solicitations		e Solicitation	of no	n-gov	ernment grants		
b Internet and ema	ıl solicitations	f Solicitation	of go	vernm	ent grants		
c Phone solicitation	ns	g Special fur	ndraisi	ng ev	ents		
d In-person solicita	tions						
	nave a written or oral agreement w ed in Form 990, Part VII) or entity						Yes No
	ghest paid individuals or entities (t least \$5,000 by the organization	fundraisers) pursua	ant to	agree	ments under which the	e fundraiser is	
• • • • • • • • • • • • • • • • • • • •	ne of individual ty (fundraiser)	(ii) Activity	raisei custo conti	d fund- r have ody or rol of outions?	(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		- 1	
	<u> </u>		1				
			<u> </u>				
							
	.						
		,					
			<u> </u>				
	•	•	•	-			·

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

Total

Page 2

_P	art I	II <u>• Fundraising E</u> more than \$15										eport	ed
	•		(a) E	vent #1 FALL EVE		(b) Event #2			(c) Other e		(d) Tota		
o)				t type)		(event type)			(total num	ber)		(c))	
Revenue	1	Gross receipts		73,352								73,	352
	3	Less Charitable contributions Gross revenue (line 1	· · · · · · · · · · · · · · · · · · ·	63,122				-				63,	122
	_	minus line 2)		10,230						_		10,	230
	4	Cash prizes											
	5	Noncash prizes										. <u>.</u>	
enses	6	Rent/facility costs		8,000					_			8,	000
Direct Expenses	7	Food and beverages		5,188								5,	188
Ö	8	Entertainment											
	9	Other direct expenses		10,613				<u> </u>			.	10,	613
	10	Direct expense summary	Add lines 4 thre	ough 9 ın column	(d)					▶ k		23, 13,	801
_	11	Net income summary C	ombine line 3, co	olumn (d), and line	e 10	rod "Vos" to E	orm 000	Ďa	t IV line	10 or rop			571
· <u>P</u>	art i	than \$15,000 c			12WC	ied ies toi	01111 990	, га	t iv, iiie	is, or rep	orted mor	C	
				Bingo		(b) Pull tabs/instr			(c) Other ga	ımıng	(d) Total ga		
Revenue				<u>.</u>		bingo/progressive t	oingo				col (a) thro	ugn coi	(c))
<u>~</u>	1	Gross revenue											
ses	2	Cash prizes		<u> </u>									
t Expenses	3	Noncash prizes						<u> </u>					
Direct	4	Rent/facility costs					·	ļ 					
	5	Other direct expenses				-		<u> </u>					
	6	Volunteer labor	Yes No	%		Yes No	%		Yes No	%			
	7	Direct expense summary	Add lines 2 thre	ough 5 in column	(d)					▶ k			
	8	Net gaming income sum	mary Combine I	ine 1, column d, a	and lu	ne 7				•			
												Yes	No
9 a		ter the state(s) in which th the organization licensed t	-								9a		
b		No," Explain											
						•							
10a b		ere any of the organization Yes," Explain	s gaming licens	es revoked, susp	ende	i or terminated du	ring the tax	year	7		10a		
11		es the organization opera	-								11	<u> </u>	<u></u> _
12		the organization a grantor, med to administer charital		ustee of a trust or	a me	ember of a partner	ship or othe	er ent	ity		12		
DAA		to calling of oraclidate	<u>a</u>					_	Sc	hedule G (Fo		90-EZ	2009

Sche	dule G (Form 990 or 990-EZ) 2009 CO	YTINUM	COLLEGE	OF	AURORA	84-10780	04	_ P	age 3
	•							Yes	No
13	Indicate the percentage of gaming activity ope	erated in							
а	The organization's facility					13a 9	<u>.</u>		
b	An outside facility					13b 9	<u>. </u>		
14	Provide the name and address of the person v	who prepares t	he organization's	gamı	ng/special events books				
	and records						ŀ		
	Name ►								
	Address ▶								
15a	Does the organization have a contract with a t	hird party from	whom the organ	uzatior	receives gaming				l
	revenue?						15a		
b	If "Yes," enter the amount of gaming revenue	received by the	e organization 🕨	\$		and the			
	amount of gaming revenue retained by the thi	rd party ► \$						1	;
С	If "Yes," enter name and address of the third p	party							
	Name								
	Address ▶								
16	Gaming manager information								
	Name ▶								
	Gaming manager compensation ▶ \$								
	Description of services provided ▶								
	Director/officer Employee		Independent co	ntracto	r				,
17	Mandatory distributions								
а	Is the organization required under state law to	make charitat	ole distributions fi	om the	e gaming proceeds to				_
	retain the state gaming license?						17a		<u> </u>
b	Enter the amount of distributions required und	er state law di	stributed to other	exem	ot organizations or spent	t			Į.
	in the economication's own exempt activities dur	and the tax yes	r k e				í	I	Ī

Schedule G (Form 990 or 990-EZ) 2009

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SCHEDULEI

Department of the Treasury Internal Revenue Service Name of the organization

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

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

▶ Attach to Form 990.

COMMUNITY COLLEGE OF AURORA

General Information on Grants and Assistance

Part

FOUNDATION

Employer identification number

84-1078004

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

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2 Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed (h) Purpose of grant or assistance SCHOLARSHIPS X Yes (g) Description of non-cash assistance VARIOUS (d) Amount of cash grant (e) Amount of non-cash (book, FMV, appraisa, assistance other) 14,395 FMV 508,678 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (c) IRC section if applicable (9) (b) EIN Enter total number of section 501(c)(3) and government organizations the selection criteria used to award the grants or assistance? CO 80011 16000 EAST CENTRE TECH PARKWAY (a) Name and address of organization Enter total number of other organizations COMMUNITY COLLEGE OF AURORA or government AURORA Part II

Schedule I (Form 990) 2009

Page 2

84-1078004

(f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (e) Method of valuation (book, FMV, appraisal, other) THE FOUNDATION PARTNERS WITH THE COMMUNITY COLLEGE OF AURORA'S FINANCIAL AID AND FISCAL AFFAIRS OFFICES TO INSURE EVERY SCHOLARSHIP IS AWARDED PROPERLY TO EACH STUDENT. IN ADDITION, THIS GROUP MEETS QUARTERLY TO PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS non-cash assistance (d) Amount of Use Part IV and Schedule I-1 (Form 990) if additional space is needed (c) Amount of cash grant Schedule I (Form 990) 2009 COMMUNITY COLLEGE OF AURORA (b) Number of recipients (a) Type of grant or assistance Part IV Part III

MAINTAIN TRANSPARENCE BETWEEN ALL ELEMENTS OF THE FOUNDATION'S SCHOLARSHIP

PROGRAM

Schedule ! (Form 990) 2009

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SCHEDULE K

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

2009

OMB No 1545-0047

Open to Public Inspection

► Attach to Form 990. See separate instructions.

OF AURORA

COMMUNITY COLLEGE

FOUNDATION

Employer identification number 84-1078004

ŝ (h) On behalf of ŝ Issuer Yes (g) Defeased ŝ Yes × Yes REFUND THE 1994 SERI å (f) Description of purpose Yes ŝ 8,840,000 O (e) Issue price Yes ş (d) Date issued 051912BM4 09/15/04 $\mathbf{\omega}$ Yes (c) CUSIP# 5,994,980 2 × × (b) Issuer EIN Yes × × 9 Were the bonds issued as part of a current refunding issue? 12 Does the organization maintain adequate books and records to support the final allocation of proceeds? 11 Has the final allocation of proceeds been made? Proceeds in refunding or defeasance escrows 10 Were the bonds issued as part of an advance 6 Working capital expenditures from proceeds **Private Business Use** OF AURORA, COLORADO 7 Capital expenditures from proceeds (a) Issuer name Gross proceeds in reserve funds 5 Issuance costs from proceeds 8 Year of substantial completion **Bond Issues** Proceeds 4 Other unspent proceeds 1 Total proceeds of issue refunding issue? Part III A CITY Part Part 8 ပ

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 financed property which may result in private business use?

Schedule K (Form 990) 2009

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Yes

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Yes

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Yes

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Yes

N_o

Yes

member of an LLC, which owned property financed by

1 Was the organization a partner in a partnership, or a

2 Are there any lease arrangements with respect to the

tax-exempt bonds?

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		4		В	S			a	ш	
3a Are there any management or service contracts with	Yes	No	Yes	N _O	Yes	S.	Yes	No	Yes	No
respect to the financed property which may result in private business use?		×	: 							i
b Are there any research agreements with respect to the financed property which may result in private business		*								•
c Does the organization routinely engage bond counsel										•
or other outside counsel to review any management or service contracts or research agreements relating to		*								
4 Enter the percentage of financed property used in a		:								
private business use by entities other than a section										
501(c)(3) organization or a state or local government		%		%		%		%		%
5 Enter the percentage of financed property used in a private										
business use as a result of unrelated trade or business										
c										
501(c)(3) organization, or a state or local government		%		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%		%
7 Has the organization adopted management practices										
and procedures to ensure the post-issuance								_		
ice of	×									
Part IV Arbitrage										
		V -		8	S-			۵	Ш	
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction	Yes	<u>8</u>	Yes	<u>8</u>	Yes	°Z	Yes	Š	Yes	°
and Penalty in Lieu of Arbitrage Rebate, been filed										
with respect to the bond issue?		×								
2 Is the bond issue a vanable rate issue?		×								
3a Has the organization or the governmental issuer										
identified a hedge with respect to the bond issue on					_					
its books and records?		×								
b Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?		×								:
b Name of provider										
c Term of GIC										•
a were any gross proceeds invested beyond an available temporary period?		×								
6 Did the bond issue qualify for an exception to rebate?		×								
l										

SCHEDULE L

(Form 990 of 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions

OMB No 1545-0047 **2009**

> Open To Public Inspection

COMMUNITY COLLEGE OF AURORA Employer identification number Name of the organization FOUNDATION 84-1078004 Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? (a) Name of disqualified person (b) Description of transaction 1 Yes Nο Enter the amount of tax imposed on the organization managers or disqualified persons during the year ▶ \$ under section 4958 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (a) Name of interested person and purpose (b) Loan to (c) Original (d) Balance due (e) In default? (f) Approved (g) Written by board or agreement? or from the principal amount organization? committee? Yes No Yes No Yes No То ▶ \$ Total Grants or Assistance Benefitting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (a) Name of interested person (b) Relationship between interested person and the (c) Amount and type of assistance organization Part IV **Business Transactions Involving Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Shanng (a) Name of interested person (b) Relationship between (c) Amount of (d) Description of transaction of org interested person and the transaction revenues? organization Yes No BOARD MEMBER 18,235 USED SERVICES X JASMIN ESPY

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No 1545-0047

2009

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

COMMUNITY COLLEGE OF AURORA

FOUNDATION

Employer identification number 84-1078004

Pa	Part I Types of Property									
•		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determinin revenues	g				
1	Art—Works of art									
2	Art—Historical treasures									
3	Art—Fractional interests						-			
4	Books and publications					-				
5	Clothing and household									
3	goods									
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities—Publicly traded									
10	Securities—Closely held stock									
11	Securities—Partnership, LLC,									
'''	or trust interests									
12	Securities—Miscellaneous									
13	Qualified conservation		<u></u>							
13	contribution—Historic									
	structures									
14	Qualified conservation									
17	contribution—Other									
15	Real estate—Residential									
16	Real estate—Commercial						_			
17	Real estate—Other				-					
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies	-								
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other ▶(VARIOUS)	X	12	34,250	FAIR MARKET VALU	Ē				
26	Other ►(
27	Other ►(
28	Other ►(
29	Number of Forms 8283 received by	the organiz	zation during the tax vea	r for contributions for						
	which the organization completed F	_			29					
		•	•	•			Yes	No		
30a	During the year, did the organization	receive by	y contribution any prope	rty reported in Part I, lines	1–28 that					
	it must hold for at least three years t									
	used for exempt purposes for the er					30a		X		
ь	If "Yes," describe the arrangement in									
31	Does the organization have a gift ac		policy that requires the re	eview of any non-standard						
•	contributions?		•	•		31		X		
32a		ird parties	or related organizations	to solicit, process, or sell n	oncash					
	contributions?		•	••		32a		X		
ь	If "Yes," describe in Part II									
33	If the organization did not report rev	enues in ci	olumn (c) for a type of pr	operty for which column (a) is checked,					
	describe in Part II		, , ,, F							
	Privacy Act and Panerwork Reduction	Act Notice	see the Instructions for E	orm 990	Schedule	M (Fo	rm 990	1) 2009		

Page 2

Schedule M (Form 990) 2009 COMMUNITY COLLEGE OF AURORA 84-1078004

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE O

(Form 990)

Supplemental Information to Form 990

200

Quento Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

COMMUNITY COLLEGE OF AURORA

FOUNDATION

Employer identification number 84-1078004

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES

THE FOUNDATION PROVIDES SUPPORT TO INSTRUCTIONAL PROGRAMS, COLLEGE

FACILITIES, STUDENT SCHOLARSHIPS, SPECIAL COLLEGE PROJECTS, AND SERVES AS

THE CONDUIT FOR REPAYMENT OF EDUCATIONAL DEVELOPMENT REVENUE BONDS ISSUED

BY THE CITY OF AURORA TO CONSTRUCT THE FACILITY.

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE 990 IS PREPARED BY THE AUDITOR AND PRESENTED TO THE EXECUTIVE DIRECTOR

OF THE FOUNDATION. ONCE THE EXECUTIVE DIRECTOR HAS REVEIWED THE 990 IT WILL

BE PRESENTED TO THE BOARD OF DIRECTORS FOR REVIEW AND THEN APPROVAL.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

EACH OFFICER, DIRECTOR, TRUSTEE AND KEY EMPLOYEES ARE REQUIRED TO COMPLETE

THE CONFLICT OF INTEREST DISCLOSURE STATEMENT ON AN ANNUAL BASIS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

SCH K - PURPOSE OF ISSUE DESCRIPTION

CITY OF AURORA, COLORADO

FEES AND COSTS RELATING TO THE ISSUANCE OF THE 2004 BONDS.

90 05/07/2010 9 09 AM	•			•	•	
Form 990		Tax-Exempt Bon				2009
Name	For calendar year 2009, or ta	ix year beginning	, a	nd ending	Employer Ide	entification Numbe
	LLEGE OF AURORA	1			Linployer la	entineation Numbe
FOUNDATION					84-107	8004
FORM 990. PAI	RT X, LINE 20 -	- ADDITIONAL I	NFORMATION	1		
				·		
O CIMY OF ALT	Name of lender RORA, COLORADO		REFUND THE	Purpose of 1994 SER		m
1) CITY OF AUI	RORA, COLORADO		KERUND INE	1994 SER	TES BOI	
(3)						
(4)			· · · · · · · · · · · · · · · · · · ·			··-
(5)			<u> </u>			
(6) (7)				 -		
(8)			-			
(9)						
(10)						-
	Original amount	Form 8038 filed		Completion	date	Jnexpended
Issue date	of issue	Y/N Date filed	Date retired	of project		ond proceeds
(1) 09/15/04	8,840,000	Y 09/15/04	10/15/1	5		
(2)					<u> </u>	
(3)						
(5)						
(6)						
(7)						
(8) (9)		-		 	<u> </u>	
(10)						
Third party use percent	Maturity date		Repayment terms			Interest rate
(1)	10/15/15	VARIOUS	Repayment terms			rate
(2)						
(3)						
(4)						
(5) (6)		 				
(7)						
(8)						
(9)						
10)			. <u> </u>			
				Amount outstand	ına An	nount outstanding
	Security provided by bo	orrower		at beginning of ye	ear a	at end of year
	MORTGAGE			6,764,8	33	5,994,980
(2) (3)						
(4)			·			
(5)						
6)		· · · · · · · · · · · · · · · · · · ·				
(7)						
(8) (9)						
(10)						
Totals				6,764,8	33	5,994,980