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Return of Organization Exempt From Income Tax

OMB No 1545 0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirem								nents Inspection				
A	For the 20	11 calenda	r year, or tax y	ear beginnin	g 7/01	, 2011,	and endin	g 6/3	30	, 20:	12	
	Check if appli				-					Identification		
-	Address		RICH MOUNT	ATN COMM	UNITY COLLE	SF.				596885		
	Name ch	τ.	OUNDATION						E Telephone			
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	Termina	ted	•									
	Amende	<u> </u>	 						G Gross rec	eipts \$	<u>1,618,</u>	<u>448.</u>
	Applicati		F Name and addres		cer				group return		Yes	X No
		S	SAME AS C	ABOVE					affiliates includ		Yes	No
$\overline{}$	Tax-exemp	t status	X 501(c)(3)	501(c) () ◀ (insert no)	4947(a)(1) or	527	II (NO,	attach a list (s	ee instructions	i)	
J	Website		.RMCC.EDU		·····			H(c) Group (exemption num	_{ther} ►		
K	Form of org		X Corporation	Trust As	sociation Other	T v	ear of Format			ite of legal dor	nicile AR	
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4	8 Conf	tributions o	nd grants (Part	· F / -				<u>-</u> -	69,75			
Je J								-	8,05			077. 346.
(E)	10 Inve	grann Servic	e revenue (Bar	TEB 329	(2013 Q ines 3, 4, and (d)					 		
&∑	11 Othe	Sunent inc	Cost VIII colo	colpini (A), i	nes 3, 4, anomu)	and 11a)			97,87			345.
-	11 Out	er revenue	(Part VIII, COIUI	10.09)es	5,-6d,-8c,-9c⊈oc Ist equa∏Part VIII	, and rie)	- 10\	· · · · -	4,31			184.
	12 Tota	ii revenue	- aud imes o ti	moddin i i trii	isi equalipari vili	, column (A), lin	e 12)	 -	179,99			952.
	i				olumn-(A),-Imes	1-3)			67,75	9.	<u>59,</u>	474.
				=	olumn (A), line 4)							
ø	15 Sala	ırıes, other	compensation,	employee be	enefits (Part IX, co	lumn (A), lines	5-10).		31,36	3.	32,	521.
ise:	16a Prof	essional fu	ndraising fees	(Part IX, colu	mn (A), line 11e)							
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ŭ			= .		11a-11d, /11f-24e)		<u>,</u>		23,64	5	50	975.
	18 Tota	d overees	Add lines 12	17 (must sau	al Part IX column	これのにおくて	7		122,76			970.
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	19 Reve	enue less e	expenses Subti	ract line 18 fr	om line 12 to		- 있 	<u> </u>	57,22			982.
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a a			art X, line 16)	•	181		RS .		,962,27		3,021,	
Net Assets or Fund Balances	21 Tota	liabilities	(Part X, line 26)	سا ا		<u></u> J ¹	-	1,26		9 ,	<u> 395.</u>
				Subtract line :	21 from lihe 20	GUENL		2	<u>,961,00</u>	6.	3,012,	034.
Pa	rt II S	ignature	Block									
Und	er penalties of	f perjury, I dec	lare that I have exam	nined this return,	including accompanying formation of which prep	schedules and staten	nents, and to	the best of m	ny knowledge a	ind belief, it is	true, correct	, and
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Pre	parer	Firm's name	► CRASS 8		P.A. CPA'S				<u>_</u>			
	o Only I	Firm's address		NTRAL AVE		1			Firm's EIN	71-061	5665	
	-	5 550, 655	HOT SPI		R 71901				Phone no		24-133	3
May	the IRS o	liscuss this		·····	own above? (see i	nstructions)			, none no		Yes	No
1114	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1113	. Julian milli lile	Pichaici 3110	2000 1000					IV.	. 53	1110

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 08/18/11

Form 990 (2011)

Par	t III	Statement of Program Service Accomplishments					
		Check if Schedule O contains a response to any question in this Part III					
1		fly describe the organization's mission:					
	SUP	PPORT THE OPERATIONS AND FACILITIES OF RICH MOUNTAIN COMMUNITY COL	<u> EG</u>	<u>E. </u>			
							
2		the organization undertake any significant program services during the year which were not listed on the ${\mathfrak p}$	rior			_	
		n 990 or 990-EZ?		Ш	Yes	X	No
		es,' describe these new services on Schedule O					
3		the organization cease conducting, or make significant changes in how it conducts, any program services?		Ш	Yes	X	No
		es,' describe these changes on Schedule O.					
4	Descr	cribe the organization's program service accomplishments for each of its three largest program services, a ion 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount	s me	easure	d by e	expen	ses
	other	rs, the total expenses, and revenue, if any, for each program service reported	Ji gi	ants a	ariu aii	ocanc	113 10
4 a	(Code	le 48,156. Including grants of \$ 48,156. (Revenu	e \$	3)
	SCH	HOLARSHIPS					
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4 b	(Code	le 14,570. including grants of \$ 14,570.) (Revenu	e \$	3			
	SUP	PPORT OF FACILITIES AND PROGRAMS					
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					:		
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					:		
40	(Code	le including grants of \$) (Revenu	e ŝ	3)
	(—′
					:		
						-	
4 d	l Other	r program services (Describe in Schedule O)					
		enses \$ including grants of \$) (Revenue \$)	
4 e		l program service expenses ► 62,726.					

Form 990 (2011) RICH MOUNTAIN COMMUNITY COLLEGE

71-0596885

Page 2

Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A. Х Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)? 2 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 Х 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? If 'Yes,' complete Schedule C, Part II 4 Х 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 Х 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. Х 6 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 Х 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 Schedule D, Part IV 9 Х 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 V X 10 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. a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI Х 11 a **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 Х 11 b 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 11 c Х 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 11 d X e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 11 e Х 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 11 f Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII Х 12a 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 Х Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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, Parts I and IV 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, Parts II and IV 15 Х 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, Parts III and IV 16 Х 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 (see instructions) Х 17 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 Х 18 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 Х Х 20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H 20

20 b

b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form 990 (2011) RICH MOUNTAIN COMMUNITY COLLEGE

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	X	
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	X	 -
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		х
24 8	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
Ŀ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	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		
C	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		Х
ı	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		<u> </u>
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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions)	- (, (v		
á	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ł	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
	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 direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		<u>X</u>
30 31	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	30 31		X
		31		
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		<u>X</u>
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		Х
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	х	
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ı	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		Х
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 197 Note. All Form 990 filers are required to complete Schedule O	38	х	
3AA		Form	990 ((2011)

Pai	t.V. Statements Regarding Other IRS Filings and Tax Compliance			- 3-
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
ŀ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.			ı
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	- <u>-</u> 1c		
28	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return 2a 0	΄,	,	
ŀ	of at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			····
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
	olf 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	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, securities account, or other financial account) If 'Yes,' enter the name of the foreign country	4a	,	<u>X</u>
٠	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5:	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	 5a	,	x .
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	old any taxable party noting the organization that it was or is a party to a promoted tax sheller transaction.	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	<u> </u>		
	solicit any contributions that were not tax deductible?	6a		X
ŀ	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	;	47	. "
ä	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?	 7а	nt .	X
ŀ	olf 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
•	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
(If 'Yes,' indicate the number of Forms 8282 filed during the year 7d	,		
•	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
ġ	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ł	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sacration appointing maintaining days addiced funds and section 500(a)(2) appointing appointing and the	٠,		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		Χ
9	Sponsoring organizations maintaining donor advised funds.			
ā	a Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9ь		
10	Section 501(c)(7) organizations. Enter			
ā	Initiation fees and capital contributions included on Part VIII, line 12	٠.	1	
t	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	;		-
11	Section 501(c)(12) organizations. Enter	٠.	, 1	
ā	Gross income from members or shareholders		,	
ŀ	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ŧ	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		_	
ä	als the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O		, 1	,
ı	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	,	•	
(Enter the amount of reserves on hand			
14	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х

14b

Form 990 (2011) RICH MOUNTAIN COMMUNITY COLLEGE 71-0596885 Page 6 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. \overline{X} Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 15 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 15 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х Did the organization have members or stockholders? 6 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? 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? Х 7 b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a 8b X **b** Each committee with authority to act on behalf of the governing body? 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 a Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Νo 10a Did the organization have local chapters, branches, or affiliates? 10 a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b operations are consistent with the organization's exempt purposes? X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a Х b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done SEE SCHEDULE O 12c 13 Х 13 Did the organization have a written whistleblower policy? Х 14 Did the organization have a written document retention and destruction policy? 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? a The organization's CEO, Executive Director, or top management official 15 a **b** Other officers of key employees of the organization 15b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a 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 taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed $ightharpoonup \underline{AR}$ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Another's website Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year SEE SCHEDULE O

State the name, physical address, and telephone number of the person who possesses the books and records of the organization

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

Check if Schedule O contains a response to any question in this Part VII

Ī

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 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, 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.

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

				((;)					
(A) Name and title	(B) Average hours per week	unles	Position (do not check more than one b unless person is both an office and a director/trustee)					(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
SEE SCHEDULE O	(describe hours for related organiza- tions in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W 2/1099-MISC)	(W 2/1099-MISC)	from the organization and related organizations
(1) CHRISTY PLUNKETT DIRECTOR	1							0.	0.	0.
(2) DAVID ALLEY CHAIRMAN	1	Х		х		_,,		0.	0.	0.
(3) HECTOR COSTAMANGA										
DIRECTOR (4) TAWANA GILBERT	1	Х						0.	0.	0.
VICE CHAIR	1	X		Х				0.	0.	0.
(5) DARRYL SMITH VICE CHAIRMAN	1	Х						0.	0.	0.
(6) CHAD FIELDS	1	v								
DIRECTOR (7) BILL BEAM	1	X						0.	0.	0
DIRECTOR	1	Х						0.	0.	0.
BARBARA_BLASBERG DIRECTOR	1	Х						0.	0.	0.
(9) BEN FINLEY DIRECTOR	1	Х						0.	0.	0.
(10) LINDA ROWE DIRECTOR	1	Х						0.	0.	0.
(11) DONNA MONTGOMERY DIRECTOR	1	Х						0.	0.	0.
(12) LAWRENCE PHILPOT DIRECTOR	1	X						0.	0.	0.
(13) ANDY RINER DIRECTOR	1									
(14) VICKEY STANLEY SECRETARY	1	X		х				0.	0.	0.

Part VII Section A. Officers, Directors, Trust	ees, l	∢ey □	Em		oye C)	es,	and	d Highest Com	pensated Emp	oloyees (cont)
(A) Name and title	(B) Average hours per	offic	not ch , unles	Pos heck ss pe	ition more rson irect	is bot or/trus	h an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week (describ e hours for related organi- zations in Sch O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W 2/1099-MISC)	relatėd organizations (W-2/1099-MISC)	from the organization and related organizations
(15) PHILLIP WILSON TREASURER	1	Х		Х				0.	0 .	0.
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)				·						
(24)										
(25)										
b Sub-total c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)	A						* * *	0. 0. 0.	0. 0. 0.	0. 0. 0.
2 Total number of individuals (including but not limited from the organization ► 0	d to the	se I	sted	l ab	ove)	who	o re	ceived more than	\$100,000 of repor	table compensation
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or trus ndividu	tee, al	key	emp	ploy	ee, d	or hi	ghest compensate	ed employee	Yes No
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater the such individual	portabl han \$1	e co 50,0	mpe 00?	nsai If 'Y	tion 'es'	and com	oth plet	er compensation t e Schedule J for	from	4 X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' or	ompen comple	satio	n fro	om a ule	any <i>J fo</i>	unre r <i>suc</i>	late ch p	d organization or erson	ındıvıdual	5 X
Section B. Independent Contractors 1 Complete this table for your five highest compensat	ed inde	pen	dent	cor	ntrac	tors	tha	t received more th	nan \$100.000 of	
compensation from the organization Report compete (A)	nsation	for	the c	cale	nda	r yea	ar er	nding with or withi	n the organization	's tax year (C)
Name and business address	s 							Description of		Compensation
2 Total number of independent contractors (including	but no	t lımı	ted 1	to th	nose	list	ed a	bove) who receive	ed more than	
\$100,000 in compensation from the organization				,						

,	VIII Statement of Neverlue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	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 q Noncash contributions included in Ins 1a-1f. \$	`.		·	
	h Total. Add lines 1a-1f	80,077.	,		
PROGRAM SERVICE REVENUE	Business Code 2a RENT INCOME FROM RMCC 531120 b	16,346.	16,346.		, , , , , , , , , , , , , , , , , , , ,
WY:	е				
20GR	f All other program service revenue				,
F.	g Total. Add lines 2a-2f 3 Investment income (including dividends, interest and other similar amounts).	16,346. 93,448.		·	93,448.
	4 Income from investment of tax-exempt bond proceeds. ▶				
	5 Royalties (i) Real (ii) Personal	,	• ,		
	6a Gross rents	, <i>š</i> ,	,	, , ,	, '
	b Less: rental expenses c Rental income or (loss)		,	, ,	
ĺ	d Net rental income or (loss)				
	7a Gross amount from sales of assets other than inventory (i) Securities (ii) Other 1,398,227.	,			
	b Less cost or other basis and sales expenses c Gain or (loss) 1,417,330. -19,103.	, , ,		; 1	
	d Net gain or (loss)	-19,103.	-19,103.		
ENUE	8a Gross income from fundraising events (not including \$,
OTHER REVEN	of contributions reported on line 1c) See Part IV, line 18 a 30, 350.			,	1 9
Ę	b Less direct expenses b 11,166. c Net income or (loss) from fundraising events	19,184.			19,184.
	9a Gross income from gaming activities. See Part IV, line 19	19,104.	, ,	,	19,104.
	b Less direct expenses b	ann an thai ath athair a stair ag a magaige in	1		
	c Net income or (loss) from gaming activities				,
	10 a Gross sales of inventory, less returns and allowances a	2		, .	
	b Less. cost of goods sold c Net income or (loss) from sales of inventory				
ł	Miscellaneous Revenue Business Code				
	11a				
	b				
	d All other revenue.				
	e Total. Add lines 11a-11d.				
	12 Total revenue. See instructions	189,952.	-2,757.	0.	112,632.

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 re	esponse to any questior	in this Part IX		
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	11,318.	11,318.		•
2	Grants and other assistance to individuals in the United States See Part IV, line 22	48,156.	48,156.		,
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				,
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
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.	0.	0.	0.
7	Other salaries and wages	32,521.	3,252.	26,017.	3,252.
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
	Management				
	Legal	··· ·· · · · · · · · · · · · · · · ·	····		
	Accounting	17,510.		17,510.	
		17,310.		17,510.	
	Lobbying	 	 		
	Professional fundraising services See Part IV, line 17			() ()	
	Investment management fees				
_	Other				
12	Advertising and promotion				<u></u>
13	Office expenses	762.		762.	
14	Information technology	6,155.		3,077.	3,078.
15	Royalties				
16	Occupancy	3,365.		3,365.	
17	Travel	94.			94.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,114.		1,114.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,559.		7,559.	
23	Insurance	858.		858.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e if line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	. ,	· .		- ;
a	UNCOLLECTIBLE PLEDGES	9,625.		9,625.	
	PRINTING AND PUBLICATIONS	1,350.		1,350.	
	: AWARDS & RECOGNITION	1,159.	······································	1,159.	
	PRESIDENT'S DISCRETIONERY FUND	685.		685.	<u> </u>
	All other expenses	739.	· · · · · · · · · · · · · · · · · · ·	739.	· · · · · · · · · · · · · · · · · · ·
	Total functional expenses Add lines 1 through 24e	142,970.	62,726.	73,820.	6,424.
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	142,570.	02,120.	73,020.	
	Check here ► ☐ If following SOP 98-2 (ASC 958-720)				

			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing .	40,565.	1	34,239
	2	Savings and temporary cash investments	22,555.	2	67,311
	3	Pledges and grants receivable, net	18,775.	3	
	4	Accounts receivable, net	2,731.	4	9,578
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		.i5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	6		
ASSETS	7	Notes and loans receivable, net		7	
E	8	Inventories for sale or use		8	
S	9	Prepaid expenses and deferred charges		9	*
ŀ		Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 178,792.			
	b	Less accumulated depreciation . 10b 15,270.	171,081.	10 c	163,522
	11	Investments – publicly traded securities	2,647,192.	11	2,689,582
	12	Investments – other securities. See Part IV, line 11	59,376.	12	57,197
1	13	Investments – program-related See Part IV, line 11		13	
		Intangible assets		14	
i		Other assets See Part IV, line 11		15	
		Total assets. Add lines 1 through 15 (must equal line 34)	2,962,275.	16	3,021,429
		Accounts payable and accrued expenses	1,269.	17	9,395
		Grants payable		18	
	19	Deferred revenue		19	
Ļ	20	Tax-exempt bond liabilities		20	
Å	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
B I L I T	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	man semi solumen limakin	22	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1	23	Secured mortgages and notes payable to unrelated third parties		23	
E S		Unsecured notes and loans payable to unrelated third parties		24	
		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 D		25	
ľ		Total liabilities. Add lines 17 through 25	1,269.	26	9,395.
N E		Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29 and lines 33 and 34.			,
_	27	Unrestricted net assets	270,219.	-4	207 540
Ş		Temporarily restricted net assets		27	207,540.
SSETS		- · · · · · · · · · · · · · · · · · · ·	842,688.	28	900,791.
O R	29	Permanently restricted net assets	1,848,099.	29	1,903,703.
		Organizations that do not follow SFAS 117, check here ► and complete	, · · · ·	٠,	· · ·,
FUZD	20	lines 30 through 34.			
- 1		Capital stock or trust principal, or current funds		30	
B4L4Z0E の		Paid-in or capital surplus, or land, building, or equipment fund		31	
Ā		Retained earnings, endowment, accumulated income, or other funds	0.051.005	32	0.010.0=:
Ĕ		Total net assets or fund balances	2,961,006.	33	3,012,034.
٥	34	Total liabilities and net assets/fund balances	2,962,275.	34	3,021,429.

Form 990 (2011) RICH MOUNTAIN COMMUNITY COLLEGE	71-0596885	Pa	age 12
Part XI*. Reconciliation of Net Assets			
Check if Schedule O contains a response to any question in this Part XI			X
1 Total revenue (must equal Part VIII, column (A), line 12)	1	189,	<u>952.</u>
2 Total expenses (must equal Part IX, column (A), line 25)	2	142,	<u>970.</u>
3 Revenue less expenses Subtract line 2 from line 1 .	3	46,	982.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,961,	006.
5 Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE Q	5	4,	046.
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	3,012,	034.
PartiXII≸ Financial Statements and Reporting	•		
Check if Schedule O contains a response to any question in this Part XII			\Box
1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O		Yes	
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
b Were the organization's financial statements audited by an independent accountant?		2b X	ļ
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversi review, or compilation of its financial statements and selection of an independent accountant?		2c X	ļ
If the organization changed either its oversight process or selection process during the tax year, expla in Schedule O	ın		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year we separate basis, consolidated basis, or both	ere issued on a		1
X Separate basis Consolidated basis Both consolidated and separate basis		.~ '	~, ,
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth Audit Act and OMB Circular A-133?	in the Single	3a	X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo or audits, explain why in Schedule O and describe any steps taken to undergo such audits	the required audit	3ь	
BAA		Form 990	(2011)

TEEA0112L 07/06/11

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2011

Name o	f the		OUNTAIN COMMU	INITY COLLEGE							tlon number		
		FOUNDA		(4.1)						<u>596885</u>			
Párt				(All organizations					See i	nstruct	ions.		
	Ť.	·		e it is (For lines 1 thro	_		•	•					
1				ciation of churches des		section	n 170(b)	(1)(A)(i)	•				
2	Ш	A school described in	section 170(b)(1)(A)	(ii). (Attach Schedule I	E)								
3	Ш	A hospital or a coope	rative hospital servic	e organization describe	ed in sec	tion 17	0(b)(1)(A	A)(iii).					
4		A medical research o	rganization operated	in conjunction with a h	iospital d	describe	d in sec	ction 17	0(b)(1)(A	A)(iii) Er	nter the ho	spital's	S
		name, city, and state											
5	X	An organization operation (Cor	ated for the benefit o nplete Part II)	f a college or university	owned	or oper	ated by	a gover	nmenta	l unit de:	scribed in	sectio	n
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(bX1)XA)Xvi). (Complete Part II)												
8	$\overline{}$	-		'0(b)(1)(A)(vi). (Comple		•							
9	_	from activities related	I to its exempt function and unrelated business) more than 33-1/3% of ons — subject to certain s taxable income (less mplete Part III)	n except	ions, an	ıd (2) na	more t	han 33-	1/3% of	its support	from	aross
10		An organization organ	nized and operated e	xclusively to test for pu	ublic safe	ety See	section	n 509(a)	(4).				
11	_	more publicly support	ted organizations des	xclusively for the bene- cribed in section 509(a ion and complete lines	(1) or s	ection 5	509(a)(2	nctions o	of, or ca section !	rry out tł 509(a)(3)	ne purpose . Check th	s of or ne box	ne or that
		a Type I	b Type II	c Type III		-		ted		а□	Type III -	- Othe	r
е	_	By checking this box,	I certify that the org	anization is not controll than one or more pub	led direc	tly or in	directly	by one	or more escribed	disquali in section	ified persor	ns	''
f			ceived a written detei	rmination from the IRS	that is a	a Type I	, Type II	or Typ	e III sup	porting	organizatio	n,	
g		Since August 17, 200	6, has the organizati	on accepted any gift o	r contrib	ution fro	om any	of the fo	llowing	persons	;7	Yes	No
		(i) A person who dibelow, the gove	lirectly or indirectly co	ontrols, either alone or oported organization?	togethe	r with pe	ersons d	lescribe	d ın (ıı)	and (III)	11g (i)	163	140
		(ii) A family member	er of a person describ	oed in (i) above?							11 g (ii)		
		(iii) A 35% controlle	d entity of a person	described in (i) or (ii) a	bove?						11 g (iii)		
h			•	e supported organization							<u></u>		
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (your go	is the ration in i) listed in overning ment?	the organ	you notify nization in in (i) of upport?	organiz	s the ation in mn (i) ed in the S ?	(vii) Amou	nt of sup	port
					Yes	No	Yes	No	Yes	No			
(A)													
<u>(B)</u>									<u></u>				
(C)	<u> </u>												
(D)													
<u>(E)</u>								ļ					
Tatal			,			,	1						

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

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support										
begi	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total				
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants')	225,678.	266,846.	102,851.	69,754.	80,077	745,206.				
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.				
3	The value of services or facilities furnished by a governmental unit to the organization without charge.						0.				
4	Total. Add lines 1 through 3	225,678.	266,846.	102,851.	69,754.	80,077	. 745,206.				
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		, , , , , , , , , , , , , , , , , , , ,		. ,	, , , , , , , , , , , , , , , , , , ,	745,206.				
Sec	tion B. Total Support		·								
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total				
7	Amounts from line 4	225,678.	266,846.	102,851.	69,754.	69,754. 80,077.					
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	123,565.	104,862.	98,542.	96,535.	93,448	. 516,952.				
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) SEE PART IV		13,021.	16,838.	33,832.	30,350	94,041.				
11	Total support. Add lines 7 through 10			,			1,356,199.				
12	Gross receipts from related activ	rities, etc (see ins	tructions)			12	0.				
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	r fifth tax year as	a section 501(c)(3) ► □				
	tion C. Computation of Pul										
	Public support percentage for 20	• •	``	ie 11, column (f))		14	54.95%				
13	Public support percentage from	ZOTO Schedule A,	rantii, iine 14			<u> 15</u>	65.51 %				
	33-1/3% support test — 2011. If and stop here. The organization										
b	33-1/3% support test — 2010. If the and stop here. The organization	the organization d qualifies as a pub	lid not check a bo blicly supported or	x on line 13 or 16 rganization	sa, and line 15 is :	33-1/3% or more	e, check this box				
17 a	17a 10%-facts-and-circumstances test — 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.										
	b 10%-facts-and-circumstances test – 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.										
18	rrivate foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 1/a	, or 1/b, check th	s box and see i	nstructions				

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 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)

Sec	tion A. Public Support						
	dar year (or fiscal yr beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include any unusual grants)	(1)	, , , , , , , , , , , , , , , , , , ,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
	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						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	: Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)		, , , , , , , , , , , , , , , , , , ,		,		
<u>Sec</u>	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
10 a	Amounts from line 6 Gross income from interest, 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 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV).						
13	Total support. (Add ins 9, 10c, 11, and 12)						
14	First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, secon	id, third, fourth, o	or fifth tax year as	a section 501(c)(3) ▶□
Sec	tion C. Computation of Pul						
	Public support percentage for 20			e 13, column (f))		15	90
	Public support percentage from 3		•			16	90
	tion D. Computation of Inv			· · · · · · · · · · · · · · · · · · ·			<u>_</u>
					mn (f))	17	%
17	investment income percentage to	OI EUII (IIIIC IOC.		,,	* **	<u> </u>	
17 18	Investment income percentage for investment in the investment in t	*	le A, Part III, line	17		18	8
18	•	rom 2010 Schedu the organization	did not check the	box on line 14, a	and line 15 is mor as a publicly supp	e than 33-1/3%, an	
18 19 a	Investment income percentage for 33-1/3% support tests - 2011. If	rom 2010 Schedu the organization this box and sto	did not check the p here. The organ	box on line 14, a ization qualifies a	as a publicly supp ine 19a, and line	e than 33-1/3%, an orted organization 16 is more than 33	id line 17 ► []

Page 4	71-0596885	UNITY COLLEGE	CH MOUNTAIN COM	990-EZ) 2011	(Form 990 or	Schedule A
line 10; tion.	nations required by Part II, for any additional informa	o provide the expla o complete this par	Complete this part Part III, line 12. A	ntal Information 17a or 17b; a	Supplemen Part II, line	Part IV
				<u></u>	(See mstruc	
		·				
			· 			
			·			
			·			
			· 			
-						
		· 				
		· 				
						

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

OMB No 1545-0047

Intern	al Revenue Service	ach to Form 990. ► See separate instructions	inspe	ction 2
Name	of the organization		Employer identification	
	CH MOUNTAIN COMMUNITY COLLEGE UNDATION		71-0596885	
Pai	rt I` Organizations Maintaining Dono	r Advised Funds or Other Similar Fur	ds or Accounts. Complete	e if
	the organization answered 'Yes' t	o Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b) Funds and other acc	ounts
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 assets held in d	nor advised Yes	□No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for	rs, and donor advisors in writing that grant fun the benefit of the donor or donor advisor, or fo	any other	
	purpose conferring impermissible private bene		Yes	∐ No
Pai	rt II Conservation Easements. Compl	ete if the organization answered 'Yes'	to Form 990, Part IV, line	7.
1	Purpose(s) of conservation easements held by	y the organization (check all that apply)		
	Preservation of land for public use (e g , r	recreation or education) Preservation	f an historically important land	area
	Protection of natural habitat	Preservation	f a certified historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation contribution in	the form of a conservation ease	ement on the
			Held at the End of the	ne Tax Year
	Total number of conservation easements		2a	
	Total acreage restricted by conservation ease		2b	
•	Number of conservation easements on a certi	fied historic structure included in (a)	2c	
	d Number of conservation easements included i structure listed in the National Register		2d	
3	Number of conservation easements modified, tax year ▶	transferred, released, extinguished, or termina	ed by the organization during th	e
4	Number of states where property subject to co	onservation easement is located >	-	
5	Does the organization have a written policy re and enforcement of the conservation easement	garding the periodic monitoring, inspection, hants it holds?	ndling of violations,	No
6	Staff and volunteer hours devoted to monitorii	ng, inspecting, and enforcing conservation easi	ments during the year	_
7	Amount of expenses incurred in monitoring, if ▶ \$	nspecting, and enforcing conservation easemer	ts during the year	
8	Does each conservation easement reported or 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of se	ction	☐ 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 revenue and experto the organization's financial statements that o	se statement, and balance sheet, escribes the organization's acco	and ounting for
Pai	rt III Organizations Maintaining Colle	ctions of Art. Historical Treasures of	Other Similar Assets	
	Complete if the organization ans	wered 'Yes' to Form 990, Part IV, line	8.	
1 a	a If the organization elected, as permitted unde art, historical treasures, or other similar asset in Part XIV, the text of the footnote to its final	s held for public exhibition, education, or resea		
ł	o If the organization elected, as permitted unde historical treasures, or other similar assets he following amounts relating to these items	r SFAS 116 (ASC 958), to report in its revenue ld for public exhibition, education, or research	statement and balance sheet w n furtherance of public service,	orks of art, provide the
	(i) Revenues included in Form 990, Part VIII,	line 1	▶ \$	
	(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	irt, historical treasures, or other similar assets 116 (ASC 958) relating to these items	or financial gain, provide the fol	lowing
á	a Revenues included in Form 990, Part VIII, line	÷ 1	► \$	

b Assets included in Form 990, Part X

Δ	Describe in Part XIV	the intended uses of	if the organization's	endowment funds
→	Describe III I art VIA	the intended does o	i the organization s	CHUOWINGHI TUHUS

	Yes	No
3a(i)		Х
3a(ii)		X
3b		

Rart VI Land, Buildings, and Equip	ment. See Form 990, Pa	rt X, line 10.		
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		27,600.		27,600.
b Buildings		151,192.	15,270.	135,922.
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e (Column (d)	must equal Form 990, Part X, o	column (B), line 10(c))	•	163,522.

BAA

Schedule **D** (Form 990) 2011

Part VII	Investments	Other Securities. See	Form 990, Part X,	line 12.	N/A	
	(a) Description of (including na	security or category me of security)	(b) Book value		(c) Method of valua Cost or end-of-year mar	ition: rket value
	ial derivatives					
(2) Closely	-held equity intere	ests				
(3) Other						
(A)						
<u>(B)</u>			 	ļ		
<u>(C)</u>				<u> </u>		
<u>(D)</u>						
<u>(E)</u>						
				ļ		····
<u>(G)</u>				-	· · · · · · · · · · · · · · · · · · ·	- 174 m
<u>(H)</u>			"			······································
<u>()</u>				 		· · · · · · · · · · · · · · · · · · ·
		990 Part X, column (B) line 12)	Form 000 Part V		N/A	· .
Fart VIII		— Program Related. See of investment type	(b) Book value	lille 13.	(c) Method of valua	·t·o-
	(a) Description (or investment type	(b) BOOK Value		Cost or end-of-year mai	rket value
(1)						
(2)	-					
(3)						
(4)				ļ		
(5)				ļ		
(6)	·		-	-		
		· · · · · · · · · · · · · · · · · · ·		 	,	
(8)						
(9)						
(10)	an (h) must aqual Form	990, Part X, column (B) line 13)		1		
Part IX		See Form 990, Part X, I	ine 15. N/A	<u>. </u>		
	1		scription			(b) Book value
(1)						
(2)						
(3)						·
(4)						
(5)					·····	
(6)				 	 	
(7)		<u> </u>				
(8)						<u> </u>
(9)						
(10)	luma (h) must osu	ol Form 000 Port V column (2) (100 15)		>	
Part X		<i>ial Form 990, Part X, column (E</i> ies. See Form 990, Part)				<u> </u>
Tartx		ption of liability	(b) Book value			
(1) Fede	ral income taxes	part of hability	(5) BOOK Value			-
(2)						
(3)						
(4)						
(5)					~	
(6)						
(7)						
(8)						
(9)						4
_(10)						1
(11)			 			_
		990, Part X, column (B) line 25)	<u> </u>			
→ FINE / DX / I	AND HOOTOOTE	In Part XIV provide the text.	or the tenthete to the c	noitesinenr	e tinancial etatemente that	raparte tha

2 FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Schedule D (Form 990) 2011 RICH MOUNTAIN COMMUNITY COLLEGE	71-059	96885 Page 4
Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financ	ial Statements	
1 Total revenue (Form 990, Part VIII, column (A), line 12)		189,952.
2 Total expenses (Form 990, Part IX, column (A), line 25)		142,970.
3 Excess or (deficit) for the year Subtract line 2 from line 1		46,982.
4 Net unrealized gains (losses) on investments		4,046.
5 Donated services and use of facilities		-, -, -, -, -, -, -, -, -, -, -, -, -, -
6 Investment expenses		
7 Prior period adjustments		
8 Other (Describe in Part XIV)		
9 Total adjustments (net) Add lines 4 through 8		4,046.
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3	2 bne 9	51,028.
Part XII Reconciliation of Revenue per Audited Financial Statement		
Total revenue, gains, and other support per audited financial statements	1 1	193,998.
	<u> </u>	193, 990.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 2-1 4 046 1 .	
a Net unrealized gains on investments	2a 4,046.	
b Donated services and use of facilities	26	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV.)	2d	
e Add lines 2a through 2d		4,046.
3 Subtract line 2e from line 1	3	189,952.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV)	4b	
c Add lines 4a and 4b.	4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	189,952.
Part XIII Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses per Retu	ırn
Total expenses and losses per audited financial statements	1	142,970.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25.	•	
a Donated services and use of facilities	2a 433	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIV)	2d	
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	142,970.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		2.52,375.
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV)	4b	
c Add lines 4a and 4b.	4c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	142,970.
Part XIV: Supplemental Information		<u> </u>
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Pa Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines and additional information	art III, lines 1a and 4, Part IV, lines nes 2d and 4b Also complete this	1b and 2b, part to provide
	-	·
BAA TEEA3304L 05/25/11	Sche	dule D (Form 990) 2011

71-0596885

Schedule **D** (Form 990) 2011 RICH MOUNTAIN COMMUNITY COLLEGE

Schedule D (For	rm 990) 2011	RICH N	MOUNTAIN	COMMUNITY	COLLEGE		71-059688	5 Page !
Part XIV Su	ıpplemental	Informa	ation (cont	nued)				
		- -				 		
						 	. 	
						 - -		_
						 	. 	
						 	. – – – – -	
		- -				 		

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury Internal Revenue Service None of the organization

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.

2011
Open to Public
tion number

OMB No 1545-0047

FOUNDATION	N COMMUNIT	A COPP	EGE		71-059688	
Part I. Fundraising Activities. Comp	lete if the organ	nization ai	nswered 'Y	es' to Form 990, Part I	V, line 17	
Indicate whether the organization Mail solicitations				Solicitation of non-	government grants	
b Internet and email solicitations	5		f	Solicitation of gove	•	
c Phone solicitations			g	X Special fundraising	events	
 d In-person solicitations 2a Did the organization have a written employees listed in Form 990, Par 	t VII) or entity	in connect	tion with p	rofessional fundraising	services?	Yes X No
b If 'Yes,' list the ten highest paid in compensated at least \$5,000 by th	dividuals or ent ne organization	tities (fund	draisers) p	ursuant to agreements	under which the fundra	iser is to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have custo	fundraiser dy or control ibutions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total 3 List all states in which the organiz or licensing	ation is registe	red or lice	ensed to so	olicit contributions or ha	s been notified it is exe	0. empt from registration
			- -			
		-				
			. 			

		G (Form 990 or 990-EZ) 2011 RICH MC			71-05	
Pai	't II ;	Fundraising Events. Complete if more than \$15,000 of fundraising List events with gross receipts great the second	event contributions	nswered 'Yes' to Fo s and gross income	rm 990, Part IV, III on Form 990-EZ,	ne 18, or reported lines 1 and 6b.
R			(a) Event #1 GOLF TOURNAMEN (event type)	(b) Event #2	(c) Other events	(d) Total events (add column (a) through column (c))
REVENUE	1	Gross receipts	30,350.			30,350.
_	2	Less Charitable contributions				
	3	Gross income (line 1 minus line 2)	30,350.			30,350.
	4	Cash prizes				
n	5	Noncash prizes				
DIRECT	6	Rent/facility costs			· •	
	7	Food and beverages				
EXPENSES	8	Entertainment	·			
N S E	9	Other direct expenses	11,166.			11,166.
3	l	Direct expense summary Add lines 4 thr Net income summary Combine line 3, co	• , ,		•	11,166. 19,184.
Pai	till	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	ition answered 'Yes	s' to Form 990, Par	t IV, line 19, or rep	oorted more than
REVENUE		\$10,000 OTT OTT 330 EE, IIIO Od.	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Ü	1	Gross revenue				
		Cash prizes				
DIRECT	3	Non-cash prizes				
Č Š T E S	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes%	Yes%	16.
	7	Direct expense summary Add lines 2 thr	ough 5 in column (d)		•	
	8	Net gaming income summary Combine I	ines 1, column (d) and	line 7	•	
á	als th	er the state(s) in which the organization of ne organization licensed to operate gamino lo,' explain	g activities in each of th	nese states?		Yes No
10:	 Wer	e any of the organization's gaming license	es revoked, suspended	or terminated during the	e tax vear?	Yes No
•		,				1 1

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b If 'Yes,' explain

Schedule G (Form 990 or 990-EZ) 2011 RICH MO	OUNTAIN COMMUNITY COLLEGE	71-0596885 Page 3
11 Does the organization operate gaming activiti	es with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or tr administer charitable gaming?	rustee of a trust or a member of a partnership	or other entity formed to Yes No
13 Indicate the percentage of gaming activity op-	erated in	1 1
a The organization's facility		13a %
b An outside facility14 Enter the name and address of the person will	no prepares the organization's gaming/special	events books and records:
Name ►		
A 1.1		
15a Does the organization have a contact with a t b If 'Yes,' enter the amount of gaming revenue of gaming revenue retained by the third party c If 'Yes,' enter name and address of the third	received by the organization ► \$	
Name •		
Address ►		;
16 Gaming manager information		
Name •		
Gaming manager compensation ► \$		
Description of services provided		-
Director/officer Employe	e Independent contracto	or
17 Mandatory distributions		
 a Is the organization required under state law to state gaming license? b Enter the amount of distributions required unorganization's own exempt activities during the 	der state law to be distributed to other exemp	∐Yes ∐No
Part IV Supplemental Information. Corcolumns (III) and (v), and Part I	nplete this part to provide the expland II, lines 9, 9b, 10b, 15b, 15c, 16, and hal information (see instructions).	ations required by Part I, line 2b, 17b, as applicable. Also complete
BAA	TEEA3703L 05/20/11	Schedule G (Form 990 or 990-EZ) 2011

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

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

2011

OMB No 1545-0047

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

Attatch to Form 990.

O Public

Name of the organization	Ţ					Employer identification number	ation number E
	ਰੂਸਤ ants and Assista	ınce				0000	
1 Does the organization maintain records to substantiate the amount the selection criteria used to award the grants or assistance?	ds to substantiate the	Ę	of the grants or assistance, the grantees' eligibility for the grants or assistance, and	rantees' eligibility for th	e grants or assistanc	e, and	X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	procedures for monit	oring the use of gr	ant funds in the United	States SEE PART IV	R IV		
क्षितंसील Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.	nce to Governme for any recipient	nts and Organi that received m	d Organizations in the United States. Complete if the organization answered 'Yes' to ceived more than \$5,000. Check this box if no one recipient received more than \$5,00	ed States. Complet heck this box if no	e if the organizat one recipient rec	ion answered 'Ye eived more than	es' to \$5,000.
Part II can be duplicated if additional space is needed	additional space	Is needed	(d) Amount of cash orant	(e) Amount of non-cash	(f) Method of valuation	(a) Description of	(h) Purpose of orant
or government	(a)	if applicable	(ש) אוויסטווג טו כשאו שנשווג	assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance
Ω2CONMUNITY COLLE							SUPPORT FOR
1100 COLLEGE DRIVE							PROGRAMS AND
(2) MENA, AR 71953	71-0596885		11,318.	0.			PROPERTY
(3)							
(4)							
(0)							
ω							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	3) and government or	ganizations listed i	n the line 1 table				-

Schedule I (Form 990) (2011)

TEEA3901L 06/01/11

3 Enter total number of other organizations listed in the line 1 table BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2 Partili Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (f) Description of non-cash assistance Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information 71-0596885 (e) Method of valuation (book, FMV, appraisal, other) FOUNDATION RECEIVES WRITTEN AND VERBAL COMMUNICATION FROM COLLEGE REGARDING (d) Amount of non-cash assistance PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S. 48,156 (c) Amount of cash grant RICH MOUNTAIN COMMUNITY COLLEGE 50 (b) Number of recipients UTILIZATION OF GRANT PROCEEDS. (a) Type of grant or assistance Schedule I (Form 990) (2011) SCHOLARSHIPS

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Schedule I (Form 990) (2011)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

Open to Public

Name of the organization RICH MOUNTAIN COMMUNITY COLLEGE FOUNDATION	Employer identification number 71-0596885					
FORM 990, PART VI. LINE 11B - FORM 990 REVIEW PROCESS						
FORM 990 REVIEWED BY COMMUNITY COLLEGE STAFF KNOWLEDGABLE ABOUT	I INFORMATION					
APPEARING ON RETURN AND SUPPLEMENTARY SCHEDULES.						
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEM	ENT OF CONFLICTS					
THE EXECUTIVE COMMITTEE REVIEWS ALL TRANSACTIONS TO IDENTIFY PO						
INTEREST AND INAPPROPRIATE ACTIVITIES						
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AV						
GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAI						
FORM 990, PART VII - COMPENSATION EXPLANATION	THE STOR INCOME.					
PHILLIP WILSON						
PROVIDES 40 HOURS PER WEEK OF SERVICE TO RICH MOUNTAIN COMMUNIT	TY COLLEGE.					
	•					
	·					

SCHEDULE R (Form 990)

RICH MOUNTAIN COMMUNITY COLLEGE FOUNDATION

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

Open to Public Inspection 201

OMB No 1545-0047

Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 Attach to Form 990.

Part I Identification of Disregarded Entities (Complete If the organization answered 'Yes' to Form 990, Part IV, line 33.)

Employer identification number

71-0596885

(g) Sec 512(b)(13) controlled entity? Schedule R (Form 990) 2011 ž (f)
Direct controlling
entity × Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Yes (f)
Direct controlling
entity N/A (e) End-of-year assets Public charity status (if section 501(c)(3)) <u>ම</u> \sim (d) Total income (**d)** Exempt Code section TEEA5001L 09/08/11 501 (C) (3) (c)
Legal domicile (state or foreign country) (c)
Legal domicile (state or foreign country) AR (b) Primary activity (b)
Primary activity COMMUNITY COLLEGE BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN of disregarded entity RICH MOUNTAIN COMMUNITY COLLEGE 1100 COLLEGE DRIVE MENA, AR 71953 -----(a) Name, address, and EIN of related organization ୍ର **T** ଫ୍ର **|**⊗ Ø

Page 2

71-0596885

Schedule R (Form 990) 2011 RICH MOUNTAIN COMMUNITY COLLEGE FOUNDATION

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

Schedule R (Form 990) 2011 (h) Percentage ownership **(k)** Percentage ownership partive Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) General or managing partner? (g) Share of end-of-year assets ž Yes Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) (h)
Disproportionate
allocations? ž Yes (g)
Share of
end-of-year
assets (f) Share of total TEEA5002L 05/24/11 (e)
Predominant
income (related,
unrelated, excluded
from tax under
sections 512-514) Primary activity controlling entity Direct (c)
Legal
domicile
(state or
foreign (a) (a) Name, address, and EIN of related organization (b) Primary activity (a) ne, address, and EIN of related organization Name, 111 1111 BAA ١ 吕 8 ဌ **8** ପ୍ ଫ୍ର

71-0596885

Part V Transactions With Related Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34,	orm 990, Part IV, II	ne 34, 35, 35a, or 36.)	. 36.)	
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes No	1.
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	itions listed in Parts II-IN	<i>U</i>		163
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				'n
b Giff, grant, or capital contribution to related organization(s)				1
c Gift, grant, or capital contribution from related organization(s)			1c ×	1
d Loans or loan guarantees to or for related organization(s)			X PL	٠,
e Loans or loan guarantees by related organization(s)				
				3743
f Sale of assets to related organization(s)			,	1
a Purchase of assets from related organization(s)			1g X	ı
h Exchange of assets with related organization(s)			_	ı
i Lease of facilities, equipment, or other assets to related organization(s)				ı
			はなり、	15.3
j Lease of facilities, equipment, or other assets from related organization(s)				
k Performance of services or membership or fundraising solicitations for related organization(s)			1k X	ı
1 Performance of services or membership or fundraising solicitations by related organization(s)			11 X	۱ ا
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1m X	
n Sharing of paid employees with related organization(s)			1n X	ı
			第二次 · · · · · · · · · · · · · · · · · · ·	1383
o Reimbursement paid to related organization(s) for expenses				1
p Reimbursement paid by related organization(s) for expenses			X qt	1 1
				1.43
q Other transfer of cash or property to related organization(s)			7 Jq X	
r Other transfer of cash or property from related organization(s)			1r X	i
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ng covered relationships	and transaction thres	sholds	1 1
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	6
				1
(1)			,	1
§ §				
(7)				ŀ
(3)				1
(4)				
				1
(5)				1
9				
DAA TEEAANN OKIMII		Padas	Schedule B (Form 990) 2011	ı –

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Page 4

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

(k) . Percentage ownership Schedule R (Form 990) 2011 Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships (f) General or managing partner? ŝ Yes Code V-UBI amount in box 20 of Schedule K-1 Form (1065) (h)
Disproportonate
allocations? ŝ Yes (g)
Share of
end-of-year
assets (f) Share of total income (e)
Are all partners section 501(c)(3) organizations? TEEA5004L 05/24/11 % (d) Are all par income (related, unrelated, excluded from tax under section 512-514) Yes (c)
Legal domicile
(state or foreign country) (a) (b) Name, address, and EIN of entity (b) 1111 | | | 1111 1111 ୍ର **T** 6 ତ୍ୱ C ଷ୍ଟ ଞ୍ଜ

Schedule R	(Form 990) 2011 Supplemental Information	Page 5
Part VII	Supplemental Information	
	Complete this part to provide additional information for responses to questions on Schedule R (see instructions).	
		-

2011

SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 2

RICH MOUNTAIN COMMUNITY COLLEGE FOUNDATION

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FORM 990, PART XI, LINE 5 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS

TOTAL \$ 4,046.

2011

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5 RICH MOUNTAIN COMMUNITY COLLEGE FOUNDATION 71-0596885

PARTI	LINE	10 - OTH	IER INCOME
PARI	II. LIINE	. 10 - 010	IER INCUME

NATURE AND SOURCE		2011	2010	2009	2008	2007
SPECIAL EVENTS	TOTAL \$	30,350. 30,350.	25,782. \$ 25,782.	16,838. \$ 16,838.	13,021. \$ 13,021.	\$ 0.