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Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047 2014

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

For the 2014 calendar year, or tax year beginning 2014, and ending 6/30 2015 D Employer identification number Check if applicable X Address change 93-6041247 COCC FOUNDATION, INC. E Telephone number 2600 N.W. COLLEGE WAY Name change BEND, OR 97703 (541) 383-7225 Initial return Final return/terminated G Gross receipts \$,116,596. Amended return H(a) Is this a group return for subordinates? F Name and address of principal officer Application pending H(b) Are all subordinates included?
If 'No,' attach a list (see instructions) SAME AS C ABOVE 4947(a)(1) or 527 Tax-exempt status X 501(c)(3)) ◀ (insert no) 501(c) (Website: ► H(c) Group exemption number ▶ M State of legal domicile X Corporation Trust Association Other > L Year of formation 1955 Form of organization Part I Summarv Briefly describe the organization's mission or most significant activities: THE CENTRAL OREGON COMMUNITY COLLEGE FOUNDATION PROVIDES FUNDS AND FOSTERS RELATIONSHIPS TO SUPPORT STUDENTS, Activities & Governance AND CAPITAL IMPROVEMENTS AT CENTRAL OREGON COMMUNITY COLLEGE Check this box ▶ If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 3 16 Number of independent voting members of the governing body (Part VI, line 1b) 4 16 Total number of individuals employed in calendar year 2014 (Part V, line 2a) . 5 1 Total number of volunteers (estimate if necessary) 6 308 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 7b 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) ,066,995 1,311,967. Revenue Program service revenue (Part VIII, line 2g) 167,173 159,100. 2,622,732 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 645,529. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,856,900 2,116,596. 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 Benefits paid to or for members (Part IX, column (A), line (4) 2 3 2015 Salaries, other compensation, employee benefits (Part IX, column (A), line (5) 10) 361,389 378,534. 16a Professional fundraising fees (Part IX, column (A), line (1)e): b Total fundraising expenses (Part IX, column (D), line 25) **269,208.** 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,318,392 1,424,133. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 1,679,781 1,802,667. Revenue less expenses Subtract line 18 from line 12 313,929 2,177,119 19 Beginning of Current Year **End of Year** Total assets (Part X, line 16) 19,259,667 19,574,179 20 Total liabilities (Part X, line 26) 21 199,174. 198,591 22 Net assets or fund balances Subtract line 21 from line 20 19,061,076 19,375,005 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign EXECUTENE DERECTOR Date Print/Type preparer's name Preparer's signature |X| ır Check 10-29. P00236705 KATTER STUART D. KATTER STUART D. Paid KERKOCH KATTER & NELSON, LLP Preparer Use Only 45 NW HAWTHORNE AVE Firm's EIN > 93-1154108 Firm's address (541)382-3468 BEND, OR 97701-2900 Phone no May the IRS discuss this return with the preparer shown above? (see instructions) Yes

TEFA0113L 05/28/14

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

| | 990 (2014) COCC FOUNDATION, INC. | 93-6041247 | Page 2 |
|------------------------|---|---------------------------------------|---------------------|
| Par | | | |
| | Check if Schedule O contains a response or note to any line in this Part III | | |
| 1 | Briefly describe the organization's mission | | |
| | THE CENTRAL OREGON COMMUNITY COLLEGE FOUNDATION PROVIDES FUNDS A | | |
| | RELATIONSHIPS TO SUPPORT STUDENTS, PROGRAMS, AND CAPITAL IMPROVE | MENTS AT CENTR | AL |
| | OREGON COMMUNITY COLLEGE. | | |
| | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the p Form 990 or 990-EZ? | □ | ₩. |
| | If 'Yes,' describe these new services on Schedule O | ∐ Yes | X No |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program s | ervices? | X No |
| 3 | If 'Yes,' describe these changes on Schedule O | CIVICES Tes | <u> </u> |
| 4 | Describe the organization's program service accomplishments for each of its three largest program ser | vices, as measured by | expenses |
| • | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation | ns to others, the total | expenses, |
| | and revenue, if any, for each program service reported | | |
| | | · | |
| 4 a | | | 16,596.) |
| | SCHOLARSHIPS - PROVIDED OVER 500 SCHOLARSHIPS TO COCC STUDENTS DO | | |
| | 2014-2015. SCHOLARSHIPS WERE AWARDED BASED UPON FINANCIAL NEED A | | |
| | DEMONSTRATED SENSE OF DIRECTION AND PURPOSE. STATISTICALLY STUDY | | |
| | FOUNDATION SCHOLARSHIPS TAKE MORE CLASSES, MAINTAIN HIGHER GPAS, | | |
| | COMPLETION RATE THAN THE GENERAL COHORT. FUNDS FOR SCHOLARSHIPS | | |
| | SCHOLARSHIP ENDOWMENTS, NAMED SCHOLARSHIPS GIVEN BY INDIVIDUALS | AND BUSINESSES | <u>, AND </u> |
| | ANNUAL FUNDRAISING. | | |
| | | | |
| | | - | |
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| | | · · · · · · · · · · · · · · · · · · · | |
| 41 | | Revenue \$ | , |
| | OTHER PROGRAM EXPENSES - INCLUDES THE NANCY R. CHANDLER VISITING | | |
| | SUPPORT TO COCC PROGRAMS SUCH AS THE LIBRARY, COMMUNITY OPPORTU | <u> VITY, CULINARY,</u> | FINE |
| | ARTS, MATH DEPARTMENT AND OTHER FOUNDATION PROGRAMS. | | |
| | | | |
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| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | (D | |
| 4 (| | Revenue \$ |) |
| | CULINARY CAPITAL CAMPAIGN - THROUGH SUPPORT PROVIDED BY CENTRAL | | TY |
| | COLLEGE FOUNDATION, THE CULINARY FACILITY WAS BUILT IN 2011 BY | | |
| | COMMUNITY COLLEGE. THIS FACILITY ALLOWED THE CULINARY PROGRAM | | |
| | IN THE NUMBER OF STUDENTS THAT CAN ATTEND, GREATLY EXPANDED THE | CREDIT OFFERIN | IGS_AND_ |
| | PROVIDE MORE CLASSES FOR THE COMMUNITY. | | |
| | | | |
| | | | |
| | | | |
| | | | - |
| | | | - |
| | | | |
| | | | |
| 4 | d Other program services (Describe in Schedule O) | | |
| | (Expenses \$ including grants of \$) (Revenue \$ | |) |
| BAA | e Total program service expenses ► 1,329,389. TEEA0102L 05/28/14 | For | m 990 (2014) |
| $\omega \wedge \gamma$ | I EEAVIUZE USIZO/14 | 1 01 | () |

Form 990 (2014) COCC FOUNDATION, INC. Part IV Checklist of Required Schedules

| • | | | Yes | No |
|-----|---|------|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A. | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V . | 10 | Х | |
| 11 | If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| i | Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI | 11 a | Х | |
| ı | Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII | 11 b | | Х |
| (| Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII | 11 c | | Х |
| | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX. | 11 d | | Х |
| • | e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X | 11 e | | Х |
| 1 | f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X | 11 f | | х |
| 12: | a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII | 12a | Х | |
| | b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | Х |
| | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 13 | | X |
| | a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| ١ | b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV | 14b | | х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 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 | | 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 (see instructions) | 17 | | х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II | 18 | | Х |
| 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 | | х |
| 20 | a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H | 20 | | Х |
| 1 | b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? . | 20 b | | |
| | | | | |

Form 990 (2014) COCC FOUNDATION, INC. Part IV Checklist of Required Schedules (continued)

| <u> </u> | () Tolloomile of Regulation (continued) | | | |
|----------|---|------|-------|--------|
| • | | | Yes | No |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 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 Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III | 22 | | Х |
| 23 | Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J | 23 | | Х |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, 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 |
| t | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| c | Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 a | Section 501(c)(3), 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 | | Х |
| ŀ | 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 contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III | 27 | | ·X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| ā | A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28a | | Х |
| ŧ | A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28b | | х |
| | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M | 29 | | Х |
| | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I | 33 | х | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | Х | |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| ŧ | olf '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 | |
| BAA | | Form | 990 (| (2014) |

| ٠. | Check if Schedule O contains a response or note to any line in this Part V | | | | |
|------|---|------------------------------------|----------------|------------------|-------------|
| | | | Y | 'es | No |
| 1 a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | 1a 13 | | | |
| | | 1 b 0 | | | ļ |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable | ortable gaming | | | ļ |
| | (gambling) winnings to prize winners? | · · · | 1 c | X | |
| 2 a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2 a 1 | | | |
| | If at least one is reported on line 2a, did the organization file all required federal employment t | | 2 b | \mathbf{x}^{-} | |
| E. | · · · · · · · · · · · · · · · · · · · | <u></u> | 20 | ^ | |
| 2 - | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instr | - | | | J |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | ļ | 3 a | - | |
| | olf 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O | <u> </u> | 3Ь | _ | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other a financial account in a foreign country (such as a bank account, securities account, or other final time.) | authority over, a ancial account)? | 4 a | | Х |
| b | If 'Yes,' enter the name of the foreign country | - (FDAD) | | | į |
| _ | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac | - | | | |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax y | | 5 a | | X |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter | transaction? | 5 b | | X |
| c | If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | <u> </u> | 5 c | _ | |
| 6 a | Does the organization have annual gross receipts that are normally greater than \$100,000, and solicit any contributions that were not tax deductible as charitable contributions? | did the organization | 6 a | | Х |
| b | If 'Yes,' did the organization include with every solicitation an express statement that such contribution not tax deductible? | ns or gifts were | 6Ь | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and part services provided to the payor? | tly for goods and | 7 a | x | |
| ь | If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | - | | \mathbf{x} | — |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | s required to file | - | - | |
| • | Form 8282? | o roquirou to tilo | 7 c | | Х |
| d | If 'Yes,' indicate the number of Forms 8282 filed during the year | 7 d | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal be | enefit contract? | 7 e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit | it contract? | 7 f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file For as required? | rm 8899 | 7 g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the o Form 1098-C? | rganization file a | 7 h | | X |
| 8 | | the sponsoring | | | |
| | organization have excess business holdings at any time during the year? | | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | | 9 a | - 1- | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related perso | nn? | 9 b | | |
| 10 | Section 501(c)(7) organizations. Enter | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 0 a | - { | } | į |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 0 Ь | | | į |
| 11 | Section 501(c)(12) organizations. Enter | | | ŀ | |
| а | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 1 a | | | |
| t | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 16 | | | |
| 12 a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of F | orm 1041? | 12a | - | |
| | | 2Ы | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | , | 13a | _ | |
| | Note. See the instructions for additional information the organization must report on Schedule | o l | | | |
| t | Enter the amount of reserves the organization is required to maintain by the states in | 1 | | | |
| | which the organization is licensed to issue qualified health plans . | 3 b | 1 | ľ | |
| | | 3c | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? |) - | 14a | | <u> X</u> |
| | olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Sc | | 14Ь | لــِــ | _ |
| BAA | TEEA0105L 05/28/14 | | orm 9 | 90 (| 2014) |

Page 6 Part VI | Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 16 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent 1 b 16 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents 4 Х since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 6 X Did the organization have members or stockholders? 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Х members of the governing body? 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b Х stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 a Х a The governing body? 8 b X b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 Х organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10 a 10 a Did the organization have local chapters, branches, or affiliates?. b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b operations are consistent with the organization's exempt purposes? $\overline{\mathbf{X}}$ 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O X 12 a 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done SEE SCHEDULE Q . Х 12 c 13 X 13 Did the organization have a written whistleblower policy? X 14 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official SEE SCHEDULE O 15a Х 15_b b Other officers or key employees of the organization 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 Х 16 a 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? 16 t Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > OR Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Other (explain in Schedule O) Another's website X Upon request Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records: 20

BEND OR 97703 (541) 383-7225

| Form 990 (2014) COCC FOUNDATION, INC. | 93-6041247 | Page 7 |
|---|-----------------------------------|---------|
| Part VII Compensation of Officers, Directors, Trustees, Key Employees, Higher Independent Contractors | est Compensated Employe | es, and |
| 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 Compen- | sated Employees | |
| 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year endi organization's tax year | ing with or within the | |
| List all of the organization's current officers, directors, trustees (whether individuals or organization Enter -0- in columns (D), (E), and (F) if no compensation was paid | zations), regardless of amount of | |
| List all of the organization's current key employees, if any. See instructions for definition of 'k List the organization's five current highest compensated employees (other than an officer, directived reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of mo | ector, trustee, or key employee) | |

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

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

| Check this box if neither the organization nor any relati | ed organiz | ation | con | npen | sate | ed any | y cu | irrent officer, directi | or, or trustee. | |
|---|--|-------------|-----------------------|---------|--------------|-------------------------------|--------|-------------------------------------|--|--|
| | | | | (C) | | | | | | |
| (A) Name and Title | (B) Average hours per | | dır | ector | /trust | eck moss pers and a ee) | | (D) Reportable compensation from | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation |
| | week (list any hours for related organiza tions below dotted line) | or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization and related organizations |
| (1) SEE ATTACHED TRUSTEES | - 2 - | x | | | | | | 0. | 0. | 0. |
| (2) JIM WEAVER EXECUTIVE DIREC | _ <u>40</u> 0 | i | | Х | | | | 0. | 90,849. | 0. |
| (3) | | | | | | | | | Ì | |
| (4) | | ŀ | | | | | | | | |
| (5) | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| (8) | | | | | | | | | | |
| | | | | | | | | | | |
| (10) | | | | | | | | | - | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |

| . Section A. Officers, Directors, 1rd | (B) | Ney | | (0 | _ | C S, 6 | anic | | | |
|---|---|--------------------------------|-----------------------|------------------------|-------------------------|---------------------------------|--------------|-------------------------------------|---|--|
| (A) Name and title | Average hours per week | box, offic | unles er and | neck ss pe d a c | more erson direct | than or trust | n an tee) | Reportable Reportable | | (F) Estimated amount of other |
| | (list any hours for related organiza - tions | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| | below dotted line) | ustee | trustee | | ee | pensated | | | | |
| (15) | | - | | | | | | | | - |
| (16) | | | | | | | | | | |
| (17) | | - | | | | | | | | |
| (18) | | | | | | | | | | |
| (19) | | | | | | | | | | |
| (20) | | | | | - | | | | | |
| (21) | | 1 | | | | | | | | |
| (22) | | | | | | | | | | |
| (23) | | | | | | | | * ** | | |
| (24) | | | | | | | | | | |
| (25) | | | | | | | | | | |
| 1 b Sub-total | | | | | | | • | 0. | 90,849. | 0. |
| c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c) | on A | | | | | | • | 0. | 0. 90,849. | 0. |
| 2 Total number of individuals (including but not limited from the organization ► 0 | to those i | sted | abov | e) v | vho | recen | ved | more than \$100,00 | | |
| 3 Did the organization list any former officer, direc | tor or tru | ctoo | kov | om | nlo | V00 | or h | ughest compensa | ted employee | Yes No |
| on line 1a? If 'Yes,' complete Schedule J for suc. 4 For any individual listed on line 1a, is the sum of | h individu | ıal | _ | | | | | | - | 3 X |
| the organization and related organizations greate such individual | er than \$1 | 50,00 |)0? / | lf 'Y | es' | com | olet | e Schedule J for | 110111 | 4 X |
| 5 Did any person listed on line 1a receive or accruing for services rendered to the organization? If 'Yes | e compen s,' comple | satio te Sc | n fro | om : ule | any <i>J fo</i> | unre r suc | late :h p | d organization or erson | ındıvıdual | 5 X |
| 1 Complete this table for your five highest compen- compensation from the organization Report compen | sated indi | epend the ca | dent alend | cor dar v | ntra year | ctors endii | tha | t received more to | nan \$100,000 of ganization's tax year | , |
| (A) Name and business addi | | | | | | | | (B) Description | 1 | (C) Compensation |
| | | | | | | | | | | |
| | | | | | | | _ | | | |
| | | | | | | | _ | | | |
| Total number of independent contractors (including to \$100,000 of compensation from the organization). | | ited to | tho: | se I | ısted | abo | ve) | wno received more | tnan | |

| <u> </u> | Check if Schedule O contains a response or note to any | y line in this Part V | IIL | | |
|--|---|-----------------------|--|---|--|
| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| nts its | 1 a Federated campaigns 1 a | | | | |
| irar | b Membership dues 1 b | | | | |
| s, G | c Fundraising events | | | | |
| ar i | d Related organizations | | | | |
| s, C | e Government grants (contributions) 1 e | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | f All other contributions, gifts, grants, and similar amounts not included above 1 f 1,311,967. | | <u> </u> | | |
| ontr. | g Noncash contributions included in lines 1a-1f \$ | | | | |
| <u>8</u> | h Total. Add lines 1a-1f | 1,311,967. | | | · |
| Program Service Revenue | Business Code | | | | |
| 2 | 2a PROGRAM INCOME | 129,212. | 129,212. | | |
| ă, | b OTHER INCOME | 29,888. | 29,888. | | |
| Zi. | c | | | | |
| ઝું | d | | | <u></u> | |
| Ĕ | е | | | | |
| ğ | f All other program service revenue | | | | |
| P | g Total. Add lines 2a-2f ► | 159,100. | | | |
| | 3 Investment income (including dividends, interest and | | | | |
| | other similar amounts). | 645,529. | 645,529. | · · · · · · · · · · · · · · · · · · · | |
| | 4 Income from investment of tax-exempt bond proceeds. ▶ | | | <u> </u> | <u> </u> |
| | 5 Royalties | | | | |
| | (i) Real (ii) Personal | | | | |
| | 6 a Gross rents | | i | ! | |
| | b Less rental expenses | | | | , |
| | c Rental income or (loss) | | | | |
| | d Net rental income or (loss) | | | | |
| | 7 a Gross amount from sales of (i) Securities (ii) Other | | | | |
| | assets other than inventory | | | | |
| | b Less cost or other basis | | | · | |
| | and sales expenses | | | | |
| | c Gain or (loss) | | . ~ . | | |
| | d Net gain or (loss) | | | | |
| <u>o</u> | 8 a Gross income from fundraising events | | | | |
| 골 | (not including \$ | | | | |
| eve | of contributions reported on line 1c). | | | | ļ |
| Ä | See Part IV, line 18 | | | | |
| Other Revenue | b Less direct expenses b | ' | | | |
| ಕ | c Net income or (loss) from fundraising events. | | | | |
| | 9 a Gross income from gaming activities. See Part IV, line 19 a | | | | } |
| | b Less: direct expenses b | | | II | |
| | c Net income or (loss) from gaming activities | | | | |
| | 10a Gross sales of inventory, less returns and allowances a | | | | |
| | b Less cost of goods sold b | | _ | | _ |
| | c Net income or (loss) from sales of inventory | | | | |
| | Miscellaneous Revenue Business Code | | | | |
| | 11a | <u> </u> | | | |
| | b | | | | |
| | С | | | | |
| | d All other revenue. | | | | |
| | e Total. Add lines 11a-11d | | | | |
| | 12 Total revenue. See instructions | 2.116.596 | 804.629 | 0 | n |

Part IX | Statement of Functional Expenses

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

| | Check if Schedule O contains a r | | | | |
|----------|---|-----------------------|------------------------------|-------------------------------------|----------------------------------|
| Do r | not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | | | | • |
| 2 | Grants and other assistance to domestic individuals See Part IV, line 22. | - | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 90,849. | 22,713. | 22,713. | 45,423. |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0.1 | 0. | 0.1 | 0. |
| 7 | Other salaries and wages | 284,605. | 70,482. | 127,181. | 86,942. |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 204,003. | 70,402. | 127,101. | 00,342. |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | 3,080. | 1,693. | 155. | 1,232. |
| | Fees for services (non-employees) | | | | 1/202. |
| | Management . | | | | |
| | Legal | 275. | | 137. | 138. |
| | | | | | 1,900. |
| | Accounting | 3,800. | . | 1,900. | 1,900. |
| | Lobbying | | | | |
| | Professional fundraising services See Part IV, line 17 | | ·- ·- | | |
| | Investment management fees | <u>-</u> | | | |
| _ | Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) Advertising and promotion | | | | |
| 13 | Office expenses | - | | | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | | | | ···. |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 20 | Conferences, conventions, and meetings Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | _ · | 1,977. | | 989. | 988. |
| | Insurance | | | | |
| | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O). | | | | |
| a | SCHOLARSHIPS | 1,170,004. | 1,170,004. | | |
| | DIRECT FUNDRAISING EXPENSES | 92,848. | | | 92,848. |
| | PROGRAM | 62,891. | 62,891. | | <u> </u> |
| | CONTRACT SERVICES | 23,581. | <u> </u> | 11,791. | 11,790. |
| | All other expenses | 68,757. | 1,606. | 39,204. | 27,947. |
| | Total functional expenses Add lines 1 through 24e | 1,802,667. | 1,329,389. | 204,070. | 269,208. |
| | , | 1,002,007. | | | |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if following SOP 98-2 (ASC 958-720) | | | | |

Balance Sheet

Part X Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year Cash - non-interest-bearing 101,424 58,154. 2 Savings and temporary cash investments 1,441,765 2 1,545,139. 3 Pledges and grants receivable, net 541,447. 578,036. Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L a Notes and loans receivable, net 7 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 24,502 3,757. b Less accumulated depreciation 10b 20,745 3,300 10 c Investments - publicly traded securities 11 16,738,992. 16,501,840 12 Investments - other securities See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 15 650,101 15 Other assets See Part IV, line 11 669,891 Total assets. Add lines 1 through 15 (must equal line 34) 19,259,667 16 19,574,179. Accounts payable and accrued expenses 14,561 17 22,522 17 18 Grants payable 18 Deferred revenue 19 19 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D Liabilities Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 184,030 176,652 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 26 198,591 199,174. Total liabilities. Add lines 17 through 25 X and complete Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 1,840,034 1,944,762. 27 28 28 Temporarily restricted net assets 9,985,294 10,003,640. Permanently restricted net assets 7,235,748 29 7,426,603. Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 19,061,076 33 19,375,005. 34 Total liabilities and net assets/fund balances 19, 259, 667 19,574,179. BAA Form 990 (2014)

| | | <u>3-604124</u> | 7 | _ Pa | ige 12 |
|-----|--|-----------------|------|------|----------|
| Par | t 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 | 2,1 | 16,5 | 596. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,8 | 02,6 | 67. |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 3 | 13,9 | 29. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4_ | 19,0 | 61,0 | 76. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O). | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | . 10 | 19,3 | 75,0 | 05. |
| Par | t XII Financial Statements and Reporting | | | - | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | Ĩ | Yes | No |
| 1 | Accounting method used to prepare the Form 990 Cash X Accrual Other | | | | 1 |
| | If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O | | | | |
| 2 8 | Were the organization's financial statements compiled or reviewed by an independent accountant?. | | 2 a | | X |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or rev separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis | ewed on a | | |] |
| Ł | Were the organization's financial statements audited by an independent accountant? | | 2 b | Х | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a se basis, consolidated basis, or both. X Separate basis Consolidated basis Both consolidated and separate basis | parate | | | |
| • | If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant? | udıt, | 2 c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | | | | |
| | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133? | | 3 a | | х |
| | olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits | audit | 3 b | | <u> </u> |
| BAA | | | Form | 990 | (2014) |

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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

Schedule A (Form 990 or 990-EZ) 2014

Name of the organization Employer identification number COCC FOUNDATION, INC 93-6041247 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(bX1)(AXi). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 5 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 9 June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. 11 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting 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 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 integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations g Provide the following information about the supported organization(s) (i) Name of supported (iv) is the organization listed in your governing document? (v) Amount of monetary (vi) Amount of other (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) support (see instructions) support (see instructions) Yes No (A) (B) (C) (D) (E)

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

Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec | tion A. Public Support | | | | | | |
|------|--|----------------------|-----------------------|-----------------------|-----------------------|---------------------|--------------|
| begi | ndar year (or fiscal year nning in) ► | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants.') | 2,111,090. | 3,122,078. | 1,074,129. | 1,066,995. | 1,311,967. | 8,686,259. |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0. |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge. | | | | | | 0. |
| | Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). | 2,111,090. | 3,122,078. | 1,074,129. | 1,066,995. | 1,311,967. | 8,686,259. |
| 6 | Public support. Subtract fine 5 from line 4 | | | | | | 8,686,259. |
| Sec | tion B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year nning in) ► | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 7 | Amounts from line 4 | 2,111,090. | 3,122,078. | 1,074,129. | 1,066,995. | 1,311,967. | 8,686,259. |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 231,419. | 246,147. | 815,497. | 358,113. | 296,671. | 1,947,847. |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0. |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | 160,015. | 182,576. | 207,224. | 167,173. | 159,100. | 876,088. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 11,510,194. |
| 12 | Gross receipts from related activ | vities, etc (see ins | tructions) | | | 12 | 0. |
| 13 | First five years. If the Form 990 is organization, check this box and | lak kara | n's first, second, th | ird, fourth, or fifth | tax year as a section | on 501(c)(3) | . ▶□ |
| | tion C. Computation of Pu | | | | | | |
| | Public support percentage for 20 | | | ne 11, column (f)) | | 14 | 75.47% |
| | Public support percentage from | | | | | _ 15 | 74.98% |
| 16 a | 16a 33-1/3% support test − 2014. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization \(\times \) \(\times \) | | | | | | |
| | 33-1/3% support test — 2013. If and stop here. The organization | i qualifies as a pu | blicly supported o | organization . | •• | • | |
| 17 a | 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts | meets the 'facts-a | and-circumstance | s' test, check this | box and stop her | re. Explain in Part | VI how |
| t | 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an | meets the 'facts-a | and-circumstance: | s' test, check this | box and stop her | re. Explain in Part | |
| 18 | Private foundation. If the organi | zation did not che | ck a box on line | 13, 16a, 16b, 17a | , or 17b, check th | is box and see ins | structions • |

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 o | or if the organization failed to qualify under F | art II If the organization fails |
|-----------------------|---------------------------------------|--|----------------------------------|
| to qualify under the | tests listed below, please complet | te Part II) | - |

| Sec | tion A. Public Support | | | | | | |
|-------|---|---------------------------------|--------------------------|----------------------|----------------------|--------------------|---------------------------------------|
| | dar year (or fiscal yr beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 1 | Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants') | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 5 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a | | | | | | |
| _ | governmental unit to the organization without charge | | | | | | |
| | Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| t | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c | : Add lines 7a and 7b | | | | | | |
| 8 | Public support (Subtract line 7c from line 6) | | | | | | |
| Sec | tion B. Total Support | | | | | | |
| Calen | dar year (or fiscal yr beginning in) | (a) 2010 | (b) 2011 | (c) 2012_ | (d) 2013 | (e) 2014 | (f) Total |
| - | Amounts from line 6 | | | | | | |
| 10 a | a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | - |
| | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. | | | | | | |
| 11 | Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | | | | |
| | Total support. (Add lines 9, 10c, 11 and 12) | | | | | | |
| 14 | First five years. If the Form 990 organization, check this box and | is for the organiz stop here | ation's first, secoi | nd, third, fourth, c | or fifth tax year as | a section 501(c)(| 3) ▶ □ |
| Sec | tion C. Computation of Pu | | | | | | |
| 15 | | - | • • | ne 13, column (f)) | 1 | 15 | 8 |
| 16 | Public support percentage from | | | | | . 16 | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| Sec | tion D. Computation of Inv | | | | | | |
| 17 | Investment income percentage f | - | • • • | | ımn (f)) . | 17 | % |
| 18 | Investment income percentage f | | | | • | 18 | ર્ધ |
| | a 33-1/3% support tests - 2014. If is not more than 33-1/3%, check | this box and sto | p here. The orgar | nization qualifies a | as a publicly supp | orted organization | ր ▶ ∐ |
| | 33-1/3% support tests — 2013. If line 18 is not more than 33-1/3% | 6, check this box | and stop here. Th | ie organization qu | ialifies as a public | ly supported orga | nization . |
| 20 | Private foundation. If the organi | zation did not che | eck a box on line | 14, 13a, or 13b, 0 | meck this box and | see instructions | · · • 🔟 |

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, D, and E. If you checked 11d 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 |
|----------------|------------|----------------------|
|----------------|------------|----------------------|

| | | | Yes | No |
|------|---|---------|-----|----|
| 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 | 1 | | |
| 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) | 2 | | |
| 3 a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below | 3a | | |
| 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 | 3b | | |
| 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 | 3с | | |
| 4 a | 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 | 4a | | |
| t | 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 | 4b | | |
| 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 | 4c | | |
| 5 a | a 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) | 5a | | |
| t | 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? | 5b | | |
| c | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5с | | |
| 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 | 6 | | |
| 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). | 7 | | |
| 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) | 8 | | |
| 9 a | a 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 | 9a | | |
| ŧ | 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 | 9b | | |
| (| 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 | 9c | | J |
| 10 a | a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer (b) below | 10a | | |
| ŀ | 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). | 10b | | j |

| | dule A (Form 990 or 990-EZ) 2014 COCC FOUNDATION, INC. 93-60- | 41247 | F | age 5 |
|-----|---|------------|-------------|-------------|
| Par | t IV Supporting Organizations (continued) | | | |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | Yes | No |
| | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | 11a | | |
| Ŀ | A family member of a person described in (a) above? | 11b | | |
| | A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI | 11c | | |
| | tion B. Type I Supporting Organizations | | | L |
| _ | <u> </u> | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activitie lif the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year | s. 1 | | |
| | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of supporting organization was vested in the same persons that controlled or managed the supported organization(s). | the - | | |
| Sec | tion D. All Type III Supporting Organizations | | L | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | · 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s) | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations player in this regard | d 3 | | |
| Sec | tion E. Type III Functionally-Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction | ns): | | |
| a | | ,. | | |
| ŧ | | | | |
| | | tructions) | | |
| • | The organization supported a governmental entity Describe in 1 art vi now you supported a government only (see inst | ructions | | |
| 2 | Activities Test Answer (a) and (b) below. | | Yes | No |
| a | a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | | | |
| t | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | r . 2b | | |
| 3 | Parent of Supported Organizations Answer (a) and (b) below. | | | |
| | a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> | . 3a | _ | |
| t | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard | 3b | | |
| 54. | School A Foo | 000 az 000 | 1 = 70 1 | 2014 |

| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying trust on No other Type III non-functionally integrated supporting organizations must complete | ovembe | r 20, 1970 See instructi | ions. All |
|-------|--|---------|--------------------------|--------------------------------|
| Sec | tion A – Adjusted Net Income | | (A) Prior Year | (B) Current 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 | | |
| | 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 | | |
| Sec | tion B — Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | | | |
| _ a | Average monthly value of securities | 1a | | |
| | Average monthly cash balances | 1b | | |
| | Fair market value of other non-exempt-use assets . | 1c | | |
| | Total (add lines 1a, 1b, and 1c) | 1d | | |
| • | Discount claimed for blockage or other 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 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | <u></u> | |
| Sec | tion C — Distributable Amount | | . <u>.</u> | 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 | , | 3 | | |
| 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 | | |
| 7 | Check here if the current year is the organization's first as a non-functionally-integrated (see instructions). | egrated | | |
| RAA | | | Schodulo A /Fo | rm 990 or 990.F71 201 |

| Par | t v Type III Non-Functionally Integrated 509(a)(3) St | ipporting Organiza | tions (continuea) | |
|------|---|---------------------------------------|--|---|
| Sect | tion D – Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exempt pu | rposes | | |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes on excess of income from activity | of supported organizations | | |
| 3 | Administrative expenses paid to accomplish exempt purposes of su | upported organizations | | |
| 4 | Amounts paid to acquire exempt-use assets | <u> </u> | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | ····. | |
| 6 | Other distributions (describe in Part VI) See instructions | | | |
| 7 | Total annual distributions. Add lines 1 through 6 | · · · · · · · · · · · · · · · · · · · | | |
| 8 | Distributions to attentive supported organizations to which the organization Part VI). See instructions | on is responsive (provide | details | |
| 9 | Distributable amount for 2014 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by Line 9 amount . | | | |
| | tion E – Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2014 | (iii) Distributable Amount for 2014 |
| 1 | Distributable amount for 2014 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2014 (reasonable cause required – see instructions) | | | |
| 3 | Excess distributions carryover, if any, to 2014: | | | |
| a | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| е | 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) | | | |
| j | Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 | Distributions for 2014 from Section D, | | | |
| | line 7 \$ | | | |
| | Applied to underdistributions of prior years | ļ | | |
| | Applied to 2014 distributable amount . | | <u> </u> | |
| | 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) | | | |
| 6 | Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) | | | |
| 7 | Excess distributions carryover to 2015. Add lines 3j and 4c | | | |
| 8 | Breakdown of line 7 | | | |
| а | | | | |
| Ь | | | | |
| С | | | | |
| d | Excess from 2013 | | | |
| е | Excess from 2014 | | | |

BAA

Schedule A (Form 990 or 990-EZ) 2014

COCC FOUNDATION, INC.

93-6041247

Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

PART II, LINE 10 - OTHER INCOME

| NATURE AND SOURCE | | - | 2014 | 2013 | 2012 | _ | 2011 | _2010 |
|-------------------|-------|----|----------|----------------|----------------|----|----------|----------------|
| PROGRAM AND OTHER | | \$ | 159,100. | \$ 167,173. | \$ 207,224. | \$ | 182,576. | \$ 160,015. |
| | TOTAL | \$ | 159,100. | \$ 167,173. | \$ 207,224. | \$ | 182,576. | \$ 160,015. |

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545 0047 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

| | COCC FOUNDATION, INC. | | | | | _ |
|-----|--|---|---|---|--|----------------------------|
| | <u> </u> | w Advised Funds of Ot | hay Cimilay Fund | A | 93-604124 | 7 |
| Pai | Organizations Maintaining Dono Complete if the organization answers | wered 'Yes' to Form 990 | ner Similar Fund:). Part IV. line 6. | or Acc | counts. | |
| | , , , , , , , , , , , , , , , , , , , | (a) Donor advised | | (b) F | unds and other | accounts |
| 1 | Total number at end of year | (4) 2010. 401.00 | | <u> </u> | | |
| 2 | Aggregate value of contributions to (during year) | <u> </u> | | | · | |
| 3 | Aggregate value of grants from (during year) | | | | | |
| 4 | Aggregate value at end of year | | | | | |
| 5 | Did the organization inform all donors and dor are the organization's property, subject to the | | | r advised | funds Yes | s No |
| 6 | Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit? | rs, and donor advisors in wri of the donor or donor advisor | ting that grant funds or, or for any other pu | can be us irpose cor | ed only nferring Yes | s No |
| Pai | t II Conservation Easements. | | · | | | |
| | Complete if the organization answ | wered 'Yes' to Form 99 | 0, Part IV, line 7. | | | |
| 1 | Purpose(s) of conservation easements held by | y the organization (check all | that apply). | | | |
| | Preservation of land for public use (e.g., r | ecreation or education) | Preservation of a | | • | |
| | Protection of natural habitat | | Preservation of a | certified | historic structur | re |
| _ | Preservation of open space | | | _ | | |
| 2 | Complete lines 2a through 2d if the organization hast day of the tax year | neld a qualified conservation co | ntribution in the form o | | | |
| | Total number of agent water agent | | | ─ | Held at the End | of the Tax Year |
| | a Total number of conservation easements | monts | | 2 a 2 b | | |
| | b Total acreage restricted by conservation ease c Number of conservation easements on a certiful contents | | d in (a) | 2 c | | |
| | | | | - | | |
| | d Number of conservation easements included in structure listed in the National Register | • | | 2 d | | · |
| 3 | Number of conservation easements modified, trar tax year ▶ | nsferred, released, extinguished | i, or terminated by the | organizatio | on during the | |
| 4 | Number of states where property subject to conse | | | | | |
| 5 | Does the organization have a written policy re and enforcement of the conservation easemer | | ng, inspection, handl | ing of viol | lations, | s No |
| 6 | Staff and volunteer hours devoted to monitoring, i | inspecting, and enforcing const | ervation easements dur | ing the yea | ar | |
| 7 | Amount of expenses incurred in monitoring, insper- | ecting, and enforcing conservat | on easements during t | ne year | | |
| 8 | Does each conservation easement reported or and section 170(h)(4)(B)(ii)? | n line 2(d) above satisfy the | requirements of section | on 170(h)(| (4)(B)(i) Yes | s No |
| 9 | In Part XIII, describe how the organization reports include, if applicable, the text of the footnote conservation easements | s conservation easements in its to the organization's financia | revenue and expense I statements that des | statement cribes the | , and balance she organization's | eet, and accounting for |
| Pa | Complete if the organization ans | ections of Art, Historica wered 'Yes' to Form 99 | I Treasures, or O O, Part IV, line 8. | ther Sin | nilar Assets. | |
| 1 | a If the organization elected, as permitted unde art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finar | eld for public exhibition, educat | on, or research in furth | stateme erance of | nt and balance public service, p | sheet works of rovide, |
| | b If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items: | r SFAS 116 (ASC 958), to re or public exhibition, education, | port in its revenue sta or research in furtherar | itement a nce of pub | ind balance she lic service, provid | et works of art, de the |
| | (i) Revenue included in Form 990, Part VIII, | line 1 | | | ► \$ | |
| | (ii) Assets included in Form 990, Part X | | | • | ► \$ | |
| | If the organization received or held works of art, hamounts required to be reported under SFAS | 116 (ASC 958) relating to the | | l gaın, pro | | g |
| | a Revenue included in Form 990, Part VIII, line | 1 | • | • • | · • \$ | |
| | E ACCOTE INGUIDAD IN FORM UUII Wart Y | | | | | |

| Schedule D .(Form 990) 2014 COCC | FOUNDATION | , INC. | | | 93-604 | 1247 | | Page 2 |
|---|--|----------------------------------|--|--|------------------------------|--------------|--------------|--------|
| Part III Organizations Mainta | | | orica | Treasures, o | r Other Similar Ass | ets (c | ontını | |
| 3 Using the organization's acquisition items (check all that apply). | , accession, and c | other records, check a | any of t | he following that a | re a significant use of its | collectio | 'n | |
| a Public exhibition | | d Loan | or exc | hange programs | | | | |
| b Scholarly research | | e Other | · | | | | | |
| c Preservation for future gener | rations | _ | | | | | | |
| 4 Provide a description of the organiz Part XIII | ation's collections | and explain how the | y furthe | er the organization | 's exempt purpose in | | | |
| 5 During the year, did the organiza to be sold to raise funds rather the | ition solicit or rec han to be mainta | eive donations of ai | rt, hist organia | orical treasures, o zation's collection | or other similar assets | Yes | | No |
| Part IV Escrow and Custodia line 9, or reported an | | | | | swered 'Yes' to For | m 990 |), Part | īV, |
| 1 a Is the organization an agent, trus | stee, custodian, o | or other intermediar | y for c | ontributions or otl | ner assets not included | | | ٦., |
| on Form 990, Part X? b If 'Yes,' explain the arrangement | ın Part XIII and | complete the follow | ına tat | ole | ı | Yes | L | No |
| | | | | | <u> </u> | Amoun | t | |
| c Beginning balance | | | | | 1c | | <u> </u> | |
| d Additions during the year | | | | | 1 d | | | |
| e Distributions during the year | · | | | | 1 e | - | | |
| f Ending balance | | • | | | 11 | | | |
| 2a Did the organization include an a | amount on Form | 990 Part X line 21 | for es | crow or custodial | | Yes | | No |
| b If 'Yes,' explain the arrangement | | | | | • | ' ' ' ' ' | - | -∤" |
| bit ies, explain the arrangement | III Fall Alli Cile | ck field if the expla | Hallon | nas been provide | su iii i art XIII | | L | |
| Part V Endowment Funds. C | omplete if the | organization ar | 25W/A | red 'Ves' to Fo | rm 990 Part IV Jun | ۵ 10 | | |
| Fait V Lindownient Funds. C | (a) Current year | | | (c) Two years bac | | | Four year | s hack |
| 1 a Beginning of year balance | 7,235,74 | | | 7,067,15 | | _ | ,761, | |
| b Contributions | | | $\overline{}$ | 145,42 | | | | |
| b Contributions | 190,85 | 55. 23,1 | 101. | 145,42 | 9. 2,169,373. | + | <u>,116,</u> | 136. |
| c Net investment earnings, gains, | | | | | | ŀ | | |
| and losses d Grants or scholarships | | | | | | | | - |
| e Other expenditures for facilities | | | | | | + | - | |
| and programs | | | | | 0. | , | | |
| f Administrative expenses | | | | | | 1 | | |
| g End of year balance | 7,426,60 | 7,235, | 748. | 7,212,58 | 7. 7,067,158 | 4 | ,877, | 785. |
| 2 Provide the estimated percentag | | | | | | -1 | , , , | |
| a Board designated or quasi-endowm | _ | % | φ. | ` '' | | | | |
| b Permanent endowment ▶ | | | | | | | | |
| c Temporarily restricted endowmer | | 8 | | | | | | |
| The percentages in lines 2a, 2b, | | | | | | | | |
| • | | • | | | | | | |
| 3 a Are there endowment funds not in to organization by | the possession of t | the organization that | are hel | d and administered | d for the | | Yes | No |
| (i) unrelated organizations | | | | | | 3a(i) | | Х |
| (ii) related organizations | | | | | | 3a(ii) | | X |
| b If 'Yes' to 3a(II), are the related of | organizations list | ed as required on S | chedu | le R? | • | 3b | | |
| 4 Describe in Part XIII the intended | - | • | | | PT YT TT | | | L |
| Part VI Land, Buildings, and | | anization 3 chaowin | Citt idi | 103 JEE LAN | VI VIII | | | - |
| Complete if the organ | | red 'Yes' to Forr | m 990 |), Part IV, line | 11a. See Form 990 |), Par | t X, Iır | ie 10. |
| Description of property | (a) | Cost or other basis (investment) | | Cost or other basis (other) | (c) Accumulated depreciation | (d) | Book va | lue |
| 1 a Land . | | | | | | | | |
| b Buildings . | | | | | | | | |
| c Leasehold improvements | | | | | | | | |
| d Equipment | <u> </u> | | <u> </u> | | | | | |
| e Other | | | | 24 502 | 20.745 | | 3 | 757 |

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c) . 3, 757.

BAA Schedule D (Form 990) 2014

| Complete if the organization answere | d 'Yes' to Form 990 | 0, Part IV, line 11b. See Form 990, Part X, line 12. |
|--|--|---|
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) | | |
| (A) (B) (C) (D) (E) (F) (G) (H) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| <u>(F)</u> | | |
| (G) | | |
| | | |
| (I) | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 12) | <u> </u> | |
| Part VIII Investments - Program Related. | d 'Vas' ta Earm 001 | N/A 0, Part IV, line 11c. See Form 990, Part X, line 13. |
| (a) Description of investment type | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
| | (b) Book value | (c) Method of Valuation Cost of end-of-year market Value |
| (1) | | |
| (2) | | |
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| <u>(4)</u> (5) | | |
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| Total. (Column (b) must equal Form 990, Part X, column (B) line 13) | | |
| | 4! | |
| Part IX Other Assets. | | A |
| Part IX Other Assets. Complete if the organization answere | N/I d 'Yes' to Form 990 | A D, Part IV, line 11d. See Form 990, Part X, line 15. |
| Part IX Other Assets. Complete if the organization answere (a) De | | A D, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value |
| Complete if the organization answered (a) De | N/I d 'Yes' to Form 990 | A D, Part IV, line 11d. See Form 990, Part X, line 15. |
| Complete if the organization answere (a) December 1. | N/I d 'Yes' to Form 990 | A D, Part IV, line 11d. See Form 990, Part X, line 15. |
| Other Assets. Complete if the organization answere (a) De (1) (2) (3) | N/I d 'Yes' to Form 990 | A D, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value |
| Complete if the organization answere (a) De (1) (2) (3) (4) | N/I d 'Yes' to Form 990 | A D, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value |
| Other Assets. Complete if the organization answere (a) De (1) (2) (3) | N/I d 'Yes' to Form 990 | A D, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value |
| Part IX Other Assets. Complete if the organization answere (a) De (1) (2) (3) (4) (5) (6) (7) | N/I d 'Yes' to Form 990 | A. D., Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value |
| Part IX Other Assets. Complete if the organization answere (a) De (1) (2) (3) (4) (5) (6) (7) (8) | N/I d 'Yes' to Form 990 | A D, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value |
| Part IX Other Assets. Complete if the organization answere (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) | N/I d 'Yes' to Form 990 | A D, Part IV, line 11d. See Form 990, Part X, line 15. |
| Part IX Other Assets. Complete if the organization answeres (a) Dec (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) | M/I d 'Yes' to Form 990 escription | (b) Book value |
| Part IX Other Assets. Complete if the organization answeres (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) | M/I d 'Yes' to Form 990 escription | A D, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value |
| Part IX Other Assets. Complete if the organization answeres (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. | d 'Yes' to Form 990 escription (B), line 15.) | (b) Book value |
| Part IX Other Assets. Complete if the organization answeres (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' to F | d 'Yes' to Form 990 escription (B), line 15.) | (b) Book value le or 11f. See Form 990, Part X, line 25 |
| Part IX Other Assets. Complete if the organization answeres (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' to Figure 1. | d 'Yes' to Form 990 escription (B), line 15.) | (b) Book value le or 11f. See Form 990, Part X, line 25 |
| Part IX Other Assets. Complete if the organization answeres (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' to Find (a) Description of liability (1) Federal income taxes | d 'Yes' to Form 990 escription (B), line 15.) | (b) Book value le or 11f. See Form 990, Part X, line 25 |
| Part IX Other Assets. Complete if the organization answeres (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' to form (a) Description of liability (1) Federal income taxes (2) | d 'Yes' to Form 990 escription (B), line 15.) | (b) Book value le or 11f. See Form 990, Part X, line 25 |
| Part IX Other Assets. Complete if the organization answeres (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) | d 'Yes' to Form 990 escription (B), line 15.) | (b) Book value le or 11f. See Form 990, Part X, line 25 |
| Part IX Other Assets. Complete if the organization answere (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (Part X) Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) | d 'Yes' to Form 990 escription (B), line 15.) | (b) Book value le or 11f. See Form 990, Part X, line 25 |
| Part IX Other Assets. Complete if the organization answeres (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column of the organization answered 'Yes' to form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) | d 'Yes' to Form 990 escription (B), line 15.) | (b) Book value le or 11f. See Form 990, Part X, line 25 |
| Part IX Other Assets. Complete if the organization answeres (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column of the organization answered 'Yes' to form of the organization of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) | d 'Yes' to Form 990 escription (B), line 15.) | (b) Book value le or 11f. See Form 990, Part X, line 25 |
| Part IX Other Assets. Complete if the organization answeres (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column of liabilities. Complete if the organization answered 'Yes' to form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) | d 'Yes' to Form 990 escription (B), line 15.) | (b) Book value le or 11f. See Form 990, Part X, line 25 |
| Part IX Other Assets. Complete if the organization answeres (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column of liabilities. Complete if the organization answered 'Yes' to form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) | d 'Yes' to Form 990 escription (B), line 15.) | (b) Book value le or 11f. See Form 990, Part X, line 25 |
| Part IX Other Assets. Complete if the organization answeres (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' to form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) | d 'Yes' to Form 990 escription (B), line 15.) | (b) Book value le or 11f. See Form 990, Part X, line 25 |
| Part IX Other Assets. Complete if the organization answeres (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) | (B), line 15.) Form 990, Part IV, line 1 (b) Book value | (b) Book value le or 11f. See Form 990, Part X, line 25 |
| Part IX Other Assets. Complete if the organization answere (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (part X) Complete if the organization answered 'Yes' to fart (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) | (B), line 15.) Form 990, Part IV, line 1 (b) Book value | 1e or 11f. See Form 990, Part X, line 25 |

| Schedule D (Form 990) 2014 COCC FOUNDATION, INC. | | 93-60412 | 47 Page 4 |
|--|-------------------------|-----------------|------------|
| Part XI Reconciliation of Revenue per Audited Financial Sta | tements With Revenu | e per Return. | |
| Complete if the organization answered 'Yes' to Form | 990, Part IV, line 12a. | | |
| 1 Total revenue, gains, and other support per audited financial statements | | 1 | 2,116,596. |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | |
| a Net unrealized gains (losses) on investments . | 2 a | | |
| b Donated services and use of facilities | 2 b | | |
| c Recoveries of prior year grants | 2 c | | |
| d Other (Describe in Part XIII) | 2 d | | |
| e Add lines 2a through 2d | | 2 e | |
| 3 Subtract line 2e from line 1 | | 3 | 2,116,596. |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4 a | | |
| b Other (Describe in Part XIII) | 4 b | | |
| c Add lines 4a and 4b. | | 4 c | |
| 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, Ii | ne 12) | 5 | 2,116,596. |
| Part XII Reconciliation of Expenses per Audited Financial St | atements With Expen | ses per Return. | |
| Complete if the organization answered 'Yes' to Form | 990, Part IV, line 12a. | • | |
| Total expenses and losses per audited financial statements | | 1 | 1,802,667. |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a Donated services and use of facilities | 2 a | | |
| b Prior year adjustments | 2 b | | |
| c Other losses | 2 c | | |
| d Other (Describe in Part XIII) | 2 d | | |
| e Add lines 2a through 2d | | 2 e | |
| 3 Subtract line 2e from line 1 | | 3 | 1,802,667. |
| 4 Amounts included on Form 990. Part IX, line 25, but not on line 1 | 1 1 | | |

Part XIII Supplemental Information.

b Other (Describe in Part XIII)

c Add lines 4a and 4b

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

a Investment expenses not included on Form 990, Part VIII, line 7b

ENDOWMENT FUNDS ARE USED TO PROVIDE SCHOLARSHIPS AND PROGRAM SUPPORT TO COCC, AND SUPPORT THE COCC FOUNDATION IN ACCORDANCE WITH THE DONOR INTENT AND OUR MISSION.

Schedule D (Form 990) 2014

4 c

5

1,802,667

BAA

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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.

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

COCC FOUNDATION, INC.

Employer identification number

93-6041247

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE FORM 990 IS REVIEWED BY THE BUDGET COMMITTEE. THE RETURN IS THEN EMAILED TO THE BOARD OF TRUSTEES PRIOR TO THE BOARD MEETING. AT THE BOARD MEETING, WITH OUR CPA PRESENT, THE FORM 990 IS PRESENTED FOR DISCUSSION AND QUESTIONS. BOARD ACTION IS TAKEN TO APPROVE THE FORM 990 PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS ANNUALLY, AT THE NOVEMBER BOARD MEETING, THE BOARD OF TRUSTEES ARE REQUESTED TO COMPLETE AND SIGN A CONFLICT OF INTEREST STATEMENT. FOR ANY BOARD MEMBERS THAT ARE ABSENT, CONFLICT OF INTEREST STATEMENTS ARE EMAILED.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT THE COMPENSATION FOR THE EXECUTIVE DIRECTOR'S POSITION WAS DETERMINED BY A COMPARABLE STUDY WITHIN THE COMMUNITY OF NON-PROFIT ORGANIZATIONS. THIS STUDY WAS PERFORMED BY AN INDEPENDENT PERSON WITHIN THE HUMAN RESOURCE DEPARTMENT OF COCC. IT WAS THEN PRESENTED TO THE EXECUTIVE COMMITTEE OF THE BOARD. DOCUMENTATION WAS KEPT FOR APPROXIMATELY ONE YEAR.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE DOCUMENTS ARE AVAILABLE UPON REQUEST.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047 2014

Open to Public Inspection

Employer identification number

93-6041247 Part I Identification of Disregarded Entities Complete of the organization answered 'Yes' on Form 990, Part IV, line 33. INC. COCC FOUNDATION, Name of the organization

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|---|---|---------------------|---------------------------|-------------------------------|
| (1) COCC_FOUNDATION PROPERTY, LLC 2600_NW_COLLEGE_WAY BEND, OR 97701 | | | | |))O) |
| | INVESTMENT | US | 123, 233. | 650,101. | FOUNDATION |
| <u>(2)</u> | | | | | |
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| Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. | ns Complete if the orging the tax year. | ganization answered | 'Yes' on Form 99(|), Part IV, line 34 b | ecause it had |
| | | 4 | 3 | 9 | (3) |

| כווכ מי ביים ליאים יישבעוואני ביים וויבענים ווים יישבע ליישבעווים מיים ווים יישבע ליישבעווים מיים ווים יישבע ליישבעווים ווים יישבע ליישבעווים ווים יישבע ליישבעווים ווים יישבע ליישבעווים ווישבעווים ו | delone deling are the b | | | | | | |
|--|-------------------------|---|-------------------------------|--|-----------------------------------|---|----------------|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (9) Sec 512(b)(13) controlled entity? | (13) ntıty? |
| | | | | | | Yes | N _O |
| AL OREGON COMMUNICOLLEGE WAY | | | : | | | | |
| 0R 97701 | COLLEGE | USA | MUNICIPAL | | N/A | | × |
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| BAA For Paperwork Reduction Act Notice, see the Instructions for Form | tions for Form 990. | | TEEA5001L 08/22/14 | | Schedule R (Form 990) 2014 | orm 990) 2 ⁱ | 014 |

Page 2 .

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. 93-6041247 Schedule R (Form 990) 2014 COCC FOUNDATION, INC. Part III

| Name, address, and EIN of related organization | (a) (b) (c) (d) (e) (e) (f) (e) (f) (e) (f) (f | (c) Legal domicile (state or foreign country) | | (e) Predominant income Share of total Share of total (related, unrelated, under sections 512-514) | come Share of total ted, income tax | of total SF and me and | of /ear s | Disproportionate allocations? | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | General or managing partner? | (k) 'Ownership | age hip |
|--|---|---|-------------------------|---|-------------------------------------|--|------------------------------|-------------------------------|---|-----------------------------------|---|-------------|
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| Part IV Identification of Inc. 34 because | Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered 'Yes' on Form 990, Part IV, Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year. | nizations nore relat | Taxable as | a Corporation ations treated | or Trust Coas as a corpora | emplete if the tion or trust d | organization uring the ta | answer א x year. | ed 'Yes' on Fo | orm 990, f | art IV, | |
| (a) Name, address, and EIN of related organization | of related organizati | | (b) Primary activity | (c) Legal domicile (state or foreign | (d) Direct controlling | Type of entity (C corp, S corp, or trust) | Share of total income | | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Sec 512(b)(13) controlled entity? | 3) 1\$/2 |
| | | | | coming) | enary | (lens) | | | | | Yes | ટ |
| (I) | 1 1 1 1 1 | | | | | - | | | | | | |
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Schedule R (Form 990) 2014 COCC FOUNDATION, INC.

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| 36 | |
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| anizations Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36. | |
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|--|------------------------|--------------------|---------------------------------------|-------------------|-------|
| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule | | | | Ş | ٤ |
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | in Parts II-IV? | | 1 | i | · '\$ |
| a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity | | | a | 1 | < |
| | | | 1 p | × | |
| Out, grant, or capture down related presentation(s) | | | 10 | | × |
| C Gill, grant, or capital continuation from crared organization (2) | | | 19 | | × |
| d Loans or loan guarantees to or for related organization(s) | | | ; | 1 | : |
| e Loans or loan quarantees by related organization(s) | | | 9 | 1 | × |
| | | | | | |
| (a) majority designation of the second secon | | | - | | × |
| | | | 10 | | × |
| g Sale of assets to related organization(s) | | | , 1 | T | > |
| h Purchase of assets from related organization(s) | | | = ; | | : > |
| i Exchange of assets with related organization(s) | | | = : | | × : |
| i Lease of facilities, equipment, or other assets to related organization(s) | | | - | | × |
| | | | - | i | > |
| k Lease of facilities, equipment, or other assets from related organization(s) | | | : | 1 | : > |
| I Performance of services or membership or fundraising solicitations for related organization(s) | | | = - | Ť | × |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | | E | 1 | × |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | - | | × |
| Sharing of paid employees with related organization(s) | | | 10 | | × |
| | | | | | |
| Beimbirgement paid to related organization(s) for expenses | | | 1 p | X | |
| Downson sould be defined for expenses | | | 19 | | × |
| d Keimpuisement paid by leigted digamzation(s) for cypensors | | | | | |
| Other transfer of each or accountly to related properties (c) | | | - | | × |
| | | | 15 | | × |
| s Other transfer of cash or property from related organization (s) s Other transfer of cash or property from related organization (s) s Other transfer of cash or property from relation to the instructions for information on who must complete this line, including covered relationships and transaction thresholds | relationships and tran | saction thresholds | 1 | 1 | |
| 2 If the answer to any of the above is lest, see the first both and the answer to any of the answer to any of the above is lest, see the first both and the answer to any of the a | (9 | | 9 | | |
| Name of related organization | Transaction type (a-s) | nvolved | Method of determining amount involved | leterm Involve | be |
| | | | | ! | |
| (1) CENTRAL OREGON COMMUNITY COLLEGE | В | 9,050. | FAIR VALUE | 3 | |
| (2) CENTERAL OREGON COMMINITY COLLEGE | ф | 1,160,954. | FAIR VALUE | LUE | |
| (z) CENTRAL ORGANI COMPONITE COMPONI | | | | | |
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| (4) | | | | | |
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Part VI Unrelated Organizations Taxable as a Partnership Complete of the organization answered 'Yes' on Form 990, Part IV, line 37.

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | Predominant income (related, unrelated, excluded from tax under | (e) Are all partners section 501(c)(3) organizations? | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | Code V-UBI amount in box 20 of Schedule K-1 Form (1065) | General or managing partner? | or Percentage ownership |
|---|----------------------|--|---|---|---------------------------------|---------------------------------|-----------------------------------|---|------------------------------------|----------------------------|
| | | | section 512-514) | Yes No | | | Yes No | | Yes | No |
| (1) | | | | | | | | | | |
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Schedule R (Form 990) 2014 COCC FOUNDATION, INC.

Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R (see instructions).