See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning July 1, 2011, and ending June 30, 20 12

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization **Metropolitan Community College Foundation**

Doing Business As **Metropolitan Community College Foundation**

Number and street (or P O. box if mail is not delivered to street address) **P.O. Box 3777** Room/suite

City or town, state or country, and ZIP + 4 **Omaha, NE 68103-0777**

D Employer identification number **47-0596504**

E Telephone number **402-457-2753**

G Gross receipts $ **1,045,229**

F Name and address of principal officer **Terry McMullen, MCCF President**
6200 N. 16th St., Omaha, NE 68110

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ **www.mccneb.edu/foundation**

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: **1977**

M State of legal domicile **NE**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: **The MCC Foundation advances the mission of MCC by creating community awareness, building and nurturing meaningful relationships, and connecting community partners with giving opportunities that fulfill their philanthropic objectives. MCCF supports MCC faculty, staff, and program enhancements, while offering students scholarships and emergency aid to promote successful completion of their college education and goals.**

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

RECEIVED
APR 19 2013
OGDEN, UT
IRS-OSC

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,348,632	1,008,200
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	476,874	37,029
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,825,506	1,045,229
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	999,258	1,502,918
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		
16a	Professional fundraising fees (Part IX, column (A), line 11e)		3,438
b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,242	25,249
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,000,500	1,531,605
19	Revenue less expenses. Subtract line 18 from line 12	825,006	(486,376)

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	3,807,549	3,398,720
21	Total liabilities (Part X, line 26)	99,630	177,177
22	Net assets or fund balances. Subtract line 21 from line 20	3,707,919	3,221,543

Part II Signature Block

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

Sign Here

Signature of officer — Date: FEB. 6, 2013

TERRY J. MCMULLEN // PRESIDENT - MCCF BOARD, 2012
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ | Firm's EIN ▶

Firm's address ▶ | Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

0425884918
Apr. 08, 2013 LTR 2694C 0 R
47-0596504 201206 67
00020197

METROPOLITAN COMMUNITY COLLEGE FND
PO BOX 3777
OMAHA NE 68103

OGDEN, UT

036285

DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

James W Mulberry 4-8-13

Signature of officer or trustee Date

College Accountant for the Foundation.

Title