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### Return of Organization Exempt From Income Tax

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

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

Open to Public

Inspection

OMB No 1545-0047

2012 and ending JUN 30, 2013 For the 2012 calendar year, or tax year beginning JUL 1, D Employer identification number Check if C Name of organization Address ROGUE COMMUNITY COLLEGE FOUNDATION Name change 93-0777701 Doing Business As ]Initial return Number and street (or P 0, box if mail is not delivered to street address) Room/suite E Telephone number 541-956-7327 Termin-ated 3345 REDWOOD HIGHWAY Amended 3,412,007. G Gross receipts \$ City, town, or post office, state, and ZIP code Applica-GRANTS PASS, OR 97527 H(a) is this a group return pending F Name and address of principal officer: JENNIFER WHEATLEY JYes X No for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) Website: ► WWW.RCCFOUNDATION.ORG **H(c)** Group exemption number ▶ K Form of organization. X Corporation Trust Association Other > L Year of formation 1980 M State of legal domicile: OR Part I Summary Briefly describe the organization's mission or most significant activities: TO PROVIDE FINANCIAL SUPPORT AND 1 Activities & Governance TO ASSIST THE COLLEGE IN MEETING ITS EDUCATIONAL MISSION. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 11 Number of voting members of the governing body (Part VI, line 1a) 11 Number of independent voting members of the governing body (Part VI, line 1b) ....... 0 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 240 Total number of volunteers (estimate if necessary) ..... . 6 0. 7 a 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 **Prior Year Current Year**  $1,059,\overline{390}$ 722,902. Contributions and grants (Part VIII, line 1h) 0. 0. Program service revenue (Part VIII, line 2g) 220,459 583,280. Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,279,8491,306,182. Total revenue · add lines 8 through 11 (must equal Part VIII) column (A), line 12) 12 744,424 641,199. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX Extra paid to or for members 0. 0 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .... 78,550 97,613. 16a Professional fundraising fees (Part IX, column (A), line 1 te) b Total fundraising expenses (Part IX, column (D), In 25) 423,075. 411,867. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... 1,234,841 1,161,887. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 144,295. 45,008. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** ,692,118. 7,104,409. 20 Total assets (Part X, line 16) 673,703 911,907. 21 Total liabilities (Part X, line 26) 6,430,706. 6,780,211. 22 Net assets or fund balances. Subtract line 21 from line 20 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 ature of officer Sign JENNIFER WHEATLEY EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name P00234251 Paid CHRISTOPHER V. DYE Firm's name > JOHANNSEN, DYE & PURKEYPILE CPA'S 93-6087066 Firm's EIN Preparer 920 E. JACKSON ST. **Use Only** Firm's address Phone no. (541) 772-8666 MEDFORD, OR 97504

□ No

X Yes \_

May the IRS discuss this return with the preparer shown above? (see instructions)

|         | Form <b>990</b> (201)   |
|---------|---|
| 4e      | (Expenses \$ Including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 750,787.  |
| 4d      | Other program services (Describe in Schedule O.)  |
|         |   |
|         |   |
|         |   |
|         |   |
|         |   |
|         |   |
| 4c      | (Code) (Expenses \$ including grants of \$) (Revenue \$   |
| <u></u> | (Code ) (Expenses \$ including grants of \$ ) (Revenue \$   |
|         |   |
|         |   |
|         |   |
|         |   |
|         | ACCESS_AND_EXPAND_EDUCATIONAL_AND_CULTURAL_OPPORTUNITIES.   |
|         | ENABLING THE ROGUE COMMUNITY COLLEGE STAFF, FACULTY AND STUDENTS TO   |
| 4b      | (Code. ) (Expenses \$ 109,461. including grants of \$ 72,256.) (Revenue \$ 3,073.) THE FOUNDATION PROVIDED GRANTS FOR ACADEMIC ENHANCEMENT PROJECTS                                   |
|         |   |
|         |   |
|         |   |
|         |   |
|         |   |
|         |   |
|         | THE FOUNDATION PROVIDED SCHOLARSHIPS TO 652 STUDENTS.   |
| 4a      | revenue, if any, for each program service reported.  (Code. ) (Expenses \$ 641,326 • including grants of \$ 568,943 • ) (Revenue \$   |
|         | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and  |
|         | If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. |
|         | If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No           |
|         | the prior Form 990 or 990-EZ? Yes X No  |
|         | FOSTERING COMMUNITY INTEREST IN THE BROADENING OF EDUCATIONAL  Did the organization undertake any significant program services during the year which were not listed on               |
|         | ROGUE COMMUNITY COLLEGE. THE FOUNDATION ACCOMPLISHES ITS PURPOSE BY   |
|         | THE ROGUE COMMUNITY COLLEGE FOUNDATION WAS ESTABLISHED TO SUPPORT AND PROMOTE THE EDUCATIONAL, SCIENTIFIC, AND CHARITABLE ACTIVITIES OF   |
| 1       | Check if Schedule O contains a response to any question in this Part III  |
| 1 (2)   | t III Statement of Program Service Accomplishments  |

Page 3

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A ... 1 X 2 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X public office? If "Yes," complete Schedule C, Part I 3 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 ..... Х 4 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 Х Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III .. .. . X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? X If "Yes." complete Schedule D. Part IV .. .... . .... Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent X endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X a Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, ... ...... . ... X 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total X assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X 11c 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\_ e Did the organization report an amount for other liabilities in Part X, line 257 If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? X 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 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 X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals 16 X 16 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 ... ... Х 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines X 1c and 8a? If "Yes," complete Schedule G, Part II ..... 18 ..... Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 19 complete Schedule G, Part III . .. . .. .. ... . . X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a

Form 990 (2012)

20ь

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

ROGUE COMMUNITY COLLEGE FOUNDATION

| Pa  | t IV Checklist of Required Schedules (continued)  |  |  |  |
|-----|---|--|--|--|
|     |   |  | Yes  | No   |
| 21  | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the           |  |  |  |
|     | United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                                     | 21   | X  | ĺ  |
| 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? If "Yes," complete                  |  |  |  |
|     | Schedule J  | 23   |  | Х  |
| 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 lines 24b through 24d and complete              |  |  |  |
|     | Schedule K. If "No", go to line 25  | 24a  | ,  | X  |
| ь   | 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  |  |  |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                         | 24d  |  |  |
|     | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a              |  |  |  |
|     | disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a  |  | Х  |
| ь   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and      |  |  |  |
| _   | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete           |  |  |  |
|     | Schedule L, Part I  | 25b  |  | х  |
| 26  | Was a loan to or by a current or former officer, director, trustee, key employee, highest 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   |  | X  |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV               | <del></del>                                      |  |  |
| ~   | Instructions for applicable filing thresholds, conditions, and exceptions):   |  |  | ļ  |
| а   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV                         | 28a  | ĺ  | Х  |
|     | 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  | İ  | X  |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M                        | 29   | х  | <del></del>                                      |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation     |  | <del>                                     </del> | <del>                                     </del> |
| 30  | contributions? If "Yes," complete Schedule M  | 30   | x  |  |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations?  | <del>                                     </del> | <del>                                     </del> | <del> </del>                                     |
| 31  | If "Yes," complete Schedule N, Part I   | 31   |  | x  |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete                | <u> </u>   | 1  | <del> </del>                                     |
| JŁ  |   | 32   |  | X  |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations                      |  |  | <del> </del>                                     |
| 55  | sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I   | 33   |  | X  |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and       |  | <del> </del>                                     | <del> </del>                                     |
| 34  |   | 34   | x  | 1  |
| 250 | Part V, line 1  | 35a  | 1  | Х  |
| 35a | · · · · · · · · · · · · · · · · · · ·   | 338  |  | <del>  ^</del>                                   |
| ь   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity       | 25h  | 1  |  |
| 20  | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | 35b  | $\vdash$   | <del>                                     </del> |
| 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?      | 20   |  | X  |
|     | If "Yes," complete Schedule R, Part V, line 2   | 36   | <del>                                     </del> | <del>  ^</del>                                   |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization                |  |  | Х  |
| 00  | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI                    | 37   | <del> </del>                                     | <u> </u>   |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?                  | 00   | x  |  |
|     | Note. All Form 990 filers are required to complete Schedule O   | 38   |  | <u> </u>   |

Form **990** (2012)

Form 990 (2012) Part V

Statements Regarding Other IRS Filings and Tax Compliance

|          | Check if Schedule O contains a response to any question in this Part V  |                | <u>.</u> | X        |
|----------|---|----------------|----------|----------|
|          |   |                | Yes      | No       |
| 1a       | 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   |                |          | -        |
| С        | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming                              |                |          |          |
|          | (gambling) winnings to prize winners?   | 1c             | X        |          |
| 2a       | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,   |                |          |          |
|          | filed for the calendar year ending with or within the year covered by this return   |                |          |          |
| Ь        | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                                  | 2ь             |          |          |
|          | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)                                       |                |          |          |
| За       | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | <u>3</u> a     |          | X        |
| Ь        | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  | 3ь             |          |          |
| 4a       | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a                       |                |          |          |
|          | financial account in a foreign country (such as a bank account, securities account, or other financial account)?                                | 4a             |          | X        |
| 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.                                  |                |          |          |
| 5a       | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | _5a_           |          | <u>X</u> |
| Ь        | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                | 5b             |          | X        |
| C        | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  | 5c             |          |          |
| 6a       | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit                     |                |          | į        |
|          | any contributions that were not tax deductible as charitable contributions?   | 6a             |          | X        |
| b        | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts                            |                |          |          |
|          | were not tax deductible?  | 6ь             |          |          |
| 7        | Organizations that may receive deductible contributions under section 170(c).   |                |          |          |
| a        | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a             |          | X        |
| b        | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b             |          |          |
| C        | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required                               |                |          | Ì        |
|          | to file Form 8282?  | 7c             |          | X        |
| d        | If "Yes," indicate the number of Forms 8282 filed during the year   |                |          |          |
| 0        | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                 | 7e             |          |          |
| f        | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                    | 7 <del>1</del> |          | <u> </u> |
| 9        | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                | <b>7g</b>      |          | ľ        |
| h        | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?              | 7h             |          |          |
| 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              | ļ        |          |
| 9        | Sponsoring organizations maintaining donor advised funds.   |                |          | 1        |
| 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             |          | ļ        |
| 10       | Section 501(c)(7) organizations. Enter:   |                |          | -        |
| a        | Initiation fees and capital contributions included on Part VIII, line 12  |                |          |          |
| b        | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   | 1              |          | 1        |
| 11       | Section 501(c)(12) organizations. Enter:  |                |          | ł        |
| а        | Gross income from members or shareholders   | [              |          | ŀ        |
| Þ        | Gross income from other sources (Do not net amounts due or paid to other sources against  |                | •        |          |
|          | amounts due or received from them.)   | ł              |          | ŧ        |
|          | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?                                      | 12a            |          | ļ        |
|          | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b   | {              |          |          |
| 13       | Section 501(c)(29) qualified nonprofit health insurance issuers.  |                |          | <b></b>  |
| a        | •   | 13a            | <b></b>  |          |
| _        | Note. See the instructions for additional information the organization must report on Schedule O.   | į. ·           |          | ł        |
| b        | Enter the amount of reserves the organization is required to maintain by the states in which the  | F .            |          |          |
|          | organization is licensed to issue qualified health plans  | ļ .            |          | l        |
|          | Enter the amount of reserves on hand  |                | <b></b>  |          |
| 14a      | Did the organization receive any payments for indoor tanning services during the tax year?  | 14a            |          | X        |
| <u> </u> | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O                                       | 14b            |          |          |

Form **990** (2012)

| Form       | 990 (2012) ROGUE COMMUNITY COLLEGE FOUNDATION 93-0777  | 701        | Pa          | age 6      |
|------------|--|------------|-------------|------------|
|            | t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a   |            |             |            |
|            | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.   |            |             |            |
|            | Check if Schedule O contains a response to any question in this Part VI  |            |             | X          |
| Sec        | tion A. Governing Body and Management  |            |             |            |
|            |  |            | Yes         | No         |
| 1a         | Enter the number of voting members of the governing body at the end of the tax year  |            |             | -          |
|            | 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.  |            |             |            |
| ь          | Enter the number of voting members included in line 1a, above, who are independent  1b 11  |            | 1           |            |
| 2          | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other   |            | 1           |            |
| _          | officer, director, trustee, or key employee?   | 2          | Ī           | X          |
| 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          |             | Х          |
| 4          | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 4          | 一           | X          |
| 5          | Did the organization become aware during the year of a significant diversion of the organization's assets?   | 5          |             | X          |
| 6          | Did the organization have members or stockholders?   | 6          |             | X          |
| 7a         | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or   |            |             |            |
| 70         | more members of the governing body?  | 7a         |             | X          |
| h          | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or   |            |             |            |
| U          | persons other than the governing body?   | 7b         |             | X          |
| 8          | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.  |            |             |            |
|            | The governing body?  | 8a         | х           | •          |
| a<br>_     | Each committee with authority to act on behalf of the governing body?  | 8b         | X           |            |
| b          | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the   |            |             |            |
| 9          | organization's mailing address? If "Yes," provide the names and addresses in Schedule O  | 9          |             | Х          |
| 900        | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)   |            |             |            |
| <u>Jec</u> | tion b. Folicies (This Section & Requests Information about policies not required by the Information Codes,  |            | Yes         | No         |
| 102        | Did the organization have local chapters, branches, or affiliates?   | 10a        |             | X          |
|            | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,   |            |             |            |
| D          | and branches to ensure their operations are consistent with the organization's exempt purposes?  | 10b        |             |            |
| 11.        | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?   | 11a        | X           |            |
|            | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |            |             |            |
|            | Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a        | Х           | -          |
| 12a        | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b        | X           |            |
| b          | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe   |            |             |            |
| С          |  | 12c        | х           |            |
| 12         | in Schedule O how this was done  | 13         |             | X          |
| 13         | Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?   | 14         | Х           |            |
| 14         | Did the process for determining compensation of the following persons include a review and approval by independent   |            |             |            |
| 15         | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |            |             |            |
| _          | The organization's CEO, Executive Director, or top management official   | 15a        | Х           | Ī          |
|            |  | 15b        | X           |            |
| b          | Other officers or key employees of the organization  |            |             | ********** |
| 40         | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a  | ŧ          |             |            |
| IUB        |  | 16a        | •           | Х          |
|            | taxable entity during the year?  | 100        |             | <u> </u>   |
| D          |  |            |             | ł          |
|            | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's   | 16ь        |             | Ī          |
| <u> </u>   | exempt status with respect to such arrangements?   | 100        | <del></del> | <u> </u>   |
|            | tion C. Disclosure   |            |             |            |
| 17         | List the states with which a copy of this Form 990 is required to be filed ▶OR  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) | availat    |             |            |
| 18         |  | avalidi    | VIQ.        |            |
|            | for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website X Upon request Other (explain in Schedule O)  |            |             |            |
|            |  | d fice     | acial       |            |
| 19         | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and   | ia iii idl | icial       |            |
| 00         | statements available to the public during the tax year.  | tion. h    | •           |            |
| 20         | State the name, physical address, and telephone number of the person who possesses the books and records of the organiza   | uon.       |             |            |

JENNIFER WHEATLEY - 541-956-7327

3345 REDWOOD HIGHWAY, GRANTS PASS, OR 97527

### 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

### 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.

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

| (A)                        | (B)  | J. ge            | _                     | (0                    | <b>)</b>     |                              | 100.     | (D)  | (E)  | (F)  |
|----------------------------|--|------------------|-----------------------|-----------------------|--------------|------------------------------|----------|--|--|--|
| Name and Title             | Average hours per  | box              | not c<br>unle         | Posi<br>heck<br>ss pe | nore<br>more | than<br>is bot<br>or/trus    | h an     | Reportable compensation                        | Reportable compensation                          | Estimated amount of  |
|                            | week (list any hours for related organizations below line) | stee or director | Institutional frustee | Officer               |              | Highest compensated employee |          | from<br>the<br>organization<br>(W-2/1099-MISC) | from related<br>organizations<br>(W-2/1099-MISC) | other compensation from the organization and related organizations |
| (1) MIDGE RENTON           | 2.00   |                  |                       |                       |              |                              |          |  |  | _  |
| PRESIDENT                  |  | X                |                       | X                     |              |                              | L        | 0.   | 0.   | 0.   |
| (2) MIKE MURPHY            | 2.00   |                  |                       |                       |              |                              |          |  |  | •  |
| VICE PRESIDENT DEVELOPMENT |  | X                |                       | X                     |              | ļ                            |          | 0.   | 0.   | 0.   |
| (3) YOLANDA BRUTON         | 2.00   | 1                | i                     |                       | ĺ            |                              |          |  |  |  |
| VICE PRESIDENT RESOURCE AL |  | X                |                       | X                     | <u> </u>     |                              | <u> </u> | 0.   | 0.   | 0.   |
| (4) CHUCK WOMER            | 2.00   | 1                |                       |                       |              |                              | İ        | _  | _  |  |
| TREASURER                  |  | X                |                       | X                     | <u></u>      | <u> </u>                     | ļ        | 0.   | 0.   | 0.   |
| (5) LIZ CROSSMAN           | 2.00   | ]                | 1                     |                       |              |                              |          |  | _  | _  |
| SECRETARY                  |  | X                |                       | X                     | L.,          |                              | <u> </u> | 0.   | 0.   | 0.   |
| (6) PATRICIA ASHLEY        | 1.00   |                  |                       |                       | ł            | Ì                            | İ        |  | <u> </u>   | _  |
| DIRECTOR                   |  | X                | L_                    | L.                    | <u> </u>     |                              | L        | 0.   | 0.   | 0.   |
| (7) RICK LEVINE            | 1.00   |                  |                       | }                     |              |                              |          |  |  | _  |
| DIRECTOR                   |  | X                |                       |                       | L            |                              |          | 0.   | 0.   | 0.   |
| (8) JOAN MOMSEN            | 1.00   |                  |                       |                       |              | ]                            |          |  |  | _  |
| DIRECTOR                   |  | X                | L.                    | <u> </u>              | <u> </u>     |                              | <u>L</u> | 0.   | 0.   | 0.   |
| (9) VERNE WELO<br>DIRECTOR | 1.00   | X                |                       |                       |              |                              |          | 0.   | 0.   | 0.   |
| (10) ANDY GOLDNER          | 1.00   | 1                | $\vdash$              | <u> </u>              |              | ┢                            | t        |  | <del> </del>                                     |  |
| DIRECTOR                   |  | $\mathbf{x}$     |                       |                       |              |                              |          | 0.   | 0.   | 0.   |
| (11) JOSH WELCH            | 1.00   |                  |                       |                       |              |                              | T        |  |  |  |
| DIRECTOR                   |  | X                |                       |                       | 1            |                              |          | 0.   | 0.   | 0.   |
| (12) JENNIFER WHEATLEY     | 40.00  |                  |                       |                       | Τ            |                              |          |  |  |  |
| EXECUTIVE DIRECTOR         |  | 1                |                       | X                     | 1            | }                            | 1        | 0.   | 76,148.  | 24,073.  |
|                            |  |                  | Τ                     | T                     |              |                              |          |  |  |  |
|                            |  | 1                | Ì                     | ļ                     |              |                              |          |  |  |  |
|                            |  |                  |                       |                       |              |                              |          |  |  |  |
|                            |  | 1                |                       |                       |              | Ĺ                            | <u></u>  |  |  |  |
|                            |  |                  |                       |                       |              |                              |          |  |  |  |
|                            |  | _                |                       |                       | <u> </u>     |                              | $\perp$  |  |  |  |
|                            |  | 1                |                       |                       |              |                              |          |  |  |  |
|                            |  | 1                | _                     |                       | 1            | 1                            | ↓_       |  |  | ļ <u>.</u>   |
|                            | <u> </u>   | 4                |                       |                       |              |                              |          |  |  |  |
|                            | <u></u>  |                  | <u>L</u> .            | <u> </u>              |              |                              | 1_       | <u></u>  |  | <u> </u>   |

232007 12-10-12

Form 990 (2012)

| (A)<br>Name and title   | Average<br>hours per<br>week   | (do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |      |         |  |                              | n an                                      | (D) Reportable compensation from       | (E) Reportable compensation from related |       | oth                      | nated<br>unt of<br>ner             |
|---|--|---|------|---------|--|------------------------------|---|--|--|-------|--------------------------|------------------------------------|
|   | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | tee or direc  |      | Officer | Key employee                                 | Highest compensated employee | Highest compensareo<br>employee<br>Former | the<br>organization<br>(W-2/1099-MISC) | organizations<br>(W-2/1099-MISC)         |       | from<br>organi<br>and re | nsation the ization elated zations |
|   |  |   |      |         |  |                              |   |  |  |       |                          |                                    |
|   |  |   |      |         |  | _                            |   |  |  | _     |                          |                                    |
|   |  | _   | -    |         |  |                              |   |  |  |       | <del></del>              |                                    |
|   |  | -   |      |         |  |                              |   |  |  |       |                          |                                    |
|   |  | -   |      |         |  | _                            |   |  |  |       |                          |                                    |
|   |  |   |      |         |  |                              |   |  |  |       |                          |                                    |
|   |  |   |      |         |  |                              |   |  |  |       |                          | _                                  |
|   |  |   |      |         |  |                              |   |  |  |       |                          |                                    |
| c Total from continuation sheets to Par   |  | ··· ·   |      |         |  | <b>*</b> *                   |   | 0.                                     | 76,14<br>76,14                           | 0.    |                          | ,073<br>0<br>,073                  |
| Total (add lines 1b and 1c)     Total number of individuals (including b compensation from the organization |  |   |      | ed a    | bov  | e) wi                        | no r                                      | <del> </del>                           |  |       |                          | ,073                               |
| 3 Did the organization list any former offi   |  | uete  | e ka | av er   | mok  | ovee                         | or  | highest compensated e                  | mplovee on                               | F     | Y                        | es No                              |
| line 1a? If "Yes," complete Schedule J t  For any individual listed on line 1a, is th                       | for such individua   | 1   |      |         |  |                              |   |  |  |       | 3                        | X                                  |
| and related organizations greater than 3  Did any person listed on line 1a receive                          | \$150,000? <i>If</i> "Yes  | ," cc   | mpl  | ete     | Sch  | edul                         | e <i>J</i> 1                              | for such individual                    |  |       | 4                        | X                                  |
| rendered to the organization? If "Yes," ( Section B. Independent Contractors                                |  |   |      |         |  |                              | Giai                                      |  |  |       | 5                        | x                                  |
| Complete this table for your five highes<br>the organization. Report compensation                           |  |   |      |         |  |                              |   |  |  | ensat | ion fro                  | m                                  |
| (A) Name and busin  |  |   | ON:  |         | <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> | <u> </u>                     |   | (B) Description of                     |  | Cor   | (C)                      | ation                              |
|   |  |   |      | _       |  | •                            |   |  |  | _     |                          |                                    |
|   |  |   |      |         |  |                              |   |  |  |       |                          |                                    |
|   |  |   |      |         |  |                              |   |  |  |       |                          |                                    |
|   |  |   |      |         |  |                              |   |  |  |       |                          |                                    |
|   |  |   |      |         | _  |                              |   |  |  |       |                          |                                    |
| Total number of independent contractor  | Galadie II   |   |      | - A b.  |  |                              | n4-                                       | d above) who were the                  | more these                               |       |                          |                                    |

Part VIII Statement of Revenue

|  |           | Check if Schedule O cont                | ains a response                       | to any question i    | n this Part VIII     | <u> </u>                               | <u> </u>                       |   |
|--|-----------|---|---------------------------------------|----------------------|----------------------|--|--------------------------------|---|
|  | ,         | -                                       |                                       |                      | (A)<br>Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| इड   | 1 a       | Federated campaigns                     | 1a                                    | 1 1111 1             | -                    |  |                                |   |
| Contributions, Gifts, Grants and Other Similar Amounts |           | Membership dues                         | 1b                                    |                      |                      | 1                                      |                                |   |
| ا ۾ ي  |           | Fundraising events                      | 1c                                    |                      |                      | +                                      |                                |   |
| 無別   |           | Related organizations                   | 1d                                    |                      |                      |  |                                |   |
| S,E  |           | Government grants (contribut            | ions) 1e                              | •                    | ;                    | 1                                      |                                |   |
|  |           | All other contributions, gifts, gran    |                                       |                      |                      |  |                                |   |
| 35   |           | similar amounts not included abo        | 1 1                                   | 722,902.             |                      | •                                      |                                |   |
| 들임   | q         | Noncash contributions included in lines | · · · · · · · · · · · · · · · · · · · | 26,785.              |                      |  |                                |   |
| a S  |           | Total. Add lines 1a-1f                  |                                       | <u> </u>             | 722,902.             |  |                                |   |
|  |           |   |                                       | Business Code        |                      |  |                                |   |
| <u> </u>   | 2 a       | l                                       |                                       |                      |                      |  | Ī                              | •<br>·  |
| اھ کَ  | b         |   |                                       |                      |                      |  |                                |   |
| SE   | c         |   |                                       |                      |                      |  |                                |   |
| Program Service<br>Revenue                             | d         |   |                                       |                      |                      |  |                                |   |
|  | е         | )                                       |                                       |                      |                      |  |                                | 1   |
| <u>ል</u>   | f         | All other program service reve          | enue                                  |                      |                      |  |                                |   |
|  | 9         | Total. Add lines 2a-2f                  |                                       |                      |                      |  | -                              |   |
|  | 3         | Investment income (including            | dividends, intere                     | est, and             | 1- 1- 1              |  |                                |   |
|  |           | other similar amounts)                  |                                       |                      | 195,152.             | 3,073.                                 |                                | 192,079.  |
|  | 4         | Income from investment of ta            | x-exempt bond p                       | oroceeds <b>&gt;</b> |                      |  |                                |   |
|  | 5         | Royalties                               | <u> </u>                              | <u></u>              |                      |  |                                | !   |
|  |           |   | (i) Real                              | (ii) Personal        |                      |  |                                | Ī   |
|  | 6 a       | Gross rents                             |                                       |                      |                      | ]                                      |                                | <u>:</u><br>}   |
|  | t         | Less: rental expenses                   |                                       |                      |                      |  |                                | į   |
|  | c         | Rental income or (loss)                 |                                       |                      |                      |  |                                | ĺ   |
|  | c         | Net rental income or (loss)             |                                       | <u></u>              |                      |  |                                |   |
|  | 7 a       | Gross amount from sales of              | (i) Securities                        | (ii) Other           |                      |  |                                |   |
|  |           | assets other than inventory             | 2,493,953.                            | ,                    |                      | 1                                      |                                |   |
|  | E         | Less: cost or other basis               |                                       |                      |                      |  |                                |   |
|  |           | and sales expenses                      | 2,105,825.                            | ,                    |                      | -                                      |                                | É   |
|  | c         | Gain or (loss)                          | 388,128.                              |                      |                      | ,                                      |                                |   |
|  | c         | Net gain or (loss)                      |                                       | . <u></u> .          | 388,128.             |  |                                | 388,128.  |
| 90   | 8 a       | Gross income from fundraising           |                                       |                      |                      |  |                                |   |
| _  |           | including \$                            | of                                    | ľ                    |                      | 1                                      |                                | i   |
| ev   |           | contributions reported on line          | 1c). See                              | İ                    |                      |  |                                | ,   |
| er P   |           | Part IV, line 18                        | a                                     |                      |                      | ,                                      | ,                              | Ė   |
| Other Reve   | t         | Less: direct expenses                   | b                                     |                      |                      |  | ,                              |   |
| U  | (         | Net income or (loss) from fund          | draising events                       |                      |                      |  |                                |   |
|  | 9 a       | Gross income from gaming a              | ctivities. See                        |                      |                      |  |                                | ł   |
|  |           | Part IV, line 19                        | a                                     |                      |                      |  |                                | ŧ   |
|  | į t       | Less: direct expenses                   | b                                     | ·                    |                      |  |                                |   |
|  | ، ا       | Net income or (loss) from gan           | ning activities .                     | . <u></u> . <b>•</b> |                      |  |                                |   |
|  | 10 a      | Gross sales of inventory, less          | returns                               |                      |                      |  |                                | <b></b>   |
|  |           | and allowances                          | a                                     |                      |                      |  |                                | ŧ   |
|  | , t       | Less: cost of goods sold .              | b                                     |                      | ]                    |  |                                | <b>‡</b>  |
|  |           | Net income or (loss) from sale          | es of inventory                       | . ,, •               |                      |  |                                |   |
|  |           | Miscellaneous Revenu                    | Je                                    | Business Code        |                      | 1                                      | -                              | -   |
|  | 11 a      | a                                       |                                       |                      |                      |  |                                |   |
|  | t         | b                                       |                                       |                      |                      |  |                                |   |
|  | (         | C                                       |                                       |                      |                      |  |                                |   |
|  |           | d All other revenue                     |                                       |                      |                      |  |                                |   |
|  |           | Total. Add lines 11a-11d                |                                       | <b>•</b>             |                      |  |                                |   |
|  | 12        | Total revenue. See instructions.        |                                       | <u></u>              | 1,306,182.           | 3,073.                                 | 0.                             | 580,207.  |
| 23200<br>12-10   | )9<br>⊦12 |   |                                       |                      |                      |  |                                | Form <b>990</b> (2012)  |

| Sect | tion 501(c)(3) and 501(c)(4) organizations must com   | plete all columns. All oth              | er organizations must co     | omplete column (A).                   |                                |
|------|---|---|------------------------------|---------------------------------------|--------------------------------|
|      | Check if Schedule O contains a respon   |   | is Part IX                   |                                       |                                |
|      | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses                   | (B) Program service expenses | (C) Management and general expenses   | (D)<br>Fundraising<br>expenses |
| 1    | Grants and other assistance to governments and  |   |                              |                                       |                                |
|      | organizations in the United States. See Part IV, line 21  | 72,256.                                 | 72,256.                      |                                       |                                |
| 2    | Grants and other assistance to individuals in   |   |                              |                                       |                                |
|      | the United States. See Part IV, line 22   | 568,943.                                | 568,943.                     |                                       |                                |
| 3    | Grants and other assistance to governments,   |   |                              |                                       |                                |
|      | organizations, and individuals outside the  |   |                              |                                       |                                |
|      | United States. See Part IV, lines 15 and 16   |   |                              | 1                                     |                                |
| 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 accruals and contributions (include  |   |                              |                                       |                                |
|      | section 401(k) and 403(b) employer contributions)   |   |                              |                                       |                                |
| 9    | Other employee benefits   |   |                              |                                       |                                |
| 10   | Payroll taxes   |   |                              |                                       |                                |
| 11   | Fees for services (non-employees):  |   |                              |                                       |                                |
| а    | Management  |   |                              |                                       |                                |
| b    | Legal   | - · · · · · · · · · · · · · · · · · · · |                              |                                       |                                |
| c    | Accounting  | 52,294.                                 |                              | 52,294.                               |                                |
| d    |   |   |                              |                                       |                                |
| e    | Professional fundraising services. See Part IV, line 17   | 97,613.                                 |                              |                                       | 97,613.                        |
| f    | Investment management fees  | 47,459.                                 |                              | 47,459.                               |                                |
| 9    | ,   |   |                              |                                       |                                |
|      | column (A) amount, list line 11g expenses on Sch O.)  |   |                              |                                       |                                |
| 12   | Advertising and promotion   | 13,977.                                 |                              |                                       | 13,977.                        |
| 13   | Office expenses   | 15,798.                                 |                              | 4,955.                                | 10,843.                        |
| 14   | Information technology  | 664.                                    |                              |                                       | 664.                           |
| 15   | Royalties   |   | ,                            |                                       |                                |
| 16   | Occupancy   |   |                              |                                       |                                |
| 17   | Travel  | 23,198.                                 |                              | 9,956.                                | 13,242.                        |
| 18   | Payments of travel or entertainment expenses  |   |                              |                                       |                                |
|      | for any federal, state, or local public officials   |   |                              |                                       |                                |
| 19   | Conferences, conventions, and meetings  | 1,643.                                  |                              | 1,643.                                |                                |
| 20   | Interest  |   |                              | · · · · · · · · · · · · · · · · · · · |                                |
| 21   | Payments to affiliates  | F 700                                   |                              |                                       |                                |
| 22   | Depreciation, depletion, and amortization   | 5,708.                                  |                              | 5,708.                                |                                |
| 23   | Insurance   | 2,227.                                  |                              | 2,227.                                |                                |
| 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 0) |   |                              |                                       |                                |
| а    | REIMBURSED SALARIES AND   | 243,093.                                | 95,550.                      | 59,069.                               | 88,474.                        |
| b    | PROGRAM DEVELOPMENT   | 5,960.                                  | 5,960.                       |                                       |                                |
| c    | READER NIGHTS   | 5,532.                                  | 5,532.                       |                                       |                                |
| ď    | AWARD NIGHT   | 2,533.                                  | 2,533.                       |                                       |                                |
| е    |   | 2,989.                                  | 13.                          | 2,390.                                | 586.                           |
| 25   | Total functional expenses. Add lines 1 through 24e  | 1,161,887.                              | 750,787.                     | 185,701.                              | 225,399.                       |
| 26   | Joint costs. Complete this line only if the organization  |   |                              |                                       |                                |
|      | reported in column (B) joint costs from a combined  |   |                              |                                       |                                |
|      | educational campaign and fundraising solicitation.  |   |                              |                                       |                                |
|      | Check here If following SOP 98-2 (ASC 958-720)  |   |                              |                                       |                                |

|                                  | Check if Schedule O contains a response to any question in this Part X            | <u> </u>                              |    |                           |
|----------------------------------|---|---------------------------------------|----|---------------------------|
|                                  |   | (A)<br>Beginning of year              |    | <b>(B)</b><br>End of year |
| 1                                | Cash · non-interest-bearing   |                                       | 1  |                           |
| 2                                | Savings and temporary cash investments  | 35,361.                               | 2  | 94,887<br>342,136         |
| 3                                | Pledges and grants receivable, net  | 292,340.                              | 3  | 342,136                   |
| 4                                | Accounts receivable, net  |                                       | 4  |                           |
| 5                                | Loans and other receivables from current and former officers, directors,          | :                                     |    |                           |
|                                  | trustees, key employees, and highest compensated employees. Complete              |                                       |    |                           |
| 1.                               | Part II of Schedule L   |                                       | 5  |                           |
| 6                                | Loans and other receivables from other disqualified persons (as defined under     |                                       |    |                           |
|                                  | section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing |                                       |    |                           |
| j                                | employers and sponsoring organizations of section 501(c)(9) voluntary             | :                                     |    | :                         |
| <b>.</b>   _                     | employees' beneficiary organizations (see instr). Complete Part II of Sch L       |                                       | 6  |                           |
| 7 8                              | Notes and loans receivable, net   | 216,889.                              | 7  | 226,328                   |
| • 1 -                            | Inventories for sale or use   |                                       | 8  |                           |
| 9                                | Prepaid expenses and deferred charges   | 4,227.                                | 9  | 2,535                     |
| 10a                              | Land, buildings, and equipment: cost or other                                     |                                       |    |                           |
|                                  | basis. Complete Part VI of Schedule D 10a 215,591.                                |                                       |    |                           |
| b                                | Less: accumulated depreciation 10b 24,573.  |                                       |    | 191,018<br>6,777,261      |
| 11                               | Investments - publicly traded securities  | 6,307,553.                            | 11 | 6,777,261                 |
| 12                               | Investments - other securities. See Part IV, line 11                              |                                       | 12 | <del> </del>              |
| 13                               | Investments - program-related. See Part IV, line 11                               |                                       | 13 |                           |
| 14                               | Intangible assets   | 50.600                                | 14 |                           |
| 15                               | Other assets. See Part IV, line 11  | 59,698.                               | 15 | 57,953                    |
| 16                               | Total assets. Add lines 1 through 15 (must equal line 34)                         | 7,104,409.                            | 16 | 7,692,118                 |
| 17                               | Accounts payable and accrued expenses   | 32,449.                               | 17 | 50,343                    |
| 18                               | Grants payable  |                                       | 18 |                           |
| 19                               | Deferred revenue  |                                       | 19 |                           |
| 20                               | Tax-exempt bond liabilities   |                                       | 20 |                           |
| 21                               | Escrow or custodial account liability. Complete Part IV of Schedule D             |                                       | 21 | ······                    |
| 22                               | Loans and other payables to current and former officers, directors, trustees,     | <b>F</b>                              |    |                           |
| 21<br>22                         | key employees, highest compensated employees, and disqualified persons.           | <u> </u>                              | t  |                           |
|                                  | Complete Part II of Schedule L  |                                       | 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   | (41.054                               |    |                           |
| 00                               | Schedule D  | 641,254.                              | 25 | 861,564                   |
| 26                               | Total liabilities. Add lines 17 through 25  | 673,703.                              | 26 | 911,907                   |
|                                  | Organizations that follow SFAS 117 (ASC 958), check here ▶ X and                  | 1                                     | 1  |                           |
| 27<br>28<br>29<br>30<br>31<br>32 | complete lines 27 through 29, and lines 33 and 34.                                | 1 200 600                             | 1  | 1 050 000                 |
| 27                               | Unrestricted net assets   | 1,228,239.                            | 27 | 1,252,839                 |
| 28                               | Temporarily restricted net assets   | 1,949,524.                            | 28 | 2,232,944                 |
| 29                               | Permanently restricted net assets   | 3,252,943.                            | 29 | 3,294,428                 |
|                                  | Organizations that do not follow SFAS 117 (ASC 958), check here                   | [                                     | I  | •                         |
|                                  | and complete lines 30 through 34.   |                                       | ŧ  |                           |
| 30                               | Capital stock or trust principal, or current funds                                |                                       | 30 |                           |
| 31                               | Paid-in or capital surplus, or land, building, or equipment fund                  |                                       | 31 |                           |
| 32                               | Retained earnings, endowment, accumulated income, or other funds                  | 6 430 705                             | 32 |                           |
| 33                               | Total net assets or fund balances   | 6,430,706.                            | 33 | 6,780,211.                |
| 34                               | Total liabilities and net assets/fund balances                                    | 7,104,409.                            | 34 | <u>7,692,118</u>          |

Form 990 (2012)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

### **Public Charity Status and Public Support**

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

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

OMB No 1545-0047

Open to Public

Name of the organization

a Type I

ROGUE COMMUNITY COLLEGE FOUNDATION

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

describes the type of supporting organization and complete lines 11e through 11h.

If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below,

b Type II

supporting organization, check this box

the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above? ...

Provide the following information about the supported organization(s).

Employer identification number 93-0777701

d Type III - Non-functionally integrated

11g(i)

11g(ii)

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 X 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that

c Type III · Functionally integrated

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

| (i) Name of supported<br>organization | (ii) EIN | (described on lines 1-9 above or IRC section | in col (i) li | organization<br>sted in your<br>document? | organizat     | u notify the<br>ion in col.<br>r support? | (vi) is<br>organizatio<br>(i) organiz<br>U S | the<br>on in col.<br>ed in the<br>.? | (vii) Amount of monetary support |
|---------------------------------------|----------|--|---------------|---|---------------|---|--|--------------------------------------|----------------------------------|
|                                       |          | (see instructions))                          | Yes           | No  | Yes           | No  | Yes  | No                                   |                                  |
|                                       |          |  |               |   |               |   |  |                                      |                                  |
|                                       |          |  | ļ             | ļ   |               |   |  |                                      |                                  |
|                                       |          |  |               |   |               |   |  |                                      |                                  |
|                                       |          |  |               |   | · · · · · · · |   |  | <u> </u>                             |                                  |
|                                       |          |  |               |   |               |   |  |                                      |                                  |
|                                       |          |  |               |   |               |   |  |                                      |                                  |
|                                       |          |  | 1             | <u> </u>                                  |               |   |  | ļ                                    |                                  |
|                                       |          |  |               |   |               |   |  |                                      |                                  |
|                                       |          |  |               |   |               |   |  |                                      |                                  |
| l Total                               |          |  | 1             |   | 1             | 1   | ł  | 1                                    |                                  |

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

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12

h

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                      |                             | -,                   |                                       | 3                         |                     |                 |
|------|---|-----------------------------|----------------------|---------------------------------------|---------------------------|---------------------|-----------------|
|      | ndar year (or fiscal year beginning in)     | (a) 2008                    | <b>(b)</b> 2009      | (c) 2010                              | (d) 2011                  | (e) 2012            | (f) Total       |
| 1    | Gifts, grants, contributions, and           |                             |                      |                                       |                           |                     |                 |
|      | membership fees received. (Do not           |                             |                      |                                       |                           |                     |                 |
|      | include any "unusual grants.")              | 666,399.                    | 737,052.             | 800,943.                              | 1059390.                  | 722,902.            | 3986686.        |
| 2    | Tax revenues levied for the organ-          |                             |                      |                                       |                           |                     |                 |
|      | ization'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             | 18,000.                     | 18,000.              | 18,000.                               |                           | 18,000.             | 90,000.         |
| 4    | Total. Add lines 1 through 3                | 684,399.                    | 755,052.             | 818,943.                              | 1077390.                  | 740,902.            | 4076686.        |
| 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,                    |                             | 1                    |                                       |                           |                     |                 |
|      | column (f)                                  |                             |                      |                                       |                           |                     |                 |
| 6    | Public support. Subtract line 5 from line 4 |                             |                      |                                       |                           |                     | 4076686.        |
| Sec  | ction B. Total Support                      |                             |                      |                                       |                           |                     | ···             |
| Cale | ndar year (or fiscal year beginning in) 🕨   | (a) 2008                    | <b>(b)</b> 2009      | (c) 2010                              | (d) 2011                  | (e) 2012            | (f) Total       |
| 7    | Amounts from line 4                         | 684,399.                    | 755,052.             | 818,943.                              | 1077390.                  | 740,902.            | 4076686.        |
| 8    | Gross income from interest,                 |                             |                      |                                       |                           |                     |                 |
|      | dividends, payments received on             |                             |                      |                                       |                           |                     |                 |
|      | securities loans, rents, royalties          |                             |                      |                                       |                           |                     |                 |
|      | and income from similar sources             | 190,151.                    | 143,645.             | 127,600.                              | 149,956.                  | 195,152.            | 806,504.        |
| 9    | Net income from unrelated business          |                             |                      |                                       |                           |                     |                 |
|      | activities, whether or not the              |                             |                      |                                       |                           |                     |                 |
|      | business is regularly carried on .          |                             |                      |                                       |                           |                     |                 |
| 10   | Other income. Do not include gain           |                             |                      |                                       |                           |                     |                 |
|      | or loss from the sale of capital            |                             |                      |                                       |                           |                     |                 |
|      | assets (Explain in Part IV.)                |                             |                      |                                       |                           |                     |                 |
| 11   | Total support. Add lines 7 through 10       |                             |                      |                                       |                           |                     | 4883190.        |
| 12   | Gross receipts from related activities,     | etc. (see instruction       | ons)                 | · · · · · · · · · · · · · · · · · · · |                           | 12                  |                 |
| 13   | First five years. If the Form 990 is for    | r the organization's        | first, second, thir  | d, fourth, or fifth ta                | ax year as a section      | n 501(c)(3)         |                 |
|      | organization, check this box and stor       | here                        | <u></u>              | ·· · · · · · ·                        | <u> </u>                  |                     | <u></u> ▶ □     |
| Sec  | ction C. Computation of Publ                | ic Support Pe               | rcentage             |                                       |                           |                     |                 |
| 14   | Public support percentage for 2012 (        | line 6, column (f) di       | ivided by line 11, o | olumn (f))                            |                           | 14                  | 83.48 %         |
|      | Public support percentage from 2011         |                             |                      |                                       |                           | 15                  | 84.49 %         |
| 16a  | 33 1/3% support test - 2012. If the c       | organization did no         | t check the box o    | n line 13, and line                   | 14 is 33 1/3% or n        | ore, check this bo  |                 |
|      | stop here. The organization qualifies       | as a publicly supp          | orted organization   | · . <b></b>                           |                           |                     | <b>►</b> X      |
| b    | 33 1/3% support test - 2011. If the o       | organization did no         | t check a box on l   | ine 13 or 16a, and                    | l line 15 is 33 1/3%      | or more, check th   | nis box         |
|      | and stop here. The organization qual        |                             |                      |                                       |                           |                     | ▶□              |
| 17a  | 10% -facts-and-circumstances tes            | <b>t - 2012.</b> If the org | anization did not d  | check a box on line                   | e 13, 16a, or 16b, a      | and line 14 is 10%  | or more,        |
|      | and if the organization meets the "fac      | ts-and-circumstan           | ces" test, check ti  | nis box and <b>stop h</b>             | ere. Explain in Par       | t IV how the organ  | ization         |
|      | meets the "facts-and-circumstances"         | test. The organiza          | tion qualifies as a  | publicly supported                    | d organization            |                     | ▶□              |
| b    | 10% -facts-and-circumstances tes            | <b>t - 2011.</b> If the org | anization did not d  | check a box on line                   | e 13, 16a, 16b, or        | 17a, and line 15 is | 10% or          |
|      | more, and if the organization meets the     | ne "facts-and-circu         | mstances" test, cl   | neck this box and                     | <b>stop here.</b> Explain | in Part IV how the  |                 |
|      | organization meets the "facts-and-circ      | cumstances* test.           | The organization of  | qualifies as a publi                  | cly supported orga        | anızation           | . ▶□            |
| 18   | Private foundation. If the organization     | n did not check a           | box on line 13, 16   | a, 16b, 17a, or 17i                   | o, check this box a       | nd see instruction  | s . 🕨 🗌         |
|      |   |                             |                      |                                       | Sche                      | dule A (Form 990    | or 990-EZ) 2012 |

### Schedule A (Form 990 or 990-EZ) 2012 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   |                  |                       |                       |                      | -                    |                    |
|------|--|------------------|-----------------------|-----------------------|----------------------|----------------------|--------------------|
| Cale | ndar year (or fiscal year beginning in)  | (a) 2008         | <b>(b)</b> 2009       | (c) 2010              | (d) 2011             | (e) 2012             | (f) Total          |
| 1    | Gifts, grants, contributions, and  |                  |                       |                       |                      |                      |                    |
|      | membership fees received. (Do not  |                  |                       |                       |                      |                      |                    |
|      | include any "unusual grants.")   |                  |                       |                       |                      |                      |                    |
| 2    | Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purpose |                  |                       |                       |                      |                      |                    |
| 3    | Gross receipts from activities that  |                  |                       |                       |                      |                      |                    |
|      | are not an unrelated trade or bus-   |                  |                       |                       |                      |                      |                    |
|      | iness under section 513  |                  |                       |                       |                      | <del> </del>         |                    |
| 4    | Tax revenues levied for the organ-   |                  |                       |                       |                      |                      |                    |
|      | ization's benefit and either paid to   |                  |                       |                       |                      |                      |                    |
|      | or expended on its behalf  |                  |                       |                       |                      | ļ <u> </u>           |                    |
| 5    | The value of services or facilities  |                  |                       | :                     |                      |                      |                    |
|      | furnished by a governmental unit to  | 1                |                       |                       |                      |                      |                    |
|      | the organization without charge  |                  |                       | <del> </del>          | <u> </u>             | <u> </u>             |                    |
| 6    | Total. Add lines 1 through 5   |                  |                       |                       |                      | ļ                    |                    |
| 7a   | Amounts included on lines 1, 2, and  |                  |                       |                       |                      |                      |                    |
|      | 3 received from disqualified persons   |                  |                       |                       |                      |                      |                    |
| b    | 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   |                  | -                     |                       |                      | <del>-</del>         |                    |
| -    | Add lines 7a and 7b  |                  | -                     |                       | <u> </u>             |                      |                    |
|      | Public support Subtract line 7c from line 6.)  | <u>.</u>         | .l                    | Ł                     | <u> </u>             | · L                  | 1                  |
|      | ndar year (or fiscal year beginning in)  | (a) 2008         | <b>(b)</b> 2009       | (c) 2010              | (d) 2011             | (6) 2012             | 60 T-4-1           |
|      | •  | (a) 2006         | (b) 2009              | (c) 2010              | (d) 2011             | (e) 2012             | (f) Total          |
|      | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                     |                  |                       |                       |                      |                      |                    |
| b    | 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 lines 9, 10c, 11, and 12)  |                  |                       |                       |                      |                      |                    |
| 14   | First five years. If the Form 990 is for   | the organization | 's first, second, thu | d, fourth, or fifth t | ax year as a section | on 501(c)(3) organiz | zation,            |
|      | check this box and stop here   | *** * . *        |                       |                       | •                    | <u> </u>             | <u></u> ▶□         |
| Sec  | tion C. Computation of Publ  | ic Support Pe    |                       |                       |                      |                      |                    |
|      | Public support percentage for 2012 (   |                  |                       | column (f))           |                      | 15                   | %                  |
|      | Public support percentage from 2011  |                  |                       |                       |                      | 16                   | %                  |
|      | tion D. Computation of Inve  |                  |                       |                       |                      |                      |                    |
|      | Investment income percentage for 20  |                  |                       |                       |                      | 17                   | %                  |
|      | Investment income percentage from  | -                | **                    |                       |                      | 18                   | <u> </u>           |
|      | 33 1/3% support tests - 2012. If the   |                  |                       |                       |                      |                      |                    |
|      | more than 33 1/3%, check this box a  | -                |                       |                       |                      |                      | ▶□                 |
| h    | 33 1/3% support tests - 2011. If the   |                  |                       |                       |                      |                      | and                |
| _    | line 18 is not more than 33 1/3%, che  | -                |                       |                       |                      |                      |                    |
| 20   | Private foundation. If the organization  |                  | -                     |                       |                      | =                    |                    |
|      | 23 12-04-12  |                  |                       |                       |                      | hedule A (Form 99    | 00 or 000 EZ) 2012 |

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

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

Attach to Form 990. ► See separate instructions.

2012 Open to Public Inspection

Name of the organization

Employer identification number

|     | ROGUE COMMUNITY CO  |   |                                       |                | 93-07770                              | <u> </u>    |
|-----|---|---|---------------------------------------|----------------|---------------------------------------|-------------|
| Pa  | Organizations Maintaining Donor Advise                            | ed Funds o                              | r Other Similar Fu                    | nds or A       | counts. Complete if the               |             |
|     | organization answered "Yes" to Form 990, Part IV, lin             | ıe 6                                    |                                       |                |                                       |             |
|     |   | (a) Do                                  | onor advised funds                    | ():            | ) Funds and other accounts            |             |
| 1   | Total number at end of year                                       |   |                                       |                |                                       | _           |
| 2   | Aggregate contributions to (during year)                          |   |                                       |                |                                       |             |
| 3   | Aggregate grants from (during year)                               |   |                                       |                |                                       |             |
| 4   | Aggregate value at end of year                                    |   |                                       |                |                                       |             |
| 5   | Did the organization inform all donors and donor advisors in      | writing that th                         | e assets held in donor a              | advised fund   | ls                                    |             |
|     | are the organization's property, subject to the organization's    | s exclusive leg                         | al control?                           |                | . Yes                                 | □ No        |
| 6   | Did the organization inform all grantees, donors, and donor a     | advisors in wri                         | ting that grant funds ca              | n be used o    | nły                                   |             |
|     | for charitable purposes and not for the benefit of the donor of   | or donor advis                          | or, or for any other purp             | oose conferr   | ing                                   |             |
|     | impermissible private benefit?                                    |   |                                       |                | Yes                                   | □ No        |
| Pat | Conservation Easements. Complete if the or                        | ganization ans                          | wered "Yes" to Form 9                 | 90, Part IV, I | ine 7.                                |             |
| 1   | Purpose(s) of conservation easements held by the organizat        | tion (check all                         | that apply).                          |                |                                       |             |
|     | Preservation of land for public use (e.g., recreation or e        | education)                              | Preservation of a                     | n historically | / important land area                 |             |
|     | Protection of natural habitat                                     |   | Preservation of a                     | certified his  | toric structure                       |             |
|     | Preservation of open space  |   |                                       |                |                                       |             |
| 2   | Complete lines 2a through 2d if the organization held a quali     | ified conservat                         | tion contribution in the f            | form of a co   | nservation easement on the            | last        |
|     | day of the tax year.  |   |                                       | _              |                                       |             |
|     |   |   |                                       |                | Held at the End of the Ta             | ax Year     |
| а   | Total number of conservation easements                            |   |                                       |                | 2a                                    |             |
| b   | Total acreage restricted by conservation easements                |   |                                       |                | 2b                                    |             |
| C   | Number of conservation easements on a certified historic sti      | ructure include                         | edin (a)                              |                | 2c                                    | . <u> </u>  |
| d   | Number of conservation easements included in (c) acquired         | after 8/17/06,                          | and not on a historic st              | tructure       |                                       |             |
|     | listed in the National Register                                   |   |                                       | [              | 2d                                    |             |
| 3   | Number of conservation easements modified, transferred, re        | eleased, exting                         | juished, or terminated b              | y the organi   | zation during the tax                 |             |
|     | year ▶  |   |                                       |                |                                       |             |
| 4   | Number of states where property subject to conservation ea        |   |                                       |                |                                       |             |
| 5   | Does the organization have a written policy regarding the pe      | rodic monitor                           | ıng, ınspection, handlin              | g of           |                                       | _           |
|     | violations, and enforcement of the conservation easements         | it holds?                               |                                       |                | Yes L                                 | No          |
| 6   | Staff and volunteer hours devoted to monitoring, inspecting,      |   | ~                                     | -              |                                       | _           |
| 7   | Amount of expenses incurred in monitoring, inspecting, and        |   |                                       | -              |                                       |             |
| 8   | Does each conservation easement reported on line 2(d) abor-       | -                                       | •                                     |                | ·· — –                                |             |
|     | and section 170(h)(4)(B)(ii)?                                     |   |                                       |                |                                       | l No        |
| 9   | In Part XIII, describe how the organization reports conservat     |   |                                       |                |                                       | I           |
|     | include, if applicable, the text of the footnote to the organiza  | ation's financia                        | I statements that descr               | ibes the org   | anization's accounting for            |             |
|     | conservation easements.   | -4 4 - 11:-4                            | · · · · · · · · · · · · · · · · · · · | 044            | Nacilar Araska                        |             |
| Pai | Organizations Maintaining Collections of                          |   |                                       | or Other a     | olmilar Assets.                       |             |
|     | Complete if the organization answered "Yes" to Form               |   |                                       |                |                                       | <del></del> |
| 1a  | If the organization elected, as permitted under SFAS 116 (A       | ••                                      | - · · · •                             |                |                                       | •           |
|     | historical treasures, or other similar assets held for public ex  |   | •                                     | inerance of    | public service, provide, in Pa        | n XIII,     |
|     | the text of the footnote to its financial statements that descr   |   |                                       |                |                                       |             |
| Ь   | If the organization elected, as permitted under SFAS 116 (A       | • | •                                     |                | · · · · · · · · · · · · · · · · · · · |             |
|     | treasures, or other similar assets held for public exhibition, e  | aducation, or n                         | esearch in furtherance                | of public ser  | vice, provide the following ar        | nounts      |
|     | relating to these items:  |   |                                       |                |                                       |             |
|     | (i) Revenues included in Form 990, Part VIII, line 1              |   |                                       |                | <b>\$</b>                             |             |
|     |   |   |                                       |                | <b>▶</b> \$                           |             |
| 2   | If the organization received or held works of art, historical tre |   |                                       | -              | orovide                               |             |
|     | the following amounts required to be reported under SFAS 1        |   |                                       |                | <b>.</b> .                            |             |
| a   | Revenues included in Form 990, Part VIII, line 1                  |   |                                       |                | 42                                    | 390.        |
| Ь   | Assets included in Form 990, Part X                               | • •                                     |                                       |                | ► \$42,                               | 370.        |

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Schedule D (Form 990) 2012

|             |  | MMUNITY CO             | LLEGE FOU              | NDATIO         | <u> </u>     | 93-               | 0777701 Page 2           |
|-------------|--|------------------------|------------------------|----------------|--------------|-------------------|--------------------------|
| Par         | t 排 Organizations Maintaining Co   | ollections of Art      | t, Historical Tr       | easures, c     | r Othe       | r Similar A       | ssets(continued)         |
| 3           | Using the organization's acquisition, accession                                    | n, and other records   | , check any of the     | following that | t are a si   | gnificant use o   | f its collection items   |
|             | (check all that apply):  |                        |                        | ,              |              | -                 |                          |
| а           | Public exhibition  | d                      | Loan or excl           | nange progra   | ıms          |                   |                          |
| ь           | Scholarly research   | e                      | Other                  |                |              |                   |                          |
| c           | Preservation for future generations  | •                      |                        |                |              |                   |                          |
| Α .         | Provide a description of the organization's coll                                   | lastione and evolain   | how they further th    | o organizatu   | an'a avar    | mnt numaca in     | Dort VIII                |
| 5           | During the year, did the organization solicit or                                   |                        | =                      | _              |              |                   | rait Aili.               |
| 3           |  |                        |                        |                | er Sirrillar | assers            | Yes No                   |
| n           | to be sold to raise funds rather than to be maintain.  Escrow and Custodial Arrang |                        |                        |                |              |                   |                          |
| rar         | Escrow and Custodial Arrang reported an amount on Form 990, Part                   |                        | te ir the organization | n answered     | Yes to       | rom 990, Part     | IV, line 9, or           |
|             |  |                        |                        |                |              | <del></del> -     |                          |
| 1a          | Is the organization an agent, trustee, custodia                                    | n or other intermedi   | ary for contribution   | s or other as  | sets not     | included          | — —                      |
|             | on Form 990, Part X?   |                        |                        | -              | -            |                   | Yes No                   |
| b           | If "Yes," explain the arrangement in Part XIII a                                   | nd complete the foll   | owing table:           |                |              |                   |                          |
|             |  |                        |                        |                |              |                   | Amount                   |
| C           | Beginning balance  |                        |                        |                |              | 1c                |                          |
| d           | Additions during the year  |                        |                        |                |              | 1d                |                          |
| е           | Distributions during the year  |                        |                        |                |              | .   1e            |                          |
| f           | Ending balance   |                        |                        |                |              | . 1f              |                          |
| 2a          | Did the organization include an amount on For                                      | rm 990, Part X, line 2 | 217                    |                |              |                   | Yes No                   |
|             | If "Yes," explain the arrangement in Part XIII.                                    |                        |                        | provided in 8  | art XIII     |                   |                          |
| Par         |  |                        |                        |                |              | 0.                | <u> </u>                 |
| L.O., A. J. |  | (a) Current year       | (b) Prior year         | (c) Two year   |              | (d) Three years t | oack (e) Four years back |
| 10          | Beginning of year balance  | 3,516,227.             | 3,546,882.             |                | 9,633.       | 2,467,3           |                          |
| I d         | Canadiana  |                        | <del></del>            |                | 3,055.       |                   |                          |
| b           | Contributions  | 41,485.                | 126,478.               |                |              | 73,7              | <del></del>              |
| C           | Net investment earnings, gains, and losses   | 695,324.               | <45,453.               |                | 3,055.       | 330,9             |                          |
| d           | Grants or scholarships   | 120,763.               | 30,261.                | 43             | L,481.       | 2,3               | 18,083.                  |
| е           | Other expenditures for facilities  |                        |                        |                |              |                   |                          |
|             | and programs   |                        |                        |                |              |                   |                          |
| f           | Administrative expenses  | 82,401.                | 81,419.                |                | 7,380.       | 80,0              | 70,569.                  |
| g           | End of year balance  | 4,049,872.             | 3,516,227.             | 3,540          | 5,882.       | 2,789,6           | 2,467,345.               |
| 2           | Provide the estimated percentage of the curre                                      |                        | (line 1g, column (a    | i)) held as:   |              |                   |                          |
| а           | Board designated or quasi-endowment  | 2.26                   | _%                     |                |              |                   |                          |
| b           | Permanent endowment ▶ 97.74  | %                      |                        |                |              |                   |                          |
| С           | Temporarily restricted endowment ▶   | <br>%                  |                        |                |              |                   |                          |
|             | The percentages in lines 2a, 2b, and 2c should                                     | d equal 100%.          |                        |                |              |                   |                          |
| 3a          | Are there endowment funds not in the posses  | sion of the organiza   | tion that are held a   | nd administe   | red for th   | ne organization   | 1                        |
|             | by:  |                        |                        |                |              |                   | Yes No                   |
|             | (i) unrelated organizations  |                        |                        |                |              |                   | 3a(i) X                  |
|             | (ii) related organizations   |                        |                        |                |              |                   | 3a(ii) X                 |
| b           | If "Yes" to 3a(ii), are the related organizations                                  |                        |                        |                | •            |                   | 3b                       |
| 4           | Describe in Part XIII the intended uses of the                                     | -                      |                        |                |              |                   | · · · ( OD )             |
| 1000        | t VI Land, Buildings, and Equipme  |                        |                        |                |              |                   |                          |
| Par         |  | <u> </u>               |                        |                |              |                   | T                        |
|             | Description of property  | (a) Cost or ot         |                        | or other       |              | ccumulated        | (d) Book value           |
|             |  | basis (investm         |                        | (other)        | aer          | oreciation        | 100 077                  |
| 1a          | Land   | 182,9                  | 7 / / •                |                |              |                   | 182,977.                 |
| b           | Buildings  |                        |                        |                |              |                   | <del></del>              |
| c           | Leasehold improvements   |                        |                        |                |              |                   |                          |
| d           | Equipment  |                        |                        | 0,657.         |              | 12,616.           |                          |
| е           | Other  |                        | 1                      | 1,957.         |              | 11,957.           |                          |
| Total       | . Add lines 1a through 1e. (Column (d) must eq                                     | ual Form 990, Part     | X, column (B), line 1  | 0(c).)         |              | ▶                 | 191,018.                 |

Schedule D (Form 990) 2012

2. FIN 48 (ASC 740) Footnote. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2012

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . .

861,564.

| Sche | . dule D (Form 990) 2012 ROGUE COMMUNITY COLLEGE FOU  | NDA   | TION                                    | 93-         | 0777701 Page <b>4</b>    |
|------|---|-------|---|-------------|--------------------------|
|      | t XI Reconciliation of Revenue per Audited Financial Statemer   |       |   |             |                          |
| 1    | Total revenue, gains, and other support per audited financial statements  |       |   | 1           | 1,481,933.               |
| 2    | Amounts included on line 1 but not on Form 990, Part VIII, line 12:   | •     | *** ***                                 |             | -                        |
| а    | Net unrealized gains on investments   | 2a    | 205,210.                                |             |                          |
| b    | Donated services and use of facilities  | 2b    | 18,000.                                 |             |                          |
| c    | Recoveries of prior year grants   | 2c    | · · · · · · · · · · · · · · · · · · ·   | [           |                          |
| d    | Other (Describe in Part XIII.)  | 2d    |   |             |                          |
| e    | Add lines 2a through 2d   |       | <u> </u>                                | 2e          | 223,210.                 |
| 3    | Subtract line 2e from line 1  | • ••  |   | 3           | 1,258,723.               |
| 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    | 47,459.                                 |             |                          |
| ь    | Other (Describe in Part XIII.)  | 4b    |   | <u> </u>    |                          |
| c    | And lines do and db   |       | l,                                      | 4c          | 47,459.                  |
| 5    | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)   |       |   | 5           | 1,306,182.               |
|      | TXII Reconciliation of Expenses per Audited Financial Stateme   | nts \ | With Expenses per                       |             | <del></del>              |
| 1    | Total expenses and losses per audited financial statements  |       | ,                                       | 1           | 1,132,427.               |
| 2    | Amounts included on line 1 but not on Form 990, Part IX, line 25:   |       | • |             |                          |
| _    | Donated services and use of facilities  | 2a    | 18,000.                                 |             |                          |
| ь    | Prior year adjustments  | 2b    | 20,000                                  |             |                          |
| -    | Other losses  | 2c    | -                                       |             |                          |
| d    | Other (Describe in Part XIII.)  | 2d    |   |             |                          |
| e    | Add lines 2a through 2d   |       |   | 2e          | 18,000.                  |
| 3    | Subtract line 2e from line 1  |       |   | 3           | 1,114,427.               |
| 4    | Amounts included on Form 990, Part IX, line 25, but not on line 1:  |       |   | -           | 2/11/12/0                |
| 7    | Investment expenses not included on Form 990, Part VIII, line 7b  | 4a    | 47,459.                                 |             |                          |
| Ь    | Ottor (December in December)  | 4b    | 1.7.336                                 | 1           |                          |
| _    | Add lines 4a and 4b   | +0    |   | 4c          | 47,460.                  |
| 5    | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  |       |   | 5           | 1,161,887.               |
|      | t XIII Supplemental Information   | -     |   | 1 5         | 1/101/007.               |
| Com  | olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p |       |   |             | 2b; Part V, line 4; Part |
| PAF  | TV, LINE 4: THE INCOME FROM THE PERMANENT   | LY    | RESTRICTED E                            | <u>:NDO</u> | WMENTS                   |
| IS   | RESTRICTED FOR SCHOLARSHIPS AND OTHER PROG  | RAM   | SUPPORT.                                |             |                          |
|      | OME TAX UNDER SECTION 501(C)(3) OF THE U.S  |       |   |             |                          |
|      | OITION, THE ORGANIZATION QUALIFIES FOR THE  |       | · · · · · · · · · · · · · · · · · · ·   |             |                          |
| DEI  | OUCTION UNDER SECTION 170(B)(1)(A)(VI) AND  | HAS   | BEEN CLASSI                             | FIE         | D AS AN                  |

ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(1) OF

Schedule D (Form 990) 2012

### **SCHEDULE G** (Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Department of the Treasury

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.

OMB No 1545-0047

| The first tevened derived                                  | Attach to Form 990 or Form 990-         | EZ. 🕨 🤅           | See se             | eparate instructions                  | j.       | 1 49                        | aperana                                 |
|--|---|-------------------|--------------------|---------------------------------------|----------|-----------------------------|---|
| Name of the organization                                   | COMMUNITY COLLEGE I                     | ZOI INI           | ייעכו              | TON                                   |          | Employer ide                | ntification number                      |
| Part I Fundraising Activities                              | Complete if the organization answ       |                   |                    |                                       |          |                             |   |
| required to complete this pa                               |   |                   |                    |                                       |          |                             |   |
| 1 Indicate whether the organization rai                    | · · · · · · · · · · · · · · · · · · ·   | -                 |                    |                                       |          |                             |   |
| a X Mail solicitations b X Internet and email solicitation |   |                   | -                  | overnment grants                      |          |                             |   |
| b A Internet and email solicitation c Phone solicitations  |   |                   | _                  | nment grants                          |          |                             |   |
| d X In-person solicitations                                | g L Specia                              | riunura           | using              | events                                |          |                             |   |
| 2 a Did the organization have a written                    | or oral agreement with any individua    | ıl (inclue        | dina a             | fficers, directors, trus              | stees    | or                          |   |
|  | Part VII) or entity in connection with  | •                 | _                  |                                       |          | X Yes                       | No                                      |
| b If "Yes," list the ten highest paid inc                  | -                                       |                   |                    | -                                     |          | ındraiser is to l           | be                                      |
| compensated at least \$5,000 by the                        | e organization.                         |                   |                    |                                       |          |                             |   |
|  | T                                       | T (iii)           | Did                | <u> </u>                              | 64.      | Amount paid                 |   |
| (i) Name and address of individual                         | (ii) Activity                           | l funda           | aiser 💮            | (iv) Gross receipts                   | to (o    | r retained by)              | (vi) Amount paid<br>to (or retained by) |
| or entity (fundraiser)                                     | (-,,                                    | or cor<br>contrib | trol of<br>utions? | from activity                         |          | undraiser<br>ed ın col. (i) | organization                            |
| THE ARMISTEAD GROUP - 907                                  | CONSULTING, ASSIST IN                   | Yes               | No                 |                                       |          |                             | <del></del>                             |
| ITERARY CIRCLE, LEXINGTON,                                 | PLANNING, DELIVERY AND                  | <u> </u>          | х                  | 66,656.                               | <u> </u> | 55,763.                     | 10,893.                                 |
| DEBORAH AMEEN - PO BOX 3219,                               | STRATEGIC ALIGNMENT AND                 | -                 |                    |                                       |          |                             |   |
| APPLEGATE, OR 97530  | IMPLEMENTATION REVIEW OF                | <del></del>       | X                  | 50,284.                               |          | 41,850.                     | 8,434.                                  |
|  |   |                   |                    |                                       |          |                             |   |
| · · · · · · · · · · · · · · · · · · ·                      | -                                       |                   | <u> </u>           |                                       | $\vdash$ |                             |   |
|  |   |                   |                    | }                                     |          |                             |   |
|  |   |                   |                    |                                       |          |                             |   |
|  |   |                   |                    |                                       |          |                             |   |
|  |   |                   |                    |                                       |          |                             |   |
|  |   | -                 |                    |                                       |          |                             |   |
|  |   |                   |                    |                                       |          |                             |   |
|  |   | +-                |                    |                                       | -        |                             |   |
|  |   |                   | 1                  |                                       |          |                             |   |
|  |   |                   |                    |                                       |          |                             |   |
|  |   |                   |                    |                                       |          |                             |   |
|  |   |                   |                    | 1                                     |          |                             |   |
|  | L                                       |                   | <u> </u>           |                                       | ├        |                             |   |
| Гоtal  |   |                   | •                  | 116 940.                              |          | 97 613.                     | 19,327.                                 |
| List all states in which the organization                  | on is registered or licensed to solicit | contrib           | outions            | · · · · · · · · · · · · · · · · · · · | Lditis   |                             |   |
| or licensing.  |   |                   |                    |                                       |          |                             | -g                                      |
| OR   |   |                   |                    |                                       |          |                             |   |
|  |   |                   | _                  |                                       |          |                             |   |
|  |   |                   |                    |                                       |          |                             |   |
|  |   |                   |                    |                                       |          | <del></del>                 |   |
|  | · ·-                                    |                   |                    |                                       |          |                             |   |
|  | <del></del>                             |                   |                    |                                       |          |                             |   |
|  |   |                   |                    |                                       |          |                             |   |
|  |   |                   |                    |                                       |          |                             |   |
|  |   |                   |                    |                                       |          |                             |   |

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Schedule G (Form 990 or 990-EZ) 2012

232081 01-07-13

| Sche<br><b>Pa</b> |          | le.G (Form 990 or 990-EZ) 2012 ROGUE C  Fundraising Events. Complete if the of fundraising event contributions and ground in the contributions. | e organization answered    | d "Yes" to Form 990, Part | IV, line 18, or reported |   |
|-------------------|----------|---|----------------------------|---------------------------|--------------------------|---|
|                   |          | or rotal assing event contributions and gre   | (a) Event #1               | (b) Event #2              | (c) Other events         | (d) Total events<br>(add col. (a) through |
| ٩                 |          |   | (event type)               | (event type)              | (total number)           | col. (c))                                 |
| Revenue           | 1        | Gross receipts  |                            |                           |                          |   |
| ,                 | 2        | Less: Contributions   |                            |                           |                          |   |
|                   | 3        | Gross income (line 1 minus line 2)  |                            |                           | <del> </del>             |   |
|                   | 4        | Cash prizes   |                            |                           | . <u> </u>               |   |
| <u>"</u>          | 5        | Noncash prizes  |                            |                           |                          |   |
| Direct Expenses   | 6        | Rent/facility costs   |                            |                           |                          |   |
| Direct E          | 7        | Food and beverages .  |                            |                           |                          | _   |
|                   | 8        | Entertainment   |                            |                           |                          |   |
|                   | 9        | Other direct expenses   | O in column (d)            |                           | <u> </u>                 | 1   |
|                   | 10<br>11 | Direct expense summary. Add lines 4 through Net income summary. Combine line 3, column  |                            |                           |                          |   |
| Pa                | rt       | Gaming. Complete if the organization a  | answered "Yes" to Form     | 990, Part IV, line 19, or | reported more than       |   |
|                   |          | \$15,000 on Form 990-EZ, line 6a.   | Γ                          | (b) Pull tabs/instant     |                          | (d) Total gaming (add                     |
| en u              |          |   | (a) Bingo                  | bingo/progressive bingo   | (c) Other gaming         | col. (a) through col. (c))                |
| Revenue           |          |   |                            |                           |                          |   |
| _                 | 1        | Gross revenue   |                            |                           |                          |   |
| Expenses          | 2        | Cash prizes   |                            |                           |                          |   |
| Expa              | 3        | Noncash prizes  |                            |                           |                          |   |
| Direct            | 4        | Rent/facility costs   |                            |                           |                          |   |
|                   | 5        | Other direct expenses   |                            |                           |                          |   |
|                   | 6        | Volunteer labor   | Yes % No                   | Yes % No                  | Yes % No                 |   |
|                   | 7        | Direct expense summary. Add lines 2 through   | n 5 in column (d)          |                           |                          |   |
|                   | 8        | Net gaming income summary. Combine line 1   | I, column d, and line 7    |                           | <b>_</b>                 | <u>l.</u>                                 |
|                   |          |   |                            |                           |                          |   |
|                   | ls       | ter the state(s) in which the organization opera<br>the organization licensed to operate gaming ac<br>'No,' explain:                            | ctivities in each of these |                           |                          | Yes No                                    |
|                   |          | ere any of the organization's gaming licenses re  | <u>=</u>                   |                           | year?                    | Yes No                                    |
|                   | _        |   |                            |                           |                          |   |
|                   |          |   |                            |                           | Schodulo G (Ed           | orm 990 or 990-EZ) 2012                   |
| 2320              | 82 C     | 01-07-13  |                            |                           | Schledule G (FC          | 000 OI 880*EZJ 201                        |

| <u>Sch</u>  | nedwie-G (Form 990 or 990-EZ) 2012 ROGUE COMMUNITY COLLEGE FOUNDATION 93-0171  | / U 1 Page 3   |
|-------------|--|----------------|
| 11          | Does the organization operate gaming activities with nonmembers?   | Yes 🔲 No       |
| 12          | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed               |                |
|             |  | Yes 🔲 No       |
| 13          | Indicate the percentage of gaming activity operated in:  |                |
|             | a The organization's facility  | %              |
|             | b An outside facility  | %              |
|             | Enter the name and address of the person who prepares the organization's gaming/special events books and records:                  |                |
| 14          | Effect the hattle and address of the person who prepares the organization's gaining special events books and records.              |                |
|             | Name   |                |
|             | Address  |                |
| 15a         | a Does the organization have a contract with a third party from whom the organization receives gaming revenue?                     | Yes No         |
| b           | b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount                                    |                |
|             | of garning revenue retained by the third party > \$  |                |
| c           | c If "Yes," enter name and address of the third party:   |                |
|             | Name ►   |                |
|             | Address ▶  |                |
| 40          |  |                |
| 16          | Gaming manager information:  |                |
|             | Name   |                |
|             | Gaming manager compensation ▶ \$   |                |
|             | Description of services provided ▶   |                |
|             | Description of services provided   | <del></del>    |
|             |  |                |
|             |  |                |
|             | Director/officer Employee Independent contractor   |                |
|             |  |                |
| 17          | Mandatory distributions:   |                |
| a           | a Is the organization required under state law to make charitable distributions from the gaming proceeds to                        |                |
|             |  | Yes 🔲 No       |
|             | b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the       |                |
| •           | organization's own exempt activities during the tax year > \$  |                |
| Ď.          | art IV  Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v | ) and Part III |
|             |  |                |
|             | lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see i       | nstructions).  |
| CC          | THEN THE CONDUCT TIME OF THEM OF MEN BICHECH DATA FINADATCEDC.   |                |
| <u>50</u>   | CHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:  |                |
|             |  |                |
|             |  |                |
| <i>/</i> T  | I) NAME OF FUNDRAISER: THE ARMISTEAD GROUP   |                |
| <u>(1</u>   | I) NAME OF FUNDRAISER: THE ARMISTEAD GROUP   |                |
| <i>,</i> т  | 1) ADDRESS OF FUNDRAISER: 907 LITERARY CIRCLE, LEXINGTON, KY 4051  | 3              |
| (1          | 1) ADDRESS OF FUNDRAISER: 907 BITERART CIRCLE, BERINGTON, RI 4051  | <u> </u>       |
| <i>/</i> T  | II) ACTIVITY: CONSULTING, ASSIST IN PLANNING, DELIVERY AND EXECUTI   | ON OF AL       |
| 77          | II) ACTIVITY: CONSULTING, ASSIST IN PLANNING, DELIVERY AND EXECUTI   | OH OF ALL      |
|             |  |                |
| _           |  |                |
| (1          | I) NAME OF FUNDRAISER: DEBORAH AMEEN   |                |
| / 1         | I) ADDRESS OF FUNDRAISER: PO BOX 3219, APPLEGATE, OR 97530   |                |
| <del></del> | II) ACTIVITY: STRATEGIC ALIGNMENT AND IMPLEMENTATION REVIEW OF THE   | CAPITAL        |
|             | 2083 01-07-13 Schedule G (Form 990 c   |                |
| اعت         | 27   | , 12           |

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

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

| 047              | •           |                      |
|------------------|-------------|----------------------|
| OMB No 1545-0047 | <b>)1</b> 2 | to Public<br>section |
| OMB N            | 7           | Open 1               |
|                  |             |                      |

**Employer identification number** 

Schedule I (Form 990) (2012) **≗** 93-0777701 (h) Purpose of grant IATERIALS/CLASSR ACADEMIC ENHANCEMENT or assistance X Yes 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 PROJECTS Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection non-cash assistance (g) Description of : TEMS (f) Method of valuation (book, FMV, appraisal, other) 26,785.PMV (e) Amount of non-cash assistance : Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 38,471, (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ROGUE COMMUNITY COLLEGE FOUNDATION (c) IRC section LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. if applicable Enter total number of other organizations listed in the line 1 table 115 93-0591783 General Information on Grants and Assistance (P) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government ROGUE COMMUNITY COLLEGE GRANTS PASS, OR 97527 3345 REDWOOD HIGHWAY Name of the organization Part Part #

Schedule I (Form 990) (2012) (f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) THE FUNDS INCLUDING REPORTING BUDGET AND OUTCOMES COMPARED WITH PROJECTIONS MUST CONFIRM RECEIPT OF THE IN-KIND ITEMS AND VERIFY USE AS REPORTED IN THE THE ORIGINAL GRANT APPLICATION. RECIPIENTS OF NON-CASH ASSISTANCE EACH RECEIPIENT OF A CASH GRANT FROM THE FOUNDATION IS REQUIRED TO FILE A LINE 2: THE ORGANIZATION'S PROCEDURES FOR MONITORING REPORT AT THE END OF THE GRANT PERIOD. THE REPORT MUST DETAIL THE USE OF ORIGINAL APPLICATION. THE REPORTS ARE REVIEWED BY THE PROJECTS GRANTS (d) Amount of non-cash assistance Ö 568 683 (c) Amount of cash grant 59 652 (b) Number of recipients THE USE OF GRANTS FUNDS ARE AS FOLLOWS: COMMITTEE OF THE BOARD OF DIRECTORS (a) Type of grant or assistance ı, PART SCHEDULE I, SHOWN IN SCHOLARSHIPS 232102 12-18-12 Part ₹V

Page 2

93-0777701

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.

ROGUE COMMUNITY COLLEGE FOUNDATION

Schedule I (Form 990) (2012)

Part III

### **SCHEDULE M** (Form 990)

Department of the Treasury Internal Revenue Service

### **Noncash Contributions**

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

ROGUE COMMUNITY COLLEGE FOUNDATION

**Employer identification number** 

|          | ROGUE COMMUN   | ITY CO                        | LLEGE FOU  | NDATION   |                 | 93-0777                                 | <u>701</u> |                         |
|----------|--|-------------------------------|--|---|-----------------|---|------------|-------------------------|
| Pa       | rt I Types of Property   |                               |  |   |                 |   |            |                         |
|          |  | (a)<br>Check if<br>applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g |                 | (d)<br>od of determin<br>contribution a |            | s                       |
| 1        | Art - Works of art   | X                             | 2  | 525.  | EXPERT (        | OPINION                                 | /FM        | $\overline{\mathbf{v}}$ |
| 2        | Art - Historical treasures   |                               |  |   |                 |   |            |                         |
| 3        | Art - Fractional Interests   |                               |  |   |                 |   |            |                         |
| 4        | Books and publications   |                               |  |   |                 |   |            |                         |
| 5        | Clothing and household goods   |                               |  |   |                 |   |            |                         |
| 6        | Cars and other vehicles  | X                             | 2  | 17,650.   | BLUE BO         | OK                                      |            |                         |
| 7        | Boats and planes   |                               |  |   |                 |   |            |                         |
| 8        | Intellectual property  |                               |  |   |                 |   |            |                         |
| 9        | Securities - Publicly traded   |                               |  |   |                 |   |            |                         |
| 10       | Securities - Closely held stock                                      |                               |  |   |                 |   |            |                         |
| 11       | Securities · Partnership, LLC, or                                    |                               |  |   |                 |   |            |                         |
|          | trust interests  |                               |  |   |                 |   |            |                         |
| 12       | Securities · Miscellaneous   |                               |  |   |                 |   |            |                         |
| 13       | Qualified conservation contribution ·                                |                               | 1  |   |                 |   |            |                         |
|          | Historic structures  |                               |  |   |                 |   |            |                         |
| 14       | Qualified conservation contribution - Other                          |                               |  |   |                 |   |            |                         |
| 15       | Real estate - Residential  |                               |  |   |                 |   |            |                         |
| 16       | Real estate - Commercial   |                               |  |   |                 |   |            |                         |
| 17       | Real estate · Other  |                               |  |   |                 |   | _          |                         |
| 18       | Collectibles   |                               |  |   |                 |   |            |                         |
| 19       | Food inventory   |                               |  |   |                 |   |            |                         |
| 20       | Drugs and medical supplies .   |                               |  |   |                 |   |            |                         |
| 21       | Taxidermy  |                               |  |   |                 | <del> </del>                            |            |                         |
| 22       | Historical artifacts   |                               |  |   |                 |   |            |                         |
| 23       | Scientific specimens   |                               | <del> </del>                                     |   |                 |   |            |                         |
| 24       | Archeological artifacts  | v                             | 12   | 0.610   | CTMITAR         | CATEC                                   |            |                         |
| 25       | Other (CLASSROOM ITE)  | Х                             | 12   | 8,010.  | SIMILAR         | SALES                                   |            |                         |
| 26       | Other ()   |                               |  |   |                 |   |            |                         |
| 27       | Other ()   |                               |  | <u> </u>  |                 |   |            |                         |
| 28<br>29 | Other ()   |                               | _ ^  |   | l               |   |            |                         |
| 29       | Number of Forms 8283 received by the organization completed Form 828 |                               | -  |   |                 |   |            |                         |
|          | for which the organization completed Form 620                        | 03, Fail IV,                  | Donee Acknowled                                  | gement [ 28   |                 | • •                                     | Yes        | No                      |
| 30-2     | During the year, did the organization receive by                     | v contributiv                 | on any property re-                              | norted in Part I. lines 1-28 th   | at it must hold | for                                     | 162        | 140                     |
| 004      | at least three years from the date of the initial                    | -                             | • • • • •  | · ·   |                 | F                                       |            |                         |
|          |  |                               |  |   | ipt puiposes i  | 30a                                     |            | х                       |
| h        | If "Yes," describe the arrangement in Part II.                       |                               |  |   |                 | 1000                                    |            | ····                    |
| 31       | Does the organization have a gift acceptance                         | oolicy that r                 | equires the review                               | of any non-standard contrib   | utions?         | 31                                      | Х          | İ                       |
|          | Does the organization hire or use third parties                      | -                             | •  |   |                 | ·                                       | <u> </u>   | <u> </u>                |
|          | contributions?   |                               |  | , p   |                 | 32a                                     |            | X                       |
| b        | if "Yes," describe in Part II.                                       |                               | · · · · · · · · · · · · · · · · · · ·            |   |                 |   |            |                         |
| 33       | If the organization did not report an amount in                      | column (c)                    | for a type of prope                              | rty for which column (a) is ch  | ecked,          |   |            |                         |
|          | describe in Part II.   |                               |  |   |                 |   |            | <u> </u>                |
| LHA      | For Paperwork Reduction Act Notice, see                              | the Instruc                   | tions for Form 99                                | 0.  | Sche            | dule M (Form                            | 990)       | (2012)                  |

| Schedule,M  |              |                                       |             | UE COMMU   |                                       |         |                      |                   |             |                 |                                    |                   | )7 <u>77701</u>             |                          |
|-------------|--------------|---------------------------------------|-------------|--|---------------------------------------|---------|----------------------|-------------------|-------------|-----------------|------------------------------------|-------------------|-----------------------------|--------------------------|
| Part II     | the orga     | anization is                          | reporti     | mation. Con<br>ng in Part I, col<br>or any additiona | lumn (b), t                           | he numb | provide<br>per of co | the informations, | tion rec    | quired<br>imber | by Part I, lines<br>of items recei | s 30b,<br>ved, or | 32b, and 33,<br>a combinati | and wheth<br>on of both. |
| SCHEDU      | LE M         | , PART                                | ı,          | COLUMN   | (B):                                  | THE     | ORG                  | ANIZAT            | ION         | IS              | REPORT                             | ING               | THE                         |                          |
| NUMBER      | OF (         | CONTRI                                | BUT         | ORS  |                                       |         |                      |                   |             |                 |                                    |                   |                             |                          |
|             |              |                                       |             |  |                                       |         |                      |                   |             |                 |                                    |                   |                             |                          |
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### SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

(Form 990 or 990-EZ)

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

Pepartment of the Treasury Internal Revenue Service

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

ROGUE COMMUNITY COLLEGE FOUNDATION

Employer identification number 93-0777701

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OPPORTUNITIES, SOLICITING AND DEVELOPING GRANTS AND GIFTS, INVESTING

AND MANAGING FUNDS, AND ACQUIRING AND DISPOSING OF REAL AND PERSONAL

PROPERTY ON BEHALF OF ROGUE COMMUNITY COLLEGE. THESE FUNDS ARE USED TO

PROVIDE EDUCATIONAL OPPORTUNITIES FOR STUDENT SUCCESS, SUPPORT FOR

COLLEGE PROGRAMS, FACULTY ADVANCEMENT, INSTRUCTIONAL ENHANCEMENT,

CAMPUS DEVELOPMENT AND COMMUNITY ENRICHMENT. THE FOUNDATION ALSO SERVES

AS A CITIZEN ADVISORY GROUP TO THE BOARD OF EDUCATION OF THE ROGUE

COMMUNITY COLLEGE DISTRICT.

FORM 990, PART V, LINE 2A & FORM 990, PART IX, LINE 24A:

PER THE MEMORANDUM OF UNDERSTANDING BETWEEN ROGUE COMMUNITY COLLEGE AND

THE FOUNDATION DATED DECEMBER 14, 2010, THE COLLEGE PROVIDES THE

FOUNDATION WITH ALL PERSONNEL INCLUDING THE EXECUTIVE DIRECTOR AND THE

FOUNDATION REIMBURSES THE COLLEGE FOR 50% OF THE TOTAL COST OF THE

FULL-TIME EMPLOYEES.

FORM 990, PART VI, SECTION B, LINE 11: THE FINANCE COMMITTEE REVIEWS THE FORM 990 AND RECOMMENDS IT FOR ACCEPTANCE TO THE BOARD OF DIRECTORS. THE FORM 990 IS THEN PRESENTED TO THE BOARD FOR REVIEW AND ACCEPTANCE.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY AND BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANY CONFLICTS OF INTEREST ON AN ANNUAL BASIS. BOARD MEMBERS ARE OCCASSIONALLY REMINDED OF THEIR RESPONSIBILITY TO DECLARE CONFLICT WHEN IT EXISTS.

| Schedule, O (Form 990 or 990-EZ) (2012)                     | Page 2                                    |
|---|---|
| Name of the organization ROGUE COMMUNITY COLLEGE FOUNDATION | Employer identification number 93-0777701 |
| FORM 990, PART VI, SECTION B, LINE 15: THE PROCESS FOR DE   | TERMINING THE                             |
| EXECUTIVE DIRECTOR'S SALARY STARTS WITH A REVIEW BY THE E   | XECUTIVE                                  |
| COMMITTEE. THE EXECUTIVE COMMITTEE THEN MEETS IN A CLOSED   | EXECUTIVE                                 |
| SESSION, USING COMPARABILITY DATA RECEIVED FROM THE COLLE   | GE AND OTHER                              |
| NONPROFIT AND COMMUNITY COLLEGE SURVEYS, TO DETERMINE THE   | EXECUTIVE                                 |
| DIRECTOR'S COMPENSATION FOR THE YEAR.                       |   |
| FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCU   | MENTS, CONFLICT                           |
| OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABL   | E TO THE PUBLIC                           |
| UPON REQUEST.   |   |
|   |   |
| FORM 990, PART XII, LINE 2C                                 |   |
| THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.           |   |
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Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Name of the organization

### Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. Related Organizations and Unrelated Partnerships

ROGUE COMMUNITY COLLEGE FOUNDATION

2012 · Open to Public. Inspection

OMB No 1545-0047

Employer identification number 93-0777701

| Tind.                                     | Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) | e if the organization answered "Yes"  | to Form 990, Part IV, line 33   | •                             |                                       |                               |   |          |
|---|---|---------------------------------------|---|-------------------------------|---------------------------------------|-------------------------------|---|----------|
|   | (a) Name, address, and EIN (if applicable) of disregarded entity  | (b)<br>Primary activity               | (c)<br>Legal domicile (state or<br>foreign country)   | (d) Total income              | (e) End-of-year assets                |                               | (f) Direct controlling entity               |          |
|   |   |                                       |   |                               |                                       |                               |   |          |
|   |   |                                       |   |                               |                                       |                               |   |          |
|   |   |                                       |   |                               |                                       |                               |   |          |
|   |   |                                       |   |                               |                                       |                               |   |          |
| Part III                                  | Identification of Related Tax-Exempt Organizations (Complete if organizations during the tax year.)                 | tions (Complete if the organization a | the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt | Part IV, line 34 be           | cause it had one                      | or more related tax-exer      | mpt   |          |
|   | (a) Name, address, and EIN of related organization  | (b)<br>Primary activity               | (c) Legal domicile (state or foreign country)   | (d)<br>Exempt Code<br>section | (e) Public charity status (if section | (f) Direct controlling entity | Section 512(b)(13)<br>controlled<br>entity? | 2(b)(13) |
|   |   |                                       |   |                               | 501(c)(3))                            |                               | Yes   | Š        |
| ROGUE COMMU<br>3345 REDWOO<br>GRANTS PASS | ROGUE COMMUNITY COLLEGE - 93-0591783<br>3345 REDWOOD HWY<br>GRANTS PASS OR 97527-9298                               | COMMUNITY COLLEGE                     | ОКЕВОМ  | 115                           | W/A                                   | A/N                           |   | ×        |
|   |   |                                       |   |                               |                                       |                               |   |          |
|   |   |                                       |   |                               |                                       |                               |   |          |
|   |   |                                       |   |                               |                                       |                               |   |          |

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

Schedule R (Form 990) 2012

93-0777701 Page 2

Schedule R (Form 990) 2012 ROGUE COMMUNITY COLLEGE FOUNDATION

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

General or Percentage managing ownership partner? Section 512(b)(13) controlled entity? Schedule R (Form 990) 2012 Yes 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.) 3 Percentage ownership Ξ Code V-UBI amount in box 720 of Schedule K-1 (Form 1065) Share of end-of-year assets ate allocations? Disproportion-Yes No Ξ Share of total income Share of end-of-year assets 9 Type of entity (C corp, S corp, or trust) Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> Legal domicile (state or foreign country) 35 Û Direct controlling entity ত্ত Primary activity (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization Ē 232162 12-10-12 Part IV

Page 3

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# Schedule R (Form 990) 2012 ROGUE COMMUNITY COLLEGE FOUNDATION

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Schedule R (Form 990) 2012 Yes × × 19 Ε 5 (d)
Method of determining amount involved 4 4 ē 4 7 9 ¥ 19 ŧ ¥ ٥ ÷ 2 = 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 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? 100,554.FMV 65,256.FMV 139,974. FMV 62,770.FMV (c) Amount involved (b)
Transaction type (a-s) 36 1 Performance of services or membership or fundraising solicitations for related organization(s) 0 ф m Performance of services or membership or fundraising solicitations by related organization(s) Д O : n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity k Lease of facilities, equipment, or other assets from related organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Lease of facilities, equipment, or other assets to related organization(s) r Other transfer of cash or property to related organization(s) .... s Other transfer of cash or property from related organization(s) c Gift, grant, or capital contribution from related organization(s) Reimbursement paid by related organization(s) for expenses Reimbursement paid to related organization(s) for expenses Gift, grant, or capital contribution to related organization(s) d Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) (a)
Name of other organization e Loans or loan guarantees by related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) (1) ROGUE COMMUNITY COLLEGE (2) ROGUE COMMUNITY COLLEGE (3) ROGUE COMMUNITY COLLEGE (4) ROGUE COMMUNITY COLLEGE Sale of assets to related organization(s) Dividends from related organization(s) 232163 12-10-12 9 匈

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Page 4

# Schedule R (Form 990) 2012 ROGUE COMMUNITY COLLEGE FOUNDATION

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

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

| נוומן אימא ווטו מ ויסומטע אימי אימי אימי אימי אימי אימי אימי אימ | nove filliprofile |                   |                                | ;                                    | \$     |                         | 1                                     |  |                               |                            |
|--|-------------------|-------------------|--------------------------------|--------------------------------------|--------|-------------------------|---------------------------------------|--|-------------------------------|----------------------------|
| (8)  | (a)               | <u>:</u><br>: (2) | 6                              | \$ <b>9</b>                          |        | 69 (                    |                                       | (A)  | 3                             | 3                          |
| Name, address, and EIN<br>of entity                              | Primary activity  | 흜흦                | (related, unrelated, 501(c)(3) | partners sec.<br>501(c)(3)<br>orgs.? |        | Share of<br>end-of-year | Ukspropor-<br>tionate<br>allocations? | Uspropor Code V-UBI General or Percentage forth amount in box 20 managing ownership allocators? of Schedule K-1 partner? | General<br>managin<br>partner | orPercentage<br>gownership |
|  |                   | country)          | under section 512-514)         | res No                               | income | assets                  | Yes No                                | (Form 1065)  | Yes                           |                            |
|  |                   |                   |                                |                                      |        |                         |                                       |  |                               |                            |
|  |                   |                   |                                |                                      |        |                         |                                       |  |                               |                            |
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|  |                   |                   |                                |                                      |        |                         |                                       |  |                               |                            |
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