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EXTENDED TO MAY 16, 2016

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Fon	" 99	U	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue			
Depa	ertment of the	e Treasury	Do not enter social security numbers on this form as	_		
Inter	nal Revenue	Service	Information about Form 990 and its instructions is	s.gov/form990 Inspection		
A	or the 20	014 calend	lar year, or tax year beginning $$ JUL $1,$ 2014 and	ŬN 30, 2015		
B	Check if applicable	C Name o	forganization		D Employer identification number	
	Address change	CUYA	HOGA COMMUNITY COLLEGE FOUNDATION			
	Name change	Doing b	usiness as		23-7320719	
	Initial return Final return/		and street (or P.O. box if mail is not delivered to street address) CARNEGIE AVENUE	E Telephone number 216-987-4868		
	termin- ated		own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 28,230,185.	
<u></u>	Amended		ELAND, OH 44115		H(a) Is this a group return	
	Applica-	F Name a	nd address of principal officer.GLORIA J. MOOSMANN		for subordinates? Yes X No	
	pending	SAME	AS C ABOVE		H(b) Are all subordinates included? Yes No	
			X 501(c)(3)	or 527	If "No," attach a list. (see instructions)	
J١	Nebsite:	► WWW .	TRI-C.EDU/FOUNDATION		H(c) Group exemption number ▶	
K Form of organization: X Corporation Trust Association Other ▶ L Year of formation: 1973 M State of legal domicile: O						
P	ास्याः S	ummary				
	1 Bri	efly describ	be the organization's mission or most significant activities: MISS	ION: S	ECURE FUNDING FOR	
ance	SC	CHOLAR	SHIPS AND EDUCATIONAL PROGRAM DEVI	ELOPME	NT AND ENHANCEMENT FOR	
<u>a</u>						

134	TU.				
ę	1	Briefly describe the organization's mission or most significant activities: MISSION:	SECURE FUN		
Governance		SCHOLARSHIPS AND EDUCATIONAL PROGRAM DEVELOP			
	2	Check this box If the organization discontinued its operations or disposed of r	nore than 25% of its ne	et as	
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	64
	4	Number of independent voting members of the governing body (Part VI, line 1b)	ļ	4	64
es	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	0
蓋	6	Total number of volunteers (estimate if necessary)		6	0
Activities &	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		7b	0.
			Prior Year		Current Year
	8	Contributions and grants (Part VIII, line 1h)	4,254,86	7.	17,802,084.
5	9	Program service revenue (Part VIII, line 2g)	1	0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,449,60	1,724,931.	
۳	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,254,702.		173,894.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,959,170.		19,700,909.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,287,59	1.	1,840,891.
	14	Benefits paid to or for members (Part IX, columni(A), line 4)		0.	0.
ဖွ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ĝ	b	Total fundraising expenses (Part IX, column (D), line 25) (D) 2015 262, 120.		34	
<u> </u>	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,242,96	9.	4,865,175.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,530,56	0.	6,706,066.
	19	Revenue less expenses. Subtract line 18 from line 12, U	4,428,61	0.	12,994,843.
58			Beginning of Current Ye	ear	End of Year
Assets or Balances	20	Total assets (Part X, line 16)	49,179,65		62,165,037.
	21	Total liabilities (Part X, line 26)	636,94	0.	1,293,830.
뙲	22	Net assets or fund balances Subtract line 21 from line 20	48,542,71		60,871,207.
	id [J]	Signature Block		•	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign GLORIA J. MOOSMANN, VP OF RESOURCE DEVELOPMENT Here Type or print name and title Print/Type preparer's name P00068117 Paid DAVID M. REAPE, Preparer Firm's name CIUNI & PANICHI, INC: Firm's EIN 34-1322309 Use Only 25201 CHAGRIN BLVD. #200 CLEVELAND, OH 44122-5683 Phone no. (216)831-7171 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

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

\Form	990 (2014) CUYAHOGA COMMUNITY COLLEGE FOUNDATION	23-7320719	Page 2
Pa	till! Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	SECURE FUNDING FOR SCHOLARSHIPS AND EDUCATIONAL PROGRAM		
	AND ENHANCEMENT FOR CUYAHOGA COMMUNITY COLLEGE (TRI-C).	EXTERNAL	
	SUPPORT IS CRITICAL TO PROVIDE ACCESS TO TRI-C'S HIGH-QUAFFORDABLE EDUCATIONAL PROGRAMS THAT PROMOTE INDIVIDUAL		<u> </u>
	Did the organization undertake any significant program services during the year which were not listed on	(CONT. BCII	<u> </u>
2	the prior Form 990 or 990-EZ?	Vec	X No
	If "Yes," describe these new services on Schedule O.		140
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
·	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses	i.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 1,840,891. including grants of \$ 1,840,891.) (Revenue)
	SCHOLARSHIP PROGRAM: ALTHOUGH THE COLLEGE'S TUITION IS		
	NORTHEAST OHIO, THERE ARE STUDENTS IN OUR COMMUNITY WHO,		
	FINANCIAL ASSISTANCE, ARE UNABLE TO ACCESS OR CONTINUE T	HEIR EDUCAT	ion.
	SCHOLARSHIPS ENHANCE ACCESS TO HIGHER EDUCATION AND SUPP		
	ULTIMATE GOAL OF EXPEDITING STUDENT TRANSITION THROUGH C		A ATD C
	REDUCING THEIR TIME TO GRADUATION. SCHOLARSHIPS HAVE EN OF STUDENTS TO ACCESS AND OBTAIN THEIR COLLEGE EDUCATION		
	YEAR PERIOD (FY2011-2015), 9,500 SCHOLARSHIPS TOTALING \$		
	WERE DISTRIBUTED TO TRI-C STUDENTS. THE AVERAGE SCHOLAR		
	MEETING THE NEED FOR SCHOLARSHIP SUPPORT FOR OUR STUDENT		
	BE A MAJOR PRIORITY FOR THE TRI-C FOUNDATION.	D CONTINUED	
			· · · · · · · · · · · · · · · · · · ·
4b	(Code) (Expenses \$ 4,484,275 • including grants of \$) (Revenue)
	EDUCATIONAL DEVELOPMENT: TRI-C FOUNDATION SUPPORTS DEVE	LOPMENT AND	
	ENHANCEMENT OF EDUCATION PROGRAMS OFFERED BY TRI-C IN RE	SPONSE TO	
	WORKFORCE AND STUDENT NEEDS. EXAMPLES OF SIGNIFICANT PR		
	ESTABLISHED WITH EXTERNAL SUPPORT INCLUDE: ENHANCED FACI		
	EQUIPMENT FOR SKILLED TRAINING IN NURSING AND HEALTH CAR		MS;
	SERVICES FOR VETERANS AT CAMPUS LOCATIONS AND OFFSITE AT	THE LOUIS	
	STOKES VA MEDICAL CENTER; REACHING MORE THAN 10,000 YOUT	H EACH YEAR	<u>IN</u>
	THE YOUTH & EARLY COLLEGE PROGRAMS.		
4c	(Code) (Expenses \$ including grants of \$) (Revenue		1
-10	UPCOMING INSTITUTIONAL INITIATIVES: TRI-C IS CURRENTLY F		
	SUBSTANTIALLY INCREASING THE NUMBER OF CERTIFICATES AND	DEGREES AWA	RDED
		STRATEGIES	ARE
	BEING DEPLOYED TO INCREASE STUDENT COMPLETION RATES AT C		
	COMMUNITY COLLEGE. THE COLLEGE'S STRATEGIC PLAN FY16-F		
	STRATEGIC FOCUS AREAS: STUDENT COMPLETION; STUDENT EXPE		ITY
	IN OUTCOMES; WORKFORCE IMPACT; TRANSPARENCY AND ACCOUNTA	BILITY;	 _
	COMMITMENT AND CONTINUITY.		
			
	On the Other Land		
4d	Other program services (Describe in Schedule O.)		-
4-	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 6,325,166.		
<u>4e</u>	Total program service expenses ► 6,325,166.	Form 9'	90 (2014)
43200	2	101110	(2014)

	1990 (2014) Chaptelist of Denuised Schaules	713	' '	age .
in a	Checklist of Required Schedules		Vac	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	[162	INO
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	Х	
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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			1-
_	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	<u> </u>
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		x
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		i	1
	Schedule D, Part III	8	ļ	X
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?			۱.,
40	If "Yes," complete Schedule D, Part IV	9	<u> </u>	Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		х	
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	10	A	March Sole /
11	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		22.57	<u> </u>
_	Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	114		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			·
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
b	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 other assistance to or for any	175		
	foreign organization? 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 other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	l	Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		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	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		_X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Ī	X

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

	The office of freduces contentions			
	·		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		١	
	domestic government 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 or other assistance to or for domestic individuals on			١,,
	Part IX, column (A), line 27 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			l
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	1		
	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 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		İ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		X
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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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	<u> </u>		
	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		46.	
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1.000	X
	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,	200		 -
·	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	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	123		
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31	If "Yes," complete Schedule N, Part I			Х
	•	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	00		х
~~	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			х
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			3.7
	Part V, line 1	34	-	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	

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The Enter the number reported in Box 3 of Form 1096 Enter 0.4 not applicable Enter the number of Forms W-2G included in line 1a. Enter 0.4 not applicable Enter the number of Forms W-2G included in line 1a. Enter 0.4 not applicable Did the organization comply with backing withholding rules for reportable payments to vendors and reportable gaming (gambling) with unique to prevent whether of the prevention of the prevention of the organization of the prevention of the pre	Га	Check if Schedule O contains a response or note to any line in this Part V				
b Enter the number of Forms W2G included in line 1s. Enter O-It not applicable Did the organization compty with backup withholding rules for reportable payments to vendors and reportable gamining gambing) withings to prize without the provided provided in the organization from the rumber of employees reported on Form W3. Transmittal of Wage and Tax Statements. Is of the created any ser endorged with or within the year covered by this return It can be a served to the called the organization file all required federal employment tax returns? Note. If the sum of lines is and 2 as greater than 250, you may be required to e-fife (see instructions) If It was, 'nas it file a form 990 Th file they are 150, you may be required to e-fife (see instructions) If It was, 'nas it file a form 990 Th file they are 150, you may be required to e-fife (see instructions) If It was, 'nas it file a form 990 Th file they are 150, you may be required to e-fife (see instructions) If It was, 'nas it file a form 990 Th file they are 150, you may be counted an explanation or schedule O As at any time during the callendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country, level. Be in instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the transaction? If "Yes," it is line 5 or 55, did the organization file Form 8886-17 Did were not tax deductible as charitable contributions? If "Yes," or the transaction have aim and see a charitable contributions or grits were not tax deductible as charitable contributions. If yet a contribution is the wear of tax deductible as charitable contributions and party for goods and services provided to the payor? If yet a contribution of called payor to the value of the organization sheet and yet and the organization sheet and yet and yet and yet and yet and yet and yet and					Yes	No
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (grambling) winnings to prize womers? 2 Einter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements (fee for the calendar year ending with or within the year covered by this return) 1 If al least one is reported on line 28, did the organization file all required federal employment tax returns? Note. If the sum of lines 1s and 2 as greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more dumpt the year? 3 At any time dumpt the calendar year, did the organization have an interest in, or a signature or other authorty over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 If Yes, 'not are the name of the foreign country. 5 So instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5 Was the organization a party to a prohibited tax shelter transaction at any time dumpt the tax year? 5 Did any taxible party notify the organization files form 8898.17 5 Was the organization and party to a prohibited tax where transaction at any contributions that were not tax deductible as charitable contributions under section 170(c). 5 Did Yes, 'do the organization nucled with every solicitation an express statement that such contributions or grifts were not tax deductible? 5 Organizations that may receive deductible contributions under section 170(c). 5 Did the organization that may receive deductible contributions under section 170(c). 5 Did the organization that may receive deductible contributions and party for goods and services provided to the payor? 5 Did the organization that may receive deductible contributions or device the value of the goods or services provided? 6 Did the organization developed the payor per permittine, directly or indirectly, to pay pre	1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	0			
c Did the organization comply with backup withholding rules for reportable gamments to vendors and reportable gaming (gambing) without some systems of the complex systems of the compl	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	1.7	ţ, .	3
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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated obusiness gross income of \$1,000 or more during the year? 3 A If Yes, "has it filed a Form 990 T for this year? If "No," to line 3b, provide an explanation in Schedule O 4 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 accountry? 5 If "Yes," to line the foreign country (such as a bank account, securities account, or other financial accountry? 6 Did any taxable party notify the organization file form 8886:17 6 Did any taxable party notify the organization file Form 8886:17 6 Did any taxable party notify the organization file Form 8886:17 6 Did the organization have a ninual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charatible contributions; any contributions or gifts were not tax deductible? 6 Did the organization set were not tax deductible as charatible contributions; and the organization receive a payment in excess of \$75 made party as contribution and party for goods and services provided to the payor? 6 If "Yes," indicate the number of Forms 8826 filed during the year 7 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 Did the organization receive a contribution of cars, boats, altique, or or thereties, did the organization file form 899 as required? 7 Did the organization receive a contribution of cars, boats, altique, or or related per	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reporta	ible gaming	. 3		
filed for the calendary year ending with or within the year covered by this return bit of at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-fife (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Yes, 1s as filed a Form 950 FT or this year? If We, 1s file as β, provide an explanation in Schedule O 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, line 1s a bank account, securities account in a foreign country, line 1s a bank account, securities account in a foreign country set of the organization as a bank account, securities account in a foreign country set in the securities of the file of the organization than the foreign country. See instructions for filing requirements for finceNF Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Uses the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles? 6b Uxes, 1st of the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles? 7b Uffers, 1st of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles as charable contributions? 7c Organizations that may receive deductible contributions under section 170(c). 8b Uffers, 1st of the organization receive a payment in excess of \$5 made partity as contribution of the section 170(c). 9c Did the organization receive a payment in excess of \$5 made partity as contribution or payment in the section		(gambling) winnings to prize winners?		1c		
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CUYAHOGA COMMUNITY COLLEGE FOUNDATION 23-7320719 Form 990 (2014) 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 or note to any line in this Part VI Section 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 1a 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. 64 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? X **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 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 15a b Other officers or key employees of the organization 15b Ph If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section	C.	Disc	losure
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17	List the states with which a convint this E	orm 990 is re	equired to J	ne filed ►(ΉC

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available 18 for public inspection. Indicate how you made these available. Check all that apply

Another's website X Upon request Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records MICHAEL JOHNSON - 216-987-3170

700 CARNEGIE	AVENUE,	CLEVELAND,	OH	44115-2878

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

(A)	(B)	(C) Position (do not check more than one						(D)	(E)	(F)
Name and Title	Average	(40	not o	Pos	ition) than	000	Reportable	Reportable	Estimated
	hours per	box.	ox, unless person is both an			is bot	th an	compensation	compensation	amount of
	week	offic	cer an	dad	recto	or/trus	stee)	from	from related	other
	(list any	흕		l	l	ŀ	l	the	organizations	compensation
	hours for	ali p		1	l	-e		organization	(W-2/1099-MISC)	from the
	related	8	stee	ı		usat		(W-2/1099-MISC)	,	organization
	organizations	trust	를	İ	yee.	Ē	Ī	, ,		and related
	below	Individual trustee or director	nstilutional frustee	_{in}	븉	Se szi	1 25			organizations
	line)	Indiv	lastr	Officer	Key employee	Highest compensated employee	Former			_
(1) SEE EXHIBIT A	2.00									
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	,		Check if Schedule O conta	ains a response	or note to any lin		/B)	(C)	<u> </u>
		ź,			:	(A) Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts Contributions Contrib	2 :	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions), gifts, grant similar amounts not included above Noncash contributions included in lines Total. Add lines 1a-1f	ts, and ve 1f	1,191,358. 16,610,726. 241,616. Business Code	17,802,084.	Tovernue		
ž	1	f	All other program service reve	nue					
			Total. Add lines 2a-2f				CAN MAN		
	3 4 5		Investment income (including other similar amounts) Income from investment of tax Royalties		>	1,398,996.			1,398,996
			•	(i) Real	(ii) Personal			KAP	
	:	b	Gross rents Less rental expenses Rental income or (loss)						
			Net rental income or (loss)		(3 Other		Corne Valle Single Tolk	RIVEL OF THE STATE OF THE	
			Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities 8,601,943. 8,276,008.	(ii) Other				
		С	Gain or (loss)	325,935.	<u> </u>		*****		199
			Net gain or (loss)		· •	325,935.	\$14.7	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	325,935
Revenue	8	а	Gross income from fundraising including \$ 1,191 contributions reported on line Part IV, line 18	,358. of	427,162.				
Other R		b	Less. direct expenses	b	253,268.	1 2 Etc. 11	,		- y'
0		С	Net income or (loss) from fund	-		173,894.			173,894
			Gross income from gaming ac Part IV, line 19 Less direct expenses	ctivities See a b		* .			ı
			Net income or (loss) from gam	· ·					
	10	а	Gross sales of inventory, less and allowances Less cost of goods sold			,			
		С	Net income or (loss) from sale		•				
	- A	_	Miscellaneous Revenu	ie	Business Code				
	11	a b							
	ľ	C							
	ŀ	d	All other revenue	_				-	
		е	Total. Add lines 11a-11d						
			Total revenue. See instructions.			19,700,909.	0.	0.	1,898,825

	Statement of Functional Expens				
Sect	ion 501(c)(3) and 501(c)(4) organizations must com			omplete column (A)	
	Check if Schedule O contains a respor			(C)	<u> </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,840,891.	1,840,891.		
2	Grants and other assistance to domestic			-	1
	ındıvıduals See Part IV, line 22	 		£	2 2 Y 2.b -
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign			* Y	
	individuals See Part IV, lines 15 and 16				, , , , , , , , , , , , , , , , , , , ,
4	Benefits paid to or for members			<u> </u>	<u> </u>
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 Pension plan accruals and contributions (include				
8	section 401(k) and 403(b) employer contributions)				
_			ų · · · · · · · · · · · · · · · · · · ·		
9 10	Other employee benefits Payroll taxes				
11	Fees for services (non-employees):	······································			
''	Management				
b	Legal	410.			410.
	Accounting	18,841.		18,841.	1101
d	Lobbying	100,000.			100,000.
e	Professional fundraising services. See Part IV, line 17	·		\$20087-1272 #FT 67C	
f	Investment management fees		8 80 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
g	Other. (If line 11g amount exceeds 10% of line 25,		······································		
J	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	2,247.		2,247.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	· ····			
19	Conferences, conventions, and meetings	5,383.			5,383.
20	Interest		<u>-</u> -		· · · · · · · · · · · · · · · · · · ·
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				5 6 4 0
23	Insurance	5,640.	<u> </u>	2 5 3 70	5,640.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line		, <u>,</u>	7	
	24e amount exceeds 10% of line 25, column (A)			· ',\$	·
	amount, list line 24e expenses on Schedule 0.) EDUCATIONAL DEVELOPMENT	4,665,360.	1 101 275	72 424	108,651.
a	BANK FEES		4,484,275.	72,434.	100,031.
b	CREDIT CARD CHARGES	24,122. 20,536.		24,122.	20,536.
C	REIMBURSEMENTS TO TRI-C	20,336.			20,336.
d		2,636.		1,136.	1,500.
	All other expenses	6,706,066.	6,325,166.	118,780.	262,120.
25 26	Joint costs. Complete this line only if the organization	3,,00,000	, , , , , , , , , , , , , , , , , , , ,	110,700+	202,120.
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	Į			
	Check here from the following SOP 98-2 (ASC 958-720)				

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	rt X	Chack if Schoolule O contains a reasonable or note to any less at the Best V			
		Check if Schedule O contains a response or note to any line in this Part X	1 (4)		
			(A) Beginning of year]	(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	2,103,673.	2	2,951,493
	3	Pledges and grants receivable, net	4,493,129.	3	9,891,888
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,	7	-	- W. C. M.
		trustees, key employees, and highest compensated employees. Complete	1 · 1	'	
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under	. N. S. C. S	-	
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	,		, ,
		employers and sponsoring organizations of section 501(c)(9) voluntary		ş*-	- Win
ွှ		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	<u>`</u>
Assets	7	Notes and loans receivable, net		7	
₹	8	Inventories for sale or use		8	
- 1	9	Prepaid expenses and deferred charges	87,500.	9	67,500
	10a	Land, buildings, and equipment: cost or other		\$ 1. 1 th	T-NORESH IPERELIE
		basis. Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation 10b	38861	10c	27 F 38 Y 37 A 37 A 37 A 37 A 37 A 37 A 37 A 37
- 1	11	Investments - publicly traded securities	39,442,907.	11	45,499,761
	12	Investments other securities See Part IV, line 11	2,386,763.	12	3,030,179
	13	Investments - program-related. See Part IV, line 11		13	3,030,273
-	14	Intangible assets	-	14	·
- 1	15	Other assets. See Part IV, line 11	665,678.	15	724,216
	16	Total assets. Add lines 1 through 15 (must equal line 34)	49,179,650.	16	62,165,037
寸	17	Accounts payable and accrued expenses	70000	17	02/200/00/
	18	Grants payable		18	
- 1	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,		***	
		key employees, highest compensated employees, and disqualified persons.		; · .	
		Complete Part II of Schedule L		22	A 44 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
i	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
- [25	Other liabilities (including federal income tax, payables to related third	-		
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
-		Schedule D	636,940.	25	1,293,830
	26	Total liabilities. Add lines 17 through 25	636,940.	26	1,293,830
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
: [complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	287,588.	27	259,177
ı	28	Temporanly restricted net assets	45,334,930.	28	46,202,837
	29	Permanently restricted net assets	2,920,192.	29	14,409,193
.		Organizations that do not follow SFAS 117 (ASC 958), check here	***	, ÷,	1 - 2 - 1 - 1 - 1
		and complete lines 30 through 34.		. ,	
	30	Capital stock or trust principal, or current funds		30	
		Paid in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	·
;	33	Total net assets or fund balances	48,542,710.	33	60,871,207.
	34	Total liabilities and net assets/fund balances	49,179,650.	34	62,165,037.

	n 990 (2014) CUYAHOGA COMMUNITY COLLEGE FOUNDATION	23-	-7320719 Page 12
Pa	rt XI Reconciliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,700,909.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,706,066.
3	Revenue less expenses Subtract line 2 from line 1	3	12,994,843.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	48,542,710.
5	Net unrealized gains (losses) on investments	5	<666,3 <u>46.</u>
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.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,		
(1 175) **	column (B))	10	60,871,207.
⊪Pa	rt-XII Financial Statements and Reporting		
	Check if Schedule O contains a response or note to any line in this Part XII		
			Yes No
1	Accounting method used to prepare the Form 990		
_	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	dona	
	separate basis, consolidated basis, or both		
	Separate basis Consolidated basis Both consolidated and separate basis		
b	Were the organization's financial statements audited by an independent accountant?		2b X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	
	consolidated basis, or both:		
	X Separate basis Consolidated basis Both consolidated and separate basis		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,	
	review, or compilation of its financial statements and selection of an independent accountant?		2c X
2-	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		1966-0-138 K. *G65 L3560 5004
sa	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Au	
	Act and OMB Circular A-133?		
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ired au	1 1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b Form 990 (2014)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection, Employer identification number

23-7320719

Name of the organization

CUYAHOGA COMMUNITY COLLEGE FOUNDATION

Ра	irt I	Reason for Public	Charity Status (All organizations must o	complete th	nis part.) S	ee instructions.	
Γhe	organ	panization is not a private foundation because it is. (For lines 1 through 11, check only one box.)						
1		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).						
4		A medical research organiz					•	the hospital's name
•		city, and state		. yan oto oto oto oto oto oto oto oto oto ot		a 000til	(() /(,)////////////////////////////////	are ricopital 3 riamo,
5	X	An organization operated f	or the benefit of a co	llege or university owne	ed or opera	ted by a q	ovemmental unit descri	bed in
		section 170(b)(1)(A)(iv). (0		•	·			
6		A federal, state, or local go	vernment or governr	nental unit described in	section 1	70(b)(1)(A)	(v).	
7		An organization that norma	ally receives a substa	intial part of its support	from a gov	vernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8	닏	A community trust describe			•			
9		An organization that norma						- '
		activities related to its exer	-	-			• •	•
		income and unrelated busin		(less section 511 tax) f	rom busine	esses acqu	iired by the organization	after June 30, 1975.
		See section 509(a)(2). (Co	•					
10	H	An organization organized	· · · · · · · · · · · · · · · · · · ·	- '	•			
11	ш	An organization organized					·	
		more publicly supported or	_				, ,, ,	Sheck the box in
		lines 11a through 11d that					_	
а		Type I. A supporting orga						
		the supported organization		-	a majonty	or the dire	ctors or trustees of the s	supporting
h	Г	organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having						
J								
	control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.							
_		Type III functionally inte			l in connec	tion with	and functionally integrat	ad with
Č		its supported organizatio						ea wiai,
а		Type III non-functionally		•	-	-	•	zation(c)
		that is not functionally int	· · · · · · · · · · · · · · · · · · ·				• • • •	• •
		requirement (see instruct					•	14011033
e		Check this box if the orga	•					
_		functionally integrated, or						
f	Ente	er the number of supported		, 5				
g	Prov	ride the following information	n about the supporte	ed organization(s).				
	(i	i) Name of supported	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of
		organization		(described on lines 1-9		listed in your support (se		other support (see
				above or IRC section (see instructions))	Yes	No	Instructions)	Instructions)
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LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 CUYAHOGA COMMUNITY COLLEGE FOUNDATION 23-7320719 Page 2
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	ction A. Public Support		-				.,
Cale	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")	2,782,296.	6,527,579.	7,733,018.	4,254,867.	17,802,084.	39,099,844.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf				i		
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2,782,296.	6,527,579.	7,733,018.	4,254,867.	17,802,084.	39,099,844.
5	The portion of total contributions	TO THE REAL PROPERTY.					
	by each person (other than a						
	governmental unit or publicly		TO		Miss.		
	supported organization) included						
	on line 1 that exceeds 2% of the		45				
	amount shown on line 11,					1.0	
	column (f)						12,899,427.
6	Public support. Subtract line 5 from line 4		14.10				26,200,417.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	2,782,296.	6,527,579.	7,733,018.	4,254,867.	17,802,084.	39,099,844.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	716,973.	706,195.	852,535.	725,068.	1,398,996.	4,399,767.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	1,574,676.	1,122,523.	2,344,664.	2,254,702.	173,894.	7,470,459.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10				1000000		50,970,070.
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 sectio	n 501(c)(3)	
	organization, check this box and stop						<u> </u>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2014 (ine 6, column (f) d	ivided by line 11, c	olumn (f))	·	14	51.40 %
15	Public support percentage from 2013	Schedule A, Part	II, line 14			15	58.12 %
16a	33 1/3% support test - 2014. If the o	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				$\triangleright X$
b	33 1/3% support test - 2013. If the	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check the	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances tes	t - 2014. If the org	anızatıon dıd not d	heck 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 th	nis box and stop h	ere. Explain in Par	t VI how the organi	zation
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	dorganization		▶□
b	10% -facts-and-circumstances tes	t - 2013. If the org	anızatıon dıd not c	heck a box on line	13, 16a, 16b, or 1	17a, and line 15 is 1	0% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	neck this box and	stop here. Explain	in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization o	qualifies as a public	cly supported orga	nızatıon	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see instructions	▶□
					Sche	dule A (Form 990	or 990-EZ) 2014

Schedule A (Form 990 or 990 EZ) 2014 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

Se	ction A. Public Support	relow, please con	ipiete Part II)			 _	
	indar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and	(a) 2010	(0) 2011	(6) 2012	(u) 2013	(6) 2014	(i) iolai
٠	membership fees received (Do not						
	include any "unusual grants ")						
_	•	<u> </u>	 	-	 		
2	Gross receipts from admissions,					ŀ	
	merchandise sold or services per- formed, or facilities furnished in					ĺ	
	any activity that is related to the						
	organization's tax-exempt purpose			<u> </u>			
3	Gross receipts from activities that						
	are not an unrelated trade or bus-		İ		1		
	iness under section 513					İ	
4	Tax revenues levied for the organ-			-		 	
7	_			1	İ		
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						1
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
-	3 received from disqualified persons			ĺ			
r	Amounts included on lines 2 and 3 received		 		1		
•	from other than disqualified persons that		j				
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b		<u> </u>				
					加斯斯斯斯斯	AR WA	T.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6		1		1		
10a	Gross income from interest,	······································	1		<u> </u>	1	***************************************
	dividends, payments received on						İ
	securities loans, rents, royalties				i		
	and income from similar sources		 		<u> </u>		
Ľ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						ļ
	acquired after June 30, 1975					1	
c	Add lines 10a and 10b	Ĺ					
11	Net income from unrelated business						
	activities not included in line 10b,		•			1	ļ
	whether or not the business is regularly carried on						
12	Other income. Do not include gain				 	+	· · · · · · · · · · · · · · · · · · ·
-	or loss from the sale of capital	1					
	assets (Explain in Part VI)						
	Total support. (Add lines 9, 10c, 11, and 12)	L	ł		L		
14	First five years. If the Form 990 is for	r the organization'	's first, second, the	rd, fourth, or fifth t	ax year as a secti	ion 501(c)(3) orga	nization,
	check this box and stop here						<u> </u>
<u>Sec</u>	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2014 (I	ine 8, column (f) c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2013	Schedule A. Par	t III. line 15			16	%
	ction D. Computation of Inves					1 .01	
	Investment income percentage for 20		· · · · · · · · · · · · · · · · · · ·			147	
	•	=	• • •	ne 13, column (I))		17	
	Investment income percentage from		•			18	%
19a	33 1/3% support tests - 2014. If the						e 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	e organization qua	lifies as a publicly	supported organi	zation	▶∟
b	33 1/3% support tests - 2013. If the	organization did i	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%	, and
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The org	anization qualifies	as a publicly sup	ported organization	on 🕨 🗀
20	Private foundation. If the organization		· ·	•			▶ □
	23 09-17-14						200 or 900 EZ) 2014

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

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Yes No

`Sche	edule A (Form 990 or 990 EZ) 2014 CUYAHOGA COMMUNITY COLL	EGE	FOUNDATION 2	3-7320719 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust d	on Nov. 20, 1970. See instru	ctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete	Sections A through E	
	Control And Mark Control		(A) Dway Vaan	(B) Current Year
Sect	ion A - Adjusted Net Income		(A) Pnor Year	(optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Pnor Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	() 1/2		
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	in the second		TAGE CAST 2017
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7	<u></u>	
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	護心 人名拉拉 美	
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functional	v-integr	ated Type III supporting orga	enization (see

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 CUYAHOGA COMMUNITY COLLEGE FOUNDATION 23-7320719 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2014 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (ii) (iii) **Excess Distributions** Underdistributions Distributable Section E - Distribution Allocations (see instructions) Pre-2014 Amount for 2014 Distributable amount for 2014 from Section C, line 6 "特殊"。 Underdistributions, if any, for years prior to 2014 A Party (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2014. a RESERVED FOR THE PROPERTY OF b Francisco Control d Million Company e From 2013 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2014 from Section D. a Applied to underdistributions of prior years b Applied to 2014 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) Excess distributions carryover to 2015. Add lines 3j and 4c Breakdown of line 7. а b d Excess from 2013 e Excess from 2014

Schedule A (Form 990 or 990-EZ) 2014

`Schedule A	(Form 990 or 990-E	Z) 2014 CUYAHOGA	COMMUNITY	COLLEGE	FOUNDATION	23-7320719 Page 8 or 17b, and Part III, line 12
Part VI	Supplementa	Information. Provide	e the explanations re	quired by Part II,	line 10; Part II, line 17a d	or 17b, and Part III, line 12
	Also complete this	part for any additional ir	nformation. (See instr	uctions)		.,,
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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2014

Open to Public

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations. Complete Part I-A only

• Section 501(c)(4), (5), or (6) organizations. Complete Part III.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Name of orga	inization			Em	ployer identification number
		A COMMUNITY COLI			23-7320719
Part (FA)	Complete if the or	ganization is exempt und	er section 501(d	c) or is a section 527	organization.
	expenditures	zation's direct and indirect politic	cal campaign activitie	s in Part IV	\$
Part I-B	Complete if the org	ganization is exempt und	ler section 501(c	c)(3).	
1 Enter th	e amount of any excise tax	incurred by the organization un	der section 4955	•	\$
2 Enter the	e amount of any excise tax	incurred by organization manag	ers under section 495	5 5 ▶	\$
3 if the or	ganization incurred a section	on 4955 tax, did it file Form 4720	for this year?		☐ Yes ☐ No
	orrection made?				└─ Yes └─ No
	describe in Part IV.		lor coation 504/s	V	V6V0V
COLOROROGO CONTRACTOR CONTRACTOR		ganization is exempt und	-	-:	
	• •	d by the filing organization for se	•		\$
		nization's funds contributed to of	ner organizations for	section 527	Φ.
•	function activities	 Add lines 1 and 2. Enter here a	and on Form 1120-DC		—
line 17b	simple full official experiences	Add med Fand 2. Enter here t	2110 O111 O1111 1 1201 C)_, 	\$
	iling organization file Form	1120-POL for this year?	•	ŕ	Yes No.
		nployer identification number (E	N) of all section 527 p	political organizations to wh	ich the filing organization
		ition listed, enter the amount par			
contribu	tions received that were pr	omptly and directly delivered to	a separate political oi	rganization, such as a sepai	ate segregated fund or a
political	action committee (PAC). If	additional space is needed, prov	vide information in Pa	rt IV	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
					 " "
					-
	,				
For Paperwo	rk Reduction Act Notice,	see the Instructions for Form 9	990 or 990-EZ.	Schedule ((Form 990 or 990-EZ) 2014

LHA 43204

Schedule C (Form 990 or 990 EZ) 2014	CUYAH	OGA CO	MMUNITY COI	LEGE FOUNDA	ATION 23-7	320719 Page 2
Part II-A Complete if the org	ganizatio	on is exe	mpt under section	on 501(c)(3) and fi	iled Form 5768 (e	election under
section 501(h)).						
<u> </u>		-		n Part IV each affiliate	d group member's nam	ne, address, EIN,
expenses, and sha			• •			
B Check ► if the filing organiza	ation check	ked box A a	nd "limited control" pr	ovisions apply	γ	₁
		bying Expe	enditures unts paid or incurred	.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	luence pub	olic opinion	(grass roots lobbying)		<u> </u>	
b Total lobbying expenditures to infl	luence a le	gislative bo	dy (direct lobbying)			
c Total lobbying expenditures (add	lines 1a an	d 1b)				
d Other exempt purpose expenditur	res					
e Total exempt purpose expenditure		es 1c and 1	d)			
f Lobbying nontaxable amount. Ent	,		•	th columns.		
If the amount on line 1e, column (a)			bying nontaxable an			48501 - 1 - 650 - 1 - 1
Not over \$500,000	(-)		the amount on line 1e		The state of	
Over \$500,000 but not over \$1,00	0.000	_	00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5			00 plus 10% of the exc			
Over \$1,500,000 but not over \$17			00 plus 5% of the exce			
Over \$17,000,000	,000,000	\$1,000,				
Over \$17,000,000		Ψ1,000,	000.			
a Grassroots pontavable amount (er	nter 25% c	of line 1f)			d. () - w to dissipate the state of	* * * * * * * * * * * * * * * * * * *
-	g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a. If zero or less, enter -0-					
i Subtract line 1f from line 1c. If zer	•			•		
j If there is an amount other than ze	-		line 11 did the organiz	ration file Form 4720		-
reporting section 4911 tax for this		51 III O	inte 11, did the organiz	ation me i onii 4720	Г	Yes No
Toporting occion for Flaction and	you	4-Year Av	eraging Period Under	section 501(h)		
(Some organizations t		a section 5		have to complete all	of the five columns b	elow.
	Lobi	oying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) :	2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount (150% of line 2a, column(e))						<u> </u>
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))			建设设施			
f Grassroots Johnving expenditures						

Schedule C (Form 990 or 990-EZ) 2014

Schedule C (Form 990 or 990 EZ) 2014 CUYAHOGA COMMUNITY COLLEGE FOUNDATION 23-7320719 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(a)	(1	o)
of the lobbying activity.	Yes	No	Amo	ount
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				in x
 a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? 	,	X X X		К 1 1 2 м
d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements?		X		
f Grants to other organizations for lobbying purposes?		X		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	х	X	100	0,000.
i Other activities? j Total Add lines 1c through 1:		X		0,000.
 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year? 				
Part(III;A) Complete if the organization is exempt under section 501(c)(4), s 501(c)(6).	ection 501(c)	(5), or se		thin by a week of
			Yes	No
 Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? 		2		
PartillEB Complete if the organization is exempt under section 501(c)(4), s 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes."		R (b) Par		ne 3, is
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid). 	political	1		
a Current year b Carryover from last year c Total		2a 2b 2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying expenditure next year?	ne excess	3		
5 Taxable amount of lobbying and political expenditures (see instructions) Part IV: Supplemental Information	•	. [5]		
Provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated instructions); and Part II-B, line 1 Also, complete this part for any additional information. PART II-B, LINE 1, LOBBYING ACTIVITIES:	group list); Part I	I-A, lines 1 a	and 2 (see	
CITIZENS FOR TRI-C		·		·
700 CARNEGIE AVENUE				
CLEVELAND, OH 44115			. —	
			 -	

432043 10-21-14

TRI-C FOUNDATION SUPPORTS THE COLLEGE AND ITS EFFORTS TO SERVE AS THE

Schedule C (Form 990 or 990-EZ) 2014 CUYAHOGA COMMUNITY COLLEGE FOUNDATION 23-7320719 Page 4 [ParkIV Supplemental Information (continued)
COMMUNITY'S COLLEGE AND THE PLACE "WHERE FUTURES BEGIN." TRI-C
FOUNDATION PROVIDES SUPPORT ONLY TO CUYAHOGA COMMUNITY COLLEGE BALLOT
ISSUES. LOBBYING EXPENSES WERE TO PROVIDE SUPPORT FOR MARKETING AND
ADVERTISING FOR FUTURE BALLOT INITIATIVES.

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Name of the organization **Employer identification number** CUYAHOGA COMMUNITY COLLEGE FOUNDATION 23-7320719 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 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of 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 \neg Yes 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 impermissible private benefit? Parture Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space 2 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 a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 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? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and

Partilli Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a 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

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) Revenue included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

- 2 If the organization received or held works of 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 Revenue included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

conservation easements

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

Schedule D (Form 990) 2014

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	OGA COMMUNITY COLLEGI				7320719	Page 4
Part XI Reconciliation of Revenue	ue per Audited Financial Statem	ents Witl	n Revenue per	Returi	า.	
Complete if the organization ans	wered "Yes" to Form 990, Part IV, line 12a	-				
 Total revenue, gains, and other support 	per audited financial statements	-		1	19,563	916.
2 Amounts included on line 1 but not on i	Form 990, Part VIII, line 12:					
a Net unrealized gains (losses) on investr	nents	2a	<666,346			
b Donated services and use of facilities		2b	276,085	• F3 '		
c Recoveries of prior year grants		2c	0.50	- ⁴		
d Other (Describe in Part XIII.)		2d	253,268		126	000
e Add lines 2a through 2d				2e	<136,	993.>
3 Subtract line 2e from line 1				3	19,700,	909.
4 Amounts included on Form 990, Part VI	•	1.1		18373		
a Investment expenses not included on F	orm 990, Part VIII, line 7b	4a	 	-		
b Other (Describe in Part XIII)		4b				۸
c Add lines 4a and 4b				4c	19,700,	000
5 Total revenue. Add lines 3 and 4c. (This Park XIII Reconciliation of Expens		onte Wit	h Evnanças no	5 Pot		303.
			ii Expenses pe	rnetu	111.	
	wered "Yes" to Form 990, Part IV, line 12a	<u> </u>			7,235,	/10
1 Total expenses and losses per audited				45/9865	1,233,	417.
2 Amounts included on line 1 but not on 8	orm 990, Part IX, line 25:	ا ۔ ا	276,085	1.00		
a Donated services and use of facilities		. 2a	270,005	4		
b Prior year adjustments c Other losses		2b 2c		1 3		
d Other (Describe in Part XIII.)		2d	253,268			
e Add lines 2a through 2d		_zu j	233,200	2e	529	353.
3 Subtract line 2e from line 1	•	•		3	6,706,	066.
4 Amounts included on Form 990, Part IX	line 25, but not on line 1			3	0,,00,	
a Investment expenses not included on F	•	4a				
b Other (Describe in Part XIII.)	sim 550, rate vin, into 75	4b				
c Add lines 4a and 4b		40		4c		0.
5 Total expenses. Add lines 3 and 4c. (Th	is must equal Form 990. Part I. line 18.)			5	6,706,	
Rart XIII Supplemental Information			· · · · · · · · · · · · · · · · · · ·	1 3 1	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Provide the descriptions required for Part II, lii	nes 3, 5, and 9; Part III, lines 1a and 4; Par	t IV, lines 1b	and 2b, Part V, line	4; Part	X, line 2, Part X	
lines 2d and 4b, and Part XII, lines 2d and 4b.	Also complete this part to provide any add	ditional infor	mation.			
PART XI, LINE 2D - OTHE	R ADJUSTMENTS:					
apparat province propince					0.50	0.50
SPECIAL EVENTS EXPENSE					253,	268.
DADE VIT IINE 2D OFF	ED ADTHEMMENTE.					
PART XII, LINE 2D - OTH	ER ADJUSTMENTS:					
CDECTAL EVENING EVDENCE					252	260
SPECIAL EVENTS EXPENSE					253,	208.
		-				
PART V, LINE 4 - INTEND	בי ווכביכ כב שמבי כסכיאוד	7 3 T T (N	'C ENDOWNE	י אוראי	TIME .	
PART V, LINE 4 - INTEND	ED USES OF THE ORGANI	ZATION	5 ENDOWME	MI. E	CINDS:	
CITATION COMMINITARY COLL	POP POINIDARTON DATERS	פרועוים	mo ciinnon	m .c.	T T TO T	
CUYAHOGA COMMUNITY COLL	EGE FOUNDATION RAISES	FUNDS	TO SUPPOR	cr cc	TIPEGE	
PROGRAMS AND SCHOLARSHI	DC ENDOWMENING DROUT	מבי ד מא	CWEDM GIID	OD M	mo mur	
PROGRAMS AND SCHOLARSHI	PS. ENDOWMENTS PROVI	DE TON	GTERM SUPP	ORT	TO THE	
COLLEGE'S PRIORITY INIT	TATTURE AND ENTITED OF	פג זטעט	CHID CHIDD	יחסת	מחד גא	
CONDEGE S PRIORITI INIT	THITAES WAD STONEML 2	CHOLAK	SUIL SOLL	ΛT.	MAJOR	
FOUNDATION ENDOWMENTS I	שפסד. שמנו שאים שמונוטא	חוא ג אם	мортом ма	ייםרוא	. ENDOWA	ENT T
432054 10-01-14	HOLODE THE UNCK, DOSE	TIT VIAD	MORTON MA			
10-01-14	3.2			Sched	ule D (Form 99	U) 2014

Schedule D (Form 990) 2014 CUYAHOGA COMMUNITY COLLEGE FOUNDATION 23-7320719 Page 5
Part XIII Supplemental Information (continued)
FUND, WHICH CREATED A CENTER FOCUSED ON CREATING CIVICALLY RESPONSIBLE
CITIZENS WHO WILL LEAD NORTHEAST OHIO TOWARD A STRONGER ECONOMIC AND
SOCIAL FUTURE. THE JACK, JOSEPH AND MORTON MANDEL HUMANITIES CENTER BRINGS
TOGETHER FACULTY, STUDENTS AND COMMUNITY MEMBERS TO PARTICIPATE IN
CLASSES, SEMINARS, LECTURES AND SPECIAL EVENTS THAT WILL CONTRIBUTE TO THE
DEVELOPMENT OF CIVIC ENGAGEMENT. IN ADDITION, A SCHOLARS ACADEMY PROVIDES
INNOVATIVE EDUCATIONAL ACTIVITIES TO HIGH-PERFORMING STUDENTS. THE
FOUNDATION ALSO MAINTAINS THE ALFRED LERNER VETERANS SERVICES CENTER
ENDOWMENT FUND, WHICH ESTABLISHED AND SUPPORTS THE ALFRED LERNER VETERANS
SERVICES CENTER AT COLLEGE'S EASTERN CAMPUS. THE CENTER PROVIDES
LEADERSHIP AND GUIDANCE FOR DELIVERING A COMPREHENSIVE SERVICES PROGRAM
FOR VETERANS AND THEIR FAMILIES.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

➤ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Information a	ibout Schedule G (Form 990 or 990-EZ)	and its	instru	ictions is at www.irs.c	ov/form 990.	A. A
Name of the organization CUYAHOGA COMMUNITY COLLEGE FOUNDATION Employer identification num 23-7320719						
Partis Fundraising Activities required to complete this par	- Complete if the organization answert	ered "\	'es" to	Form 990, Part IV, I	ine 17. Form 990-E2	filers are not
1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the	sed funds through any of the following Solicita s f Solicita g Special or oral agreement with any individual Part VII) or entity in connection with playiduals or entities (fundraisers) purs	tion of tion of fundra I (inclue profess	non-g gover alsing ding o ional f	overnment grants nment grants events fficers, directors, tru undraising services?	stees or	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody trol of	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No			
	-	 				
				<u> </u>		
					<u> </u>	
				,		
Total			•			
3 List all states in which the organization or licensing	ın ıs registered or licensed to solicit o	contrib	utions	or has been notified	d it is exempt from re	egistration

					-	

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

Schedule G (Form 990 or 990-EZ) 2014

		le G (Form 990 or 990-EZ) 2014 CUYAHOG	A COMMUNITY	COLLEGE FOUN	IDATION 23-	7320719 Page 2
Pa	art l		=			
	•	of fundraising event contributions and gr				ots greater than \$5,000
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			PRESIDENTIAL SCHOLARSHIP	SPECIAL EVEN	3	(add col (a) through
			(event type)	(event type)	(total number)	col (c))
Ę			(cvciii typo)	(cvent type)	(totarridinoer)	
Revenue	1	Gross receipts	1,226,308.	25,100.	367,112.	1,618,520.
α̈́				,	,	
	2	Less Contributions	1,191,358.		1.	1,191,358.
	3	Gross income (line 1 minus line 2)	34,950.	25,100.	367,112.	427,162.
	١.	0-1				
	4	Cash prizes				
	5	Noncash prizes				
es	١	Honeast prizes				
ens	6	Rent/facility costs				
Direct Expenses	ŀ	-				
ect	7	Food and beverages	47,540.	,, ,, <u>, , , , , , , , , , , , , , , , </u>		47,540.
ä	ŀ					
	8	Entertainment	205,728.			205,728.
	9	Other direct expenses Direct expense summary. Add lines 4 through	· · · · · · · · · · · · · · · · · · ·	<u> </u>		253,268.
		Net income summary. Subtract line 10 from li	• •		•	173,894.
Pa	त्री	III Gaming. Complete if the organization a		990, Part IV, line 19, or	reported more than	2.070010
		\$15,000 on Form 990-EZ, line 6a.				
			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
ēn			(-)	bingo/progressive bingo	(-, gg	col (a) through col. (c))
Revenue		_				
	1	Gross revenue				· · · · · · · · · · · · · · · · · · ·
"	2	Cash prizes				
ıse						
Direct Expenses	3	Noncash prizes				
Ш Н					·	
Ë	4	Rent/facility costs				
_	_					
	5	Other direct expenses	Van 0/		Yes %	
	6	Volunteer labor	Yes %	Yes %		
	١	Volumed labor		110		- AV 3*
	7	Direct expense summary Add lines 2 through	5 in column (d)		▶ :	
						_
	8	Net gaming income summary Subtract line 7	from line 1, column (d)		<u> </u>	
_	- .					
		er the state(s) in which the organization condu he organization licensed to conduct gaming ac		atatas?		Yes No
				states?		res No
_		No," explain				
			· · · · · · · · · · · · · · · · · · ·			
10a	We	re any of the organization's gaming licenses re	voked, suspended or te	rminated during the tax	year?	Yes No
b	If "	Yes," explain	<u> </u>			
				······································		
4320	22 02	-28-14			Schadula G (Eor	m 990 or 990-EZ) 2014

Schedule G (Form 990 or 990-EZ) 2014 CUYAHOGA COMMUNITY COLLEGE FOUNDATION 23-7320719 Page
11 Does the organization conduct gaming activities with nonmembers?
12. Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed
to administer charitable gaming?
13 Indicate the percentage of gaming activity conducted in
a The organization's facility b An outside facility 13a 13b
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records
14 Lines the fiame and address of the person who prepares the organization's garning/special events books and records
Name
Address >
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b If "Yes," enter the amount of gaming revenue received by the organization > and the amount
of gaming revenue retained by the third party > \$
c If "Yes," enter name and address of the third party
Name ►
Address
16 Gaming manager information:
Name
Gaming manager compensation > \$
Description of services provided
Director/officer Employee Independent contractor
47 Manufatan datah asar
17 Mandatory distributions
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes N
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 > \$
Supplemental Information. 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 provide any additional information (see instructions).
Schodulo C (Form 900 or 900 E7) 20

Cchedule G (Form 990 or 990 EZ) Partely Supplemental Info	CUYAHOGA	COMMUNITY	COLLEGE	FOUNDATION	23-7320719 Page 4
Partely Supplemental Info	rmation (continue	d)			
•					
	······	· · · · · · · · · · · · · · · · · · · 		**** · ·	
					
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		-		5	Schedule G (Form 990 or 990-EZ

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Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. Department of the Treasury Internal Revenue Service SCHEDULE I (Form 990)

OMB No 1545-0047 2014

COLLEGE FOUNDATION

COMMUNITY

CUYAHOGA

Name of the organization

Open to Public Inspection

Employer identification number

23-7320719

% × (h) Purpose of grant or assistance ☐ Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any SCHOLARSHIPS 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) ٥. (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. (d) Amount of cash grant 1,840,891 (c) IRC section if applicable STATE OF OHIO 34-0896630 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization CUYAHOGA COMMUNITY COLLEGE or government 700 CARNEGIE AVENUE CLEVELAND, OH 44115 Part (Part II

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2014)

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Page 2

23-7320719

Schedule I (Form 990) (2014) CUYAHOGA COMMUNITY COLLEGE FOUNDATION

Readily Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed.

(f) Description of non-cash assistance								
(e) Method of valuation (book, FMV, appraisal, other)			dditional information					
(d) Amount of non- cash assistance			(b), and any other a					
(c) Amount of cash grant			e 2, Part III, column					
(b) Number of recipients			quired in Part I, lin					
(a) Type of grant or assistance			Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information					

Schedule I (Form 990) (2014)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

CUYAHOGA COMMUNITY COLLEGE FOUNDATION

Employer identification number 23-7320719

Pa	rt I Types of Property				•
		(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of determining
		applicable	contributions or	amounts reported on	noncash contribution amounts
	A A MALL CONTRACT		items contributed	Form 990, Part VIII, line 1g	
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods		275		
6	Cars and other vehicles				
7	Boats and planes	_			
8	Intellectual property	x	7	241,616.	FMV ON TRANSFER DATI
9	Securities - Publicly traded			241,010.	FMV ON IRANSFER DAIL
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or				
40	trust interests				
12	Securities · Miscellaneous				
13	Qualified conservation contribution -				
44	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 .				
22	Historical artifacts				
23	Scientific specimens				
24 25	Archeological artifacts Other ()				
26	Other ()				
20 27	Other ()				
	Other ()				
28 29	Number of Forms 8283 received by the organization	ration during	the tay year for c	contributions	
29	for which the organization completed Form 828				
	101 Which the organization completed 1 01111 020	S, raitiv, t	Jones Acknowled	gement [29]	Yes No
302	During the year, did the organization receive by	, contributio	n any property rer	norted in Part I lines 1 through	
ooa	must hold for at least three years from the date				
	exempt purposes for the entire holding period?		ii contribution, and	willon is not required to be	30a X
ь	If "Yes," describe the arrangement in Part II.				
31	Does the organization have a gift acceptance p	olicy that re	ourres the review	of any non-standard contrib	utions?
32a					3, 11
JEN	Does the organization hire or use third parties of contributions?	or related Of	yarıızandış tü süll	or, process, or sell noricash	32a X
L	If "Yes," describe in Part II.				Jan A
33		column (c) f	or a type of proper	the for which column (a) is ob	ecked
33	If the organization did not report an amount in	colamin (c) i	or a type or proper	ty for writer column (a) is cri	ecneu,
I HA	For Panerwork Reduction Act Notice, see	the Instruc	tions for Form 99		Schedule M (Form 990) (2014

`Schedule M	(Form 990) (2014)	CUYAHOGA	COMMUNITY	Y COLLEGE	FOUNDAT	TON	<u>23-7320719</u>	Page 2
· Baukili.	Supplemental is reporting in Part this part for any ac	Information. I, column (b), the	Provide the inform number of contrib on	nation required by outions, the numb	Part I, lines 30b per of items receiv	, 32b, and 33 ved, or a com	, and whether the orgar bination of both Also co	ization omplete
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Schedule M (Form 990) (2014)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

CUYAHOGA COMMUNITY COLLEGE FOUNDATION

2014
Open to Public Inspection

Employer identification number 23 – 7320719

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CUYAHOGA COMMUNITY COLLEGE (TRI-C). EXTERNAL SUPPORT IS CRITICAL TO
PROVIDE ACCESS TO TRI-C'S HIGH-QUALITY AND AFFORDABLE EDUCATIONAL
PROGRAMS THAT PROMOTE INDIVIDUAL DEVELOPMENT, SUPPORT ECONOMIC
DEVELOPMENT AND IMPROVE OUR COMMUNITY.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION (CONTINUED)
DEVELOPMENT, SUPPORT ECONOMIC DEVELOPMENT AND IMPROVE OUR COMMUNITY.
THE TRI-C FOUNDATION CONDUCTS ITS ACTIVITIES WITHIN THE COLLEGE'S
OFFICE OF RESOURCE DEVELOPMENT. TRI-C FOUNDATION IS RESPONSIBLE FOR
FUNDRAISING AND "FRIEND RAISING" OPPORTUNITIES AND ACTIVITIES
COLLEGE-WIDE WORKING WITH PARTNERS FROM FOUNDATIONS/ORGANIZATIONS,
CORPORATIONS/ BUSINESSES, INDIVIDUALS, AND GOVERNMENT AGENCIES.
SOLICITATIONS ARE PRESENTED ON BEHALF OF THE COLLEGE OR THE FOUNDATION
AS APPROPRIATE TO THE FUNDING SOURCE. ALL FUNDRAISING ACTIVITIES
CONDUCTED BY THE TRI-C FOUNDATION ARE EVALUATED AND DETERMINED TO
BENEFIT THE COLLEGE AND ITS STUDENTS.
OVER THE PAST DECADE, THE TRI-C FOUNDATION HAS EXPERIENCED SIGNIFICANT
GROWTH, WITH NET ASSETS INCREASING FROM \$11.9 MILLION TO \$62.1 MILLION

FORM 990, PART VI, SECTION B, LINE 11:

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

SUPPORT SCHOLARSHIPS AND PROGRAMS (AS OF 6/30/15).

Schedule O (Form 990 or 990-EZ) (2014)

AND THE ENDOWMENT INCREASING FROM \$6.5 MILLION TO \$50.2 MILLION TO