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## <sub>Form</sub> 990

## **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)

OMB No 1545-0047

2009

Department of the Treasury

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

Depa Interi	rtment fal Reve	of the Treasury enue Service	]	► The organizatio	n may have to	use a copy of this r	eturn to sati	isfy state repor	ting requirem	ents.	Open t	o Public Insp	ection
	For th	e 2009 calend	lar year,	or tax year begii	nning 7/	01	, 2009	9, and endir	ig 6/3			2010	
В	Check r	f applicable	DI-	С						D Employ	er Identifica	tion Number	
	X	dress change	Please use IRS label	ROGUE COM			UNDATI	ON		93-	<u>077770</u>	1	
	Na	ime change	or print or type.	3345 REDWO						E Telepho	one number		
	Ini	tial return	See specific	GRANTS PAS	,5, OR 9	7/52/-9291				541	-956-7	327	
	Те	rmination	instruc- tions.										
	An An	nended return								G Gross r	eceipts \$	3,744,	
	L Ap	plication pending		and address of princip	al officer J	ennifer W	heatle	У	H(a) is this a			₩''	X No
				As C Above				_	H(b) Are all If 'No,'		(see instruc	tions) Yes	∐ No
		-exempt statu			(insert no.	) 4947(	a)(1) or	527					
<u>J</u>				oundation.	7				H(c) Group				
<u>K_</u>		of organization	X Corpor	ation Trust	Association	Other ►		Year of Forma	tion 1980	)   M s	State of legal	domicile OR	
Pa	rt I	Summa									0.11		
				ganization's miss									· — — —
Activities & Governance				establish									
Tar.				_activitie _of_gifts_					ם מים ביות	nr rece	בדותר מו		
Ver	2	Check this ho	x ►	if the organization	on discontin	ued its operation	ons or dis	posed of m	ore than 2	5% of its	assets.		
5				nbers of the gove				.,,			3		16
8	4	Number of inc	depender	nt voting membe	rs of the go	verning body (F	Part VI, Iır	ne 1b)			4		16
				yees (Part V, Iir			• •			•	5		
ָלָ ע				teers (estimate i			N luna 10				6		195
•		-		business revenue s taxable income			), line 12	•		• • •	7a 7b		<u>0.</u> 0.
	U	inet unirelated	Dusines	s taxable income	HOIII FOIIII	990-1, line 34			<u> </u>	V		C	
Revenue	0	Contributions	and ara	ate (Part VIII June	o 1b)				<u> </u>	<b>rior Year</b> 666,3		Current Ye	052.
				nts (Part VIII, line nue (Part VIII, lin			<del></del>	000,5	<del>,,,,</del>	131,	032.		
E e				art VIII, column		4. and 7d)				-741,1	13.	105.	621.
Ē							d 11e)						
	12									-74,7	714.	842,	673.
	13									660,408.			558.
	14	Benefits paid to or for members (Part IX, column (A), line 4)											
•	15	Salaries, Oh	er c <b>ompoe</b>	nsation, employe	penefits	(Part IX, colum	n (A), line	es 5-10)		187,5	561.	184,	914.
ĕ	16 a	Professional	fundraisii	ng fees (Part IX),	Qumn (A)	, line 11e)				9,5	523.	10,	671.
Expenses				nses-(Part-IXc	(7))		1	102,456.					
ũ	17	Other expens	OGL	Rejumbh (A),	lines 11a-11	d. 11f-24f).				93,0	059.	115,	491.
				ines 13-17 (must			. line 25)	·		950,5			634.
				es Subtract line			,,		-1	,025,2			961.
b 8						<del> · .</del>			i	ning of Y		End of Yes	
	20	Total assets	(Part X. I	ine 16)						,837,7		6,186,	
Not Appare	21	Total liabilitie			•					858,8			512.
ŽŽ	22		•	lances Subtract	line 21 from	ı line 20			4	, 978, 8	388.	5,431,	042.
Pa	rt II	Signati								, - , - , -		-,,	
			$\overline{}$	, I declare that I have a Declaration of prepa	examined this r	eturn, including acco	mpanying so	chedules and sta	itements, and	to the best of	of my knowle	edge and belief, it	is
		true, correct	nd complete	e Declaration of prepa	irer (other than	officer) is based on	all' informatio	on of which prep	arer has any	knowledge	-	•	
Sic	ın	> 1/2	Wa_							12-2-	-10		
	re	Signature	of officer	-					Da	ite			
			les Wo						Treas	surer			
		Type or p	rınt name ar	nd title				_					
			1	/ 0 .	5/			Date	,   0	heck if elf-	Prepa (see i	irer's identifying n nstructions)	umber
Pa		Preparer's	M	nila XA	Lana .	CPA		11/18/	/O   👸	nployed P	Ш		
Pr		signature	<u>► ://</u>					' /			[P00	155219	
pa Us	rer's e	rum s name (		ld, Hayma &			S						
Or		yours if self- employed), address, and		<u>)1 Siskiyou</u>				_	E		3-084		
	y the IRS discuss this return with the preparer shown above? (see instructions)							P	hone no	(541)	482-371	$\overline{}$	
								<del></del>				X Yes	No
BA	A Fo	r Privacy Act	and Pape	rwork Reduction	n Act Notice	e, see the sepa	rate instri	uctions.		TEEA0113	L 12/29/09	Form <b>990</b>	(2009

	n 990 (2009) ROGUE COMMUNITY COLLEGE FOUNDATION	93-0777701	Page 2
Pa	Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission		
	See Schedule O		
	·		
2	Did the organization undertake any significant program services during the year which were not listed or	n the prior	
	Form 990 or 990-EZ?	Yes	X No
	If 'Yes,' describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	rvices? Yes	X No
	If 'Yes,' describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the organization's three largest program service and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants are expenses, and revenue, if any, for each program service reported	s by expenses. Section 501	(c)(3)
	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants are expressed, and revenue if any for each program service reported.	nd allocations to others, the	total
	expenses, and revenue, if any, for each program service reported		
4 6	a (Code) (Expenses \$ 563,395. including grants of \$ 534,141.)	(Revenue \$	)
	The Foundation provided scholarships to over 600 students.	. <b></b>	
41	<b>b</b> (Code:) (Expenses \$ 77,373. including grants of \$ 44,417.)	(Payanua \$	`
41	b (Code:) (Expenses \$ 77,373. including grants of \$ 44,417.)  The Foundation provided grants for academic enhancement projects	enabling the Pog	/
	Community College staff, faculty and students to access and expansion	nd educational and	<u> </u>
		ild_eddcacionai_an	<u>u</u>
	cultural opportunities.		
		· ·	
4	c (Code:) (Expenses \$ including grants of \$)	(Revenue \$	)
4	d Other program services (Describe in Schedule O)	<del></del> _	
	(Expenses \$ including grants of \$ ) (Revenue	\$	
4	e Total program service expenses ► 640,768.		

Part IV . Checklist of Required Schedules Yes No 1 s the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A. X . . . . . . 2 Х Is the organization required to complete Schedule B, Schedule of Contributors? 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 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II. X 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III 5 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,' complete Schedule D, Part I 6 Х 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 8 Х 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,' complete 9 Х Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? I 'Yes,' complete Schedule D, Part V 10 Х Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X 11 X as applicable • Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D. Part VI 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 in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX • 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
the organization's liability for uncertain tax positions under FIN 48? If'Yes,' complete Schedule D, Part X Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII 12 Х 12AWas the organization included in consolidated, independent audited financial statement for the tax Yes No 12 A Х year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 13 X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 14a X 14a Did the organization maintain an office, employees, or agents outside of the United States? **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If 'Yes,' complete Schedule F, Part I.* 14b Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II Х 15 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 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, Х 18 lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.. 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.

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

19

20

Х

X

Form 990 (2009) ROGUE COMMUNITY COLLEGE FOUNDATION
Part 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	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		X
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and 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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a 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		<u> </u>
ŀ	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		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
i	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ı	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
(	c 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		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I .	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		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		<u>x</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Х	
BAA	4	Form	990	(2009)

amounts due or received from them )

12 a

Statements Regarding Other IRS Filings and Tax Compliance Part V . Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of US Information Returns Enter -0- if not applicable 0 **b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1 b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1 c X (gambling) winnings to prize winners? 2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the 0 calendar year ending with or within the year covered by this return 2b 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by 32 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 authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a Х **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 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х 5b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5 c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization 6a Х solicit any contributions that were not tax deductible? b If 'Yes.' did the organization include with every solicitation an express statement that such contributions or gifts were not 6b deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7 a Х provided to the payor? b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с X d If 'Yes.' indicate the number of Forms 8282 filed during the year. 7d e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7 e benefit contract? **7**f Х f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? q For all contributions of qualified intellectual property, did the organization file Form 8899 as required? **7**g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h 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 8 holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a **b** Did the organization make any distribution to a donor, donor advisor, or related person? . 9b 10 Section 501(c)(7) organizations. Enter: 10 a a Initiation fees and capital contributions included on Part VIII, line 12 10b b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter a Gross income from other members or shareholders 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against

**BAA** Form **990** (2009)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

Section A. Governing Body and Management

Yes No

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.

		_		163	110
18	a Enter the number of voting members of the governing body 1a	16			
١	b Enter the number of voting members that are independent  1b	16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any officer, director, trustee or key employee?	her _	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct super of officers, directors or trustees, or key employees to a management company or other person?	vision	3		Х
4	Did the organization make any significant changes to its organizational documents		4		X
	since the prior Form 990 was filed?				
5	Did the organization become aware during the year of a material diversion of the organization's assets?	L	5		<u>X</u>
6	Does the organization have members or stockholders?	L	6		<u>X</u>
7	a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	L	7a		Х
ı	b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	L	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year the following	ar by			
;	a The governing body?		8a	Χ	
- 1	<b>b</b> Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director or 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	e	9		Х
50/	ction B. Policies (This Section B requests information about policies not required by the In	ternal	9		
	enue Code )	Ciriai			
100	ende code /	<del></del>		Yes	No
10:	a Does the organization have local chapters, branches, or affiliates?	Ţ-	0 a		X
	<b>b</b> If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliand branches to ensure their operations are consistent with those of the organization?	ates,	юь		
	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form		1	X	
	A Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedul				
	a Does the organization have a written conflict of interest policy? If 'No,' go to line 13		2a	Х	
	<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12b	х	
1	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describ Schedule O how this is done See Schedule O	e ın	12c	Х	
13	Does the organization have a written whistleblower policy?	L.	13		<u>X</u>
14	Does the organization have a written document retention and destruction policy?	<u> </u>	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independences, comparability data, and contemporaneous substantiation of the deliberation and decision?	tent			
	a The organization's CEO, Executive Director, or top management official See Schedule O	Ľ	15a	Х	
	<b>b</b> Other officers of key employees of the organization .	Ľ	15b		<u>X</u>
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.)				
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a entity during the year?	axable –	16a		X
	b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its partic in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's extension with respect to such arrangements?	kempt 📙	16b		
564	status with respect to such arrangements?	<u>-</u>	.00		
	List the states with which a copy of this Form 990 is required to be filed > OR		•		
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s inspection. Indicate how you make these available. Check all that apply	only) ava	ılabl	e for	public
	Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interstatements available to the public See Schedule O	rest polic	/, ar	id fina	ancial
20	State the name, physical address, and telephone number of the person who possesses the books and records of <u>Jennifer Wheatley 3345 Redwood Highway Grants Pass, OR 97527-9291 541-</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 organizations'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 employees.'

Check this box if the organization did not compensate any current officer, director, or trustee

- 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 hours	Position (check all that apply)					-	Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Suzanne Stewart						-				
President	2	Х		Х				0.	0.	0.
Michael Murphy										
Vice President	2	Х		Х			l	0.	0.	0.
Barbara Patridge										· <del>-</del>
Past President	2	Х		Х				0.	0.	0.
Charles Womer										
Treasurer	2	Х		Х			L	0.	0.	0.
Elizabeth Crossman										_
Secretary	2	Х		Х				0.	0.	0.
Chris Cauble										
Director	1	X		L				0.	0.	0.
Alan Harper										
Director	1	Х			<u> </u>			0.	0.	0.
Larry Helton										
Director	1	X			L	1		_0.	0.	0.
Reeve Hennion										
Director	1	X			L			0.	0.	0.
David Hyatt	_			ł						
Director	1	X						0.	0.	0.
Richard Levine				ĺ						
Director	1	X		<u>L</u>	L			0.	0.	0.
Don McLennan						1				
Director	1	Х			<u> </u>	L	ļ	0.	0.	0.
Joan Momsen	_									
Director	11	X	ļ	<u> </u>	<u> </u>		_	0.	0.	0.
A. Midge Renton	-				İ				1	
Director	1 1	Х				ļ	_	0.	0.	0.
Leslie Spalding	_		1							
Director	1	X	ļ		ļ	1	<u> </u>	0.	0.	0.
Verne_Welo	4	1							_	
Director	1_1_	X	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
Jennifer Wheatley					Į					<u>.</u>
Exec Director	40			X	<u> </u>	<u> </u>	L_	68,734.	0.	18,288.
BAA			TEEA	0107	L 11	1/10/09				Form <b>990</b> (2009)

(A)	(B)	icy I	<u> </u>		c)	сэ,	and	(D)	(E)	ipios	(F)	<u>111.)</u>
Name and Title	Average hours	Posi	tion (			hat a	pply)	Reportable compensation from			Estimate	d
	per week	Individual trustee or director	กรชชชชอก	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	Reportable compensation fron related organization (W-2/1099-MISC)	S	amount of o compensat from the organization and relate organization	ther ion on ed
					L.							
								· · · · · · · · · · · · · · · · · · ·				
	<u></u>					_						
1 b Total					<u>.</u>		<b>&gt;</b>	68,734.	<del> </del>	<u>). </u>		<u> 288.</u>
<ul> <li>Total number of individuals (including but not limite from the organization</li> <li>D</li> </ul>	d to the	se I	ste	d ab	ove	) wh	o re	ceived more than	\$100,000 in rep	ortable	e compen	sation
<ul> <li>3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such a</li> <li>4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater individual</li> <li>5 Did any person listed on line 1a receive or accrue of</li> </ul>	<i>ndıvıdua</i> eportable than \$15	al e co 50,00	mpe 00?	ensa If '\	ition ⁄es′	and com	d oth	er compensation e Schedule J for	from such		3 4	X
rendered to the organization? If 'Yes,' complete Sc Section B. Independent Contractors											5	<u> </u>
Complete this table for your five highest compensa compensation from the organization	ted inde	pen	den	t co	ntra	ctors	s tha	t received more t	han \$100,000 of			
(A) Name and business address	ss							Description	of Services	Co	(C) ompensati	on
										-		
2 Total number of independent contractors (including	but not	lım	ited	to t	hos	a Jie	ted :	above) who recen	ved more than			
\$100,000 in compensation from the organization >						دار د		22370) 11110 100011	. Su more triair			

T al	t viii Statement of Revenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above  1 737,052.		revenue		512, 515, 01 514
AND	g Noncash contribns included in lns 1a-1f: \$ 27,203.  h Total. Add lines 1a-1f	737,052.			
M SERVICE REVENUI	2a b c d				
PROGRA	f All other program service revenue g Total. Add lines 2a-2f				"1
	<ul> <li>Investment income (including dividends, interest and other similar amounts).</li> <li>Income from investment of tax-exempt bond proceeds</li> <li>Royalties</li> </ul>	143,645.	1,380.		142,265.
	(i) Real (ii) Personal  6a Gross Rents b Less. rental expenses c Rental income or (loss) d Net rental income or (loss)				
	7a Gross amount from sales of assets other than inventory b Less: cost or other basis				
	and sales expenses c Gain or (loss) d Net gain or (loss)	-38,024.			-38,024.
OTHER REVENUE	8a Gross income from fundraising events (not including \$				
	c Net income or (loss) from fundraising events  9a Gross income from gaming activities. See Part IV, line 19				
	b Less: direct expenses c Net income or (loss) from gaming activities .				
	10 a Gross sales of inventory, less returns and allowances  b Less: cost of goods sold  c Net income or (loss) from sales of inventory			·	
	Miscellaneous Revenue Business Code				
	11a				
	d All other revenue.  e Total. Add lines 11a-11d  12 Total revenue. See instructions	<del></del>	1,380.	0.	104,241.

Part IX | Statement of Functional Expenses

Section Suitcitis	Section 501(cχ3) and 501(cχ4) organizations must complete all columns.											
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).												
amounts reported on lines and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D</b> ) Fundra exper								

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	44,417.	44,417.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	534,141.	534,141.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	334,141.	334,141.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	88,155.	29,091.	19,394.	39,670.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in				
-	section 4958(c)(3)(B)	0. 57,977.	0.	0. 12,252.	<u>0.</u> 25,519.
	Other salaries and wages	51,911.	20,206.	12,252.	25,519.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,546.	2,490.	1,660.	3,396.
9	Other employee benefits	20,750.	6,848.	4,565.	9,337.
10	Payroll taxes	10,486.	3,575.	2,253.	4,658.
11	Fees for services (non-employees)				· · · · · · · · · · · · · · · · · · ·
a	Management				
t	Legal	100.		100.	
C	: Accounting	30,050.		30,050.	
C	<b>i</b> Lobbying				
•	Prof fundraising svcs. See Part IV, In 17	10,671.			10,671.
	Investment management fees	41,423.		41,423.	
	Other				
	Advertising and promotion	2,209.		10.006	2,209.
13	Office expenses	12,211.		12,026.	185.
14	Information technology	2,457.			2,457.
15	Royalties				
16 17	Occupancy Travel	6,124.		1,824.	4,300.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0,124.		1,024.	4,300.
19	Conferences, conventions, and meetings	140.		140.	
20	Interest				
21	Payments to affiliates				· · · · · · · · · · · · · · · · · · ·
22	Depreciation, depletion, and amortization	2,722.		2,722.	
23 24	Insurance 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.)	2,216.		2,216.	
a	Board development	8,452.		8,452.	
	Reader nights	4,736.		4,736.	
(	Program development	2,224.		2,224.	
	Miscellaneous	373.		373.	
•	Donor recognition	54.			54.
1	All other expenses				
	Total functional expenses. Add lines 1 through 24f	889,634.	640,768.	146,410.	102,456.
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 definitional educational				
BAA	campaign and fundraising solicitation				Form <b>990</b> (2009)

<b>Pa</b>	rt X	. Balance Sheet					
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments		,	250,084.	2	357,053.
	3	Pledges and grants receivable, net			278,398.	3	216,678.
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, director and highest compensated employees. Complete Part	s, trus II of S	stees, key employees, schedule L		5	
	6	6 Receivables from other disqualified persons (as def		der section 4958(f)(1))			
		and persons described in section 4958(c)(3)(B) Comp		6			
A S E T S	7	Notes and loans receivable, net		, [	125,264.	7	169,165.
Ē	8	Inventories for sale or use				8	
\$	9	Prepaid expenses and deferred charges		14,981.	9	2,117.	
	10a	Land, buildings, and equipment, cost or other basis.	10 a	201,637.			
		Complete Part VI of Schedule D					
	b	Less: accumulated depreciation	10 b	6,897.	183,606.	10 c	194,740.
	11	Investments — publicly-traded securities			4,963,422.	11	5,227,572.
	12	Investments – other securities See Part IV, line 11			12		
	13	Investments - program-related. See Part IV, line 11.			13		
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			21,989.	15	19,229.
_	16	Total assets Add lines 1 through 15 (must equal line	34)		5,837,744.	16	6,186,554.
	17	Accounts payable and accrued expenses		6,565.	17	56,075.	
	18	Grants payable	25,880.	18	2,000.		
	19	Deferred revenue		19			
Ĺ	20	Tax-exempt bond liabilities				20	
A B	21	Escrow or custodial account liability Complete Part I	V of S	schedule D .		21	
L T	22	Payables to current and former officers, directors, trushighest compensated employees, and disqualified per	stees, sons	key employees, Complete Part II			
1		of Schedule L				22	
E \$	23	Secured mortgages and notes payable to unrelated the	urd pa	rties	· · · · · · · · · · · · · · · · · · ·	23	
	24	Unsecured notes and loans payable to unrelated third	partie	es		24	
	25	Other liabilities. Complete Part X of Schedule D			826,411.	25	697,437.
	26	Total liabilities. Add lines 17 through 25			858,856.	26	755,512.
Ĕ		Organizations that follow SFAS 117, check here	X ar	nd complete lines			
		27 through 29 and lines 33 and 34.					
Ş	27	Unrestricted net assets			936,924.		1,013,506.
Ĕ	28	Temporarily restricted net assets			1,047,284.		1,342,379.
	29	Permanently restricted net assets		_	2,994,680.	29	3,075,157.
R		Organizations that do not follow SFAS 117, check he	re >	and complete			
DZC		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds .				30	
B A	31	Paid-in or capital surplus, or land, building, and equip				31	
Ą	32	Retained earnings, endowment, accumulated income,	or oth	ner funds .		32	
<b>B4L4Z0E</b> 9	33	Total net assets or fund balances			4,978,888.	33	5,431,042.
<u>\$</u>	34	Total liabilities and net assets/fund balances			5,837,744.	34	6,186,554.

BAA

Form **990** (2009)

Form <b>990</b> (2009)	ROGUE	COMMUNITY	COLLEGE	FOUNDATION
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93-0777701

Page 12

1 · Accounting method used to prepare the Form 990			ige i
		Yes	No
1 · Accounting method used to prepare the Form 990 🔲 Cash 🔃 Accrual 🔲 Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2 a		Х
<b>b</b> Were the organization's financial statements audited by an independent accountant?	2b	Х	
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	Х	
Separate basis Consolidated basis X Both consolidated and separate basis			
	3a		x
<b>b</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.	3 b		

BAA

Form 990 (2009)

# SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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.

Open to Public Inspection

		organization								_ , ,		tion number
ROG	UE	COMMUNITY CO	LLEGE FOUN	DAT	ION					93-07	777703	<u> </u>
Part	:1_	Reason for Pul	blic Cha <u>rity</u> St	tatu	s (All organizations	must c	omple	te this	part.)	See II	nstruct	ions
The o	rga	nization is not a priv	vate foundation b	ecau	ise it is (For lines 1 throi	ugh 11,	check o	nly one	box.)			
1		A church, convention	on of churches or	ass	ociation of churches desc	cribed in	section	170(b)	(i)(A)(I)			
2	П	A school described	ın section 170(b	<b>X</b> 1X/	A)(ii). (Attach Schedule E	Ξ.)						
3	П	A hospital or coope	erative hospital se	ervice	e organization described	ın <b>secti</b> o	on 170(t	)(1)(A)(i	iii).			
4	П	•	= -		d in conjunction with a h					0(b)(1)(A	Xiii) Er	nter the hospital's
	ш	name, city, and sta	•		•	•						•
5	X		erated for the bei		of a college or university	owned	or oper	ated by	a gover	nmental	unit de	scribed in section
6 7			at normally receiv	es a	governmental unit descrif substantial part of its su art II )					t or from	the ge	neral public described
8					170(b)(1)(A)(vi). (Complet	te Part I	1)					
9		from activities relate	d to its exempt fur and unrelated bi	iction usine	more than 33-1/3 % of its ease — subject to certain excess taxable income (less omplete Part III)	eptions, a	and (2) n	o more t	:han 33-	1/3 % of	its supp	ort from gross
10		An organization org	ganized and oper	ated	exclusively to test for pu	ıblıc safe	ety See	section	1 509(a)	(4).		
11		more publicly supp	orted organization	ons c	exclusively for the benef lescribed in section 509(a zation and complete lines	a)(1) or :	section	509(a)(2	ctions o 2) See	of, or ca section	rry out ti <b>509(a)(</b> 3	he purposes of one or i). Check the box that
		a ☐ Type I	<b>b</b>	e II	c Type III	l – Fund	tionally	ıntegrat	ted		d 🗌	Type III- Other
е	e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)											
f												
g		Since August 17, 2	006, has the orga	anıza	ition accepted any gift o	r contrib	ution fro	om any	of the fo	ollowing	persons	
												Yes No
		(i) a person who	o directly or indire	ctly he s	controls, either alone or upported organization?	togetner	with pe	rsons a	escribed	וו) חו ב	and (III)	11 g (i)
					cribed in (i) above?							11 g (ii)
		• •			described in (i) or (ii) a	bove?						11 g (iii)
h		• •			the supported organization							
	(	) Name of Supported Organization	(iı) EIN		(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) l organizat (i) listed	s the ion in col i in your rning ment?	(v) Did you notify the organization in col (i) of your support?		l organizat	s the ion in col zed in the 5 ?	(vii) Amount of Support
						Yes	No	Yes	No	Yes	No	
		·				ļ			<u> </u>	ļ		
									ļ			
					.,							
						<u> </u>	ļ. <u> </u>					
			<u> </u>									
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		·	<del> </del>			-	ļ	<del> </del>				
Total												

Schedule A (Form 990 or 990-EZ) 2009 ROGUE COMMUNITY COLLEGE FOUNDATION 93-0777701

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I)

Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	301,052.	597,788.	940,507.	666,399.	737,052.	3,242,798.
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.	69,650.	72,626.	18,000.	18,000.	18,000.	196,276.
4	Total. Add lines 1-through 3	370,702.	670,414.	958,507.	684,399.	755,052.	3,439,074.
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).						0.
6	Public support. Subtract line 5 from line 4						3,439,074.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	370,702.	670,414.	958,507.	684,399.	755,052.	3,439,074.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	120,283.	158,889.	177,122.	190,151.	143,645.	790,090.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV).						0.
11	Total support. Add lines 7 through 10						4,229,164.
	Gross receipts from related activ	rities, etc (see ins	structions)	•		12	0.
13	First five years. If the Form 990 organization, check this box and		ation's first, secon	d, third, fourth, o	or fifth tax year as	a section 501(c	)(3) ► □
Sec	tion C. Computation of Pu	blic Support P	ercentage		·		
14	Public support percentage for 20	009 (line 6, column	n (f) divided by line	e 11, column (f).		14	81.3%
15	Public support percentage from	2008 Schedule A,	Part II, line 14	•		15	80.3%
16	<b>33-1/3 support test – 2009.</b> If th and <b>stop here.</b> The organization				I the line 14 is 33-	1/3 % or more, o	check this box
١	33-1/3 support test - 2008. If the and stop here. The organization	e organization did qualifies as a pub	not check a box oblicly supported or	on line 13, or 16a ganization.	a, and line 15 is 33	3-1/3% or more,	check this box
17	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstances	' test, check this	box and stop her	e. Explain in Par	t IV how
1	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstances test The organiz	t test, check this ation qualifies as	box and <b>stop her</b> a publicly suppor	<b>e.</b> Explain in Par ted organization	t IV how the ►
18	Private foundation. If the organ	ization did not che	ck a box on line,	13, 168, 168, 178			990 or 990.FZ) 2009

#### 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.) Section A. Public Support Calendar year (or fiscal yr beginning in) (a) 2005**(b)** 2006 (c) 2007(d) 2008 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total, Add lines 1 through 5 7a Amounts included on lines 1, 2, 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support (a) 2005 (c) 2007(d) 2008 (e) 2009 (f) Total **(b)** 2006 Calendar year (or fiscal yr beginning in) 9 Amounts from line 6 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 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.) 13 Total support. (add tns 9, 10c, 11, and 12) 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 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . 15 % 16 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 % Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19 a 33-1/3 support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization **b 33-1/3 support tests** – **2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 20

Schedule A	(Form	990 or	990-EZ	2009	ROGUE	COMMU	NITY	COLLEGE	FOUND	ATION	93-0777701	Page 4
Part IV .	Supp	lemer	ıtal In	forma	ti <b>on.</b> Con	nplete th	ns pa	rt to provid	de the e	xplanations	required by Part II, lin	e 10;
	Part I	I, line	17a d	or 17b;	and Par	t III, line	e 12.	Provide an	y other	additional	s required by Part II, lin information. See instruc	ctions.
•												
								. <b></b>		<b></b>	<b></b>	
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Schedule A (Form 990 or 990-EZ) 2009

#### 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, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions OMB No. 1545-0047

Open to Public Inspection

Employer Identification number

Name of the organization

. .

RUU	SUE COMMUNITY COLLEGE FOUNDATI	.ON		93-0777701
Par	t I Organizations Maintaining Dono	r Advised Funds or Oth	er Similar Funds or Ac	
	the organization answered 'Yes' t	o Form 990, Part IV, lin	e 6.	oranic complete ii
		(a) Donor advised	funds (b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year).			
4	Aggregate value at end of year			
5	Did the organization inform all donors and dor funds are the organization's property, subject	nor advisors in writing that the to the organization's exclusive	e assets held in donor advise legal control?	d Yes No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	the benefit of the donor or do	ing that grant funds may be onor advisor or for any other	Tyes No
Dai	t II Conservation Easements Comple		nswered 'Ves' to Form (	
	Purpose(s) of conservation easements held by			990, Fart IV, line 7.
Į	Preservation of land for public use (e.g., r	•	Preservation of an histori	ically important land area
	Protection of natural habitat	ecreation or picasure)	Preservation of certified h	• •
	Preservation of open space			instoric structure
2	Complete lines 2a through 2d if the organizations day of the tax year.	on held a qualified conservat	ion contribution in the form of	f a conservation easement on the
				Held at the End of the Year
ē	Total number of conservation easements		. 2a	
ŀ	Total acreage restricted by conservation ease	ments	2 b	
(	Number of conservation easements on a certi	fied historic structure include	d in (a) 2c	
•	Number of conservation easements included i	in (c) acquired after 8/17/06.	2 d	
3	Number of conservation easements modified,	transferred, released, extinge	uished, or terminated by the o	organization during the tax
	year ►			
4	Number of states where property subject to co	onservation easement is locate	ted ►	
5	Does the organization have a written policy re and enforcement of the conservation easement	garding the periodic monitorint it holds?.	ng, inspection, handling of vid	olations, Yes No
6	Staff and volunteer hours devoted to monitoring the year			·
7	Amount of expenses incurred in monitoring, if during the year ▶	aspecting, and enforcing cons	servation easements	<del></del>
8	Does each conservation easement reported of 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?			Yes No
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote conservation easements.	s conservation easements in its to the organization's financial	revenue and expense statemer I statements that describes th	nt, and balance sheet, and ne organization's accounting for
Pa	Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historica wered 'Yes' to Form 990	I Treasures, or Other Si D, Part IV, line 8.	milar Assets
1:	a If the organization elected, as permitted unde treasures, or other similar assets held for pub the text of the footnote to its financial statement	olic exhibition, education, or re	esearch in furtherance of publ	lance sheet works of art, historical lic service, provide, in Part XIV,
I	b If the organization elected, as permitted unde treasures, or other similar assets held for pub amounts relating to these items.	r SFAS 116, to report in its replice exhibition, education, or re	evenue statement and balance esearch in furtherance of pub	e sheet works of art, historical lic service, provide the following
	(i) Revenues included in Form 990, Part VIII	, line 1 .	•	<b>-</b> \$
	(ii) Assets included in Form 990, Part X	•		►\$ ►\$
2	If the organization received or held works of a amounts required to be reported under SFAS	art, historical treasures, or oth 116 relating to these items:	ner sımılar assets for fınancıal	gain, provide the following
i	a Revenues included in Form 990, Part VIII, line	e 1 .		<b>*</b> \$
į	<b>b</b> Assets included in Form 990, Part X			. <b>&gt;</b> \$

Schedule <b>D</b> (Form 990) 2009 ROGUE	COMMUNITY	COLLEGE FOU	NDAT	ION	93-077	7701	Page 2
Part III Organizations Maintain							
Using the organization's acquisition items (check all that apply)		<del></del>					
a Public exhibition		<b>d</b> Loan	or exc	hange programs			
b Scholarly research		e Other		g. p. og. u			
c Preservation for future genera	ations		-				
4 Provide a description of the organ Part XIV		ns and explain ho	w they	further the organ	nization's exempt purpo	se in	
5 During the year, did the organizat assets to be sold to raise funds ra	tion solicit or rece ather than to be m	ve donations of ar aintained as part	rt, histo of the	orical treasures, o organization's co	or other similar llection?	Yes	□ No _
Part IV Escrow and Custodial 9, or reported an amou	Arrangement	S Complete if c	organ			90, Part IV,	line
1a Is the organization an agent, trust included on Form 990, Part X?	tee, custodian, or	other intermediary	for co	ontributions or oth	ner assets not	Yes	□ No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIV and c	omplete the follow	ing tat	ole:			
						Amount	
<b>c</b> Beginning balance					1c		
<b>d</b> Additions during the year					1 d		
e Distributions during the year					1 e		
f Ending balance .					1f		
2a Did the organization include an ai	mount on Form 99	0, Part X, line 21	7		•	Yes	No
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIV.						_
Part V Endowment Funds Cor		ization answer	ed 'Y	es' to Form 99	0, Part IV, line 10		
	(a) Current year	(b) Prior yea		(c) Two years bac		(e) Four yea	rs back
1 a Beginning of year balance	2,467,34			<b>-</b>	1,1		
<b>b</b> Contributions	73,780						$\overline{}$
		,,,,		<del></del>		1	
c Net Investment earnings, gains, and losses	330,91	o687,2	249.				
d Grants or scholarships	2,350						
e Other expenditures for facilities and programs							
f Administrative expenses	80,05	2. 70,5	69.				
g End of year balance	2,789,63	3. 2,467,3	345.				
2 Provide the estimated percentage	e of the year end	palance held as					
a Board designated or quasi-endow	vment ►	*					
<b>b</b> Permanent endowment ►	100.00%						
c Term endowment ►	8						
3a Are there endowment funds not in	<del></del>	of the organization	n that a	are held and adm	inistered for the	Yes	No
organization by.						3a(i)	X
(i) unrelated organizations						3a(ii)	$\frac{x}{x}$
(ii) related organizations .		d an ransurad an C	ahadı.	la D2		3b	<del>  ^</del>
<b>b</b> If 'Yes' to 3a(ii), are the related o	-				Soo i	Part XIV	
4 Describe in Part XIV the intended						rait AIV	
Part VI Investments-Land, B						(d) Book V	/olue
Description of investment	(a) (	Cost or other basis (investment)		Cost or other :: casis (other)	(c) Accumulated Depreciation	(a) Book v	alue
1a Land		182,977.	<del>                                     </del>			182	2,977.
<b>b</b> Buildings				<u></u> -			<del></del>
c Leasehold improvements			$\vdash$				
<b>d</b> Equipment	<u> </u>			6,703.	4,572.	2	2,131.
e Other	<del>                                     </del>			11,957.	2,325.		632.
• Outo			<u></u>	,_,			<del>,</del>

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) BAA

Schedule **D** (Form 990) 2009

194,740.

Schedule D (Form 990) 2009 ROGUE COMMUNITY CO		
Part VII Investments—Other Securities See Fo		e 12. N/A
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.) ►		
Part VIII Investments-Program Related (See F		
(a) Description of investment type	<b>(b)</b> Book value	(c) Method of valuation Cost or end-of-year market value
		· · · ·
	,	· · · · · · · · · · · · · · · · · · ·
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13.)		
Part IX Other Assets (See Form 990, Part X,	line 15) N/A	<del></del>
	scription	(b) Book value
	·	
Total. (Column (b) must equal Form 990, Part X, col.(B), I.	ine 15)	
Part X Other Liabilities (See Form 990, Part	X, line 25)	
(a) Description of Liability	(b) Amount	4
Federal Income Taxes		
Obligation under standard unitrust	113,00	
Scholarships payable	584,43	<u>u.</u>
		<del>- </del>
	<del></del>	$\dashv$
		┪
-		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ►	697,43	7.

	93-0777	701 Page <b>4</b>
Part XI - Reconciliation of Change in Net Assets from Form 990 to Financial Statements	1	
1 Total revenue (Form 990, Part VIII,column (A), line 12)	$\vdash$	842,673.
2 · Total expenses (Form 990, Part IX, column (A), line 25)	· ·	889,634.
3 Excess or (deficit) for the year. Subtract line 2 from line 1		<u>-46,961.</u>
4 Net unrealized gains (losses) on investments	_	499,116.
5 Donated services and use of facilities .		
6 Investment expenses		·
7 Prior period adjustments	-	<del>_</del>
8 Other (Describe in Part XIV)	<u> </u>	400 116
9 Total adjustments (net) Add lines 4 through 8		499,116.
10 Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9  Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	452,155.
1 Total revenue, gains, and other support per audited financial statements	1	1,318,366.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments . 2a 499, 11	6.	
<b>b</b> Donated services and use of facilities . <b>2b</b> 18,00	0.	
c Recoveries of prior year grants		
d Other (Describe in Part XIV) 2d		
e Add lines 2a through 2d	2e	517,116.
3 Subtract line 2e from line 1	. 3	801,250.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investments expenses not included on Form 990, Part VIII, line 7b 4a 41, 42	3.	
b Other (Describe in Part XIV)		
c Add lines 4a and 4b	4c	41,423.
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	842,673.
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return	1
1 Total expenses and losses per audited financial statements	1	866,211.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities 2a 18,00	0.	
b Prior year adjustments 2b		
c Other losses . 2c		
d Other (Describe in Part XIV) 2d		
e Add lines 2a through 2d	2e	18,000.
3 Subtract line 2e from line 1	3	848,211.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investments expenses not included on Form 990, Part VIII, line 7b 4a 41, 42	3.	
<b>b</b> Other (Describe in Part XIV)		
c Add lines 4a and 4b	4c	41,423.
5 Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5	889,634.
Part XIV   Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part line 4, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this information  Part V, Line 4 - Intended Uses Of Endowment Fund	IV, lines 1t part to pro	o and 2b, Part V, vide any additional
The income from the permanently restricted endowments is restricted	for so	 cholarships
and other program gramout		
and other program support.		
BAA TEEA3304L 02/02/10	Schedu	le <b>D</b> (Form 990) 2009

Schedule D	(Form 990) 2009 Supplementa	ROGUE	COMMUNITY	COLLEGE	FOUNDATION		93-0777701	Page 5
Part XIV	Supplementa	l Informa	ation (continu	ıed)				
			~					
				<b>-</b>				
	<u>-</u>			<b>-</b>				
		<del>_</del>			<b></b>			
						- <b></b>		
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		<b>-</b>		- <b></b>				
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	- <b></b>							<b></b>
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							<b></b>	
		<b></b>				<b> </b>		
								<del></del>
	. <b> -</b>							

# SCHEDULE 1 (Form 990)

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

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

Attatch to Form 990.

2009

OMB No 1545-0047

Open to Public Inspection

Employer identification number Department of the Treasury Internal Revenue Service Name of the organization

ROGUE COMMUNITY COLLEGE FOUNDATION	93-0777701	1
Part I General Information on Grants and Assistance		
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	and X Yes No	
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.		
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form	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		
Dout IV and Schodula 1.1 (Earm 000) if additional chara is needed	•	

0	•				ırganızauons	s) and government to	<ul> <li>2 Enter total number of section 501(c)(3) and government organizations</li> <li>3 Enter total number of other organizations</li> </ul>
						1	7/2/102
					i		
					3		
projects	classroom items	FMV	26,077.	18,340.			
enhancement	materials and						3345 Redwood Highway
Academic	Student	(in)					Rogie Comminity College
or assistance	(g) Description of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(e) Amount of non-cash assistance	(d) Amount of cash grant	(c) IRC section if applicable	( <b>6</b> ) EIN	1 (a) Name and address of organization or government

Schedule I (Form 990) 2009 ROGUE COMMUNITY COLLEGE FOUNDATION

| Partill | 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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Scholarships	909	534,141.			
	ļ				
Partily   Supplemental Information. Complete this part to		rovide the informat	ion required in Par	t I, line 2, and any oth	provide the information required in Part I, line 2, and any other additional information.
<u>Part IV - Additional Supplemental Information</u>	<u>rmation</u>		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Part I, Line 2 Organization's procedures		for monitoring the use of grant funds:	the use of gra	nt_funds:	
Each_recipient_of_a_cash_grant_from_the_Foundation_is_required_to_file_a_report_at_	from the Four	<u>idation is requ</u>	ired to file a	report_at	
the_end_of_the_grant_period. The report_must_detail_the_use_of_the_funds_including	he report must	detail_the_us	e_of_the_funds	including	
reporting budget and outcomes compared with projections shown in the original grant	compared_with	<u>projections_sh</u>	own in the ori	ginal grant	
applicationRecipients_of_non-cash_assistance_must_confirm_receipt_of_the_in-kind	n-cash assista	ince must confi	rm_receipt_of_	the in-kind	
items_and_verify_use_as_reported_in_the_original_applicationThe_reports_are	ed in the oric	<u>yinal applicati</u>	on. The report	s are	
reviewed_by_the_Projects_Grants_Committee_		of the Board of Directors	<u>Directors</u>		
	:               		 		

BAA

Schedule I (Form 990) 2009

## SCHEDULE M •(Form 990)

#### **Noncash Contributions**

► Attach to Form 990.

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

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

ROGUE COMMUNITY COLLEGE FOUNDATION 93-0777701 Part I Types of Property (a) (b) (c) (d) Revenues reported on Form 990, Part VIII, line 1g Method of determining Check if Number of Contributions applicable revenues 1 Art-Works of art 2 Art-Historical treasures 3 Art-Fractional interests 4 Books and publications. Clothing and household goods 5 4,800. Blue book Х Cars and other vehicles Boats and planes 8 Intellectual property 1,126. NYSE value X Securities—Publicly traded. Securities-Closely held stock 10 Securities-Partnership, LLC, or trust interests 11 12 Securities-Miscellaneous Qualified conservation contribution-Historic structures Qualified conservation contribution-Other 14 Real estate-Residential 16 Real estate-Commercial 17 Real estate-Other Collectibles 18 19 Food inventory Drugs and medical supplies 20 21 Taxidermy 22 Historical artifacts. 23 Scientific specimens Archeological artifacts 24 21,277. Similar sales Х 10 25 Other ► (Classroom items 26 Other ► ( 28 Other ▶ Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No

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

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

Schedule M (Form 990) 2009

Schedule M (Form 990) 2009 ROGUE COMMUNITY COLLEGE FOUNDATION	93-0777701	Page 2
Supplemental Information. Complete this part to provide the information required and 33. Also complete this part for any additional information.	by Part I, lines 30b	, 32b,
Schedule M - Additional Information		
The Foundation is reporting the number of contributions in Part 1,	column B.	
		· <b></b>
		· <b></b>
		. <b></b> -

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Schedule M (Form 990) 2009

# SCHEDULE O \*(Form 990)

## **Supplemental Information to Form 990**

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service Name of the organization

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

Attach to Form 990.

Open to Public Inspection

Employer identification number

ROGUE COMMUNITY COLLEGE FOUNDATION	93-0777701
Form 990, Part V, Line 2a - Employees	
The employees of the Foundation are paid by Rogue Co	ommunity College, so the
Foundation reimburses Roque Community College for al	ll of the payroll costs of
Foundation employees. The Foundation does not file F	Form W-3, Transmittal of Wage and
Tax Statements or any other federal employment tax i	ceturns.
Form 990, Part III, Line 1 - Organization Mission	
The Rogue Community College Foundation was establish	ned to support and promote the
educational, scientific, and charitable activities of	of Rogue Community College. The
Foundation accomplishes its purpose by fostering companies.	mmunity interest in the
broadening of educational opportunities, soliciting	and developing gifts and grants,
investing and managing funds, and acquiring and disp	posing of real and personal
property on behalf of Rogue Community College. These	e funds are used to provide
educational opportunities for student success, supportunities	ort for college programs, faculty
advancement, instructional enhancement, campus devel	lopment and community enrichment.
The Foundation also serves as a citizen advisory gro	oup to the Board of Education of
the Rogue Community College District	
Form 990, Part VI, Line 11 - Form 990 Review Process	
The Finance Committee reviews the Form 990 and recommittee reviews the Form 990 and 100 and 1	mmends it for acceptance to the
Board of Directors. The Form 990 is then presented	to the Board for review and
acceptance.	
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enfor	cement of Conflicts
The conflict of interest policy is reviewed annually	y and Board members are required
to disclose any conflicts of interest on an annual b	pasis. Board members are
occasionally reminded of their responsibility to dec	clare a conflict when it exists.

Schedule O (Form 990) 2009 Name of the prganization  POCLIE COMMUNITY COLLEGE FOLINDATION	Employer identification number 93-0777701
ROGUE COMMUNITY COLLEGE FOUNDATION	·
Form 990, Part VI, Line 15a - Compensation Review & Approval Pi	
The process for determining the Executive Director	r's salary starts with a review by
the Executive Committee. The Executive Committee	then meets in a closed executive
session, using comparability data pulled from the	College and other nonprofit and
community college salary surveys, to determine the	e Executive Director's compensation
for the year.	
Form 990, Part VI, Line 19 - Other Organization Documents Pub	olicly Available
The governing documents, conflict of interest pol-	icy, and financial statements are
available to the public upon request.	
	<del></del>