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Form 3200 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundational) 2015 Department of the most bound form 990 and its instructions is at wave made public. Do not enter social security numbers on this form as it may be made public. Do not public to the most of the most		0	nn Return of Organization Exempt Fro	om lı	ncome Tax	OMB No. 1545-0047	
International servers Information about Form 990 and its instructions is at www.kr.gov/form800. Imspection A For the 2015 calendar year, or tax year beginning JUL 1, 2015 and ending JUN 30, 2016 Demployer identification number Branch Filter 2015 and ending JUN 30, 2016 Demployer identification number PS-2993847 Dranch Number and street (or PO. box II mail is not delivered to string address) Roomsute E Telephone number Rest A SO ABOVE Number and street (or PO. box II mail is not delivered to string address) Roomsute Genomemetries III 05:11 222-8627 Rest Charme of organization is province, country, and ZIP or foreign postal code Genomemetries III 06:013 III 06:013 Rest Fame and address of principal officer. LAUNA WILSON SAME AS C ABOVE High stratech als (see instructions) High stratech als (see instructions) Inservempt strates Xi organization 'S massion or most significant activities: RIVERSIDE COMMUNITY COLLEGE DISTRICT High stratech als to the governing body (Part V, line 2b) 1 24 Inservempt of unitations of the governing body (Part V, line 2b) Si of a unitation's mission or most significant activities: RIVERSIDE COMMUNITY COLLEGE DISTRICT 100 Mission (Part V, line 2b) <th>Forr</th> <td>m J</td> <td>JU Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co</td> <td>ode (exc</td> <td>ept private foundatio</td> <td>^{ns)} 2015</td>	Forr	m J	JU Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co	ode (exc	ept private foundatio	^{ns)} 2015	
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Signification City or town, state or province, county, and ZIP or foreign postal code E drose-works 4, 106, 613. Ministry RIVERSIDE, CA 92506 FI amme and address of principal officer_LAUNA WILSON To subordinates? Ves XINo SAME AS C ABOVE High is this a group return for subordinates? Ves XINo No J Website: WWW.RCCD.EDU/FOUNDATION 4947(a)(1) or LSZ High is this a group return for subordinates? Ves XINo Rent I Summary Some and address of principal officer_LAUNA WILSON L Year of tormalics 1975 M State of legal domicle: CA Part II Summary Taxexempt that a list (see instructions) High is this a group return for subordinates? Ves XINo 2 Check this box I Briefly describe the organization's mission or most significant activities: RIVERSIDE COMMUNITY COLLEGE 2 Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of volumers of the governing body (Part V, line 1a) 4 244 4 Number of individuals employed in calendary ear 2015 (Part V, line 2a) 5 0 6 Total number of individuals employed in calendary ear 2015 (Part V, line 2a) 5 0 7 Total unrelated business revenue from Part VIII, column (A), line 1a) 105, 485, 219, 987, 1, 973, 21		Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room	om/suite			
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14 Benefits paid to or for members (Part IX, column (A), line 4) 0.000 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0.0000 16a Professional fundraising expenses (Part IX, column (A), line 11e) 0.0000 b Total fundraising expenses (Part IX, column (D), line 25) 0.0000 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 952, 283.1, 166, 931. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 952, 283.1, 166, 931. 19 Revenue less expenses. Subtract line 18 from line 12 647, 086.1, 227, 493. 20 Total assets (Part X, line 16) 8, 358, 387.10, 860, 505. 21 Total liabilities (Part X, line 26) 262, 295.3, 363.860. 22 Net assets or fund balances. Subtract line 21 from line 20 8, 096, 092.10, 496, 645. Part II Signature Block Signature of officer 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 Signature of officer Date LAUNA WILSON, EXECUTIVE DIRECTOR D						0.	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 0 0 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0 0 b Total fundraising expenses (Part IX, column (D), line 25) 0 0 0 0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 952, 283. 1, 166, 931. 952, 283. 1, 166, 931. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 952, 283. 1, 166, 931. 19 Revenue less expenses. Subtract line 18 from line 12 647, 086. 1, 227, 493. 20 Total assets (Part X, line 16) 262, 295. 363, 860. 21 Total liabilities (Part X, line 26) 262, 295. 363, 860. 22 Net assets or fund balances. Subtract line 21 from line 20 8, 096, 092. 10, 496, 645. Part II Signature Block Signature of officer Date Sign Signature of officer Date LAUNA WILSON, EXECUTIVE DIRECTOR Date		14			0.	0.	
17 Other expenses (Part IX, column (A), lines T1a-T1d, T17-24e) 332, 203, 11, 100, 931, 1, 100, 1, 100,	Se	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)				
17 Other expenses (Part IX, column (A), lines T1a-T1d, T17-24e) 332, 203, 11, 100, 931, 1, 100, 1, 100,	ense	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
17 Other expenses (Part IX, column (A), lines T1a-T1d, T17-24e) 332, 203, 11, 100, 931, 1, 100, 1, 100,	ă			•			
19 Revenue less expenses. Subtract line 18 from line 12 647,086. 1,227,493. 19 Revenue less expenses. Subtract line 18 from line 12 647,086. 1,227,493. 20 Total assets (Part X, line 16) 8,358,387. 10,860,505. 21 Total liabilities (Part X, line 26) 262,295. 363,860. 22 Net assets or fund balances. Subtract line 21 from line 20 8,096,092. 10,496,645. 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. Signature of officer Date LAUNA WILSON, EXECUTIVE DIRECTOR	ш						
Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 8,358,387. 10,860,505. 21 Total liabilities (Part X, line 26) 262,295. 363,860. 22 Net assets or fund balances. Subtract line 21 from line 20 8,096,092. 10,496,645. Part II Signature Block Signature block 10,496,645. 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. Signature of officer Date LAUNA WILSON, EXECUTIVE DIRECTOR Date					•		
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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 Signature of officer Here LAUNA WILSON, EXECUTIVE DIRECTOR	ance		Tatal seconds (Dart V, line 10)				
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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 Here LAUNA WILSON, EXECUTIVE DIRECTOR					,	,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here LAUNA WILSON, EXECUTIVE DIRECTOR				d stateme	ents, and to the best of my	v knowledge and belief, it is	
Here LAUNA WILSON, EXECUTIVE DIRECTOR						·	
Here LAUNA WILSON, EXECUTIVE DIRECTOR							
	Sig	n	· ·		Date		
	Her	e					

	Type of print name and the								
	Print/Type preparer's name	Preparer's signature	Date Check PTIN						
Paid	LINDA DEVLIN	LINDA DEVLIN	08/02/17 self-employed $P00074170$						
Preparer	Firm's name 🕞 SINGERLEWAK LLP		Firm's EIN 95-2302617						
Use Only	Firm's address 📘 1650 IOWA AVENUE								
	RIVERSIDE, CA 92	507-2406	Phone no.951-683-0672						
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)								
532001 12-1	2001 12-16-15 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2015)								

001 12-16-15	LHA For Papel	wo	к неаи	ction Act Notice, see the	separate instru	ictions.	
SEE	SCHEDULE	0	FOR	ORGANIZATION	MISSION	STATEMENT	CONTINUATION

Form **990** (2015)

	RIVERSIDE COMMUNITY COLLEGE DISTRICT 990 (2015) FOUNDATION 95-2993847 Page
Par	t III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III III
1	Briefly describe the organization's mission:
	THE RIVERSIDE COMMUNITY COLLEGE DISTRICT FOUNDATION IS A 501(C)(3)
	TAX-EXEMPT ORGANIZATION DEDICATED TO ENHANCING THE INTELLECTUAL,
	CULTURAL, AND EDUCATIONAL NEEDS OF THE DISTRICT AND COLLEGE STUDENTS, FACULTY, STAFF AND OUR COMMUNITIES. WE PURSUE RESOURCE DEVELOPMENT AND
	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X N
	If "Yes," describe these changes on Schedule O.
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	(Code:) (Expenses \$ 1,059,729. including grants of \$) (Revenue \$
	THE ORGANIZATION IS DEDICATED TO ADVANCING ACADEMIC EXCELLENCE AND
	ACCESS TO EDUCATION FOR ALL RESIDENTS. IN FURTHERANCE OF THIS MISSION
	THE FOUNDATION WILL DEVELOP RESOURCES TO ASSIST THE DISTRICT IN MEETING ITS OBJECTIVES AND WILL ENCOURAGE A VARIETY OF PARTNERSHIPS AND
	ALLIANCES IN THE COMMUNITIES IT SERVES. THE ORGANIZATION HAS PROVIDED
	SUPPLEMENTAL FINANCIAL SUPPORT FOR THE EDUCATIONAL PROGRAMS OF THE
	RIVERSIDE COMMUNITY COLLEGE DISTRICT.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
	THE ORGANIZATION PROVIDES SCHOLARSHIPS FOR STUDENTS ATTENDING THE
	RIVERSIDE COMMUNITY COLLEGE DISTRICT.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)

	990 (2015) FOUNDATION 95-2993	847	Р	age 3
Pa	t 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?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
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	X	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			<u>-</u> -
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
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	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X

Form **990** (2015)

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Form	990 (2015) FOUNDATION 95-299	3847	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	. 20b		
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		X
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	. 23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	. 24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24 b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	. 24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	. 25 a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25 b		X
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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		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):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	. 28 a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	. 28 b		X
С	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			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	. 30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	. 31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1		X	v
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. 35 a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
~~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			├
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
•	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O			
		Form	990	(2015)

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Form	990 (2015) FOUNDATION		95-2993	847	P	age 🕄
Par	t V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	2			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and	reporta	ble gaming			
	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	irns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accour	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-	action?	?	5b		X
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t	he orga	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions o	or gifts			
	were not tax deductible?			6b	Х	
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 partly for goods and se			7a	Х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
С	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required					
	to file Form 8282?		I	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		<u> </u>
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintainer	-				
				8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.					
a				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:	40-	I			
a ⊾	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	44-	I			
a ⊾	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	446				
10-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	<u> </u>	100		
		104	، 	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			13a		
a	Is the organization licensed to issue qualified health plans in more than one state?			134		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
b	organization is licensed to issue qualified health plans	13b	l			
~	Enter the amount of reserves on hand	13D				
		L	I	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu			14b		_ <u>_</u>
					000	<u> </u>

Form 990	(2015)
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FOUNDATION

Form 990 (2015)

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		Vee	
Section	A. Governing Body and Management		
	Check if Schedule O contains a response or note to any line in this Part VI		X
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.		
Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" r	respon	se

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	24			
	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 1b	24			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	ər			
	officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct super	/ision			
	of officers, directors, or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		Х
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or				
	more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, c	r			
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	ig:			
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
		r		Yes	No
	Did the organization have local chapters, branches, or affiliates?	1	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliat				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
	Ware officered directors, or tructors, and key employees required to disclose enoughly interests that could give rise to conflicte?		406	X I	

b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
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?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed \triangleright CA

18	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.									
	Own website Another's website X Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial									
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records:									
	LAUNA WILSON, EXECUTIVE DIRECTOR - 951-222-8627									
	4800 MAGNOLIA AVE., RIVERSIDE, CA 92506									

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532006	12-16-15	

2015.06000 RIVERSIDE COMMUNITY COLLEGE 16085_1

Form **990** (2015)

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

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

FOUNDATION

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received report-

able compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Name and Title Average hows per weak the and elevatorization body Deportable compensation from organization (W-2/1099-MISC) Estimated compensation from organization (W-2/1099-MISC) Estimated compensation from the organization (W-2/1099-MISC) (1) CELESTE CAMPU 1 0 0 0 (1) CELESTE CAMPU 1 0 0 0 (1) CELESTE CAMPU 1 0 0 0 0 (1) CELESTE CAMPU 1 0 0 0 0 0 (2) CHARLIE COX 1 0 X 0 0 0 0 (3) TOM EVANS 1 0 X 0 0 0 0 MEMBER X 0 0 0 0 0 0 0 0 (3) TOM EVANS 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(A)	(B)	(C)		(D)	(E)	(F)				
hours per week (list any hours for related organizations below, week persons is dont any income and a metaletal organizations below, week persons is dont any income and a mount of the organizations (W-2/1099-MISC) compensation from the organizations (W-2/1099-MISC) compensation other organizations (W-2/1099-MISC) amount of the organizations and related organizations (1) CELESTE CANTU 1.000 X 0. 0. 0. (2) CHARLIE COX 1.000 X 0. 0. 0. (3) TOM EVANS 1.000 X 0. 0. 0. (4) JULIO FIGUEROA 1.000 X 0. 0. 0. (5) DEBBI GUTHRIE 1.000 X 0. 0. 0. (6) MARK HAWKINS 1.000 X 0. 0. 0. MEMBER 0. 0. 0. 0. 0. 0. (1) DEBBI GUTHRIE 1.000 X 0. 0. 0. (10) DEBBI GUTHRIE 1.000 X 0. 0. 0. (11) BUG	Name and Title	Average	(do					one	Reportable	Reportable	
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		1.00							_		•
			X						0.	0.	

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Form **990** (2015)

FOUNDATION

95-2993847 Page 8

Form 990 (2015) FOUNDATIO	ON								95-29	93	847	Pa	ge 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)									es (continued)				
(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both ar officer and a director/trustee)) than is bot	one h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		orgai	m the nizatic relate	on d
(18) BOB TAYLOR MEMBER	1.00	х						0.		Ο.			0.
(19) ROBERT VISCONTI	1.00												
MEMBER (20) RAUL ABALLI	2.00	Х						0.		0.			0.
MEMBER				х				0.		Ο.			0.
(21) DWIGHT TATE	2.00			37				0		0			~
IMMEDIATE PAST PRESIDENT (22) JOAN ROBERTS	2.00			Х				0.		0.			0.
PRESIDENT				х				0.		0.			0.
(23) RAYMOND HICKS	2.00			x				0.		0.			0
VICE PRESIDENT (24) JEAN EASUM	1.00			^				0.		0.			0.
SECRETARY				Х				0.		0.			0.
(25) AMY CARDULLO DIRECTOR	40.00				x			0.	164,42	,424. 25,		77	7.
									101,12		25	, , ,	<u> </u>
1b Sub-total								0.	164,42	4.	25	,77	7.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)								0.	164,42		25	,77	7.
2 Total number of individuals (including but n compensation from the organization ▶	ot limited to th	ose	liste	ed al	bove	e) wł	סר no r	eceived more than \$100	0,000 of reportable	9		/es	0 No
3 Did the organization list any former officer,								•					
line 1a? <i>If "Yes," complete Schedule J for s</i> 4 For any individual listed on line 1a, is the su	uch individual Im of reportabl	 e co	 mne	ensa	atior	 1 and	 tot	her compensation from	the organization		3		X
and related organizations greater than \$150											4	х	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	-				-			-			5		х
Section B. Independent Contractors													
1 Complete this table for your five highest co the organization. Report compensation for	-	-								pens	ation fro	om	
(A) Name and business	(A) (B)					(C) ompens							
2 Total number of independent contractors (noludina but a	ot III	mita	d +c	the	00 10		t abova) who received a	are then				
 Total number of independent contractors (i \$100,000 of compensation from the organi 	-		mile	u 10		se 115 0	siet	above) who received ff					

Form **990** (2015)

532008 12-16-15

			DATION				95-2993	847 Page 9
Pa	t VI							
		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
Gra	b	Membership dues	1b					
Am (с	Fundraising events	1c	325.				
lar İar	d	Related organizations	1d					
ini,	е	Government grants (contribut	ions) 1e					
rio S	f	All other contributions, gifts, gran	ts, and					
<u>t</u>		similar amounts not included abo	ve 1f	1,972,890.				
a d	g	Noncash contributions included in lines	1a-1f: \$					
a C	h	Total. Add lines 1a-1f		🕨	1,973,215.			
				Business Code				
e	2 a							
Program Service Revenue	b							
en S	С	·						
Tan Sev	d							
2 F	е							
•	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		🕨				
	3	Investment income (including						
		other similar amounts)		🕨	80,171.			80,171.
	4	Income from investment of tax	x-exempt bond p	oroceeds 🕨 🕨				
	5	Royalties		🕨				
			(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		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	1,733,457.					
	b	Less: cost or other basis						
		and sales expenses	1,612,233.					
		Gain or (loss)						
		Net gain or (loss)		····· •	121,224.			121,224.
Other Revenue	8 a	Gross income from fundraising including \$						
Sev.		contributions reported on line	1c). See					
erF		Part IV, line 18	а					
Ę		Less: direct expenses						
-		Net income or (loss) from func	-	····· ►	127,596.			127,596.
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam	-	····· •				
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sale						
ļ		Miscellaneous Revenu	e	Business Code		00.000		
		FOREGIVENESS OF DEBT		611710	92,218.	92,218.		
	b							
	c							
		All other revenue			00.010			
		Total. Add lines 11a-11d		🕨	92,218.	00.000	-	000.00
	12	Total revenue. See instructions.		►	2,394,424.	92,218.	0.	328,991.
532009	9 12-10	6-15						Form 990 (2015)

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RIVERSIDE COMMUNITY COLLEGE DISTRICT FOUNDATION

	990 (2015) FOUNDATION t IX Statement of Functional Expense				93847 Page 10
Secti	on 501(c)(3) and 501(c)(4) organizations must comp		-		
	Check if Schedule O contains a response	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	(C) Management and general expenses	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				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	40 010	40.010		
f	Investment management fees	49,819.	49,819.		
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	1,571.		1,571.	
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	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
23	Other expenses. Itemize expenses not covered				
27	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	SCHOLARSHIPS	476,260.	476,260.		
a b	STUDENT PROGRAMS	369,307.	369,307.		
	OTHER SERVICES	309,475.	216,031.	93,444.	
C d	ALLOWANCE FOR UNCOLLECT	45,573.	45,573.	, , , , , , , , , , , , , , , , , , , ,	
d		-85,074.	-97,261.	12,187.	
	All other expenses	1,166,931.	$\frac{-97,201}{1,059,729}$	107,202.	0
25	Total functional expenses. Add lines 1 through 24e	т, тоо, ээт.	I,UJ9,149.	101,202.	0
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)				Form 990 (201)

532010 12-16-15

09450802 701224 16085

10 2015.06000 RIVERSIDE COMMUNITY COLLEGE 16085_1

Form **990** (2015)

Form 990 (2015)

RIVERSIDE COMMUNITY COLLEGE DISTRICT FOUNDATION

95-2993847 Page 11

Part X Balance Sheed Check if Schedule O contains a response or note to any line in this Part X 1 Cash - non-interest bearing 1 1 End of year End of year 2 Savings and exprant colspan="2">Savings and colspan="2" Savings and			2015) FOUNDATION		32-	299364 / Page 11
(A) Beginning of year (B) End of year 1 Cash - non-interest-bearing 1 1 1 2 Savings and temporary cash investments 1, 0, 051, 9, 911. 2 1, 2, 20, 9, 783. 3 Piedges and grants receivable, net 53, 816. 3 247, 731. 4 Accounts receivables from current and former officers, directors, trustes, key employees, and highest compensated employees. Complete Part II of Schedule L 6 5 6 Loans and other receivables from other disqualified persons (as defined under sector doS(0f(1), person desched in action 4986(s)(3), and contributing employees' beneficiony organizations of sections 501(c)(9) voluntary employees' beneficiony organizations of sections 501(c)(9) voluntary employees' beneficiony organizations of sections 501(c)(9) voluntary employees' beneficiony organizations (see insh). Complete Part II of Sch L 6 7 Notes and loans receivable, net 9 9 9 Phepaid expenses and deferred charges 9 9 10 Land, buildings, and expenses and bettered charges 9 9 11 Investments - publicy haded securities 11 12 10 11 Investments - publicy haded securities 14 10 20, 001, 505.	Pa	πΧ	4			
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RIVERSIDE	COMMUNITY	COLLEGE	DISTRICT
FOINDATTON	រ		

Form	990 (2015) FOUNDATION	95-	-2993	8847	Pa	ige 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,394		
2	Total expenses (must equal Part IX, column (A), line 25)	2		16		
3	Revenue less expenses. Subtract line 2 from line 1	3		.,22'		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5	3,090		
5	Net unrealized gains (losses) on investments	5		-19	9,4	.35.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8	1	.,37:	2,4	.95.
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	10),490	5,6	45.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	з,			
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule () .			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit			
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2015)

532012 12-16-15

(For	HEDULE A m 990 or 990-EZ)	Co	omplete if the organ 49 •	rity Status an nization is a section 50 [°] 47(a)(1) nonexempt cha Attach to Form 990 or F	1(c)(3) org Iritable tru Form 990-	anization ıst. EZ.	or a section		OMB No. 1545-0047 2015 Open to Public			
	Revenue Service			(Form 990 or 990-EZ) and								
Name	e of the organizati		DATION	UNITY COLLEG	E DIS	TRICT			identification number 5-2993847			
Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.												
The o	The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)											
1 [A church, co	nvention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(1)(A)(i).					
2	A school des	cribed in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 9	90-EZ).)						
3		•		anization described in s e			•					
4 [ation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,			
- [city, and stat	-			-1				a al lia			
5				ollege or university owned	d or opera	ted by a g	overnmental	unit describ	ied in			
6			Complete Part II.)	mental unit described in	soction 17	70(h)(1)(A)	64					
7			-	antial part of its support 1				he general	public described in			
• •	-		omplete Part II.)		ioni a gov	onninonta		ine general				
8				(1)(A)(vi). (Complete Par	t II.)							
9 [An organizati	on that norma	Illy receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, member	ship fees, a	nd gross receipts from			
	activities rela	ted to its exer	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	n 33 1/3% of	its support	from gross investment			
				e (less section 511 tax) fr	om busine	sses acqu	ired by the o	rganization	after June 30, 1975.			
[mplete Part III.)									
10 L		-	-	sively to test for public sa	•			own (out the	nurnesses of one or			
	-	-	-	vively for the benefit of, to ed in section 509(a)(1) o	-			-				
				of supporting organizatio								
а		-	• •	supervised, or controlled		-		-	giving			
	the suppor	ted organizati	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or truste	ees of the s	upporting			
	organizatio	n. You must d	complete Part IV, Se	ections A and B.								
b	Type II. A s	supporting org	anization supervised	d or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	ving			
		•		anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported			
-			t complete Part IV,					ll into avat				
С		-		g organization operated s). You must complete l				illy integrate	ed with,			
d				porting organization oper				rted organi	zation(s)			
				zation generally must sa								
		-		nplete Part IV, Sections	-		-					
е	Check this	box if the orga	anization received a	written determination fro	om the IRS	that it is a	а Туре I, Туре	e II, Type III				
	functionally	integrated, o	r Type III non-functio	onally integrated support	ing organi	zation.						
	Enter the number											
g	Provide the follow (i) Name of supp	-	n about the supporte		(iv) Is the o	rganization	(v) Amount o	fmonetary	(vi) Amount of			
	organizatior		(1) 2.11	(described on lines 1-9	listed i	n your	support	-	other support (see			
				above (see instructions))	governing of Yes	No	instruct	ions)	instructions)			
Total												
	For Paperwork Re 990 or 990-EZ.		lotice, see the Inst	ructions for			Sche	dule A (For	m 990 or 990-EZ) 2015			

13 09450802 701224 16085 2015.06000 RIVERSIDE COMMUNITY COLLEGE 16085_1

Schedule A (Form 990 or 990 EZ) 2015 FOUNDATION

Part II

95-2993847 Page 2

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.)

	See	ction A. Public Support						
membership fees received. (Do not include any 'unusual grants.') 2, 283, 693. 859, 808. 1, 242, 041. 1, 066, 852. 1, 973, 215. 7, 445, 609. 2 Tax revenues levied for the organization without charge turnished by a governmental unit to the organization without charge 1 1 1, 066, 852. 1, 973, 215. 7, 445, 609. 3 The value of services or facilities thrmished by a governmental unit to the organization without charge 2, 283, 693. 859, 808. 1, 242, 041. 1, 066, 852. 1, 973, 215. 7, 445, 609. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 thracesced 29.40 the amount shown on line 11. 2, 283, 693. 859, 808. 1, 242, 041. 1, 086, 852. 1, 973, 215. 7, 445, 609. 6 Public support, Supret time 5 to the x 2, 283, 693. 859, 808. 1, 242, 041. 1, 086, 852. 1, 973, 215. 7, 445, 609. 6 Robile support, Supret time 5 to the x 2, 283, 693. 859, 808. 1, 242, 041. 1, 086, 852. 1, 973, 215. 7, 445, 609. 7 Amounts from line 4 (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 2, 283, 693. 859, 808. 1, 242, 041. 1, 086, 852.	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
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2 Tare versues levied for the organization without charge 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (thet than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (i) 6 Public support: Subset line 5 mm line 4 7 A rotal. Add lines 1 mm ore 4. 8 Column (i) 9 Public support: Subset line 5 mm line 4. 8 Column (i) 9 Public support: Subset line 5 mm line 4. 9 Column (i) 10 Charles year 6 genoming (in) by column (in) 10 Other income. Bo not include gan column (in) 11 Total support. Add lines 7 inclugh 10 12 Income from interest (income from interest) 13 The support. Add lines 7 inclugh 10 14 1,866,852. 1,973,215. 15 7,445,609. 16 Gross income from interest. 43,811. 172,948. 17,2,948. 115,781. 403,897. 201,395. 937,832. <t< td=""><td></td><td>membership fees received. (Do not</td><td></td><td></td><td></td><td></td><td></td><td></td></t<>		membership fees received. (Do not						
ior are ponded on its behalf		include any "unusual grants.")	2,283,693.	859,808.	1,242,041.	1,086,852.	1,973,215.	7,445,609.
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Schedule A (Form 990 or 990-EZ) 2015

532022 09-23-15

RIVERSIDE	COMMUNITY	COLLEGE	DISTRICT

Schedule A (Form 990 or 990 EZ) 2015 FOUNDATION

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	L					
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	L					
14	First five years. If the Form 990 is for	-			•		ization,
	check this box and stop here		•				
	ction C. Computation of Publ						
15	Public support percentage for 2015 (line 8, column (f) d	livided by line 13,	column (f))		15	%
	Public support percentage from 2014					16	%
Sec	ction D. Computation of Inve	stment Incom	e Percentage)		<u>. </u>	
17	Investment income percentage for 20)15 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2014 Schedule A,	Part III, line 17			18	%
1 9a	33 1/3% support tests - 2015. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	e organization qua	lifies as a publicly	supported organiz	zation	
b	33 1/3% support tests - 2014. If the						and
	line 18 is not more than 33 1/3%, che	eck this box and s	top here. The org	anization qualifies	as a publicly supp	orted organization	n >
20	Private foundation. If the organization						
	23 09-23-15		,	,			0 or 990-EZ) 2015
				15		,	,
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Schedule A (Form 990 or 990-EZ) 2015 FOUNDATION Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2015

10a

10b

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Yes

No

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Schedule A (Form 990 or 990-EZ) 2015 FOUNDATION 95-2993847 Page 5 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a 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 **b** A family member of a person described in (a) above? 11b c 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 Section B. Type I Supporting Organizations 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 activities. If 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. 1 2 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 Section 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 the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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 played in this regard. 3 Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions): 1 The organization satisfied the Activities Test. Complete line 2 below. а ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below. b The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) С 2 Activities Test. Answer (a) and (b) below. No Yes 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. 2a b 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. 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

b 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.

Schedule A (Form 990 or 990-EZ) 2015

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Schedule A (Form 990 or 990-EZ) 2015 FOUNDATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 2 2 Recoveries of prior-year distributions Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or 6 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 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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 **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 3 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 1 2 Enter 85% of line 1 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 Enter greater of line 2 or line 3 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions) 6

7 \perp Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2015

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Sche	dule A (Form 990 or 990 EZ) 2015 FOUNDATION	()(0) 0		5-2993847 Page 7
Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
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	he organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
2	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
	Excess distributions carryover, if any, to 2013.			
<u>a</u>				
<u>b</u>				
<u> </u>	From 0010			
-	From 2013			
-	From 2014			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
-	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
e				

Schedule A (Form 990 or 990-EZ) 2015

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Schedule A	(Form 990 or 990-EZ) 2015	RIVERSIDE FOUNDATION		COLLEGE	DISTRICT	95-2993847 _{Page}
Part VI	Supplemental Inform Part IV, Section A, lines 1,	mation. Provide the 2, 3b, 3c, 4b, 4c, 5a ines 2 and 3; Part IV,	e explanations requ , 6, 9a, 9b, 9c, 11a, , Section E, lines 1c	11b, and 11c; P , 2a, 2b, 3a and 3	art IV, Section B, lines 3b; Part V, line 1; Part	or 17b; Part III, line 12; s 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,
2028 09-23-1	15			20	Sched	ule A (Form 990 or 990-EZ) 20

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Schedule B (Form 990, 990-FZ. or 990-PF) Department of the Treasury

Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

OMB No. 1545-0047

Employer identification number

RIVERSIDE
FOUNDATION

COMMUNITY COLLEGE DISTRICT

95-2993847

Organization	type (check one):
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Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

📙 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

L For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots \blacktriangleright \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization RIVERSIDE COMMUNITY COLLEGE DISTRICT FOUNDATION

Employer identification number

95-2993847

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$38,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$127,105.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u> 523452 10-26	3-15	\$\$\$\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2015)
	2		, , ,, (2010)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization RIVERSIDE COMMUNITY COLLEGE DISTRICT FOUNDATION Employer identification number

95-2993847

Part I	Contributors (see instructions). Use duplicate copies of Part I i	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>57,672.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$75,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Name of organization

RIVERSIDE COMMUNITY COLLEGE DISTRICT FOUNDATION

Employer identification number

95-2993847

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
8	5 PALLETS OF SCIENTIFIC GLASSWARE/EQUIPMENT AND 4 PALLETS OF OFFICE SUPPLIES AND SAFETY EQUIPMENT.	\$ <u>75,000.</u>	11/19/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

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Schedule B (Form 9	990 990-F7 or 99	0-PF) (2015)
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art III		olumns (a) through (e) and the follov s, charitable, etc., contributions of \$1,000 or	in section 501(c)(7), (8), or (10) that total more than \$1,000 fo ving line entry. For granizations
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
) No. rom	(b) Purpose of gift		(d) Description of how gift is held
art I -			
-		(e) Transfer of gift	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- -		(e) Transfer of gift	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- _			
	Transferee's name, address, ar	(e) Transfer of gift	Relationship of transferor to transferee
-	המוזור כב ז המוופ, מענו כאל, מו		
54 10-26-1	5	 25	Schedule B (Form 990, 990-EZ, or 990-PF) (

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60	HEDULE D	I	Supplement	al Einanci	al Statomoni			OMB No. 1545-0047
	n 990)		Complete if the org Part IV, line 6, 7, 8, 9, 10	anization answe	ed "Yes" on Form 99	0.		2015
	ment of the Treasury			Attach to Form 9	90.			Open to Public Inspection
-	l Revenue Service e of the organizati		Information about Schedule D (For RIVERSIDE COMMUNIT FOUNDATION			irs.gov/f	Employer	identification number 5-2993847
Pa	t I Organiza	atio	ns Maintaining Donor Advise	d Funds or O	ther Similar Fund	ls or A		
1 4			swered "Yes" on Form 990, Part IV, lir				ooounts.	
	organizatio	in an			advised funds	(b) Funds an	d other accounts
1	Total number at er	nd of	f year					
2			ntributions to (during year)					
3			ants from (during year)					
4			d of year	1				
5			form all donors and donor advisors in		sets held in donor adv	ised fun	ds	
	are the organization	on's	property, subject to the organization's	exclusive legal co	ontrol?			Yes No
6	Did the organization	on in	form all grantees, donors, and donor a	advisors in writing	that grant funds can b	e used c	only	
	for charitable purp	oses	s and not for the benefit of the donor o	or donor advisor, o	or for any other purpos	e confer	ring	
	impermissible priv							Yes No
Pa			on Easements. Complete if the or	-		, Part IV,	line 7.	
1			ation easements held by the organizat	` _				
			and for public use (e.g., recreation or e	education)	Preservation of a his		•	
	Protection o				☐ Preservation of a ce	rtified hi	storic struct	ure
•				C				
2	·		ough 2d if the organization held a quali	fied conservation	contribution in the form	n of a co		at the End of the Tax Year
	day of the tax yea		ervation easements				2a	al life Ellu vi life Tax Teal
a h							2a 2b	
с С	•		on easements on a certified historic st				20 2c	
d			on easements included in (c) acquired				20	
ŭ			legister				2d	
3			on easements modified, transferred, re					ng the tax
-	vear ►		,,, _,, _		····, ·····			· • • • • • • • • • • • • • • • • • • •
4	Number of states	whe	re property subject to conservation ea	sement is located				
5	Does the organiza	ition	have a written policy regarding the pe	riodic monitoring,	inspection, handling o	f		
	violations, and enf	force	ement of the conservation easements	it holds?	-			Yes No
6	Staff and voluntee	er ho	urs devoted to monitoring, inspecting	, handling of violat	ions, and enforcing co	nservatio	on easemen	ts during the year
	▶							
7	Amount of expense	ses ir	ncurred in monitoring, inspecting, han	dling of violations,	and enforcing conserv	ation ea	sements du	ring the year
	►\$							
8			on easement reported on line 2(d) abo					
			3)(ii)?					Yes No
9			ow the organization reports conservat					
			he text of the footnote to the organiza	ition's financial sta	itements that describe	s the org	janization's	accounting for
Da	conservation ease		ns Maintaining Collections o	f Art Historia	al Trageuras or (Othor 9	Similar A	ecote
1 0			organization answered "Yes" on Forn					55615.
12			ted, as permitted under SFAS 116 (As			mont ar	d balance s	beet works of art
10	•		other similar assets held for public ex					
			e to its financial statements that descr				20010 301 11	oo, provido, in r art All,
b			cted, as permitted under SFAS 116 (As		in its revenue stateme	nt and b	alance shee	t works of art, historical
-	-		ilar assets held for public exhibition, e					
	relating to these it			,	· · · · · · · · · · · · · · · · · · ·		, <u>-</u>	
	-		on Form 990, Part VIII, line 1				▶ \$	
2			eived or held works of art, historical tre					
			required to be reported under SFAS 1			- /		
а			orm 990, Part VIII, line 1				▶ \$	
b			m 990, Part X					
		educ	ction Act Notice, see the Instruction	s for Form 990.			Sche	dule D (Form 990) 2015
53205 11-02-				26				

09450802 701224 16085 2015.06000 RIVERSIDE COMMUNITY COLLEGE 16085__1

RIVERSIDE	COMMUNITY	COLLEGE	DISTRICT		

	9	5-2	993	3847	Page 2
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	dule D (Form 990) 2015 FOUNDAT						<u>95-29</u>			age 2
Pa	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Oth	ner S	Simila	ar Asse	ts (contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a	signi	ficant	use of its	collectior	ı item	s
	(check all that apply):									
а	Public exhibition	d	Loan or exc	hange programs						
b	Scholarly research	е	Other	0.0						
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how they further t	he organization's ex	empt	nurpa	ose in Par	t XIII.		
5	During the year, did the organization solicit o							,		
•	to be sold to raise funds rather than to be ma							Yes		No
Pa	t IV Escrow and Custodial Arran									
	reported an amount on Form 990, Par		to in the organizatio				s, r arc rv,			
12	Is the organization an agent, trustee, custod		iary for contribution	s or other assets no	nt inc	luded				
Ia								Yes		No
h	on Form 990, Part X?						····· └──	162		
b	If "Yes," explain the arrangement in Part XIII	and complete the for	lowing table.		Г			A		
					ŀ	-		Amount		
	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f		1		1
	Did the organization include an amount on Fe				-		L	Yes		No
	If "Yes," explain the arrangement in Part XIII.									<u> </u>
Pa	t V Endowment Funds. Complete i	f the organization and			-					
		(a) Current year	(b) Prior year	(c) Two years back	(d)		/ears back	. ,		
	Beginning of year balance	7,776,369.	6,281,427.	, ,	·		.09,929.	-		674.
b	Contributions	549,840.	1,515,533.				54,338.	1,		356.
С	Net investment earnings, gains, and losses	581.	180,006.	774,162.		5	46,878.		90,	899.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	262,006.	200,597.	200,150.		1	08,056.			
f	Administrative expenses									
g	End of year balance	8,064,784.	7,776,369.	6,281,427.		5,6	03,089.	5,	109,	929.
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g, column (a	a)) held as:						
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%	_							
	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	•	tion that are held a	nd administered for	the c	organiz	zation			
	by:					3		Г	Yes	No
	(i) unrelated organizations									X
	(ii) related organizations									Х
h	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R2					3b		
4	Describe in Part XIII the intended uses of the							00	I	
<u> </u>	t VI Land, Buildings, and Equipm		witherit fullus.							
	Complete if the organization answere		Part IV line 11a	See Form 990 Part	(line	10				
	· · ·									
	Description of property	(a) Cost or ot basis (investm				mulate viation		(d) Book		3
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment									
	Other									
	Add lines 1a through 1e. (Column (d) must e		X, column (B). line 1							0.
	J			,			<u> </u>			

Schedule D (Form 990) 2015

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RIVERSIDE	COMMUNITY	COLLEGE	DISTRICT	
FOINDATION				

Schedule D (Form 990) 2015 FOUNDATION			95	-2993847 _F	age 3
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes"	on Form 990, 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 valuat	ion: Cost or end	l-of-year market val	ue
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A) EQUITY INVESTMENTS	5,831,018.	END-OF-YEAP	R MARKET	VALUE	
(B) CORPORATE BONDS	1,102,467.		R MARKET	VALUE	
(C) GOVERNMENT BONDS	69,863.				
(D) INTEREST IN CA COMMUNITY	,				
(E) SCHOLARSHIP FUND	365,168.	END-OF-YEAR	R MARKET	VALUE	
(F)					
(G)					
(H)	7,368,516.				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	7,500,510.				
Complete if the organization answered "Yes" (a) Description of investment		(c) Method of valuat	X, line 13.		
	(b) Book value	(C) Method of Valuat	Ion. Cost of end	1-01-year market van	Je
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets.					
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part	X, line 15.		
	Description			(b) Book value	e
(1) LONG-TERM UNCONDITIONAL P	ROMISES TO GI	VE		645,4	102.
(2) BENEFICIAL INTEREST IN CH			ST		
(3) AGREEMENT				1,356,1	L07.
(4)				, ,	
(5)					
(6)					
(7)					
(8)					
(9)	- 15)			2,001,5	500
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	e 15.)		····· ►	2,001,S	109.
Complete if the organization answered "Yes"), Part X, line 25		
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes					
(2) REFUNDABLE ADVANCE		239,500.			
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)	239,500.			
2. Liability for uncertain tax positions. In Part XIII, provide			ial statements	that reports the	
organization's liability for uncertain tax positions under		-		-	II 🗔

RIVERSIDE	COMMUNITY	COLLEGE	DISTRICT
FOIINIDATION	т		

95-2993847 D

Sche	edule D (Form 990) 2015 FOUNDATION	95-:	2993847 _{Page}	4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements	1	3,104,820	•
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а				
b		4.		
с	Recoveries of prior year grants 2c			
d		7.		
е	Add lines 2a through 2d	2e	710,396	
3	Subtract line 2e from line 1	3	2,394,424	•
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.) 4b			
с	Add lines 4a and 4b	4c		•
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,394,424	•
Ра	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Retu	rn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements	1	2,076,762	•
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities 2a 627,82	4.		
b				
с	Other losses 2c			
d	Other (Describe in Part XIII.) 2d 282,00	7.		
е	Add lines 2a through 2d	2e	909,831	
3	Subtract line 2e from line 1	3	1,166,931	•
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.) 4b			
с	Add lines 4a and 4b	4c	0	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,166,931	•
Ра	rt XIII Supplemental Information.			
Prov	ride 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 XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS - DIRECT EXPENSE	99,956.
INKIND DONATIONS	182,051.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	282,007.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS - DIRECT EXPENSE	99,956.
INKIND DONATIONS	182,051.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	282,007.

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 Part XIII Supplemental Info	RIVERSIDE COMMUNITY FOUNDATION	COLLEGE DISTRICT	95-2993847 Page 5
Part XIII Supplemental Info	rmation (continued)		
532055 09-21-15			Schedule D (Form 990) 2015
09-2 1- 10		30	

SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Complete if the	ntal Information Regarding organization answered "Yes" on organization entered more than \$1 Attach to Form 990 bout Schedule G (Form 990 or 990-EZ)	Form 9 5,000 () or Fo	990, P on Fo rm 99	Part IV, lines 17, 18, rm 990-EZ, line 6a. 10-EZ.	or 19), or if the	OMB No. 1545-0047
Name of the organization	FOUNDAT	DE COMMUNITY COLLE	GE	DIS	TRICT	<i>jen</i> 1		dentification number
	ing Activities	Complete if the organization answe	ered "Y	es" o	n Form 990, Part IV,	line 1		
 Indicate whether the a Mail solicitat Mail solicitat Internet and Phone solicit In-person so 2 a Did the organization key employees list 	ions email solicitations tations licitations in have a written c ed in Form 990, P n highest paid indi	sed funds through any of the followir e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p ividuals or entities (fundraisers) purs	tion of tion of fundra (inclue	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	Y	es No to be
(i) Name and address or entity (fund		(ii) Activity	(iii) fundr have ci or con contribu	ustody	(iv) Gross receipts from activity	tò (o	Amount paic or retained by fundraiser ted in col. (i)	y) to (or retained by)
			Yes	No				
		n is registered or licensed to solicit		b ution:	s or has been notified	d it is	exempt fron	n registration
LHA For Paperwork Re	eduction Act Not	ice, see the Instructions for Form	990 or	990-	EZ. S	Sche	dule G (Forn	n 990 or 990-EZ) 2015

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Schedule G (Form 990 or 990-EZ) 2015 FOUNDATION

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 Part II
 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

 (a) Event #1
 (b) Event #2
 (c) Other events
 (d) Total events

		draising event contributions and		990		-	pis greater than \$5,000
			(a) Event #1 ANNUAL		(b) Event #2 ATHLETIC	(c) Other events	(d) Total events
					HALL OF FAME	4	(add col. (a) through
			(event type)		(event type)	(total number)	col. (c))
						(total hambol)	
	Gross rec	eipts	100,82	5.	40,895.	86,157.	. 227,877
	Less: Con	tributions	32	5.			325
	Gross inco	ome (line 1 minus line 2)	100,50	0.	40,895.	86,157.	. 227,552
	Cash prize	es					
	Ousin prize						
	Noncash	orizes					
2	Rent/facili	ty costs					
	Food and	beverages					
5	Entertainn	nent					
		ct expenses		3.	20,555.	43,418.	
		ense summary. Add lines 4 thro				▶	99,956
		e summary. Subtract line 10 fro					127,596
a		ing. Complete if the organization	on answered "Yes" on I	Form	n 990, Part IV, line 19, or	reported more than	
	\$15,0	00 on Form 990-EZ, line 6a.	-			1	
2			(a) Bingo		(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ad
					ningo/progressive ningo		col. (a) through col. (
+	Gross reve	enue					
	Cook priz						
	Cash phze	es					
	Noncash	orizes					
Ì							
	Rent/facili	ty costs					
	Other dire	ct expenses					
			Yes	- %	Yes%	└── Yes %	
	Volunteer	labor	No		No No	No No	
	Direct exp	ense summary. Add lines 2 thro	ougn 5 in column (d)			▶	
	Net gamin	g income summary. Subtract lin	a 7 from line 1 column	(d)		▶	
	Net garmin	ig meene summary. Subtract in		<u>(u)</u>			
)	nter the state	e(s) in which the organization co	nducts gaming activitie	¢.			
		ation licensed to conduct gamin	v v	_	states?		Yes N
	"No," explai						
~	rio, oxpiai						
a	/ere any of th	ne organization's gaming license	es revoked, suspended	or te	rminated during the tax	year?	
	"Yes," expla						
-	,						

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Schedule G (Form 990 or 990-EZ) 2015

RIVERSIDE	COMMUNITY	COLLEGE	DISTRICT	
	-			0 5

Sch	edule G (Form 990 or 990-EZ) 2015 FOUNDATION 95	-2993	3847	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	····	•	
	Name			
	Address			
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party $ ightarrow \$$			
С	If "Yes," enter name and address of the third party:			
	Address			
16	Gaming manager information:			
	Gaming manager compensation 🕨 \$			
	Description of services provided 🕨			
	Director/officer			
4-				
	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		Vee	
	retain the state gaming license?		Yes	└── No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	e		
Do	organization's own exempt activities during the tax year ► \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part			
Га		III, lines 9	, 9D, T	UD, 15D,
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).			
5320	83 09-14-15 Schedule G (F	orm 990	or 990	-EZ) 2015
	33			, _0.0

		RIVERSIDE COMMUNITY COLLEGE DISTRICT	
Schedule G	G (Form 990 or 990-EZ) Supplemental Info	FOUNDATION	95-2993847 Page 4
	Supplementarinio		
532084			Schedule G (Form 990 or 990-EZ
532084 04-01-15		2 A	
		34	

SC	HEDULE J	Compensation Information	1	OMB No.	1545-00	47
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	15	
•	-	Compensated Employees		ΖU	IJ)
Dena	tment of the Treasury	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Publ		
	al Revenue Service	Information about Schedule J (Form 990) and its instructions is at www.irs.gov/for		Inspe		
Nan	ne of the organizatio		Employer ide			mber
		FOUNDATION	95-29	9384	7	
Ра	rt I Question	s Regarding Compensation				<u> </u>
					Yes	No
1a		iate box(es) if the organization provided any of the following to or for a person listed on Form	ı 990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o					
	Travel for com					
		cation and gross-up payments				
	Discretionary	spending account Personal services (e.g., maid, chauffeur, c	;hef)			
	If any of the h					
b		on line 1a are checked, did the organization follow a written policy regarding payment or				
•		provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	° °	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	ers, including the CEO/Executive Director, regarding the items checked in line 1a?		2		
2	Indianta which if a	ny of the following the filing exception used to establish the companyation of the exception	ation's			
3		ny, of the following the filing organization used to establish the compensation of the organization of the				
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat				
	·	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
		compensation consultant	ommittoo			
		ther organizations Approval by the board or compensation of	ommittee			
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
•	organization or a re					
а	•	ce payment or change-of-control payment?		4a		x
b		ceive payment from, a supplemental nonqualified retirement plan?		· · · · · · · · · · · · · · · · · · ·		X
		ceive payment from, an equity-based compensation arrangement?				X
-		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	,					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	on			
	contingent on the r					
а	The organization?			5a		X
		ation?				Х
		r 5b, describe in Part III.				
6	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on			
	contingent on the r	net earnings of:				
а	The organization?			6a		X
		ation?				X
	If "Yes" on line 6a	or 6b, describe in Part III.				
7	-	on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payment				
	not described on li	nes 5 and 6? If "Yes," describe in Part III		7		X
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t	he			
	initial contract exce	eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		d the organization also follow the rebuttable presumption procedure described in				
		n 53.4958-6(c)?		9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedule	e J (Forr	n 990) 2015

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RIVERSIDE COMMUNITY COLLEGE DISTRICT FOUNDATION

Schedule J (Form 990) 2015

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable	(E) Total of columns	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) AMY CARDULLO	(i)	0.	0.	0.		0.		0.
DIRECTOR	(ii)	164,424.	0.	0.	0.	25,777.	190,201.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii) (i)							
	(i) (ii)							
	(ii)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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RIVERSIDE	COMMUNITY	COLLEGE	DISTRICT
FOUNDATION	1		

Schedule J (Form 990) 2015

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

532113 10-14-15 Schedule J (Form 990) 2015

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization 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.

 RIVERSIDE
 COMMUNITY COLLEGE DISTRICT
 Employee

 FOUNDATION
 95



95-2993847

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

EXCELLENCE AND ACCESS TO EDUCATION FOR ALL RESIDENTS. IN FURTHERANCE OF

THIS MISSION, THE FOUNDATION SEEKS SUPPORT FOR PROJECTS AND PROGRAMS OF

THE RIVERSIDE COMMUNITY COLLEGE DISTRICT. THE FOUNDATION'S ACTIVITIES

DURING THE YEAR PROVIDE FINANCIAL ASSISTANCE IN THE FORM OF PROGRAM

SUPPORT, SCHOLARSHIPS, ENDOWMENTS, EQUIPMENT AND CAPITAL SUPPORT FOR

EDUCATIONAL FACILITIES.

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

PHILANTHROPIC ACTIVITIES IN SUPPORT OF CONTINUED EXCELLENCE AND

IMPROVED ACCESS. AS STEWARDS, WE COLLABORATE WITH BUSINESSES AND

COMMUNITY STAKEHOLDERS TO FUEL THE REGION'S WORKFORCE DEVELOPMENT,

INNOVATION AND ECONOMIC GROWTH.

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

BOARD MEMBERS WILL BE PROVIDED WITH A COPY OF THE RETURN EITHER BY MAIL OR E-MAIL BEFORE THE FILING OF THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ANNUAL DISCLOSURES ARE REVIEWED BY THE DIRECTOR AND IF A CONFLICT

ARISES THE BOARD MEMBER IS ASKED TO EXCUSE HIMSELF/HERSELF FROM ALL

DISCUSSIONS AND VOTING ON THE ISSUE.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE DIRECTOR IS AN EMPLOYEE OF THE RIVERSIDE COMMUNITY COLLEGE

 DISTRICT AND SALARIES ARE DETERMINED AND REVIEWED BY THE BOARD OF TRUSTEES.

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2015)

 532211 09-02-15
 Schedule O (Form 990 or 990-EZ)

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2015.06000 RIVERSIDE COMMUNITY COLLEGE 16085_1

Schedule O (Form 990 or 9	Page 2				
Name of the organization	RIVERSIDE	COMMUNITY	COLLEGE	DISTRICT	Employer identification number
	FOUNDATION	Γ			95-2993847

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION MAKES AVAILABLE FOR PUBLIC INSPECTION DURING THEIR NORMAL

BUSINESS HOURS ITS FORMS 1023 AND 990 IN THEIR ADMINISTRATIVE OFFICES.

FORM 990, PART VI, SECTION C, LINE 19:

THE DOCUMENTS ARE AVAILABLE UPON REQUEST AT THE BUSINESS ADDRESS DURING

NORMAL BUSINESS HOURS.

FORM 990, PART XII, LINE 2C:

NO CHANGE FROM THE PRIOR YEAR.

532212 09-02-15

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service Name of the organizat	ion RIVERSIDE COM FOUNDATION	formation about Schedule R (Form IMUNITY COLLEGE DIS	d "Yes" on Form 990, Part IV, tach to Form 990. 1 990) and its instructions is a STRICT	line 33, 34, 35b, 3 t www.irs.gov/form		En	0		5 ublic ion
Name, add	ion of Disregarded Entities Compl (a) ress, and EIN (if applicable) disregarded entity	ete if the organization answered "Ye (b) Primary activity	s" on Form 990, Part IV, line 33 (c) Legal domicile (state o foreign country)	(d)	me End-of-year	assets	Direct c	(f) ontrolling htity	<u> </u>
organizatio	ion of Related Tax-Exempt Organi ns during the tax year. (a) ne, address, and EIN related organization	izations Complete if the organization (b) Primary activity	n answered "Yes" on Form 990 (c) Legal domicile (state or foreign country)	, Part IV, line 34 be (d) Exempt Code section	ecause it had one of (e) Public charity status (if section		(f) ect controlling entity	Section	g) 512(b)(13) trolled tity?
	ITY COLLEGE DISTRICT -	CALIFORNIA COMMUNITY COLLEGE DISTRICT	CALIFORNIA		501(c)(3))			Yes	No X

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

Schedule R (Form 990) 2015

Schedule R (Form 990) 2015 FOUNDATION

Part III 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.

(2)	(b)	(a)	(d)	(0)	(f)	(a)		h)	(i)	1	j)	(k)
(a) Name, address, and EIN of related organization	Primary activity	(C) Legal domicile (state or foreign	Direct controlling	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	(g) Share of end-of-year assets	Disprop alloca	ortionate ttions?	Code V-UBI amount in box 20 of Schedule	Gene mana part	eral or aging ner?	Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	
]											
]											
	1											
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	1											
	1											
	1											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(I conti ent	(i) ction (b)(13) trolled tity?			
		country)				233013			No			
	1											
									\square			

Schedule R (Form 990) 2015 FOUNDATION

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

ote. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
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?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)		X	
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)		X	
e Loans or loan guarantees by related organization(s)			2
f Dividends from related organization(s)	1f		2
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)	1h		
Exchange of assets with related organization(s)	1i		
j Lease of facilities, equipment, or other assets to related organization(s)			-
k Lease of facilities, equipment, or other assets from related organization(s)	1k	x	
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X	
Sharing of paid employees with related organization(s)		X	_
Reimbursement paid to related organization(s) for expenses			
Reimbursement paid by related organization(s) for expenses			
Other transfer of cash or property to related organization(s)			
s Other transfer of cash or property from related organization(s)			

(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved
(1) RIVERSIDE COMMUNITY COLLEGE DISTRICT	В	646,163.	ACTUAL AMOUNTS PAID
(2) RIVERSIDE COMMUNITY COLLEGE DISTRICT	0	505,984.	ACTUAL AMOUNTS PAID
(3) RIVERSIDE COMMUNITY COLLEGE DISTRICT	N	1.	SHARED BUILDING SPACE
(4)			
(5)			
<u>(6)</u>	42		Sabadula R (Farm 990) 2015

Schedule R (Form 990) 2015 FOUNDATION

Part VI Unrelated Organizations Taxable as a Partnership Complete if 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)	(b)	(c)			.)	(f)	(g)	(1	ו)	(i)	(j)	(k)			
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	e Are partners 501 (c orgs	all s sec.	Share of	Share of	Dispr	opor-	Code V-UBI	General c	Percentage			
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(c orgs	:)(3) 5.?	total	end-of-year	alloca	tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?	ownership			
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes NO				

Schedule R (Form 990) 2015

RIVERSIDE	COMMUNITY	COLLEGE	DISTRICT
FOUNDATION	1		

Schedule R	(Earm	000) 2015	
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Part VII Supplemental Information	VII Supp	nental Information	
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Provide additional information for responses to questions on Schedule R (see instructions).

532165 09-08-15

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Par	t II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no co	pies nee	ded).
			Enter filer's	identifyir	ig number,	see instructions
Type print	RIVERSIDE COMMUNITY COLLEGE	Employer identification number (E $95-2993847$				
due dat filing yo return. S		Social se	curity numb	ber (SSN)		
instruct	City, town or post office, state, and ZIP code. For a for RIVERSIDE, CA 92506	oreign adc	Iress, see instructions.			
Enter	the Return code for the return that this application is for (fil	e a separa	te application for each return)			01
Appli	cation	Return	Application			Return
ls For		Code	Is For			Code
	990 or Form 990-EZ	01				
	990-BL	02	Form 1041-A			08
-	4720 (individual)	03	Form 4720 (other than individual)			09
-	990-PF	04	Form 5227			10
	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	990-T (trust other than above)	06	Form 8870			12
	! Do not complete Part II if you were not already granted			viously file	d Form 88	
	LAUNA WILSON, 2 e books are in the care of 4800 MAGNOLIA	EXECU'	TIVE DIRECTOR			
	ephone No. \blacktriangleright 951-222-8627			500		
			Fax No.			
	he organization does not have an office or place of busines					
	his is for a Group Return, enter the organization's four digit	7				
box			ich a list with the names and EINs o 15, 2017	r all memb	ers the exte	ansion is for.
	I request an additional 3-month extension of time until			TITN	30 3	016
5	For calendar year, or other tax year beginning	<u></u>	, 2015 , and endin			.010
6	If the tax year entered in line 5 is for less than 12 months, c	check reas	on: Initial return	Final r	eturn	
_	Change in accounting period					
	State in detail why you need the extension	COMDT	TE MUE NECECCADY T			
	ADDITIONAL TIME IS NEEDED TO		LE THE NECESSARI I	NFORM	ATION	TO FILE
	A COMPLETE AND ACCURATE RETUR	LN •				
	If this application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any			0
	nonrefundable credits. See instructions.			8a	\$	0.
	If this application is for Forms 990-PF, 990-T, 4720, or 6069		•			
	tax payments made. Include any prior year overpayment al	lowed as a	a credit and any amount paid			0
	previously with Form 8868.			8b	\$	0.
с	Balance due. Subtract line 8b from line 8a. Include your pa	-	h this form, if required, by using			0
	EFTPS (Electronic Federal Tax Payment System). See instr			80	\$	0.
Under	penalties of perjury, I declare that I have examined this form, includ	ling accomp	st be completed for Part II of panying schedules and statements, and to		f my knowled	lge and belief,
Signat	e, correct, and complete, and that I am authorized to prepare this fo ure Title			Date	►	
	· · · · · · · · · · · · · · · · · · ·				,	8868 (Rev. 1-2014)
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Page 2