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DLN: 93493319016192

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

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

Open to Public Inspection

A Fo	r the 2	2011 ca	lendar year, or tax year beginning 07-01-2011 and endin	g 06-30-201	.2		
B Ch	eck if ap	plicable	C Name of organization ROCK VALLEY COLLEGE FOUNDATION			D Employer	identification number
☐ Ad	dress ch	ange				36-3037	
Г№	me char	nge	Doing Business As			E Telephone	
┌ Inı	tıal retur	'n	Number and street (or P O box if mail is not delivered to street add	ress) Room/si	uite	(815)92	
Гте	rmınated	t	3301 NORTH MULFORD ROAD			G Gross receip	ots \$ 3,000,444
☐ Am	ended r	return	City or town, state or country, and ZIP + 4	I			
Гар	plication	pending	ROCKFORD, IL 61114				
		ľ	F Name and address of principal officer		H(a) Is th	■ ns a group ret	urn for
			PAMELA OWENS 3301 NORTH MULFORD ROAD			ates?	┌ Yes
			ROCKFORD, IL 61114		H(b) Are a	ll affiliates incl	uded?
					1 ' '		st (see instructions)
I Ta	x-exem	pt status	✓ 501(c)(3)	527	H(c) Gro	up exemption	number ►
J W	ebsite	: ⊢ ww	W ROCKVALLEYCOLLEGE EDU				
K For	m of org	janization	✓ Corporation Trust Association Other ►		L Year of fo	ormation 1979	M State of legal domicile IL
	rt I		mary				, ,
	1 E	Briefly de	escribe the organization's mission or most significant activ	ıtıes			
a)			CK VALLEY COLLEGE FOUNDATION PROVIDES SUPPO		CK VALLEY C	OLLEGE AND	ITS STUDENTS
ě	-						
Ě	-						
8	2 0	Check th	is box $lacktriangledown$ if the organization discontinued its operations of	r disposed	of more than	25% of its net	assets
ය ප	3 1	Number	of voting members of the governing body (Part VI, line 1a)			3	24
ŝ	1		of independent voting members of the governing body (Part			. 4	24
Ė	I		mber of individuals employed in calendar year 2011 (Part \	/, line 2a)		5	
Activities & Governance	1		mber of volunteers (estimate if necessary)			6	
•	1		related business revenue from Part VIII, column (C), line 1			78	
	B	vet unre	lated business taxable income from Form 990-T, line 34	• •	Dei	or Year	Current Year
	8	Control	butions and grants (Part VIII, line 1h)		Pile	736,283	
Revenue	9		m service revenue (Part VIII, line 2g)		730,203		
	10	_	ment income (Part VIII, column (A), lines 3, 4, and 7d)		382,552	343,209	
2	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, a		0		
	12		evenue—add lines 8 through 11 (must equal Part VIII, col	ie			
					1,118,835		
	13		and similar amounts paid (Part IX, column (A), lines 1-3			466,816	
	14 15		ts paid to or for members (Part IX, column (A), line 4) .es, other compensation, employee benefits (Part IX, colum			0	0
8	13	5-10)		ii (~), iiiles		0	0
Expenses	16a	Profes	sional fundraising fees (Part IX, column (A), line 11e) .			0	16,216
ੜੌ	ь	Total fu	ndraising expenses (Part IX, column (D), line 25) ► 42,950				
	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			228,584	151,695
	18		expenses Add lines 13–17 (must equal Part IX, column (A			695,400	
	19	Reven	ue less expenses Subtract line 18 from line 12			423,435	556,064
Not Assets or Fund Balances						g of Current Year	End of Year
900	20	Total a	ussets (Part X, line 16)			8,149,107	8,373,885
χğ.	21		iabilities (Part X, line 26)			43,327	19,254
žĒ	22	Net as	sets or fund balances Subtract line 21 from line 20			8,105,780	8,354,631
Pa	rt II	Sign	ature Block				
know			erjury, I declare that I have examined this return, including acc f, it is true, correct, and complete. Declaration of preparer (oth				
		****	**		1	012-11-06	
Sigr	,		ture of officer			ate	
Her		SAM (OVERTON JR TREASURER				
		Туре	or print name and title				
		Preparer			Check If		payer identification number
Paid		sıgnature	JENNIFER WOOD		self- employed 🕨 🦵	(see instruction P00238134	nis)
	arer's		mme (or yours SIKICH LLP	<u>l</u>	<u> </u>	EIN ▶ 36-316	58081
Use	Only		nployed), and ZIP + 4 6815 WEAVER ROAD SUITE 100			EIN F 36-316	00001
		ĺ	ROCKFORD, IL 61114			Phone no 🕨	(815) 282-6565
May	the IRS	s discus	s this return with the preparer shown above? (see instructi	ions)			✓ Yes 「No

Par		n ent of Program Serv Schedule O contains a resp				୮
1	Briefly describ	e the organization's mission				
INCL	UDE GRANTS T		TS, FUNDING F	OR SCHOLARSHIPS	LEY COLLEGE CONTRIBUTION TO ROCK VALLEY COLLEGE	
2		ation undertake any signific 990 or 990-EZ?				Yes 🔽 No
	If "Yes," descri	be these new services on Sc	hedule O			
3	_	ation cease conducting, or r	nake significant	changes in how it co		Yes 🔽 No
	If "Yes," descri	be these changes on Sched	ıle O			
4	expenses Sect) organizations	and section 4947(a)	ree largest program services, as (1) trusts are required to report th program service reported	
4a	(Code) (Expenses \$	160,612	including grants of \$	132,458) (Revenue \$)
		TO ROCK VALLEY COMMUNITY CO N CASH ASSISTANCE OF \$54,929	LLEGE DURING TH	E YEAR ENDED JUNE 30,	2012 THE FOUNDATION AWARDED 22	CASH GRANTS TOTALING
4b	(Code) (Expenses \$	124,975	including grants of \$	124,975) (Revenue \$)
	SCHOLARSHIPS T SCHOLARSHIPS	O STUDENTS ATTENDING ROCK V.	ALLEY COMMUNITY	COLLEGE DURING THE Y	EAR ENDED JUNE 30, 2012, THE FOUN	DATION AWARDED 162
4c	(Code) (Expenses \$	250,000	ıncludıng grants of \$	250,000) (Revenue \$)
	DONATION TO RO	OCK VALLEY COMMUNITY COLLEGE	FOR CAPITAL CAM	PAIGN		
4d	Other program	n services (Describe in Sch	edule O)			
	(Expenses \$	incl	uding grants of	\$) (Revenue \$)
4e	Total program	service expenses -\$	535 587			

Part IV	Checklist of	Required	Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{f z}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νo
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
15	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 U S? If "Yes," complete Schedule F, Part II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
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	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
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 \Box	21	Yes	
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
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	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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		No
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		No
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		No
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		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Management	29	Yes	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
	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		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
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		N o
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	Yes	
		F	orm 990	(2011)

•	<u>, , , , , , , , , , , , , , , , , , , </u>
Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check it Schedule O contains a response to any question in this Part V	· .	• 1	
			Yes	No
.a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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			
b	return			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
a	Did the organization have unrelated business gross income of \$1,000 or more during the	3a		No
ь	year?	3b		
	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 or securities account)?	4a		No
b	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
b	organization solicit any contributions that were not tax deductible?			
_	were not tax deductible?	6b		
,	Organizations that may receive deductible contributions under section 170(c).		V	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	_		
E	contract?	7e 7f		No No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			110
	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
•	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
)	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
ט	facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
ט	sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
С	Enter the aggregate amount of reserves on hand			
4 >	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		140

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

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax			
Ia	year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		Νo
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give	4.51	.,	
	rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17				
10	Section 6104 requires an organization to make its Form 1022 (or 1024 if applicable) 990, and 990, T (501/c)			

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website V Upon request

(815) 921-4445

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► SAM OVERTON JR
 3301 N MULFORD RD
 ROCKFORD,IL 61114

<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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0 in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) A verage hours per week (describe hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related	
	for related organizations in Schedule O)	Institutional Trustee Individual trustee or director		Officei	Ke) emplojee	Former Highest compensated employee Key employee			M13C)	organizations	
(1) ANN DEMPSEY MEMBER	2 00	х						0	0	0	
(2) BILL GORSKI SECRETARY	2 00	х		х				0	0	0	
(3) BRENT BERNARDI MEMBER	2 00	х						0	0	0	
(4) BRIAN DEBENEDETTO MEMBER	2 00	х						0	0	0	
(5) BRIAN HELM VICE PRESIDENT	2 00	х		х				0	0	0	
(6) DALE DRAKE MEMBER	2 00	х						0	0	0	
(7) DOUGLAS LEE MEMBER	2 00	х						0	0	0	
(8) FRANK WEHRSTEIN MEMBER	2 00	х						0	0	0	
(9) JAMES WADDELL MEMBER	2 00	х						0	0	0	
(10) JANE HAWKINS-HOFF MEMBER	2 00	Х						0	0	0	
(11) JOHN MINK MEMBER	2 00	х						0	0	0	
(12) KAREN MESSLEY MEMBER	2 00	х						0	0	0	
(13) LORAYNE LOGAN MEMBER	2 00	х						0	0	0	
(14) MICHAEL DAVIS MEMBER	2 00	Х						0	0	0	
(15) MICHELLE SCANDROLI MEMBER	2 00	х						0	0	0	
(16) PAMELA OWENS EXECUTIVE DIRECTOR	28 00	х		х				0	0	0	
(17) PATRICK MORROW MEMBER	2 00	Х						0	0	0	

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

(A) Name and Title		hours more than one box, comper unless person is both week an officer and a director/trustee) 2/							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and related	
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	organiza	
(18) I MEME	ROBERT KING BER	2 00	х) ()	0
	ROBERT STENSTROM IDENT	2 00	х		х) ()	0
(20) I MEME	ROGER LUNDSTROM BER	2 00	х) ()	0
(21) : MEME	Stephen Casper Ser	2 00	х) (0
(22) : MEME	STEPHEN K MILLER SER	2 00	Х) ()	0
(23) : MEME	STEVEN GUNDERSON BER	2 00	х) (0
(24) THE MEME	FAD OLSON BER	2 00	х) ()	0
(25) THE MEME	FIMOTHY ROLLINS SER	2 00	х) (0
1b	Sub-Total			•	•	•		>				
c d	Total from continuation sheets to Total (add lines 1b and 1c).			<u>· · ·</u>	<u>·</u>	<u> </u>		<u>-</u>	0	0		0
2	Total number of individuals (inclu \$100,000 of reportable compens	uding but not lim	nited to	thos	e lisi		above) who	received more th	an		
3	Did the organization list any form on line 1a? <i>If</i> "Yes," complete Sch For any individual listed on line 1 organization and related organization and related organization.	edule I for such a a, is the sum of	reporta	<i>ial</i> able o	omp	• oens	ation	• and	other compensation	on from the	Yes	No No
5	Did any person listed on line 1a is services rendered to the organiza									or individual for	5	No
	ection B. Independent Cont											
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax you	the organization										
	Nam	(A) ne and business add	Iress						Desc	(B) cription of services	Compe	
	Total number of independent contr \$100,000 of compensation from t			ot lım	nited	to t	those l	liste	d above) who rece	ved more than		

Form 99								Page 9
Part	/1111	Statement o	or 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
# \$ # S	1a	Federated cam	paigns 1a	·				
Contributions, gifts, grants and other similar amounts	ь	Membership di	ues 1b					
S, G	c	Fundraising ev	ents 1c	81,120				
無無	d	Related organi	zations 1d					
<u>∞</u> E	e	Government grant	ts (contributions) 1e					
F S	f	All other contributi	ons, gifts, grants, and 1f ot included above	807,079				j
5 ₹	g	Noncash contr	butions included in					
튵		lines 1a-1f \$ _	4,043					
ပွဲခဲ့	h	Total. Add line	s 1 a - 1 f	▶	888,199			
				Business Code				
Program Service Revenue	2a							
Æ	ь							
<u> </u>	c							
Z.	d							
Ξ	e							
<u>~</u>	f	All other progra	am service revenue					
š	g	Total. Add line	s 2a-2f					
	3		come (ıncludıng dıvıden					
		and other simil	aramounts)	▶ [239,410			239,410
	4	Income from inves	stment of tax-exempt bond	proceeds 🕨				
	5	Royalties .						
			(ı) Real	(II) Personal				
	6a b	Gross rents Less rental						
	-	expenses						
	C	Rental income or (loss)						
	d	Net rental inco	me or (loss)	,				
	_	Gross amount	(ı) Securities 1,843,798	(II) Other				
	7a	from sales of assets other	1,043,730					
		than inventory	4 720 000					
	b	Less cost or other basis and	1,739,999					
	_c	sales expenses Gain or (loss)	103,799					
	d	Net gain or (los	ss)		103,799			103,799
	8a		from fundraising					
n e		events (not inc \$ 81	luding 1,120					
5 >		of contribution:	s reported on line 1c)					
Вe		See Part IV, lir	ne 18 a					
Other Revenue	ь	lace direct av	penses b	29,037 29,037				
돌	c		(loss) from fundraising		o			
_	9a		from gaming activities					
		See Part IV, lir	ne 19					
			a 					
	b c		(penses b (loss) from gaming acti					
	10a	Gross sales of returns and all	inventory, less owances .					
	ь		a oods sold b (loss) from sales of inv	antany -				
	С	Miscellaneou		Business Code				
	11a	occhaneou		223111233 2004				
	Ь							
	c							
	d	All other reven	ue					
	e		s 11a-11d					
				▶				
	12	Total revenue.	See Instructions .	▶	1,231,408	0	0	343,209

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX

	neck if Schedule O contains a response to any question in this Part IX				
	ot include amounts reported on lines 6b, o, 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 United States See Part IV, line 21	382,458	382,458		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	124,975	124,975		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
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)				_
a	Management				
b	Legal				
c	Accounting	9,150		9,150	
d	Lobbying	,		,	
e	Professional fundraising See Part IV, line 17	16,216			16,216
f	Investment management fees	41,099		41,099	
g	Other	34,220		16,317	17,903
12	Advertising and promotion	3.,223		10,011	1.,,,,,,
13	Office expenses	7,804		1,393	6,411
14	Information technology	13,509		13,509	0,111
15	Royalties	13,309		13,307	
16					
17	Occupancy	1,673	186	1,487	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	1,073	100	1,407	
19	Conferences, conventions, and meetings	5,160		3,796	1,364
20	Interest	.,			
21	Payments to affiliates				_
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	PROGRAM EXPENSE FROM RE	27,968	27,968		
b	AWARDS & PRIZES	6,522		6,522	
c	MISCELLANEOUS	3,893		3,395	498
d	DUES AND SUBSCRIPTIONS	697		139	558
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	675,344	535,587	96,807	42,950
26	Joint costs. Check here ► ☐ If following	,		,	_,
	SOP 98-2 (ASC 958-720) Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				000 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 28,709 18,556 1 1 181.757 31.503 2 2 3 239,683 320,508 2.812 862 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 7 8 9 9 Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete Part 10a VI of Schedule D 10a 10b b Less accumulated depreciation 10c 7,686,960 11 7,993,692 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 9,186 15 8,764 15 8,149,107 8,373,885 16 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 17,882 17 4,260 17 Accounts payable and accrued expenses . 18 12,593 18 14.619 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 12,852 25 375 D 26 43,327 26 19,254 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 3,187,277 27 Unrestricted net assets 3,116,287 3,508,684 28 3,518,676 28 Temporarily restricted net assets Fund 29 1,409,819 29 1,719,668 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 8,105,780 33 8.354.631 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 8.149.107 34 8.373.885

Pal	Check if Schedule O contains a response to any question in this Part XI		•	. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,2	231,40
2	Total expenses (must equal Part IX, column (A), line 25)	2			575,34
3	Revenue less expenses Subtract line 2 from line 1	3		5	556,06
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		8,1	105,78
5	Other changes in net assets or fund balances (explain in Schedule O)	5		- 3	307,21
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		8,3	354,63
Par	Table 1 The Check of Schedule O contains a response to any question in this Part XII			৮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	sued			
3a	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		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization ROCK VALLEY COLLEGE FOUNDATION

Department of the Treasury Internal Revenue Service

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

Public Charity Status and Public Support

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

Employer identification number

36-3037232

Pa	rt I	Reas	on for Pu	blic Charity Sta	tus (All org	ganızatıons	must comp	olete this p	art.) See in		
The c	rganı	zatıon ıs	not a privat	te foundation becaus	eitis (Forl	ınes 1 throu	gh 11, check	only one bo	x)		_
1	Γ	A chur	ch, convent	on of churches, or a	ssociation of	churches s	ection 170(b)(1)(A)(i).			
2	Γ	A scho	ol described	in section 170(b)(1	L)(A)(ii). (At	tach Schedu	ıle E)				
3	Γ	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	Γ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state									
5	<u> </u>	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)									
6	Г			local government or		al unit desc	rıbed ın secti	on 170(b)(1)(A)(v).		
7	r	An orga describ	anızatıon tha oed ın	at normally receives (A)(vi) (Complete P	a substantia					om the gene	ral public
8	\vdash			described in sectior		A)(vi) (Con	nplete Part II)			
9	Ţ.			at normally receives					outions, mem	bership fees	, and gross
	·			ities related to its e							
				oss investment inco							
		•	-	ganızatıon after June						•	
10	Γ	Anorga	anızatıon or	ganized and operated	d exclusively	to test for p	oublic safety	Seesection	509(a)(4).		
11	Γ	one or the box	more public	ganized and operated ly supported organiz bes the type of supp b Type I	ations descr oorting organ	ibed in secti ization and c	on 509(a)(1)	or section ! s 11e throug	509(a)(2) Se gh 11h	ee section 50	
e f	1	other tl section	han foundati n 509(a)(2)	ox, I certify that the ion managers and other received a written de	her than one	or more pub	licly support	ed organızat	ions describe	ed in section	509(a)(1) or
•			this box	received a milecon a	ccommucion	monn the Inc	o that it is a	. , po 1, . , po	. 11 0, 1, pc 1	11 oupportin	g organization,
g				2006, has the organi	ızatıon accep	oted any gift	or contribution	on from any	of the		
			ng persons? erson who di	rectly or indirectly c	ontrols eithe	eralone orto	ogether with i	nersons des	cribed in (ii)		Yes No
				governing body of th				20,00,00		11g(
				er of a person descri						11g(
			-	lled entity of a perso			bove?			11g(i	
h				ng information about							
supported FIN lines 1 - 9 above col (i) listed in col (i) of your col (i) organized Amour							(vii) A mount of support?				
				instructions))	Yes	No	Yes	No	Yes	No	
Tota											

instructions

Support Schedule for Organizations Described in IRC 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 or if the organization failed to qualify

	under Part III. If the	organization	fails to qualify u	nder the tests	<u>listed below, ple</u>	ase co	mplete I	Part III.)
	ection A. Public Support	1	<u></u>	1	T			
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	342,51	8 212,340	334,081	736,283		888,199	2,513,421
_	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	145,64	4 153,312	159,558	113,035		125,886	697,435
4	Total. Add lines 1 through 3	488,16	2 365,652	493,639	849,318	1	,014,085	3,210,856
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							364,851
6	(f) Public Support. Subtract line 5 from line 4							2,846,005
S	ection B. Total Support	l						
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	11	(f) Total
7	A mounts from line 4	488,162	365,652	493,639	849,318	1,	.014,085	3,210,856
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	397,968	245,897	164,033	225,131		239,410	1,272,439
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets							
11	Total support (Add lines 7 through 10)							4,483,295
12	Gross receipts from related activition					12		23,492
13	check this box and stop here			third, fourth, or f	ifth tax year as a !	501(c)(3	3) organız	zation, ▶┌ —————
<u> </u>	ection C. Computation of Pub Public Support Percentage for 2011			1.1 column (f))		144		62 400 0
15	Public Support Percentage for 2010	-		Column (1))		14		63 480 %
	•	•	·	on line 12 and 1	ine 1.4 is 22 1/20/	15 or more	chock +	64 740 %
b	33 1/3% support test—2011. If the and stop here. The organization qua 33 1/3% support test—2010. If the box and stop here. The organization 10%-facts-and-circumstances test-is 10% or more, and if the organization Part IV how the organization mee organization	lifies as a public organization did i qualifies as a p – 2011. If the org tion meets the "f	ly supported orga not check the box ublicly supported anization did not c acts and circumst	nization k on line 13 or 16 organization theck a box on lin ances" test, chec	a, and line 15 is 3 ne 13, 16a, or 16b ck this box and st o	33 1/3% and line	or more, 14 Explain	check this
b 18	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ Explain in Part IV how the organizat supported organization Private Foundation If the organization instructions	ızatıon meets th cıon meets the "f	e "facts and cırcu ācts and cırcumst	mstances" test, o ances" test The	check this box and organization qual	d stop he Ifies as a	e re. a publicly	, , ▶⊏

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 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 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 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 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, 13 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 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

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

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

Additional Data

Software ID: Software Version:

EIN: 36-3037232

Name: ROCK VALLEY COLLEGE FOUNDATION

Form 990, Special Condition Description:

Special Condition Description

DLN: 93493319016192

OMB No 1545-0047

Open to Public Inspection

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Name of the organization

Employer identification number

ROC	K VALLEY COLLEGE FOUNDATION					
				3037232	<u> </u>	
a	organizations Maintaining Donor Active organization answered "Yes" to Form 99		-unds	or Accounts.	Complet	te if th
_	organization answered Tes to Form 55	(a) Donor advised funds		(b) Funds and ot	heraccou	nts
	Total number at end of year			` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `		
	Aggregate contributions to (during year)					
	Aggregate grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor advi funds are the organization's property, subject to the		nor adv	ised	┌ Yes	Гм
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben	donor advisors in writing that grant fund			┌ Yes	□No
	conferring impermissible private benefit	if the organization answered "Voc"	to For	~ 000 Dart IV	•) INC
L	t II Conservation Easements. Complete		to Fori	11 990, Part IV	, ime 7.	
	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space	on or pleasure) Preservation of a	certifie	ed historic struct		a
	Complete lines 2a-2d if the organization held a quali easement on the last day of the tax year	ified conservation contribution in the for	m of a c	onservation		
	casement on the last day of the tax year			Held at the	End of the	Year
	Total number of conservation easements		2a			
	Total acreage restricted by conservation easements		2b			
	Number of conservation easements on a certified his		2c			
	Number of conservation easements included in (c) a	, ,	2d			
	Number of conservation easements modified, transfe	rred, released, extinguished, or termina	ted by t	he organization d	luring	
	Number of states where property subject to conserva	ation easement is located 🛌				
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		ndling o	f violations, and	┌ Yes	┌ No
	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation ease	ments c	luring the year ►		
	A mount of expenses incurred in monitoring, inspecti	-				
	▶ \$.,,		. 9 ,		
	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of se	ection		┌ Yes	┌ No
	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	the footnote to the organization's financia				
ř	Organizations Maintaining Collection Complete if the organization answered	ns of Art, Historical Treasures,	, or Ot	her Similar A	\ssets.	
	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	116, not to report in its revenue statem for public exhibition, education or resea	rch ın fı			€,
	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research			•	
	(i) Revenues included in Form 990, Part VIII, line 1			► \$		
	(ii) Assets included in Form 990, Part X					
	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		for finar	· ·		
	Revenues included in Form 990, Part VIII, line 1			► \$		
				· +		

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	<u>, His</u>	<u>torica</u>	al Treasu	res, or O	ther	· Similar Asse	ts (c	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	ne follo	wing that are	e a significa	ant us	se of its collection	1	
а	Public exhibition		d	Γι	Loan or exch	ange progi	ams			
ь	Scholarly research		e	Γ	Other					
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ın hov	v thev i	further the o	raanizatior	ı's exe	empt purpose in		
•	Part XIV	onections and expid				gamzation		opc pa. pose		
5	During the year, did the organization solicit									-
Do	assets to be sold to raise funds rather than							<u> </u>	Yes	□ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar					answere	u re	es to Form 99t	ν,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					r other ass	ets n		Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ng tab	ole	_				
								Amou	ınt	
C	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	e 21?					Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/								
Pa	rt V Endowment Funds. Complete	ıf the organızatıoı	า ans	wered						
		(a)Current Year	(b)	Prior Ye		o Years Back) Four `	ears Back
1a	Beginning of year balance	4,253,342		-	31,504	3,063,58	_	3,734,715		
b	Contributions	311,814		6	52,432	88,23	4	116,141		
С	Investment earnings or losses	-17,369		80)1,842	420,00		-682,669		
d	Grants or scholarships	76,362		7	73,781	73,71	7	89,715		
е	Other expenditures for facilities									
f	and programs	20,516			18,655	16,60	2	14,883		
ı g	End of year balance	4,450,909			53,342	3,481,50		3,063,589		
_	Provide the estimated percentage of the year	, ,		-,	/	-,,	1	2,332,333		
2		25 270 %	15							
а	Board designated or quasi-endowment	23 270 70								
b	Permanent endowment - 38 640 %									
C	Term endowment ► 36 100 %							-		
3a	Are there endowment funds not in the posse organization by	ssion of the organiza	ation t	that ar	e held and a	dministere	d for t	:he	Yes	No
	(i) unrelated organizations							3a(i)	163	No
	(ii) related organizations							3a(ii)		No
b	If "Yes" to 3a(II), are the related organization							3b		Ì
4	Describe in Part XIV the intended uses of th	ie organization's end	dowme	ent fun	ds					
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	0, Pa	rt X, l	lıne 10.					
	Description of property				Cost or other s (investment)	(b)Cost or basis (ot		(c) Accumulated depreciation	(d) i	Book value
1a	Land									
b	Buildings									
c	Leasehold improvements									
	Equipment									
	Other									
	I. Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X, colur	nn (B)	, line 1	0(c).)			<u> ►</u>		0
	_ (====================================	, , ,	(-)	, 	• // - •	<u> </u>	-	Schedule D (F	orm 9	

(a) Description of security or category	Form 990, Part X, line 12	2.
	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1) Financial derivatives		
(2)Closely-held equity interests Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lin		1 022
(a) Descrip	tion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:		
Part X Other Liabilities. See Form 990, Part X	, line 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	

	Reconciliation of change in Net Assets from Form 550 to Financial Statemen	 	T
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,231,408
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	675,344
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	556,064
4	Net unrealized gains (losses) on investments	4	-307,213
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-307,213
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	248,851
Par	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	1,079,118
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-152,290
3	Subtract line 2e from line 1	3	1,231,408
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	1,231,408
•	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	830,267
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	1	
C	Other losses	1	
d	Other (Describe in Part XIV)	1	
e	Add lines 2a through 2d	2e	154,923
3	Subtract line 2e from line 1	3	675,344
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)]	
C	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	675,344
	TWW Considerated Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

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 IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

additional information		
Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE FOUNDATION FOLLOWS THE AUTHORITATIVE GUIDANCE ISSUED BY THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND PRESCRIBES A RECOGNITION THRESHOLD OF MORE- LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD HAS NOT BEEN MET THIS GUIDANCE ALSO ADDRESSES DE- RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, DISCLOSURE, AND TRANSITION THE FOUNDATION FILES INFORMATIONAL TAX RETURNS FOR US AND ILLINOIS IN THE NORMAL COURSE OF BUSINESS THE FOUNDATION IS SUBJECT TO EXAMINATION BY TAXING AUTHORITIES THE FOUNDATION'S RETURNS FOR FISCAL YEARS ENDED JUNE 30, 2009, 2010, AND 2011 ARE OPEN, BY STATUTE, FOR REVIEW BY AUTHORITIES HOWEVER, AT PRESENT, THERE ARE NO ONGOING INCOME TAX AUDITS OR UNRESOLVED DISPUTES WITH THE VARIOUS TAX AUTHORITIES THAT THE FOUNDATION CURRENTLY FILES OR HAS FILED WITH
		PAGE 4, PART V, LINE 4 INTENDED USES FOR ENDOWMENT FUNDS, TO SUPPORT ROCK VALLEY COLLEGE PAGE 4, PART XII, LINE 2D REVENUE AMOUNTS INCLUDED IN FINANCIALS - REVENUE FROM SPECIAL EVENT \$29037 PAGE 4, PART XIII, LINE 2D EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER COST OF SPECIAL EVENT \$29037

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047

2011

Open to Public Inspection

INDATION					tification number
ctivities. Complete	e if the o	rganizat	tion answered "Yes"		
enization raised funds olicitations ns	through a	ny of the e f g	following activities Che Solicitation of nor Solicitation of gov Special fundraisin	eck all that apply n-government grants vernment grants g events rs, directors, trustees	, line 17.
(ii) Activity	fundrais custo conti	er have dy or rol of	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
FEASIBILITY STUDY		No	0	16,216	-16,216
		_		16,216	-16,216
	enization raised funds colicitations e a written or oral agre n Form 990, Part VII est paid individuals or st \$5,000 by the org. (ii) Activity	ctivities. Complete if the organization raised funds through a colicitations as a written or oral agreement with n Form 990, Part VII) or entity est paid individuals or entities (st \$5,000 by the organization (ii) Activity (iii) fundrais custo contrib contrib Yes FEASIBILITY	ctivities. Complete if the organization raised funds through any of the enization raised funds through any of the enizations for going a written or oral agreement with any independent of a written or oral agreement with any independent of a written or oral agreement with any independent of a written or oral agreement with any independent of a written or oral agreement with any independent of a written or oral agreement with any independent or or in the property of the prope	ctivities. Complete if the organization answered "Yes" anization raised funds through any of the following activities. Che e Solicitation of nor colicitations f Solicitation of governments governments governments governments. Se a written or oral agreement with any individual (including office in Form 990, Part VII) or entity in connection with professional filest paid individuals or entities (fundraisers) pursuant to agreement st \$5,000 by the organization. Form 990-EZ filers are not required fundraiser have custody or control of contributions? Yes No FEASIBILITY STUDY	ctivities. Complete If the organization answered "Yes" to Form 990, Part IV anization raised funds through any of the following activities. Check all that apply e

	t II	more than \$15,000 on Form				ne 18, or reported ,000.
			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through
			STARRY NIGHT (event type)	(event type)	(total number)	col (c))
₽	1	Gross receipts	110,157			110,157
Keveikue	2	Less Charitable contributions	81,120			81,120
	3	Gross income (line 1 minus line 2)	29,037			29,037
	4	Cash prizes				
ဟ	5	Non-cash prizes	9,959			9,959
Expenses	6	Rent/facility costs				
	7	Food and beverages	11,664			11,664
2	8	Entertainment	500			500
2	9	Other direct expenses .	6,914			6,914
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)	🛌	(29,037)
	11	Net income summary Combine Ii	nes 3 and 10 ın column (d)		0
ar	: IIII	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than
			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
r	1	Gross revenue				
n D	2	Cash prizes				
oxperises	3	Non-cash prizes				
	4	Rent/facility costs				
2	5	Other direct expenses				
	6	Volunteer labor	Г Yes Г No	Г Yes Г No	┌ Yes	
	7	Direct expense summary Add line:	s 2 through 5 in column (d)		()
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	mn (d)	<u> </u>	
	Ente	er the state(s) in which the organiza				
a	Is th	he organization licensed to operate				- I res I No
9 a b	Is th	he organization licensed to operate No," Explain				

11	Does the organization operate ga	aming activities with nonmembers? .		· · · · Fyes Fno
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	ber of a partnership or other entity	
	formed to administer charitable (gaming?		· · · · Fyes FNo
13	Indicate the percentage of gamii	ng activity operated in		
а				13a
ь				
14		f the person who prepares the organıza		
	Name 🟲			
	Address ▶			
15a		ntract with a third party from whom the		
Ь		ning revenue received by the organization in the community of the third party result in the community in the		d the
С	If "Yes," enter name and address	s		
	Name 🟲			
	Address ▶			
16	Gaming manager information			
	Name 🟲			
	Gaming manager compensation	> \$		
	Description of services provided	•		
	Director/officer	Employee	Independent contractor	
17	Mandatory distributions			
а	Is the organization required unde	er state law to make charitable distribu	itions from the gaming proceeds to	
	retain the state gaming license?			Yes No
b		required under state law distributed t	o other exempt organizations or sp	ent
		activities during the tax year > \$		
Pa	rt IV Complete this part to instructions.)	provide additional information for	responses to quuestion on Sci	nedule G (see
	Identifier	ReturnReference	Explana	tion
	LANATION OF FUNDRAISING MENTS	SCHEDULE G, PART I, LINE 2B, COLUMN (V)	FEASIBILITY STUDY FOR CAPIT	AL CAMPAIGN

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Schedule I (Form 990)

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

OMB No 1545-0047

2011

DLN: 93493319016192

Open to Public

Department of the Treasury

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

Inspection

nternal Revenue Service			F Attach to Folin				Inspection
ame of the organization OCK VALLEY COLLEGE FOL	INDATION					Employer identi	fication number
OCK VALLET COLLEGE TOO	MDATION					36-3037232	
Part I General Infor	mation on Grants	and Assistance					
Does the organization mathematical the selection criteria uses Describe in Part IV the organization mathematical mathemat	ed to award the grants organization's procedur	or assistance? res for monitoring the us	se of grant funds in the	United States			
Form 990, Part	IV, line 21 for any r	o Governments and recipient that receive 0) if additional space	d more than \$5,000). Check this box if i	no one recipient rece	eived more than \$5,	000. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ROCK VALLEY COLLEGE3301 NORTH MULFORD ROAD ROCKFORD,IL 61114	36-2557781		44,336				INSTRUCTIONAL PROGRAMS
(2) ROCK VALLEY COLLEGE3301 NORTH MULFORD ROAD ROCKFORD,IL 61114	36-2557781		33,193				INSTRUCTIONAL EQUIPMENT
(3) ROCK VALLEY COLLEGE3301 NORTH MULFORD ROAD ROCKFORD,IL 61114	36-2557781			54,929		DONATED EQUIPMENT & MATERIALS	FOR USE IN MAINTENANCE AND BUILDING AT ROCK VALLEY COLLEGE
(4) ROCK VALLEY COLLEGE3301 NORTH MULFORD ROAD ROCKFORD,IL 61114	36-2557781		250,000				CAPITAL CAMPAIGN
2 Enter total number of sec	ction 501(c)(3) and go	overnment organizations	listed in the line 1 tab	le			

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

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS	162	124,975			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	,	SCHEDULE I, PART I, LINE 2 GRANTS ARE MONITORED BY EACH GRANTEE SUBMITTING A YEAR-END REPORT THAT EXPLAINS HOW THE GRANT FULFILLED THE REQUEST FOR FUNDING ALL EXPENDITURES DURING THE GRANT YEAR, AND ANY CHANGES MADE DURING THE GRANT YEAR, ARE APPROVED BY THE EXECUTIVE DIRECTOR
		PART III SCHOLARSHIPS ARE PAID DIRECTLY TO ROCK VALLEY COLLEGE FOR THE BENEFIT OF THE STUDENT

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DLN: 93493319016192

OMB No 1545-0047

Inspection

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SCHEDULE M (Form 990)

Department of the Treasury

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

NonCash Contributions

Internal Revenue Service Name of the organization ROCK VALLEY COLLEGE FOUNDATION

Employer identification number

					36-3037232			
Pē	rt I Types of Property	(5)	(1.)	(-)		`		
		(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line	(d Method of d contribution	etermı	_	
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
_	goods		_	2.000	EM)/			
	Cars and other vehicles	X	1	2,000				
	Boats and planes	X	1	6,000	FMV 			
	Intellectual property			45 707	5MV 05 5D 05 5			
	Securities—Publicly traded .	X	3	15,/3/	FMV OF TRADED S	ECUR.	ITIES	
	Securities—Closely held stock .							
	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
.3	Qualified conservation contribution—Historic structures							
4	Qualified conservation contribution—Other							
5	Real estate—Residential .							
6	Real estate—Commercial							
7	Real estate—Other							
8	Collectibles	Х	1	0				
9	Food inventory							
0	Drugs and medical supplies .							
1	Taxıdermy							
2	Historical artifacts							
3	Scientific specimens							
4	Archeological artifacts							
5	EDUC Other►(<u>EQUIPMENT</u>)	Х	42	46,929	FMV			
6	SPECIAL Other►(<u>EVENT</u>)	Х	50	13,377	FMV			
	O ther ▶()							
8	Other ▶ ()							
9	Number of Forms 8283 received for which the organization compl				29			
	.o. Milen the organization compl	cted i oiiii (ozos, i aiciv, bolice Acki	omeagement i i i			Yes	No
0a	During the year, did the organiza	ition receiv	e by contribution any prope	erty reported in Part I. lines	1-28 that it			
_	must hold for at least three year							
	for exempt purposes for the enti					30a		No
b	If "Yes," describe the arrangement					30a		
1	Does the organization have a gif			review of any non-standard	contributions?	31		Νo
2a	Does the organization hire or us contributions?	e third part	ies or related organizations	to solicit, process, or sell	non-cash	32a		N.
h	If "Yes," describe in Part II					J∠ā		Νo
ט 3	If the organization did not report	revenuec i	in column (c) for a type of n	roperty for which column (a) is checked			
	describe in Part II	. revenues i	in column (c) for a type of p	Toperty for willelf column (a	, is checked,			

Part II

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

Identifier	Return Reference	Explanation
METHOD FOR DETERMINING NUMBER OF CONTRIBUTORS	, , ,	LINE 18 - THE ORGANIZATION RECEIVED A SCULPTURE, CLASSIFIED AS A COLLECTIBLE AND THEREFORE NOT CAPITALIZED, AS ALLOWED UNDER SFAS 116

Schedule M (Form 990) 2011

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2011

OMB No 1545-0047

Open to Public Inspection

Name of the organization ROCK VALLEY COLLEGE FOUNDATION

Employer identification number

36-3037232

ldentifier	Return Reference	Explanation		
	FORM 990, PART VI, SECTION B, LINE 11	THE 990 IS REVIEWED BY THE TREASURER PRIOR TO FILING THE COMPLETED FORM IS PROVIDED TO ALL DIRECTORS		
	FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST DISCLOSURE FORM IS COMPLETED AT THE BEGINNING OF EACH FISCAL YEAR ANY BOARD MEMBER WITH A CONFLICT DOES NOT PARTICIPATE IN THE ACTIVITIES OR DECISIONS IN WHICH A CONFLICT EXISTS		
	FORM 990, PART VI, SECTION B, LINE 15	THE FOUNDATION HAS NO EMPLOYEES ALL SERVICES ARE PROVIDED IN-KIND FROM ROCK VALLEY COLLEGE EMPLOYEES RVC EMPLOYEES ARE REVIEWED DURING THE COLLEGES PERFORMANCE EVALUATIONS PERIOD ACCORDING TO THE SUPERVISORY STRUCTURE OF THE COLLEGE. COMPENSATION CONFORMS TO THE COLLEGE'S PAY SCALE FORM 990, PART VI, SECTION B, LINE 19 GOVERNING DOCUMENTS DISCLOSURE EXPLANATION A COPY OF THE AUDIT REPORT OF THE FOUNDATION'S FINANCIALS IS KEPT IN THE OFFICE OF THE FOUNDATION AND PROVIDED UPON REQUEST. THE ANNUAL FOUNDATION FINANCIAL REPORT IS PUBLISHED IN THE JOINT ROCK VALLEY COLLEGE/FOUNDATION ANNUAL REPORT.		
	FORM 990, PART VI, SECTION C, LINE 19	THE FOUNDATION'S GOVERNING DOCUMENTS ARE HELD IN THE FOUNDATION OFFICE AND ARE PROVIDED UPON REQUEST		
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -307,213		
	FORM 990, PART XI, LINE 2C	NO CHANGE IN PROCESS OF SELECTION OF AUDITOR OR OVERSIGHT OF AUDIT		