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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

	A F	or the	2009 calendar year, or tax year beginning JUL 1, 2009 and ending	JUN 30, 20	10				
		heck if	C Name of organization		entification number				
	a	neck ii oplicable	Please COMMUNITY COLLEGES OF NEW HAMPSHIRE	D Employer ide	minication number				
		Address							
	\vdash	_ichange]Name		٠,	0516400				
	\vdash	Jchange]initial	During Business As		2-0516490				
	누	_return	See Number and street (or P.O. box if mail is not delivered to street address) Room/suite						
	느	Termin- ated	Instruc- 26 COLLEGE DRIVE	603-271-0709					
	<u></u>	Amende		G Gross receipts \$	ss receipts \$ 5,910,438.				
	\vdash	Applica- tion pending	CONCORD, NII 03301	H(a) Is this a grou					
		pareng	F Name and address of principal officer: AMY 1. BOURGAULT	for affiliates	= =				
			26 COLLEGE DRIVE, CONCORD, NH 03301	H(b) Are all affiliate	es included? Yes No				
			mpt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527	If "No," atta	ich a list. (see instructions)				
			E ► WWW.CCSNH.EDU/FOUNDATION		nption number				
				r of formation: 200	0 M State of legal domicile: NH				
9	Pa		Summary						
2010	ø	1 B	riefly describe the organization's mission or most significant activities: ${f SEE} {f SCHED}$	ULE O					
ဖ	Governance	_							
•	e.		check this box 🕨 📖 if the organization discontinued its operations or disposed of mo	re than 25% of its n					
	Š		lumber of voting members of the governing body (Part VI, line 1a)		3 20				
DEC	8	4 N	lumber of independent voting members of the governing body (Part VI, line 1b)		4 12				
	es	5 T	otal number of employees (Part V, line 2a)	,	5 0				
Ш	Activities &		otal number of volunteers (estimate if necessary)		6 14				
Z	둫	7a T	otal gross unrelated business revenue from Part VIII, column (C), line 12		7a 0.				
2	_	bΛ	let unrelated business taxable income from Form 990-T, line 34	· · · · · · · · · · · · · · · · · · ·	7ь 0.				
SCANNED			Contributions and grants (Part VIII, line 1h) RECEIVED	Prior Year	Current Year				
G	e l		· · · · · · · · · · · · · · · · · · ·	2,927,23	3,693,760.				
	Revenue		Program service revenue (Part VIII, line 2g)						
	ě	10 lr	nvestment income (Part VIII, column (A), lines 3, 4, and \text{VII)} 1 2010	92,83	322,802.				
	-	11 C	other revenue (Part VIII, column (A), lines 5, 60, 8c, 9c, 10c, and 11e)						
			otal revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,020,07					
		13 G	Grants and similar amounts paid (Part IX, column (A), lines 1.5, 17,	1,725,48	38. <u>2,631,188.</u>				
			enefits paid to or for members (Part IX, column (A), line 4)						
	es	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)						
	Expenses	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)						
	Š	b⊤	otal fundraising expenses (Part IX, column (D), line 25) 2,994.		以新聞的對称從理解。 第5號				
			Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	52,03					
		18 T	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,777,52					
		19 F	levenue less expenses. Subtract line 18 from line 12	<u>1,242,55</u>					
	Assets or Balances		<u> E</u>	eginning of Current Y					
	ast ass	20 T	otal assets (Part X, line 16)	5,387,01					
	Fund	21 T	otal liabilities (Part X, line 26)	44,35					
			let assets or fund balances. Subtract line 21 from line 20	5,342,66	6,692,489.				
	Pa		Signature Block						
			Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledg	s, and to the best of my kno e	owledge and belief, it is true, correct,				
			X AMILL BOURGE 12	1	11/0/12				
	Sigr)	Scarbin of other	Ooto	11 /8/10				
	Her	e	Signature of officer <i>(</i>)	Date	·				
			AMY I. BOURGAULT, EXECUTIVE DIRECTOR Type or print name and title						
	—		L Poto	heck if F	Preparer's identifying number				
	Paid		\triangleright	elf- — l ((see instructions)				
	Prep	araria 🗕			P00352085				
	Use	Only	yours if NATHAN WECHSLER & COMPANY, P.A.	EIN ►					
		- 1	59lf-employed), address, and CONCORD, NH 03301		N CO2 224 F2FF				
	_		ZIP+4 CONCORD, NH 03301	[Phone no.	► 603-224-5357				
<u>,</u>			S discuss this return with the preparer shown above? (see instructions)	<u> </u>	X Yes No				
1	93200	01 02-04	-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate in	structions.	Form 990 (2009)				

916-17

	990 (2009) FOUNDATION	02-0516	<u> 490</u>	Page 2
<u> Pa</u>	Statement of Program Service Accomplishments			
1	Briefly describe the organization's mission:			
		STUDENT		<u>_</u>
		ENHANCED		
	EDUCATIONAL FACILITIES, AND PROGRAM SUPPORT.			
2	Did the organization undertake any significant program services during the year which were not listed on		٦.,	X No
	the prior Form 990 or 990-EZ?	∟	Yes	L&J No
2	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program service.	[Yes	YNo
3	If "Yes," describe these changes on Schedule O.	L	res	NO LAL
4	Describe the exempt purpose achievements for each of the organization's three largest program services be	202000V V		
7	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount			
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	., o, g		
4a	(Code:) (Expenses \$ 2,615,924. including grants of \$ 2,610,384.		- · · · ·	<u></u>
	PROVIDED 4,782 SCHOLARSHIPS TO STUDENTS ATTENDING ONE	OF THE SE	<u>VEN</u>	
	COMMUNITY COLLEGES IN NEW HAMPSHIRE.		_	
		 		
				
				
				
4b	(Code:) (Expenses \$ 9,009. including grants of \$ 9,009.) (Revenue \$		<u> </u>
	PURCHASE OF GPS UNITS AND COURSE DEVELOPMENT COSTS FO	• •	GRAM	. ′
				
	7.040	\/D ^		
4c) (Revenue \$)
	PURCHASE OF LIFT EQUIPMENT FOR AUTOMOTIVE PROGRAM AT	MANCHESTER		
	COMMUNITY COLLEGE.			
				
		····		
				
4d	Other program services. (Describe in Schedule O.)			
_	(Expenses \$ 3,947. including grants of \$ 3,947.) (Revenue \$)		
4e	Total program service expenses ▶\$ 2,636,728.			
			Form 99	0 (2009)

FOUNDATION

20 Did the organization operate one or more hospitals? If "Yes, " complete Schedule H

	TONDATION Checklist of Required Schedules	U 4	<u>4 – U :</u>	210	490		age o
71.00	Onecklist of Required Scheddles						T
	la Aba anno circuita a describe de la castia (204/2)/(2) - 40.47/2)/(4) /-Ha a Maria a maria (10-4/2)/(2)			,		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?					v	
_	If "Yes," complete Schedule A	•		.	1	X	├
2	Is the organization required to complete Schedule B, Schedule of Contributors?				2_	Λ	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to can	oida	tes to	(.
	public office? If "Yes," complete Schedule C, Part I	A		,, ·	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedu			"	4_		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) no	uce	ana		_		1
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	 dab			5_		
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Sche	_		art I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	eaun	; D, F	arti	-0_		
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II				7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," co	 omol		•			<u> </u>
0	Schedule D, Part III	Jilipi	516		8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or	r nro	 vide	••			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D	-			9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endown						
	If "Yes," complete Schedule D, Part V				10	х	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, V		 K. or X	(
	as applicable				11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete S	Sche	dule D),	-728		
	Part VI.						
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of it	ts to	tal				4
	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	ıts to	tal		20200000000000000000000000000000000000		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.						
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets rep	porte	d in		130013 9 151012 1		
	Part X, line 16? 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						
•		iress	es				
	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 to D. Parte VI. VIII. and VIII.	lete					
404	Schedule D, Parts XI, XII, and XIII.	Г	. 1		12	X	20. N. 1. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?		Yes	No_X			
13	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	2A		_^_	13	serescist.	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	٠	٠.	• •	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising	a. bu	 siness	 s.	170		
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	-	000	,	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organ		 on				
	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	ındı	vidual	Is			
	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 Pa	art 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 Par	rt VII	l, 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 "Y	'es, •					
	complete Schedule G, Part III				19_		Х

Form 990 (2009) FOUNDATION

Partily Checklist of Required Schedules (continued)

•	Did the assessment and assessment of 000 of supply and althous sides are also sides and althous sides and althous sides are also sides and althous sides and althous sides are also sides and although sides and although sides are also sides and all the although sides are also s		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		v	
22	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	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			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		i	
	Schedule J	23	х	ŀ
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		-22	
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Cabadula K. If IAla as to line 05	24a		х
b		24b		
-	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2.70		
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) 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		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or 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, substantial			-
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			7 (2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	instructions for applicable filing thresholds, conditions, and exceptions):	LY		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			7.7
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
00	If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		х
33	Schedule N, Part II	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?	33		
•	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	х	
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 organization?			_==_
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	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.	38	x	L

Form	990 (2009) FOUNDATION	02-0	516490	Р	age 5
Pa	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	4		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	reportable gaming			
	(gambling) winnings to prize winners?	., , N/.	A 1c		
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	0 2443		THE PARTY OF THE
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ums?	2b		L
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	e instructions)	2007/12/2 2014/12/2	rigi i	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year cover	red by this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	r authonty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	l account)?	. 4a	Ā 100	X
b	If "Yes," enter the name of the foreign country: ▶				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank and	**************************************		
	Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<u>5a</u>		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans		<u>5</u> b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Reg	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 organization solic	it		
	any contributions that were not tax deductible?		<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	utions or gifts			
_	were not tax deductible?		<u>6b</u>	.589 ^	17 AC 16
7	Organizations that may receive deductible contributions under section 170(c).		. 1	Newson.	*\$15*\$1.5°
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	r goods and services	_		.,
	provided to the payor?		<u>7a</u>		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		. <u>7b</u>		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v to file Form 8282?	was required			v
		7d		: 177013	X See Pis
	If "Yes," indicate the number of Forms 8282 filed during the year			ji z	
e	benefit contract?	personal		84	X
•	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit confi		7e		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required		. 7g		
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-		79 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or	•	34005 . B		. 1888 T
_	supporting organization, or a donor advised fund maintained by a sponsoring organization, have ex	~	¥8,5,44+5		******
	at any time during the year?	N/		44 2 14440	*********
9	Sponsoring organizations maintaining donor advised funds.	= 51		š.,	
а	Did the organization make any taxable distributions under section 4966?			*****	,,
b	Did the organization make a distribution to a donor, donor advisor, or related person?	N/			
10	Section 501(c)(7) organizations. Enter:	·	7.75° 41.	1238	(A
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a			STA
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		40 344	3
11	Section 501(c)(12) organizations. Enter:		13.5°; "	1,000	
а	Gross income from members or shareholders	11a	å		1 T 6
b	Gross income from other sources (Do not net amounts due or paid to other sources against			1	
	amounts due or received from them.)	11b	150 ·	شنث	324.7
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	m 1041?	12a		L
<u>_</u> b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . N/A	12b	φ-,	; ; ; <u>;</u>	1 1.95.
			Form	990	(2009)

02-0516490

Page 6

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.

Sec	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body	l 1a	1	20	GEN!		
b	Enter the number of voting members that are independent	1b		12	***********		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		any other				
~	and the second s	J 111111	uny outor		2	1991,7155	X
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customanly performed by or under the		ot eupanision				
3	of officers, directors or trustees, or key employees to a management company or other person?		· ·		3		х
4				•	4		X
4	Did the organization make any significant changes to its organizational documents since the prior Fo Did the organization become aware during the year of a material diversion of the organization's asset		o was med r	•	5		X
5	Donatha amenination bear mountain and add to life and						X
6					6		
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	mbers	s or the		_	1	v
_	governing body?				7a		<u>X</u>
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other per				7b	deriterijes	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken	dunng	the year				
	by the following:					Mini	
а	The governing body?				8a	_X	
ь	Each committee with authority to act on behalf of the governing body?				8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched	at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<u></u>		9		<u> </u>
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Ri	evenu	e Code.)				
						Yes	No
10a	Does the organization have local chapters, branches, or affiliates?				10a		<u> </u>
b	If "Yes," does the organization have written policies and procedures governing the activities of such	chapt	ers, affiliates,				
	and branches to ensure their operations are consistent with those of the organization?				10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fi	ling th	e form?		11	X	
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	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	ıld giv	e rise			i	
	to conflicts?		- · · · · · · · · · · · · · · · · · · ·		12b	X	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes, "	descnbe				
	in Schedule O how this is done				12c	X	
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	
15	Did the process for determining compensation of the following persons include a review and approva	al by ir	ndependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						**************************************
а	The organization's CEO, Executive Director, or top management official				15a		X
ь	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 arranger	nent v	vith a				
	taxable entity during the year?				16a	***************************************	X
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva	luate i	ts participation				2000457
-	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organic						**************************************
	exempt status with respect to such arrangements?				16b	176	Processor.
Sec	tion C. Disclosure					<u> </u>	
17	List the states with which a copy of this Form 990 is required to be filed ▶NH						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(501/	c)(3)s onlv) ava	ulable	for		
.5	public inspection. Indicate how you make these available. Check all that apply.	,1	,-,,-,, m,, ava				
	Own website X Another's website X Upon request						
10	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, c	onflict	of interest nell	iov o	nd fina	neial	
19	statements available to the public.	OI HIICI	o interest poi	ı∪y, di	iu iiiii	iiidi	
~	State the name, physical address, and telephone number of the person who possesses the books at	nd	ords of the c	an:==	han: N		
20		iu rec	orus or the org	arııza	uon: 🏓		
	AMY IRELAND BOURGAULT - 603-271-0709						
	26 COLLEGE DRIVE, CONCORD, NH 03301						

Page 7

<u>Part VII</u> 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)	(B)				C)			(D)	(E)	(F)
Name and Title	Average			Pos				Reportable	Reportable	Estimated
	hours	<u> </u>	heck	c all t	that	app	ly)	compensation	compensation	amount of
	per week	ndividual trustes or director	ĺ					from the	from related organizations	other compensation
		ordi	8			sated		organization	(W-2/1099-MISC)	from the
		ruste	l trus		2	mpen		(W-2/1099-MISC)		organization
		idual	Institutional trustee		Key employee	oyee oy	듈			and related
		agiy	i i	Officer	Key	Highest compensated employee	Form			organizations
CLAUDETTE MAHAR					_					- · · · · · · · · · · · · · · · · · · ·
CHAIRPERSON	1.00	X		X				0.	0.	0.
MATTHEW J. NEWLAND										
VICE-CHAIRPERSON	1.00	X	<u> </u>	X		L		0.	0.	0.
RICHARD A. FOX	"								•	
TREASURER/DIRECTOR	1.00	X		X		ļ		0.	0.	0.
PAUL R. BOUCHER								_	_	_
DIRECTOR/TREASURER	1.00	X	-	X		ļ		0.	0.	0.
DENIS MALONEY	1 00									_
SECRETARY	1.00	X		X		<u> </u>		0.	0.	0.
GARY CASSADY	1 00	,								0
DIRECTOR ANDREW CUNNINGHAM	1.00	A					<u> </u>	0.	0.	0.
DIRECTOR	1.00	v						0.	0.	0
PETER DAVIS	1.00	A		\vdash		-		0.	<u> </u>	0.
DIRECTOR	1.00	$ \mathbf{x} $						0.	0.	0.
PAULETTE FAGGIANO	1.00								0.	
DIRECTOR	1.00	$ \mathbf{x} $						0.	0.	0.
THOMAS GARFIELD										
DIRECTOR	1.00	x						0.	0.	0.
RICHARD HEATH										
DIRECTOR	1.00	X						0.	0.	0.
RICHARD MASON										
DIRECTOR	1.00	X						0.	0.	0.
L. DOUGLAS O'BRIEN										
DIRECTOR	1.00	X						0.	0.	0.
BRETT ST. CLAIR										
DIRECTOR	1.00	X						0.	0.	0.
WILDOLFO ARVELO										
EX OFFICIO/COLLEGE PRES.	1.00	X				_		0.	120,050.	12,298.
MARK EDELSTEIN										
EX OFFICIO/COLLEGE PRES.	1.00	X		Щ		<u> </u>		0.	120,050.	26,312.
KATHARINE ENEGUESS	4 4-							_		.
EX OFFICIO/COLLEGE PRES.	1.00	X	L					0.	120,050.	24,234.

77	ヘヤ1	37	וגדי	m ~	ON	۱
H'(`)	NI	ıΔ.		1 10	ı

Section A. Officers, Directors, Tru		nplo	yee			High	est		rees (continued)	
(A)	(B)			-	C)			(D)	(E)	(F)
Name and title	Average	١		Pos				Reportable	Reportable	Estimated
	hours	(cl	neck	all	that	арр	ly)	compensation	compensation	amount of
	per week	çç					ļ	from the	from related organizations	other compensation
	week	a die				Ē		organization	(W-2/1099-MISC)	1 '
		stee	ş		_	25		(W-2/1099-MISC)	(***271033***********	organization
	ļ	ndividual trustee or director	nstitutional trustee		Key employee	Highest compensated employee		(,		and related
		P P	Strut	Officer	e l	a Best	퇕			organizations
		ᄚ	Ë	5	32	훈통	요			
STEVEN BUDD			ļ —							
EX OFFICIO/COLLEGE PRES.	1.00	X						0.	120,050	. 19,176.
LUCILLE JORDAN										
EX OFFICIO/COLLEGE PRES.	1.00	X						0.	120,650	. 26,378.
LYNN KILCHENSTEIN										
EX OFFICIO/COLLEGE PRES.	1.00	X			}			0.	120,950	. 23,632.
DARLENE MILLER										
EX OFFICIO/COLLEGE PRES.	1.00	X			l	l		0.	120,050	. 18,785.
RONALD RIOUX						П				
EX OFFICIO/COLLEGE PRES.	1.00	x			}			0.	44,861	. 0.
RICHARD GUSTAFSON										
EX OFFICIO/CHANCELLOR	1.00	x			Í			0.	196,871	. 19.
AMY IRELAND BOURGAULT										
EXECUTIVE DIRECTOR	37.50			X				0.	61,712	6,166.
								·		
						<u> </u>				
1b Total						>		0.	1,145,294	<u>. 157,000.</u>
2 Total number of individuals (including but n	ot limited to th	ose	liste	d al	pove	e) wł	no r	eceived more than \$100	,000 in reportable	
compensation from the organization										0
										Yes No
3 Did the organization list any former officer,			, ke	y em	plo	yee,	or I	highest compensated er	nployee on	
line 1a? If "Yes," complete Schedule J for s										3 X
4 For any individual listed on line 1a, is the su	•		•					•	the organization	ere de ca
and related organizations greater than \$150			•					* **		4 X
5 Did any person listed on line 1a receive or a				rom	any	unr/	elat	ted organization for serv	ices rendered to	
the organization? If "Yes," complete Sched	ule J for such	pers	on	<u></u>	· ···			···· · · · · · · · · · · · · · · · · ·	····	5 X
Section B. Independent Contractors										
1 Complete this table for your five highest co	mpensated in	depe	ende	nt c	onti	racto	ors 1	that received more than	\$100,000 of compe	nsation from
the organization. NONE							_	· · · · · · · · · · · · · · · · · · ·		
(A) Name and business	address						1	(B) Description of s	conucos	(C) Compensation
Trains and business								Description or	50141003	Compensation
										
										
2 Total number of independent contractors (i	ncludina but r	ot lu	mite	d to	tho	se li	ster	d above) who received n	nore than	2 - 4 - 2 - 4 - 2 - 4 - 2 - 4 - 2 - 4 - 2 - 4 - 2 - 4 - 4
\$100,000 in compensation from the organization	-					0	٠.٠٠			
						_				Form 990 (2009)

COMMUNITY COLLEGES OF NEW HAMPSHIRE FOUNDATION

		(2009) FOUNI	DATION			·	02-0516	490 Page 9
Par	t VII	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
Contributions, gifts, grants and other similar amounts	b d e f	Fundraising events	1b 1c 1d 1d 1tions) 1e 1ts, and 1f 3,	693,760.				
Program Service Co	h 2 a b c d			Business Code	3,693,760.			
Prog		Investment income (including	dividends, inter	est, and	154,621.			154,621.
	4 5	Income from investment of ta	-	proceeds				TOTAL STREET
	С	Gross Rents Less: rental expenses Rental income or (loss) Net rental income or (loss)						
	b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	(i) Securities 2062057. 1893876. 168,181.					160 101
Other Revenue	8 a	Net gain or (loss)	ng events (not of a 1c). See		168,181.			168,181.
	9 a	Net income or (loss) from fundations income from gaming at Part IV, line 19	ctivities. See					
	10 a b	Net income or (loss) from gan Gross sales of inventory, less and allowances Less: cost of goods sold	returns a . b					
-	11 a b		ne	Business Code			i alia de	
932009 02-04-	12	All other revenue Total. Add lines 11a-11d Total revenue. See instructions.			4,016,562.	0.	0.	322,802. Form 990 (2009)

Form 990 (2009) FOUNDATION Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must com				
	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	20,804.	20,804.	in i	
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	2,610,384.	2,610,384.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				andre in the comme
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
c	Accounting	17,240.		17,240.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		Kr á lká szeze sző		
f	Investment management fees	19,456.		19,456.	
g	Other	942.		942.	
12	Advertising and promotion				
13	Office expenses	2,735.	2,462.	273.	
14	Information technology	2,994.			2,994.
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	2 2 2 2			
19	Conferences, conventions, and meetings	3,078.	3,078.		
20	Interest				
21	Payments to affiliates				-
22	Depreciation, depletion, and amortization .				
23	Insurance	7, 075J0 9817-1839-237 / 3 - 2 8837-1889	TERRY AND CONTRACTOR AND ARCH. NO NAME	The State of the S	genas d'elsand Progress Nesés, angles son
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.) INSURANCE	1 750	in the construction (the first and the fi	1,750.	\$ 1557.45,448 5 2°37,77,72 4 2537
a		1,750.		1,/50.	
b				<u> </u>	
C					
d					
e	All other expenses				
f OE	All other expenses	2 670 202	2 636 729	39,661.	2 004
<u>25</u>	Total functional expenses. Add lines 1 through 24f Joint costs. Check here ☐ if following	2,679,383.	2,636,728.	39,001.	2,994.
26	-				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation	1	1	L	L

Form 990 (2009)

Ran	X 3	Balance Sheet	(4)	1	(D)
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	25.
	2	Savings and temporary cash investments		. 2	
	3	Pledges and grants receivable, net			47,026.
Ì	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L	manute in an account from a result of a service and a serv	5	PACA-SCIPPING AND AND AND ADDRESS OF THE
- 1	6	Receivables from other disqualified persons (as defined under section			
- 1		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L	OF THE STATE OF TH	6	
6	7	Notes and loans receivable, net		7	
Assets	-	Inventories for sale or use	"	8	· · · · · · · · · · · · · · · · · · ·
As	9	Prepaid expenses and deferred charges			999.
l		Land, buildings, and equipment: cost or other	ARTON MINISTER CARESTIN	4400	
-		- · · · · · · · · · · · · · · · · · · ·	26.		Marty of Control of the Control of t
	b	Less: accumulated depreciation 10b 2,2	26.	• 10c	0.
- }	11	Investments - publicly traded securities			4,147,975.
	12	Investments - other securities. See Part IV, line 11		12	2,496,712.
i i	13	Investments - program-related. See Part IV, line 11		13	2/150//120
1	14	Intangible assets	"	14	· · · · · · · · · · · · · · · · · · ·
- 1	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	5,387,016		6,692,737.
	<u>17</u>	Accounts payable and accrued expenses	6,142		0,052,757.
į	18	Grants payable	·	18	
	19	Deferred revenue		19	
	20	Tay ayamat hand liabilities		20	
- 1	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
i ii	22	Payables to current and former officers, directors, trustees, key employees,	Faller Maria Marianti del		
Liabilities		highest compensated employees, and disqualified persons. Complete Part	2075 PARVERAGONESCO APPORTA E SPECIA		
"		of Schedule L	** Since Proposition of Comments and A. S. and A. C. and A. And A. C. and A.	22	ilian liini galany P. jyreatika kasajaikishi
1,	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	·
I	 25	Other liabilities. Complete Part X of Schedule D	38,208		248.
	26	Total liabilities. Add lines 17 through 25	44,350		248.
		Organizations that follow SFAS 117, check here X and comple	9 9 9 1 4 9 9 9 9 9 9 9 9 9 9 9 9 9 9 1 1 1 1		
စ္ခ		lines 27 through 29, and lines 33 and 34.			
월	27	Unrestricted net assets	-708,934	. 27	-542,815.
<u>a</u>	28	Temporanly restricted net assets			265,612.
<u> </u>	29	Permanently restricted net assets	5,782,857		6,969,692.
֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓		Organizations that do not follow SFAS 117, check here		<u> </u>	
7		complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds	t and the second on the second of the second	30	كالمقاتلان تكليب سريه ديمه ساي يساي داوه و المتابية
<u>س</u> ا	31	Paid-in or capital surplus, or land, building, or equipment fund	.	31	
ַלֻ }	32	Retained earnings endowment accumulated income or other funds		32	
Ž	33	Total not assets or fund halances	5,342,666		6,692,489.
	34	Total liabilities and net assets/fund balances	5,387,016		6,692,737.
	<u> </u>		, 3,30,,010	-1 04	Form 990 (2009)

Form	1 990 (2009) FOUNDATION 02-0	516490	Pa	ge 12
Pa	Financial Statements and Reporting	-		
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	\$ # Y	: .S#	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		_X_
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	X	L
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	**************************************		MAR
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a	1497 1497	125. 235 12. 128	
	consolidated basis, separate basis, or both:	2 35gby37		4887.89
	X Separate basis Consolidated basis Both consolidated and separate basis	1		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	. 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.	3b		

Form **990** (2009)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

2009

Open to Rublic
Inspection

Name of t	ne organizati		TY COLLEGES	OF NE	MAH W	PSHIR	E	E			on number
Part I	Peacon	FOUNDAT	'ION ity Status (All organiz	-4	-4	- 414 -	V Coo ince		02	<u>-0516</u>	490
المستعد المنتشا				_				ructions.			 -
رت		•	because it is: (For lines	•	-	•	•				
1	-		s, or association of chur '0(b)(1)(A)(ii). (Attach Sc		nbed in se	ction 1/0	(ІҚАҚІ)	•			
3 🗔			tal service organization		in acetica	170/h\/1\/	/ A \/:::\				
			operated in conjunction					(b)/4)/A)/iii	i) Enter th	ne bosnital'	's name
7	city, and stat	_			pitai acco		011011 110	(D)(1)(A)(III	y. Emor a	ютоорпа	0 1101110,
5 🔲	•		benefit of a college or u	niversity ov	vned or or	erated by	a governr	nental unit	describe	d in	
	=	(b)(1)(A)(iv). (Comple	-			,	J				
6			ent or governmental uni	t described	d in sectio	n 170(b)(1	I)(A)(v).				
7 X			eives a substantial part					r from the	general p	ublic desci	ribed in
	section 170((b)(1)(A)(vi). (Comple	te Part II.)								
8 <u> </u>	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)						
9 🗀	An organizati	on that normally rec	eives: (1) more than 33	1/3% of its	support fi	rom contri	butions, m	nembership	o fees, an	d gross rec	eipts from
			nctions - subject to certa								
	income and u	unrelated business t	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nızation a	fter June 3	0, 1975.
		509(a)(2). (Complete									
10	=		perated exclusively to te	-				-			_
11	-		perated exclusively for the		' -				-	-	
			ations described in secti organization and compl				2). See sec	on 509(a	a)(3). Cne	ck the box	tnat
	a Type		7		e III - Func		earsted		ط 🗀	Type III · C)ther
e 🗀	• •		t the organization is not			•	•	r more disc		••	
د	-	-	han one or more publicly		-		-				
f		=	ten determination from		_				(-)(-)		(-7(-) ⁻
	-	rganization, check th									
g	Since Augus	t 17, 2006, has the c	organization accepted ar	ny gift or co	ontribution	from any	of the folio	owing pers	ions?		
	(i) A perso	n who directly or ind	irectly controls, either al	lone or tog	ether with	persons o	lescribed i	n (II) and (i	ıı) below,		Yes No
	•		upported organization?							11g(i)	<u> </u>
			n described in (i) above?			-				. 11g(ii)	
	• •	•	person described in (i)	` '	••	· · ···				11g(iii)	
h	Provide the f	ollowing information	about the supported or	ganızation((s).						
			(iii) Type of	k		() D d		(yì) ls	tho		
	of supported	(ii) EIN	organization	in col. (i) lis	organization sted in your			lorganizatio	n in col.		nount of
orga	ınization		(described on lines 1-9 above or IRC section	governing				(i) organizi U.S.	ganized in the support U.S.?		
			(see instructions))	Yes	No	Yes	No	Yes	No		
				<u> </u>							
					}						
			<u> </u>					ļ			
				1				1			
		 		 	 	 	 	 	 		
					İ						
		.3 (K) 1 6 8 6 8 4		3 ·	301 ju ju t		-16 F	1 1	132		
Total						134,30					

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

Schedule A (Form 990 or 990-EZ) 2009

COMMUNITY COLLEGES OF NEW HAMPSHIRE Schedule A (Form 990 or 990-EZ) 2009 FOUNDATION 02-0516490 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar 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 3693760.11521223. include any "unusual grants.") 275,760. 2397563. 2226907. 2927233. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 275.760 2397563. 2226907. 2927233. 3693760.11521223. 4 Total, Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (c) 2007 (d) 2008 (e) 2009 (b) 2006 (f) Total 275,760 2397563 2226907 2927233 3693760.<mark>11521223.</mark> 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties 36,233. 80,959. 121,435. 139,420. 152,697. 530,744. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 95.60 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) % 14 95.24 % 15 15 Public support percentage from 2008 Schedule A, Part II, line 14 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization \triangleright b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,

Schedule A (Form 990 or 990-EZ) 2009

and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization

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

P	atilli Support Schedule for	Organizations	Described in	Section 509(a	(Complete only	if you checked the bo	ox on line 9 of Part I.)
Se	ction A. Public Support						
Cal	endar 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.")					<u> </u>	
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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						1
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.) ction B. Total Support						
Çal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is fo	r the organization's	s first second this	rd fourth or fifth t	tay year as a section	on 501(c)(3) organiz	vation
	check this box and stop here	<u> </u>					<u>▶</u>
_	 			(A)		lan I	
16	Public support percentage for 2009 (Public support percentage from 2008)	8 Schedule A, Part	III, line 15	<u> </u>	· · · · · · · · · · · · · · · · · · ·	15 16	<u>%</u> %
	ction D. Computation of Inve					T	
	Investment income percentage for 20			ne 13, column (f))		17	<u>%</u>
	Investment income percentage from					18	%
	a 33 1/3% support tests - 2009. If the more than 33 1/3%, check this box a a 33 1/3% support tests - 2008. If the	and stop here. The	organization quali	fies as a publicly	supported organiz	ation	. ▶□
•	line 18 is not more than 33 1/3%, cho	-					 □
20	Private foundation. If the organization		-	•	this box and see in	estructions	00 or 000 EZ) 0000
					SC	hedule A (Form 99	い いこうらい・にん) といじり

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.

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2009

COMMUNITY COLLEGES OF NEW HAMPSHIRE Name of the organization **Employer identification number** 02-0516490 **FOUNDATION** 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 1 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year 5 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 conferning impermissible private benefit? Part | 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 a certified historic structure Preservation of open space 2 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 a Total number of conservation easements Number of conservation easements on a certified historic structure included in (a) 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 tax 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? 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 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 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. Partilla 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 (iii) Assets included in Form 990, Part X 2 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

	dule P (Form 990) 2009 FOUNDAT:				0516490 Page 2
Pa	Companizations Maintaining C	ollections of Art, His	torical Treasures,	or Other Similar As	sets (continued)
3	Using the organization's acquisition, accessi	on, and other records, checl	any of the following that	at are a significant use of	its collection items
	(check all that apply):				
а	Public exhibition	d 🔲	Loan or exchange progr	ams	
b	Scholarly research	е 🔲	Other		
c	Preservation for future generations				
4	Provide a description of the organization's co	ollections and explain how th	ney further the organizat	ion's exempt purpose in	Part XIV.
5	During the year, did the organization solicit or				
	to be sold to raise funds rather than to be ma				Yes No
Pai	TIVE Escrow and Custodial Arran			s" to Form 990, Part IV, I	
	reported an amount on Form 990, Par		•	•	•
1a	Is the organization an agent, trustee, custodi	an or other intermediary for	contributions or other as	ssets not included	
	on Form 990, Part X?				Yes No
ь	If "Yes," explain the arrangement in Part XIV				
-	, ,	,			Amount
c	Beginning balance			1c	
d	Additions during the year				
e	Distributions during the year			1e	
f	Ending balance			·" · · 	
2a	Did the organization include an amount on Fo	orm 990. Part X. line 21?		· · · · · · · · · · · · · · · · · · ·	Yes No
b	If "Yes," explain the arrangement in Part XIV.		• • • • • • • • • • • • • • • • • • • •		
Pai	t V Endowment Funds. Complete it	the organization answered	"Yes" to Form 990, Part	IV, line 10.	
	<u> </u>			rs back (d) Three years b	ack (e) Four years back
1a	Beginning of year balance	5,084,086.4,71			
b		1,284,835.1,24			
c	Net investment earnings, gains, and losses		2,365.	Const. And Advantage Late Market	
ď	Grants or scholarships		2,391. 温点		
e	Other expenditures for facilities		2. 0.0 arc	MARIT TAGAS	
_	and programs		7.2 E 2 E 2 E 2 E 2 E 2 E 2 E 2 E 2 E 2 E		
f	Administrative expenses		55-c	The state of the s	
g	End of year balance	6,456,255.5,08	4.086.		
2	Provide the estimated percentage of the year				
а	Board designated or quasi-endowment				
ь	Permanent endowment ► 107.95	%			
С		 %			
За	Are there endowment funds not in the posses	ssion of the organization tha	it are held and administe	ered for the organization	
	by:	·		Ū	Yes No
	(i) unrelated organizations				3a(i) X
	(ii) related organizations				3a(ii) X
b	If "Yes" to 3a(ii), are the related organizations	listed as required on Sched	fule R?		3b
4	Describe in Part XIV the intended uses of the				
Par	tVI Investments - Land, Building	s, and Equipment. Se	e Form 990, Part X, line	10.	
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
 1a	Land	,			
b	Buildings			FURNISH TOOLUGANGANGAN A AT ANAMES	
	Leasehold improvements		 		
d	Equipment		2,226.	2,226.	0.
	Other	"	4,440.	4,440.	
	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990 Part Y colum	nn (R) line 10(c))	1	0.
		, <u> </u>			J •

Rearrich Investments - Other Security (a) Description of security or category (b) Book value Cost or end of year market value	Schedule D (Form 990) 2009 FOUNDATION			02-	-0516490 Page 3
Financial dinoratives Closely-field equity interests Chew Closely-field equity interests Control	Rart VII Investments - Other Securities. Se	Form 990, Part X, line 12	2		
Financial derivatives Closely-hold equity interests Cher COLUMBIA DIVIDEND INCOME PUND GSPTX COLUMBIA SELECT LARGE CAP GROWTH UMLGX EARON VANCE LARGE-CAP VALUE FUND RILVX COLUMBIA SUBJECT LARGE CAP GROWTH UMLGX EARON VANCE LARGE-CAP VALUE FUND RILVX 551,640. END-OF-YEAR MARKET VALUE LAZARD FUNDS INC EMERGING MKTS LZEMX 434,490. END-OF-YEAR MARKET VALUE Total (Cot to) must equal form 590, Part X, cot (8) lins 12) 2,496,712. Total (Cot to) must equal form 590, Part X, cot (8) lins 13) 2,496,712. Total (Cot to) must equal form 590, Part X, cot (8) lins 13) 2,496,713. Total (Cot to) must equal form 590, Part X, cot (8) lins 13) 3,490, END-OF-YEAR MARKET VALUE Total (Cot to) must equal form 590, Part X, cot (8) lins 13) 4,490, END-OF-YEAR MARKET VALUE Total (Cot to) must equal form 590, Part X, cot (8) lins 13) 4,490, END-OF-YEAR MARKET VALUE (a) Description of investment type (b) Book value (c) Method of valuation: Cost or end-of-year market value (b) Book value (c) Description of investment type (b) Book value Total (Cotumn 6) must equal form 590, Part X cot (8) line 15. [Figit XIX] Other Liabilities. See Form 590, Part X, nor 25. (a) Description of liability Foderal income taxes FUNDS HELD FOR OTHERS 1 (a) Description of liability Foderal income taxes FUNDS HELD FOR OTHERS 1 (a) Description of liability Foderal income taxes FUNDS HELD FOR OTHERS 1 (a) Description of liability Foderal income taxes FUNDS HELD FOR OTHERS 1 (a) Description of liability Foderal income taxes FUNDS HELD FOR OTHERS 1 (a) Description of liability Foderal income taxes FUNDS HELD FOR OTHERS		(h) Book value			
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GROWTH UMLGX SENTON VANCE LLARGE-CAP VALUE FUND EILVX 651,640. END-OF-YEAR MARKET VALUE LAZARD FUNDS INC EMERGING MKRS LZEMX 434,490. END-OF-YEAR MARKET VALUE Total. (Col (b) must equal form 990, Part X, col (B) line 12.) (a) Description of investment type (b) Book value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (b) Book value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (b) Book value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: (a) Description of investment type (b) Book value (c) Method of valuation: (c) Method of valuation: (a) Description of investment type (b) Book value (c) Method of valuation: (c) Method of valuation: (c) Method of valuation: (c) Method of valuation: (d) Description of investment type (e) Book value (b) Book value (c) Method of valuation: (e) Method of valuation: (e) Description of investment type (e) Book value (b) Book value (c) Method of valuation: (e) Description of investment type (b) Book value (c) Method of valuation: (e) Method of valuation: (e) Method of valuation: (e) Description of investment type (e) Book value (b) Book value (c) Method of valuation: (e)		400,333.	END-OF-1	EAR MARKET	VALUE
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Sche	dule Q (Form 990) 2009 FOUNDATION		02-0	516490	Page 4
Pai	Reconciliation of Change in Net Assets from Form 990 to Audited Finan	cial S	tatement	s	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		4,016,	562.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		2,679,	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		1,337,	
4	Net unrealized gains (losses) on investments	4			644.
5	Donated services and use of facilities	5			
6	Investment expenses	6			
7	Prior period adjustments	7		***************************************	
8	Other (Describe in Part XIV.)	 			
9	Total adjustments (net). Add lines 4 through 8	9		12	644.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		1,349,	
	Reconciliation of Revenue per Audited Financial Statements With Revenue		er Return		020.
1	Total revenue, gains, and other support per audited financial statements		1	4,108,	520.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	••			<u> </u>
a		2,64	14		
b		9,31			
c	Recovenes of prior year grants	<u> </u>			
d	Other (Describe in Part XIV.)				
e	Add lines 2a through 2d		2e	91	958.
3	Subtract line 2e from line 1			4,016,	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			4,010,	304.
a	Investment expenses not included on Form 990, Part VIII, line 7b				
a b	Other (Describe in Part XIV.)				
C			4c		Λ.
- C	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	,	40	4,016,	562
Pai	tixiii Reconciliation of Expenses per Audited Financial Statements With Expenses	nses		<u> </u>	<u> </u>
1	Total expenses and losses per audited financial statements		1 1	2,758,	697
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		1×80 825×3	2,730,	
a		9,31	4		
b	Prior year adjustments	<u> </u>			
C	Other leader				
d	Other losses 2c 2c 2d	-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
e	Add lines 2a through 2d	-	2e	79	314.
3	Subtract line 2e from line 1		3	2,679,	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	••••			
•	Investment expenses not included on Form 990, Part VIII, line 7b				
	Other (Describe in Part XIV.)				
	Add lines 4a and 4b		4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	2,679,	
	t XIV Supplemental Information		1 0 1		
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV. lir	es 1b and 2	Pb: Part V line	4: Part
	2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to pro				.,
	TV, LINE 4: THE ENDOWMENT FUNDS ARE HELD TO SUPPOR				
	.,		<u></u>		
CON	MUNITY COLLEGES IN NEW HAMPSHIRE PRIMARILY THROUGH	SCHO	TARSH	rps TO	
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тнг	IR STUDENTS AND CAPITAL IMPROVEMENTS TO THEIR FACIL	ודיד.	es.		
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

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Employer identification number 02-0516490	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	X Yes No	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	(e) Amount of valuation (book, non-cash assistance other) (f) Method of (g) Description of valuation (book, non-cash assistance other)	CAPITAL IMPROVEMENT PROJECTS AND CURRICULUM SUPPORT					
HIRE	assistance, the grante	etatS betin I ett til sp	nited States. Complet	ceived more than \$5,0	(d) Amount of (e) A cash grant no ass	20,804,					
OF NEW HAMPSHIRE	mount of the grants or	ing the use of grant fund	Organizations in the Ur	ox if no one recipient re	(c) IRC section (difficulties applicable	501(C)(3)				nizations	nizations
ပ္ဌ	substantiate the a	ance?	overnments and C	5,000. Check this b	(b) EIN	02-6000618 50				d government orga	d government orga
Name of the organization COMMUNITY COLLEGES FOUNDATION Part I General Information on Grants and Assistance	1 Does the organization maintain records to substantiate the amount of	criteria used to award the grants or assistance? 2. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	art =	1	1 (a) Name and address of organization or government	COMMUNITY COLLEGE SYSTEM OF NEW HAMPSHIRE - 26 COLLEGE DRIVE - CONCORD, NH 03301					

Schedule I (Form 990) 2009 FOUNDATION [李序正] Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Page 2

02-0516490

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) ি Partily supplemental Information. Complete this part to provide the information required in Part 1, line 2, and any other additional information. BOOK (d) Amount of non-cash assistance 0, 2,610,384, (c) Amount of cash grant (b) Number of recipients 3149 SCHOLARSHIP AWARDS TO STUDENTS ATTENDING COMMUNITY (a) Type of grant or assistance COLLEGES IN NEW HAMPSHIRE

Schedule I (Form 990) 2009

23

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

Open to Public

Internal Revenue Service Name of the organization

Department of the Treasury

► Attach to Form 990. ► See separate instructions. COMMUNITY COLLEGES OF NEW HAMPSHIRE

FOUNDATION

Employer identification number 02-0516490

Pa	artia Questions Regarding Compensation		<u> </u>	•
	<u> </u>	-	Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,	X 4 0 15		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	00 1 0 0 0		
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence		. Seriesi	
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)	47° 22		
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
J	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	2270011600	255.2266
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,	"		
_	the state of the s	2		ļ
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		Mirius.	2650
2	Indicate which if any of the following the organization upon to catablish the componentian of the organization's			
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply.			
	Compensation committee Written employment contract			3.46.19
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
_				
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:		القاتانكا	
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	× (3n)	X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		高温度	
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	in the last of the	260, 200	i dili
а	The organization?	5a	ļ	X
b	Any related organization?	5b	11141 5	X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:	الله عبدة	nië:	
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III.		1133	
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments		·	
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	ınitial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	L. '	Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2009

02-0516490

FOUNDATION

Schedule J (Form 990) 2009

हिन्सी है Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(3)	(Q)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	detirement and other deferred compensation	Nontaxable benefits	l otal of columns (B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
	(i)	0	0	0	0	0	0	0
RICHARD GUSTAFSON	<u> </u>	196,87	0.	0.	0	19.	196,890.	0
	(i)						٧.	
	(ii)							
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Schedule J (Form 990) 2009

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

OMB No 1545-0047

2009

COpen to Public Hinspection III

Name of the organization

COMMUNITY COLLEGES OF NEW HAMPSHIRE FOUNDATION

Employer identification number 02-0516490

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO SUPPLEMENT AND ENHANCE THE NEW HAMPSHIRE COMMUNITY TECHNICAL COLLEGE
SYSTEM'S TRADITIONAL REVENUE SOURCES BY SEEKING AND SECURING PRIVATE
FUNDS AND/OR GRANTS AND PROVIDING STUDENT SCHOLARSHIP ASSISTANCE AND
FACULTY AND STAFF SUPPORT PROGRAMS.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
PURCHASE OF BOOKS AND EQUIPMENT FOR NURSING AND CHILDCARE PROGRAMS
EXPENSES \$ 3947. INCLUDING GRANTS OF \$ 3947. REVENUE \$ 0.
FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED AND
COMPARED WITH AUDITED FINANCIAL STATEMENTS.
FORM 990, PART VI, SECTION B, LINE 12C: THE FOUNDATION'S EXECUTIVE
DIRECTOR SENDS EACH BOARD MEMBER THE CONFLICT OF INTEREST FORM AND RETURN
ENVELOPE ANNUALLY AND CHECKS TO MAKE SURE THEY HAVE ALL BEEN RETURNED. THE
RETURNED FORMS ARE KEPT ON FILE IN THE FOUNDATION'S OFFICE. IN APPROPRIATE
CIRCUMSTANCES, THE BOARD OF DIRECTORS AFFIRMATIVELY APPROVES THE CONFLICT
TRANSACTION AT ISSUE IN ACCORDANCE WITH APPLICABLE STATE LAW.
THE PROPER ANSWERS TO QUESTIONS 15A
AND 15B ON PAGE 6, PART VI, SECTION B ARE N/A, AS THE FOUNDATION DOES NOT
HAVE ANY EMPLOYEES OF ITS OWN AND THEREFORE PAYS NO "COMPENSATION".
FORM 990, PART_VI, SECTION C, LINE 19: AVAILABLE UPON REQUEST.

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury

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

Attach to Form 990.

OMB No 1545-0047
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Inspection
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Internal Revenue Service COMMUNITY COLLEGES OF NEW HAMPSHIRE Name of the organization **Employer identification number** 02-0516490 FOUNDATION FORM 990, PART XI, LINE 2C: NO CHANGES FROM PRIOR YEARS

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ➤ See separate instructions. ► Attach to Form 990.

OMB No 1545-0047

COMMUNITY COLLEGES OF NEW HAMPSHIRE

FOUNDATION

Employer identification number 02-0516490

Direct controlling

e

entity

End-of-year assets Total income 9 Part [:] Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or foreign country) Primary activity 9 Name, address, and EIN of disregarded entity

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
COMMUNITY COLLEGE SYSTEM OF NEW HAMPSHIRE - 02-6000618, 26 COLLEGE DRIVE, CONCORD, NH 03301	OPERATE THE SEVEN COMMUNITY COLLEGES IN NEW HAMPSHIRE	NEW HAMPSHIRE	EDUCATION	2	N/A
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ce, see the Instructions for Form 990	-1			Schedule R (Form 990) 2009

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

Part II

FOUNDATION Schedule R (Form 990) 2009

02-0516490 Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

Page 2

General or managing partner? Yes **'**s Code V-UBI amount in box '20 of Schedule K-1 (Form 1065) \equiv ate allocations? Disproportion-Yes No Ξ Share of end-of-year assets (g) Share of total income Ξ Predominant income (related, unrelated, excluded from tax under sections 512-514) **e** Direct controlling entity ਉ Legal domicile (state or foreign country) <u>ق</u> Primary activity 9 Name, address, and ElN of related organization æ

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	Legal domicile (d) (d) (e) (state or entity foreign country)	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
							ļ
				,			
							•
			-				
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COMMUNITY COLLEGES OF NEW HAMPSHIRE FOUNDATION

Schedule R (Form 990) 2009

Partive Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Page 3

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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes	٥ ۷
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ınizatıons listed in Parts II-IV?		AND THE PROPERTY OF THE PARTY O	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	:	:	ta ta	×
b Gift, grant, or capital contribution to other organization(s)			4	×
e. Giff grant or capital contribution from other organization(s)				>
		: : : : : : : : : : : : : : : : : : : :	2	4
d Loans or loan guarantees to or for other organization(s)	:		1d	×
e Loans or loan guarantees by other organization(s)			ē	×
		:	Transfer of the state of the st	, ř.
4 Sala of accate to other organization(e)			ARTHUNIAN CLAYS CARDEN	>
		:	=	4
g Purchase of assets from other organization(s)		:	19	×
h Exchange of assets			4	>
		: :: : : : : : : : : : : : : : : : : : :	 = -	4
i Lease of facilities, equipment, or other assets to other organization(s)			; =	×
			A CHARACTER PARKET AND A CONTROL OF THE PARKET AND A CONTR	
i lease of facilities equipment or other assets from other organization(s)				>
	:		- F	4
K Performance of services or membership or fundraising solicitations for other organization(s)		:	1k	×
l Performance of services or membership or fundraising solicitations by other organization(s)			-	×
m Charana of facilities occurament mailing links or other negation		::		,
III Charmed of ractitudes, equipment, maining lists, of other assets			E .	4
n Sharing of paid employees			-	×
			CONTROL SERVICE SERVIC	7 1 47 7 1 47 7 1 47 7 7 1 47
o Baimhireamant naid to other organization for average			ACCOUNT OF THE PARTY OF THE PAR	Þ
O helitibut settlett pate to ottet organization to expenses			9	4
p Reimbursement paid by other organization for expenses			- 0	×
			110次流道 漢語接続	
				2000 Marie 100 M
q Other transfer of cash or property to other organization(s)	:	:: ::::::::::::::::::::::::::::::::::::	5	×
r Other transfer of cash or property from other organization(s)			=	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	luding covered relationships and trans	saction thresholds.		
3			;	
(a) Name of other organization(s)		(b) Tmosseties	(c)	י
(a) comments of the comments o			Amount involved	9
		type (ari)		
(E)		-		
ē				
(3)				
(2)				
١		-		
(6)				
(9)				
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Page 4

02-0516490

FOUNDATION

Schedule R (Form 990) 2009

Partivi Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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

(a)	(q)	(0)	(D)	(e)	3	(6)	E
Name, address, and EIN	Primary activity	Legal domicile	Are all partners section 501(c)(3)	Share of end-of-	ģ.	Code V-UBI	g E
or entity		(state or foreign country)	Yes No	year assets		of Schedule K-1 (Form 1065)	, ,
							+
					-		
			_				
					-		
					-		

Schedule R (Form 990) 2009