

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



**Return of Organization Exempt From Income Tax** 

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For the	2012 calen	dar ve	ar, or ta	x year be	innina	7/01	. 20	12, and endin	a 6/	′30		, 2013	
	Check if a		C	, _ , - , - , - , - , - , - , - , - , -		9	., -, -	,	, 2	3 0/			tification Number	
		ess change	coc	C FOU	NDATTO	N, INC.					1	6041		
	$\vdash$	change				GE WAY					E Teleph			
	$\vdash$	return			97701						(54	1) 3	83-7225	
	Termi	inated									\(\frac{1}{3}\)	<del>+/ J</del>	03 7223	
	H	ided return									G Gross	receints	\$ 3,593,9	913
	H	cation pending	F Na	ame and ad	dress of princ	ipal officer		-	<del></del>	H(a) Is this	a group retu			XIN.
					C ABOVI					H(b) Are a	I affiliates inc	luded?	∏ <sub>Yes</sub>	No
1	Tax-exe	mpt status		11(c)(3)	501(c)		(insert no.)	4947(a)(1	1) or 527	If 'No,	' attach a list	(see ins	structions)	_
J	Webs	<del></del>		.(0)(0)	50.(0)		(modify many	1 10 11 (10 // 10	./ -/	H(c) Group	exemption n	umber •	•	
K		organization		orporation	Trust	Associati	on Other		L Year of Forma				legal domicile OR	
		Summar			<u> </u>				1		, <u> </u>	-		
ت ا	1 Br	refly descri	be the	organiz	ation's mi	ssion or m	ost significar	t activities.	THE CENT	RAL OF	REGON C	OMMU	JNITY COLLE	GE
a	F	OUNDATI	ON I	PROVID	ES FUN	DS AND	FOSTERS	RELATIO	NSHIPS TO	SUPP	ORT ST	JDEN'	TS, PROGRAM	MS,
ž.		ND CAPI												
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ফ Governance									disposed of mo	ore than a	25% of its		sets.	
							dy (Part VI, I governing bo		lino 1b)	•	•	3 4		16
es U					-		ar year 2012			• •		5		16 2
⊌ ⊿ ∠∪।∜∙ Activities & G		otal number								,	• •	6	<del></del>	280
∌ હ	1						, column (C)	, line 12				7 a		0.
	b Ne	et unrelated	l busir	ness taxa	able incon	ne from Fo	rm 990-T, lın	e 34				7 b		0.
										1	Prior Year		Current Yea	ar
	1	ontributions				•		•			3,122,0		1,074,	
Ž Ž		rogram serv		-					•	·	182,		207,2	
Revenue				•			3, 4, and 7d		•	L	155,2	263.	2,312,	<u>560.</u>
							d, 8c, 9c, 10d		\		2 450 /	117	2 502	<del>717</del>
Revenue		<del></del>					qual Part VII		), line 12)	<del></del>	3,459,9	<u> </u>	3,593,	913.
9							nn (A), lines in (A), line 4			<u> </u>				
							ts (Part IX, c		nec 5.10\	-	220 (	172	220	661
es	15 S								1165 3-10).	-	330,0	112.	328,	001.
Expenses	16a Pi			_	•		(A), line 11e)							——
X	b To						), line 25) 🟲		242,633.	·				
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	18 To	otal expense	es Ac	id lines 1	13-17 (mu	st equal Pa	art IX, colum	(A) hhe 2	0		2,037,	ightarrow	1,580,	
<del>- x 2</del> :	ייו בון	evenue less	expe	nses Su	btract line	18 from l	ille iz ,	•	- S		1,422,		2,013,	
e Xe			<b>-</b>		<b>~</b> \		စ္က	NOV 2 7	2013		ing of Curre		End of Year	
Assets of Balances	20 To	otal assets	-		•						5,150,4		17,087,	
For		otal liabilitie	s (Pa	rt A, ime	20)		law	MODER	n n 1177	<b>∖</b>	280,0		203,	
	22 No	et assets or	fund	balances	Subtrac	t line 21 fr	om line 20 (		0,00	1٠ ال	4,870,3	<u>370. [</u>	16,883,	<u>957.</u>
		Signatur						· · · · · · · · · · · · · · · · · · ·						
Unde com <sub>f</sub>	er penalties olete Decla	of perjury, I de aration of prepa	eclare th irer (oth	at I have ex er than office.	xamined this ser) is based	return, includii on all informa	ng accompanying tion of which prej	schedules and s arer has any kn	statements, and to owledge	the best of r	my knowledge	and beli	ief, it is true, correct, a	and
				//	Fr						11/	15/17	3	
Sig	ın	Signatu	re of off	ficer	Tim b	Jeaver				D	ate	(1 -	<u> </u>	
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						701-290		··			Phone no	(54:		<del></del> _
May	the IRS	discuss th	ıs reti				above? (see	instructions)			<u> </u>		TV Van	No
BA	A For Pa	aperwork R	educt	ion Act	Notice, se	e the sepa	rate instruct	ions.	TEE	A0113L 12	2/18/12		Form 990	(2012)

Forn	990 (2012) COCC FOUNDATIO	ON, INC.	93-6041247	Page 2
Pai	t III Statement of Program	Service Accomplishments		
		s a response to any question in this Part III	<del></del>	
1	Briefly describe the organization's m		EG FUNDS AND GOGGERS	
		MUNITY COLLEGE FOUNDATION PROVID RT STUDENTS, PROGRAMS, AND CAPIT		
	RELIATIONSHIPS TO SUPPO	KI STODENTS, FROGRAMS, AND CAPIT	AL IMPROVEMENTS.	
2	Did the organization undertake any sigi	nificant program services during the year which were no	ot listed on the prior	<del></del>
	Form 990 or 990-EZ? .		Yes	X No
	If 'Yes,' describe these new services		_	_
3	_	ng, or make significant changes in how it conducts,	any program services? Yes	X No
	If 'Yes,' describe these changes on S			
4	Section 501(c)(3) and 501(c)(4) organization section 501(c)(3) and 501(c)(4) organizations, the total expenses, and reve	n service accomplishments for each of its three large zations and section 4947(a)(1) trusts are required to rep enue, if any, for each program service reported	est program services, as measured by oort the amount of grants and allocations	expenses to
4 a	(Code ) (Expenses \$	953,876. including grants of \$	) (Revenue \$	)
		OVER 500 SCHOLARSHIPS TO COCC S		
		S WERE AWARDED BASED UPON FINANC		
		DIRECTION AND PURPOSE. STATISTIC		
		S TAKE MORE CLASSES, MAINTAIN HI		
		HE GENERAL COHORT. FUNDS FOR SCH , NAMED SCHOLARSHIPS GIVEN BY IN		
	ANNUAL FUNDRAISING.	, NAMED SCHOLARSHIPS GIVEN BI IN	DIVIDUALS AND BUSINESSES	, AND
	ANNOAL PONDRAISING.			
			<del></del>	
4 b	(Code:) (Expenses \$	104,830. including grants of \$	) (Revenue \$	)
		- INCLUDES THE NANCY R. CHANDLE		
		MS_SUCH_AS_THE_LIBRARY,_COMMUNIT AND OTHER FOUNDATION PROGRAMS.	Y OPPORTUNITY, CULINARY,	- TINE
	AKIS, MAIH DEPAKIMENI	AND OTHER FOUNDATION FROGRAMS.		
				. <b></b> _
	(Code)	OF 700 molud as seed 6	) (Payanus É	
40	(Code: ) (Expenses \$)	95,788. including grants of \$ IGN - THROUGH SUPPORT PROVIDED B	) (Revenue \$	·mv
		E CULINARY FACILITY WAS BUILT IN		
		IS FACILITY ALLOWED THE CULINARY		Y GROW
		NTS THAT CAN ATTEND, GREATLY EXP.		
	PROVIDE MORE CLASSES FO			. =====================================
				. <b></b>
				<b></b>
	Other program services (Describe in	Schedule O)		
	(Expenses \$	including grants of \$	) (Revenue \$	)
4 e	Total program service expenses ▶	1,154,494.		
BAA		TEEA0102L 08/08/12	For	m <b>990</b> (2012)

Form 990 (2012) COCC FOUNDATION, INC.
Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
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
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7	_	х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	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? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or $X$ as applicable			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
	<b>b</b> Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		X
	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25° If 'Yes,' complete Schedule D, Part X	11 e		X
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	Х	
	<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20_		Х
	<b>b</b> If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20 b		

Fọri	m 990 (2012) COCC FOUNDATION, INC. 93-	-6041247		P	age 4
Ŗâ	的文章 Checklist of Required Schedules (continued)				
				Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	[.	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III		22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's currer and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> .	1	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d complete Schedule K. If 'No,'go to line 25		24a		Х
	<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .		24b		
1	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	[	24d		
25	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction will disqualified person during the year? If 'Yes,' complete Schedule L, Part I	th a	25a		Х
	<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	1	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, Pa	rt II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III		27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).				
	<b>a</b> A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	·	28a		X
	<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		28b		х
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV		28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	. [	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified consecontributions? If 'Yes,' complete Schedule M	ervation	30		Х
31		rt i [	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II		32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I		33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, I and V, line 1	v,	34	Х	
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a		X
	<b>b</b> If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controll entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	ed	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2		36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	ıs	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .	. [	38	Х	

BAA

For	m 990 (2012) COCC FOUNDATION, INC. 93-604124	7	Р	age !
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . Lal 19			
	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1 c	X	
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-	1 1		
	ments, filed for the calendar year ending with or within the year covered by this return  2			
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 Ь	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
	<b>b</b> If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule O</i> .	3 b		
4	a 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)?	4 a		Х
	b If 'Yes,' enter the name of the foreign country:	40		
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
_	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
		5 c		
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	30		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
		- 6a		
	<b>b</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?	7 a	X	
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	Х	
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
	Form 8282?	7с		X
	d If 'Yes,' indicate the number of Forms 8282 filed during the year			
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			
	as required?	7 g		
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a		х	
	Form 1098-C?	7 h	_^	
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		
9	Sponsoring organizations maintaining donor advised funds.			
	a Did the organization make any taxable distributions under section 4966?	9 a		
	b Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12	i l		
	<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	.		
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders	i		
	<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources		İ	
	against amounts due or received from them.).	<u>                                     </u>		
12	a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	, 7		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O	Ī	- 1	
	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans .   13b		;	

**c** Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

14a

14b

BAA

X

Form **990** (2012)

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

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

Se	ction A. Governing Body and Management		_	
			Yes	No
1	a 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.			
	<b>b</b> Enter the number of voting members included in line 1a, above, who are independent 1b 16			
2		2		X
3		<u> </u>		
Ŭ	of officers, directors or trustees, or key employees to a management company or other person?	3	l	Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7 a		Х
	<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.			
	a The governing body?	8 a	X	
	<b>b</b> Each committee with authority to act on behalf of the governing body?	8 b	Х	
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		Х
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue (	<u>Code.</u>		
			Yes	No
10	a Did the organization have local chapters, branches, or affiliates?	10 a		Х
	<b>b</b> If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
11	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	X	
	<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O			
12	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х	
	<b>b</b> Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done  SEE SCHEDULE 0	12 c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	a The organization's CEO, Executive Director, or top management official SEE SCHEDULE 0	15a	Х	
	<b>b</b> Other officers of key employees of the organization	15 b		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		X
	<b>b</b> If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the	16 h		
22	organization's exempt status with respect to such arrangements?  Ction C. Disclosure	16 b		L
	List the states with which a copy of this Form 990 is required to be filed OR			
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) at	 vailabl	e for	
10	inspection Indicate how you make these available Check all that apply.  Own website  Another's website  X Upon request  Other (explain in Schedule O)	ranabl	e 101	Public
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements avail the public during the tax year SEE SCHEDULE O	able to		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization			
	JIM WEAVER 2600 N.W. COLLEGE WAY BEND OR 97701 (541) 383-7225			

TEEA0106L 08/08/12

	•				
Form	990	(2012)	COCC	FOUNDATION.	INC.

93-6041247

Page 7

# 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.

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any See instructions for definition of 'key employee'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization n	or any rela	ted or	ganı	zatio	n co	mpens	atec	d any current officer, di	rector, or trustee.	
				(0	;)					
(A) Name and Title	(B) Average hours per	ſ		o not iless j id a d	check perso irecto	more to n is both or/trustee	ſ	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation
	hours per week (list any hours for related organiza tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) SEE ATTACHED TRUSTEES	2	ļ <u></u>								•
(2) JIM WEAVER EXECUTIVE DIREC	0 - 40 0	X		Х				0.	79,187.	0.
(3)										
(4)										
(5)										<del></del>
(6)	<del> </del>									
<u>(n</u>										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										· <del></del>

Form 990 (2012) COCC FOUNDATION, INC.			_						93-604124	
Part VII   Section A. Officers, Directors, Trus	Part VII   Section A. Officers, Directors, Trustees, Key Employees, an (B) (C)									
(A)	Average hours						one	(D)	(E)	<b>(F)</b>
Name and title	per week	offic	er a	nd a d	direct	or/trus	tee)	Reportable compensation from the organization (W-2/1099-M/SC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation
	hours for related	Individual trustee or director	nstitutional trustee	Officer	key employee	Highest co	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related
	organiza - tions below	al trus	nal tr		oloyee	compe				organizations
	dotted line)	ee	stee			Highest compensated employee				
(15)										
(16)					-				<u> </u>	
(17)		-					L			
(18)		-		-						
(19)		-			 				<del></del>	
(20)										
(21)							_	,		
(22)		-			_					
(23)					-		-			
(24)							_			
(25)		-								
1 b Sub-total					<u> </u>	<u> </u>	<b>&gt;</b>	0.	79,187.	0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)	1 A			,			•	0.	0. 79,187.	0.
2 Total number of individuals (including but not limited to from the organization ▶ 0	those I	sted	abo	ve) v	who	recen	ved			
									<del></del>	Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such	r or trus <i>individu</i>	itee, al	key	em;	ploy	ee, c	or h	ighest compensat ·	ed employee	3 X
4 For any individual listed on line 1a, is the sum of r the organization and related organizations greater such individual	eportabl than \$1	e co 50,00	mpe 00?	nsa If 'Y	tion ∕es'	and comp	oth o <i>let</i>	er compensation e Schedule J for	from 	4 X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,'	compen comple	satio te Sc	n fre	om a dule	any <i>J fo</i>	unre r suc	late :h p	ed organization or erson .	individual	5 X
Section B. Independent Contractors  1 Complete this table for your five highest compensations.	ated inde	epen	dent	t cor	ntra	ctors	tha	it received more t	han \$100,000 of	
compensation from the organization. Report compensation (A)  Name and business addre		the ca	alen	dar <u>y</u>	year	enair	ng v	Description of		(C) Compensation
rvaine and business addre			_					Description	or services	Compensation
2 Total number of independent contractors (including but		ted to	tho	se l	ıstec	abov	ve)	Mho received more	than	
\$100,000 in compensation from the organization	0									Farm 000 (2012)

Pai	rt V	III Statement of Rev				<del></del>	<del></del>	<u> </u>	- age 3
1		Check if Schedule O		a resno	onse to any questi	on in this Part VIII			
	-	Check if Concount C	contains	u respe	onse to any questi	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
N S	1:	a Federated campaigns		1 a				<del></del>	
850		<b>b</b> Membership dues		1 b					
₹AN	,	c Fundraising events		1 c		1	ĺ		
₽ ₹	,	d Related organizations		1 d			]		j
S S	,	e Government grants (contribution	ons).	1 e					
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	,	f All other contributions, gifts, g similar amounts not included a g Noncash contributions included		1 f	1,074,129.				
ე ⋖		h Total. Add lines 1a-1f	- ,,,u	·· • • -	<b>•</b>	1,074,129.			<u> </u>
팔	_			Ť	Business Code	1,013,123.			<del> </del>
EYE	2	PROGRAM INCOME			<del></del>	160,200.	160,200.		
3	1	OTHER INCOME				47,024.	47,024.		
≅	,	C						<del></del>	
SEI	,	d							
RAM	١,	e							ļ
00	, 1	f All other program service	e revenu	e					
8	_	g Total. Add lines 2a-2f			•	207,224.			
	3	Investment income (incl	udıng dıv	idends	, interest and				
		other similar amounts).			•	2,312,560.	2,312,560.	<del> </del>	\
	4	Income from investment	t of tax-e	xempt		L		<del></del>	
	5	Royalties			<b>▶</b>				
			(i) R	eai	(ii) Personal		1		ł
		a Gross rents			<u> </u>				
		b Less: rental expenses			<del> </del>				
		c Rental income or (loss)							
		d Net rental income or (lo آ	(i) Secu	rities	(ii) Other				<del>                                     </del>
	7	a Gross amount from sales of assets other than inventory	(1) 3000		(ii) Other				
	,	b Less: cost or other basis and sales expenses.							
	١,	c Gain or (loss)							
	,	d Net gain or (loss)							
OTHER REVENUE	8 :	a Gross income from fund (not including \$ of contributions reported	_						
3		See Part IV, line 18		a					
띪	ı	b Less. direct expenses		. b					ĺ
9		Net income or (loss) from	m fundra	ising ev	vents.		[		
		a Gross income from gam See Part IV, line 19							
	1	Less: direct expenses		b					
	•	Net income or (loss) from	m gamını	g activi	ties 🟲				
	10:	a Gross sales of inventory and allowances	, less ret	urns <b>a</b>					
	- 1	Less: cost of goods sold		b					
		Net income or (loss) from	m sales o	of inver					
		Miscellaneous Revenu	е		Business Code				
	11 a	·						<del>-</del>	
	ı	b _ <b></b>							
	(								ļ
		d All other revenue.  • Total Add lines 11a-11c	ı	Ĺ					<del></del>

2,519,784

0.

# Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

	Check it Schedule O contains a l			<u> </u>	
Do 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21.				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	79,187.	19,797.	19,797.	39,593.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.1	0.	0.
7	Other salaries and wages	246,228.	62,181.	108,631.	75,416.
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	240,220.	02,101.	100,031.	737410.
9	Other employee benefits				
10	Payroll taxes	3,246.	1,786.	162.	1,298.
11	Fees for services (non-employees):				
	Management				
	Legal .	1,067.		533.	534.
	: Accounting	3,505.		1,753.	1,752.
	d Lobbying	5/555.			<u> </u>
	e Professional fundraising services. See Part IV, line 17	· <u> </u>			<del></del>
	Investment management fees				
ģ	J Other. (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch 0) Advertising and promotion				
13	Office expenses		· <del></del>		· · · · · · · · · · · · · · · · · · ·
14	Information technology				
15	Royalties				
16	Occupancy	724.		724.	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	1,219.		1,219.	
21	-				
22	Depreciation, depletion, and amortization	2,168.		1,084.	1,084.
_	Insurance .  Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).		3		
;	SCHOLARSHIPS	1,049,662.	1,049,662.		
	DIRECT FUNDRAISING EXPENSES	84,309.	2,010,002.		84,309.
	PROGRAM	19,547.	19,547.		04,505.
	CONTRACT SERVICES	19,054.	10,041.	9,527.	9,527.
	All other expenses	70,410.	1,521.	39,769.	29,120.
	Total functional expenses. Add lines 1 through 24e	1,580,326.	1,154,494.	183,199.	242,633.
	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)	2,500,520.	2,202,351.	200/2001	2.127,000.

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (B) End of year (A) Beginning of year Cash - non-interest-bearing 142,898 1 41,914. Savings and temporary cash investments 2 2 1,157,779 1,229,645. Pledges and grants receivable, net 3 630,381 670,361. 4 Accounts receivable, net Loans and other receivables from current and former officers, directors trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 employers and sponsoring organizations of section 501(c)(9) voluntary employees' 6 beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges. 1,680 10a Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D 10a 25.217 10 c 3,971. b Less, accumulated depreciation 10b 21,246 424,969 11 Investments - publicly traded securities 11,100,885 14,407,881. 12 Investments - other securities See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 1,691,863 733,562. 16 Total assets. Add lines 1 through 15 (must equal line 34) 15,150,455. 087,334. Accounts payable and accrued expenses 14,785 17 17 9.022 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 265,300 194,355 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 280,085 203,377. X and complete Organizations that follow SFAS 117 (ASC 958), check here > lines 27 through 29, and lines 33 and 34. 1,597,594 27 Unrestricted net assets . 1,644,847. 28 28 Temporarily restricted net assets 6,205,618 8,026,523. 29 Permanently restricted net assets 7.067.158 29 7.212.587 R Organizations that do not follow SFAS 117 (ASC 958), check here

BAA

30

32

33

and complete lines 30 through 34.

Total net assets or fund balances

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

16,883,957.

30

31 32

33

14,870,370

15,150,455

FORM 990 (2012) COCC FOUNDATION, INC.	93-	604124	1	Pa	ige 12
Part XI Reconciliation of Net Assets	-				
Check if Schedule O contains a response to any question in this Part XI					
1 Total revenue (must equal Part VIII, column (A), line 12) .		1	3,5	93,9	€ 13.
2 Total expenses (must equal Part IX, column (A), line 25)		2	1,5	80,3	326.
3 Revenue less expenses Subtract line 2 from line 1		3	2,0	13,5	587.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		4	14,8		
5 Net unrealized gains (losses) on investments		5			
6 Donated services and use of facilities		6	_		
7 Investment expenses	•	7			
8 Prior period adjustments		8			
9 Other changes in net assets or fund balances (explain in Schedule O).		9			0.
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		1.0	46.0		
column (B))	<del></del>	10	16,8	83,5	<del>35 / .</del>
Part XII Financial Statements and Reporting					_
Check if Schedule O contains a response to any question in this Part XII					
				Yes	No
1 Accounting method used to prepare the Form 990. Cash X Accrual Other			1		l
If the organization changed its method of accounting from a prior year or checked 'Other,' explain Schedule O	aın				
2 a Were the organization's financial statements compiled or reviewed by an independent accounta	int?		2a		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were comp separate basis, consolidated basis, or both.	iled or reviewe	ed on a			
Separate basis Consolidated basis Both consolidated and separate basis					
<b>b</b> Were the organization's financial statements audited by an independent accountant? .			2 b	Х	
If 'Yes,' check a box below to indicate whether the financial statements for the year were audite basis, consolidated basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis	ed on a separa	ite			
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversit review, or compilation of its financial statements and selection of an independent accountant?	ght of the audit,		2 c	Х	
If the organization changed either its oversight process or selection process during the tax year in Schedule O					 
3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth Audit Act and OMB Circular A-133?	in the Single .		3 a		х
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	he required aud	ıt .	3 b		
BAA			Form	990	(2012)

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

# **Public Charity Status and Public Support**

OMB No. 1545-0047

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

Open to Public Inspection

Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

COC	C FOUNDATION, I	NC.						93-6	04124	7		
Par	Reason for Pub	olic Charity Status	(All organizations	must d	omple	te this	part.)	See ı	nstruct	ions.		
The o	organization is not a priv	ate foundation becaus	e it is: (For lines 1 thro	ugh 11,	check o	nly one	box.)					
1	A church, convention	n of churches or asso	ciation of churches desc	cribed in	section	170(b)	(1)(A)(i)					
2	A school described	in section 170(b)(1)(A)	(ii). (Attach Schedule E	Ξ.)								
3	A hospital or a coop	perative hospital service	e organization describe	ed in sec	tion 170	0(b)(1)(A	\)(iii).					
4	A medical research	organization operated	in conjunction with a h	ospital o	describe	d in sec	tion 17	0(b)(1)(A	A)(iii). Er	nter the hos	pital's	
	name, city, and stat	e.										
5	X An organization opera	ated for the benefit of a complete Part II.)	college or university own	ed or ope	erated by	a gove	rnmenta	unit des	scribed in	section		
6			overnmental unit descri									
7	An organization that in section 170(b)(1)	normally receives a sub ( <b>A)(vi).</b> (Complete Pai	stantial part of its suppor rt II )	t from a	governm	ental un	it or fron	the ger	neral pub	lic described	İ	
8	A community trust of	described in <b>section 1</b> 7	<b>70(b)(1)(A)(vi).</b> (Comple	te Part I	l.)							
9	☐ related to its exempt	functions - subject to c	re than 33-1/3% of its sup ertain exceptions, and (2 I1 tax) from businesses acqu	no more	e than 33	3-1/3% o	of its suc	port fron	n aross ir	nvestment ir	m activ icome	ities and
10	1 1 -	•	exclusively to test for pu		-							
11	An organization organ supported organization supporting organization	nized and operated exclusions described in section tion and complete line	sively for the benefit of, to 509(a)(1) or section 509( s 11e through 11h.	perform (a)(2). Se	the funct ee <b>sectio</b>	ions of, on 509(a)	or carry (3). Che	out the p ck the bo	urposes ox that de	of one or mo escribes the	re publ type of	icly
	a Type I	<b>b</b> ∏TypeⅡ c	Type III - Function	nally inte	egrated		а ∐ г	Type III	<ul><li>Non-f</li></ul>	unctionally	ıntegra	ated
е	By checking this boother than foundation section 509(a)(2)	x, I certify that the org managers and other th	anization is not controll an one or more publicly s	led directions	tly or in Lorganiz	directly ations d	by one escribed	or more in section	disqual on 509(a)	ıfıed persor (1) or	ns	
f		ceived a written determi	nation from the IRS that i	s a Type	I, Type	II or Typ	e III sup	porting o	organizati	ion,		
g	Since August 17, 20	006, has the organizati	on accepted any gift o	r contrib	ution fro	om any	of the fo	ollowing	persons	s?		
~	-		•								Yes	No
	(i) A person who below, the gov	directly or indirectly c verning body of the su	ontrols, either alone or pported organization?	togethe	with pe	ersons d	lescribe	d ın (ıı)	and (III)	11 g (i)		
	(ii) A family mem	ber of a person descri	bed in (i) above?							11 g (ii)		
	(iii) A 35% control	led entity of a person	described in (i) or (ii) a	bove?						11 g (iii)		
h		• •	e supported organization							7.9 ()		
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see Instructions))	(iv) organiz column (i	s the ation in ) listed in verning ment?	(v) Did yo the organ column ( supp	ization in	organiz colur organizi	s the lation in mn (i) ed in the S?	(vii) Amoun sup	t of moni	etary
				Yes	No	Yes	No	Yes	No			
(A)												
<u>`</u>				<del>                                     </del>				L	<u> </u>			
<u>(B)</u>					-			_		<del></del>	_	
(C)												
(D)												
(E)												
<u> </u>	<del></del>	4			<b></b>							
Total	For Paperwork Reducti	on Act Notice and the	Instructions for Form	000 0	00 F7			Color di A	A /F==	1 990 or 990	- F7\ 0'	212

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.)

<u> Seç</u>	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	1,300,155.	1,056,196.	2,111,090.	3,122,078.	1,074,129.	8,663,648.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3.	1,300,155.	1,056,196.	2,111,090.	3,122,078.	1,074,129.	8,663,648.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
6	<b>Public support.</b> Subtract line 5 from line 4						8,663,648.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	<b>(f)</b> Total
7	Amounts from line 4	1,300,155.	1,056,196.	2,111,090.	3,122,078.	1,074,129.	8,663,648.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	276,419.	237,265.	231,419.	246,147.	815,497.	1,806,747.
9	Net income from unrelated business activities, whether or not the business is regularly carried on .						0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	157,177.	207,892.	160,015.	182,576.	207,224.	914,884.
11	Total support. Add lines 7 through 10						11,385,279.
12	Gross receipts from related activ	rities, etc (see ins	tructions)			. 12	0.
13	First five years. If the Form 990 is organization, check this box and		n's first, second, th	nird, fourth, or fifth	tax year as a sectio	on 501(c)(3)	<b>▶</b> []
	tion C. Computation of Pu		<del></del>				
	Public support percentage for 20	•	• •	ne 11, column (f))		14	76.10%
	Public support percentage from					. [15]	81.48%
	33-1/3% support test — 2012. If and stop here. The organization	qualifies as a pul	olicly supported o	rganization		•	► X
ь	33-1/3% support test – 2011. If it and stop here. The organization	the organization d qualifies as a pu	lid not check a bo blicly supported o	ox on line 13 or 16 organization .	5a, and line 15 is .	33-1/3% or more,	check this box
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	r <b>e.</b> Explain in Part	IV how
	or 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance test. The organiza	s' test, check this ation qualifies as	box and <b>stop he</b> i a publicly support	<b>re.</b> Explain in Part ed organization .	. <sup>IV</sup> how the
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions
BAA					Sch	nedule A (Form 99	00 or 990-F7) 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	helow inlease complete P	Part II )		

<u>Sec</u>	tion A. Public Support						
	dar year (or fiscal yr beginning in) 🟲	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a						
	facilities furnished by a governmental unit to the organization without charge			i 			
	Total. Add lines 1 through 5. 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						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
Sec	tion B. Total Support		, <u> </u>				
	dar year (or fiscal yr beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	(d) 2011_	<b>(e)</b> 2012	(f) Total
10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511						
_	taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ).						
13	Total support. (Add Ins 9, 10c, 11, and 12)						
	First five years. If the Form 990 organization, check this box and			nd, third, fourth, o	or fifth tax year as	a section 501(c)(3	▶ □
Sec	tion C. Computation of Pul					· · · · · · · · · · · · · · · · · · ·	
15			· · ·	ne 13, column (f))		15	<del></del>
16	Public support percentage from 2				<u>:</u>	16	
	tion D. Computation of Inv					1.5	<del></del>
17	Investment income percentage for	•	* *	=	mn (f))	. 17	%
18	Investment income percentage for				and line 15	18	8
	33-1/3% support tests — 2012. If is not more than 33-1/3%, check	this box and <b>sto</b>	<b>p here.</b> The organ	ization qualifies a	as a publicly supp	orted organization	<b>-</b> U
	33-1/3% support tests – 2011. If line 18 is not more than 33-1/3%	b, check this box a	and <b>stop here.</b> Th	e organization qu	ialifies as a public	ly supported orgar	nization
20	Private foundation. If the organiz	zation did not che	eck a box on line	14, 19a, or 19b, c	neck this box and	see instructions.	. <u>.                                   </u>

Schedule A	(Form 990 or 990-EZ) 2012	COCC	FOUNDATION,	INC.	93-6041247	Page 4
Pert IV	Supplemental Inform Part II, line 17a or 17 (See instructions).	nation. Co b; and Pa	mplete this par rt III, line 12. A	t to provide the expl Iso complete this pa	anations required by Part II, line rt for any additional information.	10;
				<del></del>		- <b>-</b>
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Z	U	J	Z

# SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

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~_		 	U

**COCC FOUNDATION, INC.** 

93-6041247

10.54AM

10/30/13

PART II, LINE 10 - OTHER INCOME

<u>NATURE AND SOURCE 2012 2011 2010 2009</u> 2008

157,177. 157,177. PROGRAM AND OTHER

207,224. \$ 182,576. \$ 160,015. \$ 207,892. \$ 207,224. \$ 182,576. \$ 160,015. \$ 207,892. \$

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

6

▶\$

### **Supplemental Financial Statements**

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

OMB No 1545-0047

Open to Public Inspection

COCC FOUNDATION, 93-6041247 Partill Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) . 2 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit? Yes Raikii Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of an historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2 a a Total number of conservation easements 2h **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 20 d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic 2d structure listed in the National Register. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

# Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for

- **b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
  - (i) Revenues included in Form 990, Part VIII, line 1
  - (ii) Assets included in Form 990, Part X
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1
- **b** Assets included in Form 990, Part X

and section 170(h)(4)(B)(ii)?

conservation easements

**▶**\$—

**►**\$

►\$

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

TEEA3301L 09/18/12

Schedule **D** (Form 990) 2012

Schedule D (Form 990) 2012 COCC Part III Organizations Mainta			rical Treasures, o	93-604	1247 Page 2
3 Using the organization's acquisition		<del></del>		<del></del>	<del></del>
items (check all that apply).	i, addassion, and othe				Soliection
a Public exhibition		<b>⊢</b>	r exchange programs		
b Scholarly research		e U Other		<del></del>	<del></del>
c Preservation for future gener 4 Provide a description of the organize		d explain how they	further the organization	i's exempt purpose in	
Part XIII.  5 During the year, did the organiza	ition solicit or receiv	e donations of art	, historical treasures,	or other similar assets	-
to be sold to raise funds rather the	han to be maintaine	d as part of the or	ganızatıon's collectıor	1?	Yes No
Part IV Escrow and Custodial Arr reported an amount of	<b>angements.</b> Comple n Form 990, Par	ete if the organizate X, line 21.	ition answered 'Yes' t	o Form 990, Part IV, line	e 9, or
1 a Is the organization an agent, trus	stee, custodian, or o	ther intermediary	for contributions or ot	her assets not included .	
on Form 990, Part X?		-	•		Yes No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII and cor	nplete the followir	ng table.	<del></del>	<del> </del>
				· · · · · · · · · · · · · · · · · · ·	Amount
c Beginning balance		•		. 1c	
d Additions during the year.				1 d	
e Distributions during the year				1 e	
<ul><li>f Ending balance</li><li>2a Did the organization include an a</li></ul>	mount on Form 000	Port V. line 212			Yes No
<b>b</b> If 'Yes,' explain the arrangement			tion has been provide	· L d in Part XIII	- J'es ⊢ "°
bit res, explain the arrangement	IIII are Am Oneck	nere ii the explain	tion has been provide	a iii i ait ziii	<u> </u>
Part V Endowment Funds. C	omplete if the o	rganization an	swered 'Yes' to Fo	orm 990. Part IV. lin	e 10.
	(a) Current	(b) Prior year		(d) Three years	(e) Four years
1 a Beginning of year balance	7,067,158.	4,877,78	3,761,62	27. 3,518,016.	25,408.
<b>b</b> Contributions	145,429				
c Net investment earnings, gains, and losses					
d Grants or scholarships		<del></del>			
e Other expenditures for facilities and programs		<del> </del>		0.	
f Administrative expenses .		†			3,518,016.
g End of year balance	7,212,587	7,067,1	58. 4,877,78	3,761,627.	3,518,016.
2 Provide the estimated percentage					
a Board designated or quasi-endowm	ent ►	8			
<b>b</b> Permanent endowment	90				
c Temporarily restricted endowmer	nt ►	%			
The percentages in lines 2a, 2b,	and 2c should equa	1 100%.			
<b>3 a</b> Are there endowment funds not in toganization by.	he possession of the	organization that a	re held and administere	d for the	Yes No
(i) unrelated organizations			,	,	3a(i) X
(ii) related organizations .			,		3a(ii) X
<b>b</b> If 'Yes' to 3a(II), are the related of	organizations listed a	as required on Scl	hedule R?		3b
4 Describe in Part XIII the intended				RT XIII	
Part VI Land, Buildings, and			rt X, line 10.		
Description of property		st or other basis investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1 a</b> Land					
<b>b</b> Buildings .					
<b>c</b> Leasehold improvements.					
<b>d</b> Equipment					
e Other	.		25,217.		3,971.
Total. Add lines 1a through 1e (Column	n (d) must equal Fo	rm 990, Part X, c	olumn (B), line 10(c).)		3,971.
BAA				Schedu	le <b>D</b> (Form 990) 2012

Part VII	Investments - Other Securities. S	ee Form 990, Part X,	line 12. N/A
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1) Financ	ial derivatives		
	y-held equity interests		
(3) Other	•		
(A)		-	
(B)			
<u>(c)</u>		<del>-</del>	
(D)			
(D) (E)			
(F)			
(G)			
(H)			
(I)			
	nn (b) must equal Form 990, Part X, column (B) line 12)	<b>•</b>	
	Investments - Program Related. S	ee Form 990, Part X.	line 13. N/A
	(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or
	· · · · · · · · · · · · · · · · · · ·	, ,	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
	nn (b) must equal Form 990, Part X, column (B) line 13)	<u> </u>	
Part IX	Other Assets. See Form 990, Part		428-1-1-
	(a)	Description	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)	duran (h) must soud Form 000 Port V solum	n (D) (ma 15.)	
	nlumn (b) must equal Form 990, Part X, colum		
Part X	Other Liabilities. See Form 990, Pa	(b) Book value	
(1) Fodo	(a) Description of liability	(b) Book value	$\dashv$
	rial income taxes		<del> </del>
(2)			
(4)			<del> </del>
(5)	<del></del>		<del></del>
(6)			<del> </del>
			<del> </del>
(7)	·· <del>··</del>		
(8)	<del></del>		<del> </del>
(9)			$\dashv$
/10\			
(10)	<del></del>		<del> </del>
(11)	nn (b) must equal Form 990, Part X, column (B) line 25.)	<b>&gt;</b>	

Schedule I	O (Form 990) 2012 COCC FOUNDATION, INC.	93-604124	7 Page <b>4</b>
Part XI	Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	
1 Tota	revenue, gains, and other support per audited financial statements	1	3,593,913.
2 Amo	unts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net i	unrealized gains on investments		
<b>b</b> Dona	ated services and use of facilities 2 b		
<b>c</b> Reco	overies of prior year grants 2 c		
	r (Describe in Part XIII )		
e Add	lines 2a through 2d	2 e	<u> </u>
-	ract line 2e from line 1	3	3,593,913.
4 Amo	unts included on Form 990, Part VIII, line 12, but not on line 1		
a Inves	stment expenses not included on Form 990, Part VIII, line 7b 4a		
<b>b</b> Othe	r (Describe in Part XIII )		
<b>c</b> Add	lines <b>4a</b> and <b>4b</b>	4 c	<del></del>
<b>5</b> Tota	revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	3,593,913.
	Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return	
	expenses and losses per audited financial statements	1	1,580,326.
	unts included on line 1 but not on Form 990, Part IX, line 25.		
	ated services and use of facilities		
<b>b</b> Prior	year adjustments 2 b	_	
• • • • • •	r losses 2c	_	
	r (Describe in Part XIII.)		
	lines 2a through 2d	2 e	<del></del>
	ract line 2e from line 1	3	1,580,326.
	unts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
	stment expenses not included on Form 990, Part VIII, line 7b	<b> </b>	
	r (Describe in Part XIII ) Innes <b>4a</b> and <b>4b</b>	4c	
	I expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18)	5	1,580,326.
	Supplemental Information	<u>-1-3-1</u>	1,300,320.
	<del>                                      </del>	N/ 1 11 -	101 D-11/
Complete	this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part t X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide	IV, lines Ib al any additional	nd 2b; Part V,
	(7), mio 2, i arcini, mioo 2a ana 18, ana i arcini, mioo 2a ana 18 i mas compreso une percie promes		
PAR	RT V, LINE 4 - INTENDED USES OF ENDOWMENT FUND		
			a 1170
END	<u>OWMENT FUNDS ARE USED TO PROVIDE SCHOLARSHIPS AND PROGRAM SUPPO</u>	KT TO COC	<u>AND</u>
OIID:	DODE THE COCC DOWNLESS TO ACCORDANCE LITTLE THE DOWNER LITCHES A	ID OUD MI	CCTON
SUP	PORT THE COCC FOUNDATION IN ACCORDANCE WITH THE DONORS WISHES AT	ID OOK WIS	2210N
		- <b></b> -	
			<b>-</b>
RΔΔ		Schedule D	(Form 990) 2012

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

# Supplemental Information to 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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number

COCC FOUNDATION, INC.	93-6041247
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS	
THE FORM 990 IS REVIEWED BY THE BUDGET COMMITTEE. THE RETUR	N IS THEN EMAILED TO THE
BOARD OF TRUSTEES PRIOR TO THE BOARD MEETING. AT THE BOARD	MEETING, WITH OUR CPA
PRESENT, THE FORM 990 IS PRESENTED FOR DISCUSSION AND QUEST	IONS. BOARD ACTION IS
TAKEN TO APPROVE THE FORM 990 PRIOR TO FILING.	
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFOR	CEMENT OF CONFLICTS
ANNUALLY, AT THE NOVEMBER BOARD MEETING, THE BOARD OF TRUST	EES ARE REQUESTED TO
COMPLETE AND SIGN A CONFLICT OF INTEREST STATEMENT. FOR ANY	BOARD MEMBERS THAT ARE
ABSENT, CONFLICT OF INTEREST STATEMENTS ARE EMAILED.	
FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROC	CESS - CEO, TOP MANAGEMENT
THE COMPENSATION FOR THE EXECUTIVE DIRECTOR'S POSITION WAS	DETERMINED BY A
COMPARABLE STUDY WITHIN THE COMMUNITY OF NON-PROFIT ORGANIZ	ATIONS. THIS STUDY WAS
PERFORMED BY AN INDEPENDENT PERSON WITHIN THE HUMAN RESOURC	E DEPARTMENT OF COCC. IT
WAS THEN PRESENTED TO THE EXECUTIVE COMMITTEE OF THE BOARD.	DOCUMENTATION WAS KEPT
FOR APPROXIMATELY ONE YEAR.	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICE	Y AVAILABLE
DOCUMENTS ARE AVAILABLE UPON REQUEST.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

COCC FOUNDATION, INC.

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

Related Organizations and Unrelated Partnerships

2012

OMB No 1545-0047

Employer identification number 93-6041247 ► Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37.
► Attach to Form 990. ► See separate instructions.

(a) Name, address, and EIN (if applicable) of disregarded entity	ty Primary activity	tivity Legal domicile (state or foreign country)		(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	trolling
(1) COCC_ FOUNDATION PROPERTY, LLC	 INVESTMENT		Sn	376,087.	718,623.		C
(3)					}		
Rariging Identification of Related Tax-Exempt Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	lanizations (Complete	if the organization ar.)	answered 'Yes	' to Form 990	, Part IV, line 34	because it	lad
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) (3)) Direct controlling entity		ිදිම්
(1) CENTRAL OREGON COMMUNITY COLLEGE   2 600 NW COLLEGE WAY   BEND, OR 97701   93-6041247   (2)	COLLEGE	USA	MUNICIPAL		N/A	Yes	× ×

Schedule R (Form 990) 2012

TEEA5001L 12/28/12

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

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Page 2

93-6041247

Schedule R (Form 990) 2012 COCC FOUNDATION, INC.

(i) Sec 512(b)(13) controlled entity? (k)
Percentage
ownership °N Schedule R (Form 990) 2012 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Part III Identification of Related Organizations Taxable as a Partnership (Complete of 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.) Yes (f) General or managing partner? ŝ (h) Percentage ownership Yes Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) (g) Share of end-of-year assets (h) Dispropor-tionate allocations? ŝ Yes (f) Share of total income (g) Share of end-of-year assets (e)
Type of entity
(C corp, S corp, or trust) (f) Share of total income (d)
Direct
controlling
entity TEEA5002L 12/28/12 Predominant income (related, unrelated, excluded from tax under sections 512-514) (c)
Legal domicile
(state or foreign country) **ම** (d)
Direct
controlling
entity (b) Primary activity (c)
Legal
domicile
(state or
foreign (a) Name, address, and EIN of related organization (b) Primary activity (a)
Name, address, and EIN of related organization Part IV BAA Ξ¦ ନ୍ଦ୍ର<sup>ା</sup> €¦ 3 ල ල

Schedule R (Form 990) 2012 COCC FOUNDATION, INC.

Part V Transactions With Related Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34, 35b, or 36.)

				Į,	1
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes No	0
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?	ed in Parts II-1V?			1	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			1a	~	×
<b>b</b> Gift, grant, or capital contribution to related organization(s)			1 p	×	
c Gift, grant, or capital contribution from related organization(s)			1 c	_	×
<b>d</b> Loans or loan guarantees to or for related organization(s)			19	_	×
e Loans or loan guarantees by related organization(s)			1e	~	×
f Dividends from related organization(s)			-		×
g Sale of assets to related organization(s)			19		$\times$
h Purchase of assets from related organization(s)			1 h	×	×
i Exchange of assets with related organization(s)			11	_	×
j Lease of facilities, equipment, or other assets to related organization(s)			1 j	_	×
k Lease of facilities, equipment, or other assets from related organization(s)		•	1 <del>k</del>	~	×
I Performance of services or membership or fundraising solicitations for related organization(s)			=	~	$ \times $
m Performance of services or membership or fundraising solicitations by related organization(s)			1 m	X	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1 u	×	
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>			10	×	
			}		
<b>p</b> Reimbursement paid to related organization(s) for expenses			Jp	×	
q Reimbursement paid by related organization(s) for expenses			<b>5</b>	^	×
				1	
<ul> <li>r Other transfer of cash or property to related organization(s)</li> </ul>			-	×	- 1
S			18		$\bowtie$
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.	d relationships and trans				
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	eterminir svolved	ng
(1) CENTRAL OREGON COMMUNITY COLLEGE	В	95,788.	FAIR VALUE	UE	
(2) CENTRAL OREGON COMMUNITY COLLEGE	Д	953, 876.	FAIR VALUE	ÜE	
(3)					1
(4)					Ì
(5)					- 1
(9)					
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Schedule R (Form 990) 2012

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

	;;;  -	6		,	- 1					
(a) Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income	Are all partners	Share of total income	(g) Share of end-of-year	(n) Disproportionate	Code V-UBI	General or managing	Percentage ownership
		coming)	lated, excluded from fax under	organizations?		dosels	allocations	K-1 Form (1065)	ballier	
:			section 512-514)	Yes No			Yes No	(2000)	Yes No	,
<del>-</del> (μ)										
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(2)										
	<u>.</u>								_	
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(3)										
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(8)										
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ВАА			] 	TEEA5004L 12/28/12				Schedul	Schedule R (Form 990) 2012	90) 2012

Supplemental Information  Complete this part to provide additional information for responses to questions on Schedule R (see instructions).
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Schedule **R** (Form 990) 2012

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# COCC Foundation Board of Trustees June 2013

## **Name**

Patti Carlson

Doug Downer

Ron Federspiel

Pat Fulton

John K. James

Terry Juhola

Scott Lovejoy

**Bob Lovlien** 

Charlie Naffziger

John Overbay

Vicki Russell

Betsy Skovborg

**Judy Smith** 

Jeff Stuermer

**Ardyce Swift** 

**Chris Wick**