Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2012, or fiscal year beginning 9/01, 2012, and ending 8/31, 20 13

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

2012

Name of exempt organization DALLAS COUNTY COMMUNITY	Employer identification number
COLLEGE FOUNDATION INC	23-7326612
Name and title of officer MARY BRUMBACH	A A Marine Committee of the Committee of
SENIOR EXECUTIVE	
Part I Type of Return and Return Information (Whole Dollars Only)	
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if	any from the return. If you
check the box on line 1a. 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with	
leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the	ne return, then enter -u- on
the applicable line below. Do not complete more than 1 line in Part I.	2 420 070
1a Form 990 check here ► X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	
2a Form 990-EZ check here ► Lightage Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here b L b Tax based on investment income (Form 990-PF, Part VI, line 5)	
5a Form 8868 check here ▶ 🔲 b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b
Part II Declaration and Signature Authorization of Officer	
Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined	a copy of the
organization's 2012 electronic return and accompanying schedules and statements and to the best of my kn	
are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the	
organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic	
to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt of	
the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refu	ung, ir applicable, i
authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direfinancial institution account indicated in the tax preparation software for payment of the organization's federal	
return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the	LIS Treasury Financial
Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also author	
involved in the processing of the electronic payment of taxes to receive confidential information necessary to	
resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature	
electronic return and, if applicable, the organization's consent to electronic funds withdrawal.	,
· ·	
Officer's PIN: check one box only	
I authorize to enter my PII	N as my signature
ERO firm name	Enter five numbers, but
	do not enter all zeros
on the organization's tax year 2012 electronically filed return. If I have indicated within this return tha	t a copy of the return is
being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also	
ERO to enter my PIN on the return's disclosure consent screen.	
X As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2	2012 electronically filed return.
If I have indicated within this return that a copy of the return is being filed with a state agency(les) re	gulating charities as part of
the IRS Fed/State program. I will enter my PIN on the return's disclosure consent screen.	
Officer's signature Date	▶ 12/19/13
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filling identification	
number (EFIN) followed by your five-digit self-selected PIN.	76299791555
	do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return	
indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163	s, Modernized e-File (MeF)
Information for Authorized IRS e-file Providers for Business Returns.	Halandh
ERO's signature Date	1/7/2014
	1
ERO Must Retain This Form—See Instruction	s
Do Not Submit This Form To the IRS Unless Requester	d To Do So

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047 Open to Public Inspection

<u>A</u>	For the	2012 calendar year, or tax year beginning $09/01/12$, and ending $08/31/2$	13					
В	Check if app	plicable: C Name of organization DALLAS COUNTY COMMUNITY		D Employ	yer identification number			
j	Address cha	nange COLLEGE FOUNDATION INC						
	Name chan	Doing Business As		23-	7326612			
1		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Teleph	one number			
1 :	Initial return	1601 S. LAMAR STREET		214	1-378-1537			
	Terminated	City, town or post office, state, and ZIP code						
	Amended re	eturn DALLAS TX 75215		G Gross rece	eipts\$ 7,356,404			
1	Application	F Name and address of principal officer:						
l	ripphodilori	MARY BRUMBACH	H(a) Is this a g	s a group return for affiliates? Yes				
		1601 S. LAMAR STREET	H(b) Are all af	filiates include	d? Yes No			
		DALLAS TX 75215	If "No	," attach a list	. (see instructions)			
ı	Tax-exemp	pt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527						
J	Website:	TERT BATER BETAIL BARAN WOLL	H(c) Group ex	emption numb	er 🏲			
ĸ	Form of org	ganization: X Corporation Trust Association Other ▶ L	Year of formation: 1	973	M State of legal domicile: TX			
_P	art I	Summary						
	1 B	triefly describe the organization's mission or most significant activities:						
ø		ENHANCE THE LEVEL OF ACHIEVEMENT AND EXCELLENCE OF THE						
Governance		SCHOLARSHIPS, SUPPORTING THE PROFESSIONAL DEVELOPMENT	OF FACULT	Y AND				
ern		STAFF, AND FOSTERING INNOVATION IN THE EDUCATIONAL PRO	GRAMS OF '	THE DC	CCD.			
ò	2 C	Check this box 🕨 📗 if the organization discontinued its operations or disposed of more than 2	5% of its net ass	sets.				
ంర		lumber of voting members of the governing body (Part VI, line 1a)		. 3	<u>3</u> 7			
es	4 N	lumber of independent voting members of the governing body (Part VI, line 1b)		4	37			
Activities	5 To	otal number of individuals employed in calendar year 2012 (Part V, line 2a)		5	0			
Act	6 To	otal number of volunteers (estimate if necessary)		6	0			
·	7a To	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0			
	bN	let unrelated business taxable income from Form 990-T, line 34		7b	0			
ne			Prior Yes		Current Year			
	8 0	Contributions and grants (Part VIII, line 1h)	2,29	2,237	1,796,816			
Revenue	9 P	Program service revenue (Part VIII, line 2g)	2 022	1 622 540				
Re.	10 In	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	2,932	1,633,540				
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2 00	5 1 6 0	523			
		otal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,169				
	13 G	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,84	9,755	1,334,484			
		Senefits paid to or for members (Part IX, column (A), line 4)						
beuses	10 0	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)			0			
eü	1001	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 2,968						
ᄶ			73	9,255	2,469,731			
	17 U	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,010	3,804,215			
	l	Revenue less expenses. Subtract line 18 from line 12		6,159	-373,336			
- S		ievende less expenses. Subtract line 10 from line 12	Beginning of Cur		End of Year			
ets	20 T	otal assets (Part X, line 16)	35,27		35,855,106			
Ass	21 To	otal liabilities (Part X, line 26)		4,631	211,146			
Net Assets or Fund Balances	22 N	let assets or fund balances. Subtract line 21 from line 20	34,70		35,643,960			
P	art II	Signature Block						
U	nder pena	alties of perjury, I declare that I have examined this return, including accompanying schedules and staten	ents, and to the b	est of my kn	owledge and belief, it is			
tro	ue, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer	has any knowledg	je.				
Sig	gn	Signature of officer		Date				
Не	re	MARY BRUMBACH SENIC	OR EXECU	CIVE				
_		Type or print name and title						
		Print/Type preparer's name Preparer's signature	Date	Check	if PTIN			
Pai	L	TENE THOMAS	01/07	/14 self-em	ployed			
		Firm's name MCCONNELL & JONES, LLP	F	irm's EIN 🕨				
USE	Only	3040 POST OAK BLVD STE 1600						
		Firm's address HOUSTON, TX 77056-6574	F	hone no.	713-968-1600			
May	y the IRS	S discuss this return with the preparer shown above? (see instructions)			X Yes No			

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
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,	_		4,5
_	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		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	_ 1		٦,
10	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		7.7	
44	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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а	complete Schedule D, Part VI	110		х
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	11a		
,	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	110		_ 21
Ū	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
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 assistance to any			
	organization or entity located outside the United States? 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 assistance	1		
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			[
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	L

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
2	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
_	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	<u> </u>
3	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			İ
	employees? If "Yes," complete Schedule J	23		2
4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			İ
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		_2
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_
5a		***		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		2
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 "Von " gamplete Cabadula I. Bort I	25b		2
â	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or	230		f
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		;
7	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		H
				ĺ
	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		-
3	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):			١.
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_2
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		2
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			l
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u> </u>
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29]
)	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			l
	conservation contributions? If "Yes," complete Schedule M	30] :
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	.,,		Γ
	Part I	31		2
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			Γ
	complete Schedule N, Part II	32		2
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			T
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		;
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,		_	<u> </u>
	n	34	х	
5a	or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?		22	-
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a	 -	H
D		051		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-	
3	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			١.
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
,	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37	_] :
3	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

to Enter the number reported in Box 3 of Form 1098. Enter -0- if not applicable 1a 20 1b 0 1c 1c 1c 1c 1c 1c 1c	Pa	art V Statements Regarding Other IRS Filings and Tax Compliance						
18 Enter the number reported in Box 3 of Form 1008. Enter 0- if not applicable 16 0		Check if Schedule O contains a response to any question in this Part V		····			<u> Ll</u>	
be Entor the number of Forms W-26 included in fine 1s. Enter 0-11 not applicable or Diff the organization comply with backup withholding nikes for reportable payments to wedders and experisation comply with backup withholding nikes for reportable payments to wedders and experisation comply with backup withholding nikes for reportable payments to wedders and experisation for the calendary year ending with or within the year covered by this return? Statements, filed for the calendary year ending with or within the year covered by this return? 2a				1		Yes	No	
The first programment of the congruence of the control with backurs withhousing number for reportable payments to vendors and reportable gamining (gambling) withings to price withness? 2. Entire the number of amplicyses reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendary year anding with or within the year covered by this nature? 2. Description of the programment of the p	1a	***************************************						
reportable gaming (gambling) winnings to prize winnors? Statements, flied for the celendar year ending with or within the year covered by this return Statements, flied for the celendar year ending with or within the year covered by this return Note. If the sum of lince 1 and 2a is greated than 250, you may be required to e-file (see instructions) 10 If the state and the call than 250, you may be required to e-file (see instructions) 11 If Year, Float Flind a Form 950. The rish year? If Year, Float de a received of the organization have unrelated business gross incorner of \$1.000 or more during the year? 12 A A ray time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (sevice as a bank account, a certification of the ray time of the organization and the organization as a bank account, a certification, or other authority over, a financial account in a foreign country (sevice as a bank account, a certification of the tax year? 12 A A any time during the calendar year, did the organization and any time during the tax year? 13 A B If Year, or indirect the name of the foreign country (sevice as a bank account, a certification of the tax year? 14 A A tray time during the calendar year. The foreign Bank and Financial Accountry 15 A B Was the organization for profits of the Xear of the tax year? 16 A B Was the organization for organization that It was or is a party to a prohibited tax shelter transaction? 16 B Was the organization of the organization that It was or is a party to a prohibited tax shelter transaction? 16 B Was the organization new comparization that It was or is a party to a prohibited tax shelter transaction? 17 B Was the organization new control of the organization that It was or is a party to a prohibited tax shelter transaction? 18 B Was the organization new control of the organization that It was or is a party to a prohibited tax shelter transaction? 19 B Was the organization have arro	b			0			1	
28 Entor the number of oreployces reported on Form W-3, Transmitted I Wage and Tax Statements, filed of the celentary aver ading with or within the year covered by this return 19 If at least one is reported on line 2s, did the organization file all required federal employment tax returns? No. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) 30 Did the organization have unrelated business gross income of \$1,000 or more during the year? 31 Did the organization have unrelated business gross income of \$1,000 or more during the year? 32 A tarry time during the eatlendary year, did the organization have an interest in, or a signature or other authority over, a financial account; year, did the organization have an interest in, or a signature or other authority over, a financial account; year, did the organization have arrived in account; or other financial account; or other financial account; year of the name of the foreign country. 32 A tarry time during the eatlendary early great the second of the country of the secondary of the organization has the secondary of the organization has the secondary of the organization has arrived as of the secondary of the organization has the secondary of the organization has a manual gross receipts that are normally greater than \$10,000, and did the organization has exceeded the secondary of the secondary of the organization has a contribution of the secondary of the organization has a calculation shall be secondary of the organization received a contribution of the secondary of the organization necessary and secondary of the organization received as optimised the secondary of the organization received as optimised to the payor? 4 If Yes, I i	С							
Statements, flied for the calendary year ending with or within the year covered by this return 2a 0					<u>1c</u>	X	 	
by At at least one is reported on line 2a, diff the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to effice (eei instructions) 3 by 14 Yes,* has it filed a Form 990-T for this year? If *No.* provide an explanation in Schedule O 3 by 14 Yes,* has the did a Form 990-T for this year? If *No.* provide an explanation in Schedule O 3 by 14 Yes,* has the did a Form 990-T for this year? If *No.* provide an explanation in Schedule O 4 by 14 Yes,* and the sum of the foreign country. } 5 by 14 Yes,* and the remainded accountry of the foreign country. } 5 con instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5 by 15 by 16 any taxable party notify the organization file form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5 by 16 any taxable party notify the organization file form 888-T? 5 by 16 any taxable party notify the organization file form 888-T? 5 c by 16 any taxable party notify the organization file form 888-T? 5 c c c c c c c c c c c c c c c c c c	2a							
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-flie (see instructions) Joil the organization have united business gross income of \$1.00 or more during the year? 3a X is 1644 at any time during the calendar year, did the organization have an interest in, or a signstature or other authority over, a financial account in a foreign country (such as a bank account, scort-flies account, or other financial account in a foreign country (such as a bank account, scort-flies account, or other financial accounts in a foreign country (such as a bank account, scort-flies account, or other financial Accounts. 5b If "Yee", either the name of the foreign country; } 5c Instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5c Instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5c Instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5c Instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5c Instruction for the filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5c Instructions for the filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5c Instruction for Filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5c Instruction for Filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Filing Fil			,	l				
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		Did the experience receive any payments for indeer tenning consists the tay year?						
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Form 990 (2012) DALLAS COUNTY COMMUNITY 23-7326612 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 37 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Х Each committee with authority to act on behalf of the governing body? X 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Did the organization have local chapters, branches, or affiliates? 10a X If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Х Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Х 12c Did the organization have a written whistleblower policy? 13 X 13 Did the organization have a written document retention and destruction policy? Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b 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? X 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE 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. X Own website X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: > MARK BALLARD 1601 S. LAMAR STREET

DALLAS

214-378-1532

TX 75215

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

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

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

- 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.
- e 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.
 - o List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

 $|\mathbf{X}|$ Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for	box offi	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				n ∋)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(IV 21 loos lines)	organization and related organizations
(1) MR. NORMAN P. BA								•		
DIRECTOR	0.00	x						0	0	0
(2) MR. HENRY C. BEC										
DIRECTOR	0.00	x						0	0	0
(3) MRS. SALLY B. BE									-	
DIRECTOR	0.00	x						0	0	o
(4) MR. MICHAEL D. E										- <u></u> -
DIRECTOR	0.00	x						o	О0	0
(5) MR. JACK L. BURI										
DIRECTOR	0.00	x						0	О	o
(6) MR. W. PLACK CAP	-							· 2		
DIRECTOR	0.00	x						0	0	0
(7) DR. GUY L. CULPI										
DIRECTOR	0.00	х						0	0	о
(8) MR. RUBEN E. ES	•									
SECRETARY	0.00	x		х				0	o	0
(9) MRS. VALERIE M.	FREEMAN		_					<u> </u>	0	<u> </u>
(0) 1110	0.00									
DIRECTOR	0.00	X						0	0	0
(10)MR. JERRY C. GII										-
DIRECTOR	0.00	x						o	0	0
(11) DR. JOSEPH M. GI										
DIRECTOR	0.00	x			_			0	0	Form 990 (2012)

Part VII Section A. Officers	, Directors, Tru	SICC	3, IX	ey ⊑	mbi	oyee	:5, a	nu riigitesi Compensatet	Employees (continued)				
(A) Name and title	hours per (do not check mor week box, unless persor (list any officer and a direct hours for				ition more rson i	s both	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estima amoun othe compens	ted t of r	
	hours for related organizations	Individ	Institu	Officer	Key e	Highe	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	1	from the organization and relation	ation	
	below dotted line)	Individual trustee or director	Institutional trustee	4	/ employee	Highest compensated employee	. 4			1	organiza		
		stee	eetsu		10	ensaled							
(12) MR. DOUGLAS D. I	IAWTHORN	E											
	0.00								_				
CHAIRMAN	0.00	X		X	_			0	. 0				
(13) MR. HUNTER HUNT	0.00												
CHAIR-ELECT	0.00	x		x				0	0				(
(14) MRS. MARGO R. KI	EYES								·				
	0.00												
DIRECTOR (15) DR. R. JAN LECRO	0.00	X						0	0				(
(15)DR. R. DAN LECK	0.00												
DIRECTOR	0.00	\mathbf{x}						0	0				(
(16) MR. SCOTT LETIEI									_				
	0.00												
DIRECTOR	0.00	X				-		0	0	<u> </u>			(
(17) MR. A.K. MAGO	0.00												
DIRECTOR	0.00	$ \mathbf{x} $						0	0				(
(18) MR. JACK MATTHEW													
	0.00												
DIRECTOR	0.00	X	_		<u> </u>	<u> </u>		0	0				(
(19) MRS. LYNN MCBEE	0.00												
OFFICER	0.00	$ \mathbf{x} $		х				0	0				ſ
1b Sub-total		•					▶						
c Total from continuation she	ets to Part VII, S	Secti	on A	١			▶						
d Total (add lines 1b and 1c)	aluding but not l						<u> </u>	rol who was alward many the	#100 000 i-	<u></u>			
2 Total number of individuals (in reportable compensation from				เทอร	e iis	tea a	adov	re) who received more than	1 \$100,000 in				
												Yes	No
3 Did the organization list any for employee on line 1a? If "Yes,"	rmer officer, dir complete Sche	ecto: dule	r, or J for	trust suc	ee, I h ind	key e dividu	empi Jal	loyee, or highest compensa	ated		3		x
4 For any individual listed on line	e 1a, is the sum	of re	porta	able	com	pens	satic	on and other compensation	from the				
organization and related orgar individual	nizations greater	than	ı \$ 15	0,00	00? I	f "Ye	s," (complete Schedule J for su	rch		4		x
individual5 Did any person listed on line 1	a receive or acc	crue c	comp	ens	atio	n fror	n ar	ny unrelated organization o	r individual				
for services rendered to the or	rganization? If "Y	es,"	com	plete	e Sc	hedu	ıle J	for such person			_5		X
Section B. Independent Contractor Complete this table for your five		ensa	ted i	ndei	nenc	lent (cont	ractors that received more	than \$100,000 of				
compensation from the organi	ization. Report c							dar year ending with or with	nin the organization's tax ye	ear.			
Name and	(A) I business address							Descrip	(B) otion of services		Co	(C) mpensa	tion_
							-						
								**********	 -				
									· · · · · · · · · · · · · · · · · · ·				
2 Total number of independent	contractors (incli	uding	, but	not	limit	ed to	tho	se listed above) who					
received more than \$100,000	of compensation	n fror	n the	e org	janiz	ation	1 D		0				

Part VII Section A. Officers	, Directors, Iri	istee	s, K	ey E	mpi	oyee	s, a	nd Highest Compensated	Employees (continued)				
(A) Name and title	(B) Average hours per week (list any	bo	x, unle	Pos check ess pe	rson i	than c s both r/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	co	(F) Estima amoun othe empens	ted t of r ation	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	oi a	from ti rganiza and rela rganiza	ation ated	
			Ö			ed.	_						
(12) MR. MICHAEL C. M	0.00	Y											
TREASURER	0.00	$ \mathbf{x} $		x				0	o				ſ
(13) MR. J.C. MONTGOM				-==-	-								
	0.00												
OFFICER (14) MRS. LYN MUSE	0.00	X	_	X				0	0	<u> </u>			
(14)MRS. LIN MUSE	0.00												
OFFICER	0.00	x		x				0	0				C
(15)MR. MIKE A. MYEI													
	0.00												
DIRECTOR (16) MRS. JUDY PESEK	0.00	X				<u> </u>		0	0				
(10)MRD. DODI LEBER	0.00												
DIRECTOR	0.00	X						0	0				0
(17)MR. PHIL RITTER					ļ								
DIRECTOR	0.00	X						0	0				,
(18) MR. GEORGE A. SI		^						0	U				
(12)	0.00												
DIRECTOR	0.00	X						0	0				
(19) MRS. GAY F. SOLO	0.00												
DIRECTOR	0.00	x						l 0	0				c
1b Sub-total							▶						
c Total from continuation she	ets to Part VII,	Sect	ion A	١			▶						
d Total (add lines 1b and 1c) . 2 Total number of individuals (in	oluding but not		_				bou	a) who received more than	£100,000 in	<u>I</u>			
reportable compensation from			iu io	HIUS	e iis	ieu a	IUUV	e) who received more than					
O Did the annual attention that are for							1					Yes	No
3 Did the organization list any for employee on line 1a? If "Yes,"	rmer officer, all Complete Sche	ecto dule	r, or J for	trust Suc	ee, I h ind	cey e iividu	empi ial	oyee, or highest compensa	ated		3		
4 For any individual listed on line	e 1a, is the sum	of re	port	able	com	pens	satio	n and other compensation	from the				
organization and related orgar individual									ch		4		
5 Did any person listed on line 1	a receive or acc	rue i	comp	oens	atior	ı tror	n ar	ıy unrelated organization o		····· [
for services rendered to the or Section B. Independent Contracto		es,"	com	piete	e Sc	nedu	ile J	for such person	· · · · · · · · · · · · · · · · · · ·		5		
Complete this table for your fix	e highest comp	ensa	ıted i	nde	pend	lent d	conti	ractors that received more	than \$100,000 of				
compensation from the organi	zation. Report c	omp	ensa	tion	for t	ne ca	aleni	dar year ending with or with	nin the organization's tax ye	ear.		/C\	
Name and	(A) business address						ļ	Descrip	(B) ation of services		Co	(C) mpensa	tion
							-		<u> </u>				
O Takal grows is a second of the second of t		المر	. 1		12 11			P-4-4 -1 - 3 -1					
2 Total number of independent of received more than \$100,000	contractors (incl of compensation	uain(n froi	j out n the	not org	amiz aniz	eu to atior	ino	se listed above) who					
D11												000	3

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpi	oyee	s, a	nd Highest Compensated	Employees (continued)	,			
(A) Name and title	(B) Average hours per week	bo	x, unk	Pos check ess pe	erson i	than c s both	an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estima amour othe	ated at of	
	(list any hours for	of	ficer a		lirecto	r/trust		the organization	organizations (W-2/1099-MISC)	c	compens from t		
	related	or di	Instit	Officer	Key	Highest employe	Former	(W-2/1099-MISC)	(11 24,000 mico)		organiz	ation	
	organizations below dotted	ector	ution	e e	Key employee	est cc oyee	ĕ			4	and rel organiza		
	line)	Individual trustee or director	Institutional trustee		руее	st compensated yee							
		8	stee	İ		nsate							
(12) MRS. DEBBIE TAYI	OR		<u> </u>	-			_						
(12)111000000000000000000000000000000000	0.00												
DIRECTOR	0.00	x						0	0				(
(13)MR. JOHN R. THOM	IPSON, J	R.											-
	0.00												
DIRECTOR	0.00	X	<u> </u>	ļ				0	0				(
(14) MR. ROBERT L. TH		Ι Τ.	I										
DIRECTOR	0.00	x						0	0				
(15) MRS. MARGARET D.		_	ΔТ.		-				<u> </u>				
(10)11111111111111111111111111111111111	0.00												
DIRECTOR	0.00	x						0	0				(
(16) MR. ROBERT W. KO	RBA												_
	0.00												
DIRECTOR	0.00	X						0	0				(
(17) MS. DORIS E. ROU													
DIDEGRAD	0.00	٠,,											
DIRECTOR (18) MR. AHMED A. ELI	0.00	X			_			0	0	<u> </u>			
• •	0.00												
DIRECTOR	0.00	x						0	0				(
(19) MR. STEVE LYLE													
	0.00												
DIRECTOR	0.00	X	l		<u>L_</u>			0	0				(
1b Sub-total							▶						
c Total from continuation shee							▶						
d Total (add lines 1b and 1c) 2 Total number of individuals (in							bov	(a) who received more than	\$100,000 in	<u> </u>			
reportable compensation from			,		oc no	iou c	(DOV	——————————————————————————————————————	ι ψ 100 ₁ 000 III				
	<u> </u>								<u> </u>			Yes	No
3 Did the organization list any fo	rmer officer, dir	ecto.	r, or	trust	ee, k	key e	emp!	loyee, or highest compensa	ated		3		
employee on line 1a? If "Yes," 4 For any individual listed on line	e 1a, is the sum	of re	port	able	com	pens	satio	on and other compensation	from the		<u> </u>		
organization and related organ	nizations greater	thar	า \$15	50,00	00? I	f "Ye	s," c	complete Schedule J for su	ch				
individual5 Did any person listed on line 1	a receive or acc	rrip /					n on		rindividual		4		
for services rendered to the or	ganization? If "Y	'es,"	com	plete	e Sci	hedu	le J	for such person	· maiviagai		5		
Section B. Independent Contracto													
Complete this table for your five company from the organian f	e highest comp	ensa	ated i	inde	pend	lent o	conti	ractors that received more	than \$100,000 of				
compensation from the organi	(A) business address	ompi	ensa	шоп	IOI (I	ne ca	lene		(B) tion of services	<u>∍ar.</u>		(C)	
Name and	business address						 	Descrip	otion of services		Co	(C) mpensa	lion
									·				
									-				
							<u> </u>						
2 Total number of independent of	contractore final	ıdina	n but	no+	limit	04 to	the	en lietad aboua) who	<u> </u>				
received more than \$100,000								ae nateu abovej WNO					
DAA												000	

Part VII Section A. Officers	s, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	l Employees (continued)				
(A) Name and title	(B) Average hours per week (list any hours for	bo	x, unle licer a	Pos check ess pe nd a c	erson lirecto	than o	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	f	(F) Estimate amount other compensa from the	of ition	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	, , , , , , , , , , , , , , , , , , , ,		organizat and relat organizati	ion led	
(12) MR. CLINT MCDON													
DIRECTOR	0.00	x						0	o				0
(13) MR. TORRENCE H.	ROBINSO									 			
DIRECTOR	0.00	x						0	o				0
(14)				_					9				
(15)			-									·	
(16)					 -					 	··		
(17)					-	<u> </u>				 			
(18)						_			****				
(19)										<u> </u>			
1b Sub-total							₽						
c Total from continuation she d Total (add lines 1b and 1c)							A ⊳			 			
Total number of individuals (in reportable compensation from	cluding but not I	imite					•	e) who received more than	\$100,000 in	<u>.l</u>			
												Yes	No
 3 Did the organization list any for employee on line 1a? If "Yes," 4 For any individual listed on line 	ormer officer, dir ' complete Sched	ecto Iule	r, or J foi	trust suc	tee, h ind	key e Iividu	mp! ıal	loyee, or highest compensa	ated		3		
4 For any individual listed on line organization and related organ	e 1a, is the sum nizations greater	of re thar	port sport	able 50.00	con	pens f "Ye	satio	on and other compensation complete Schedule J for su	from the				
individual5 Did any person listed on line 1				····	otio		 	w uprolated organization or	individual		4		
for services rendered to the or	rganization? If "Y	es,"	com	pens	e Sc	hedu	le J	for such person	maividuai		5		
Section B. Independent Contractor Complete this table for your five		ones	tod	indo	2000	lont (ractors that received more	than \$100,000 of				
compensation from the organi	zation. Report co	omp	ensa	tion	for t	he ca	alen	dar year ending with or with	nin the organization's tax y	ear.		(0)	
Name and	(A) I business address							Descrip	(B) tion of services		Corr	(C) pensat	ion
											-		
			-										
								, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-			
Total number of independent of the second seco	contractors (inclu	ıdine	ı but	not	limit	ed to	the	se listed above) who					
received more than \$100,000	of compensation	froi	n the	e org	aniz	ation	<u> </u>	SO NOTOG ADOVE) WHO					

raitv	Check if Schedule C	ontains a	a response to	any question in th	is Part VIII		
		ï		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ste 1a	Federated campaigns	1a					372/310/010/7
	Membership dues	1b					
S, C	Fundraising events	1c					
iii d	Related organizations	1d					
<u>ه اقان</u> و	Government grants (contributions)	1e					
io f	All other contributions, gifts, grants,						
the the	and similar amounts not included above	1f 1	.,796,816				
들이 g	Noncash contributions included in lines 1a-	1f: \$					
රි ් h	Total. Add lines 1a-1f			1,796,816			
nne			Busn. Code				
∯ 2a	*						
o b	•						
ള 호	•		<u> </u>				
S q							·
Tarl e							
g f	All other program service rever						
9	Total. Add lines 2a-2f					T	
3	Investment income (including of			490,543			400 540
	and other similar amounts)			490,343		-	490,543
4 5		•					
"	Royalties(i) Real		i) Personal	·			
6a		'	i) 1 ersonar				
b							
	Rental inc. or (loss)						
	Net rental income or (loss)		<u> </u>				
	Gross amount from (i) Securities		(ii) Other				
	sales of assets other than inventory 5,068,	522			;		
ь	Less: cost or other						
	basis & sales exps. 3,925,	525					
С	Gain or (loss) 1,142,	997					
d	Net gain or (loss)	· · · · · · · <u>· · · · · · · · · · · · </u>		1,142,997			1,142,997
	Gross income from fundraising ever						
Other Revenu o	(not including \$		1		1		
e e	of contributions reported on line 1c)	,					
<u>#</u>	See Part IV, line 18						
∯ þ	Less: direct expenses						
С	Net income or (loss) from fund		<u> </u>				
9a	Gross income from gaming activitie						
	See Part IV, line 19	a					
	Less: direct expenses						
	Net income or (loss) from gam	ing activities .	Þ				
10a	Gross sales of inventory, less						
	returns and allowances						
	Less: cost of goods sold		<u> </u>				
<u>c</u>	Net income or (loss) from sale	s of inventory	Busn. Code				
11-				523			E0.7
11a	* *************************************			543			523
b	***************************************						-
q	All other revenue						
۾ ا	Total. Add lines 11a-11d			523			
12	Total revenue. See instruction			3,430,879	0	0	1,634,063

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b, Management and 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 1,334,484 1,334,484 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 11 Fees for services (non-employees): Management Legal 17,270 17,270 Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees _____ 75,834 75,834 f Other, (If line 11g amount exceeds 10% of line 25, column 5,249 5,249 (A) amount, list line 11g expenses on Schedule O.) Advertising and promotion 12 3,726 3,726 13 Office expenses Information technology 14 15 Royalties 16 Occupancy 352 352 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 13,404 Conferences, conventions, and meetings 13,404 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization ... 22 6,175 6,175 Insurance 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) BAD DEBT EXPENSES 2,335,889 2,335,889 MISCELLANEOUS EXPENSES 7,137 7,137 RECOGNITION 3,248 2,968 280 С 1,447 DISTRICT MEALS 1,447 þ e All other expenses 3,804,215 1,334,484 Total functional expenses. Add lines 1 through 24e 2,466,763 2,968 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 ▶ following SOP 98-2 (ASC 958-720)

Part X

Balance Sheet

Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year 2,592,124 2,852,579 Cash—non-interest bearing Savings and temporary cash investments 4,072,582 2 3,810,820 Pledges and grants receivable, net 3,051,036 291,426 3 3 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 4,099 4,425 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ______ 10a b Less: accumulated depreciation 10b 10c Investments—publicly traded securities 25,495,330 28,842,410 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 59,068 35,274,239 53,446 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 35,855,106 16 16 Accounts payable and accrued expenses ______ 7,29917 17 30,164 Grants payable 557,332 180,982 18 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 564,631 26 211,146Organizations that follow SFAS 117 (ASC 958), check here ▶ X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 638,322 **1,**056,537 Temporarily restricted net assets 6,569,081 9,307,306 28 28 Permanently restricted net assets 27,502,205 29 25,280,117 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 34,709,608 Total net assets or fund balances 35,643,960 33 33 35,274,239 35,855,106 Total liabilities and net assets/fund balances

Form 990 (2012)

Form	990 (2012) DALLAS COUNTY COMMUNITY	23-7326612			Pa	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in t	his Part XI	<u>,</u>			
1	Total revenue (must equal Part VIII, column (A), line 12)		1	3,4:		
2	Total expenses (must equal Part IX, column (A), line 25)		2	3,80		
3	Revenue less expenses. Subtract line 2 from line 1		3			336
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, co	olumn (A))	. 4	34,7		
5	Net unrealized gains (losses) on investments		5	1,3)7,	688
6	Donated services and use of facilities		. 6			
7	Investment expenses		. 7			
8	Prior period adjustments		8	_		
9	Other changes in net assets or fund balances (explain in Schedule O)		9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must ea	qual Part X, line				
	33, column (B))		10	35,6	<u>43,</u>	<u>960</u>
Pa	rt XII Financial Statements and Reporting					47 73
	Check if Schedule O contains a response to any question in t	his Part XII	* * * * * * * * * * * * * * * * * * * *	· · · · · · · · · · · · · · · · · · ·		
1	Accounting method used to prepare the Form 990: Tash X Accru	al Other			Yes	_No
•	If the organization changed its method of accounting from a prior year or check			—		
	Schedule O.	ed Street, explaining				
2a	Were the organization's financial statements compiled or reviewed by an indep	endent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the					
	reviewed on a separate basis, consolidated basis, or both:	year word complica or				
	Separate basis Consolidated basis Both consolidated and	senarate hasis				
b	Were the organization's financial statements audited by an independent account			2b	X	
~	If "Yes," check a box below to indicate whether the financial statements for the			·····		
	separate basis, consolidated basis, or both:	your word addition on a				
	X Separate basis Consolidated basis Both consolidated and	separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes					
_	of the audit, review, or compilation of its financial statements and selection of			2c	Х	
	If the organization changed either its oversight process or selection process du					
	Schedule O.	ang are tan year, explain in				
3a	As a result of a federal award, was the organization required to undergo an aud	lit or audits as set forth in				
-	11 Of 1 A 10 A 1 A 10 A 10 A 10 A 10 A 10 A			3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organi		• • • • • • • • • • • • • • • • • • • •			
-	required audit or audits, explain why in Schedule O and describe any steps tak	<u> </u>		3b		
					m 990) (2012)
				,		,,

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

DALLAS COUNTY COMMUNITY COLLEGE FOUNDATION INC

Employer identification number 23 - 7326612

The	orga	nization is not	a private foundation becaus	e it is: (For lines 1 through 11, o	check only	one box	.)							
1		A church, co	nvention of churches, or ass	ociation of churches described	in section	170(b)(1	I)(A)(i).							
2		A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E.)										
3		A hospital or	a cooperative hospital service	ce organization described in se	ction 170	(b)(1)(A)(iii).							
4				d in conjunction with a hospital o)(1)(A)(i	ii). Ente	er the ho	ospital's	name) .	
		city, and stat									•		•	
5	X	An organizati	ion operated for the benefit o	of a college or university owned	or operat	ed by a d	overnme	ental uni	t descri	bed in				
			b)(1)(A)(iv). (Complete Part											
6	:			overnmental unit described in s	ection 17	/0/h\/1\/Δ	MyA							
7	1			substantial part of its support from				from the	gonor	al public				
•	l:		section 170(b)(1)(A)(vi). (C		oni a gove	en in itali	uriit Oi	ii Oili tije	genera	ai public				
0	1 :				4 II V									
8	- :			170(b)(1)(A)(vi). (Complete Part										
9	1 :			I) more than 33 1/3% of its supp						-	SS			
				npt functions—subject to certain										
				nd unrelated business taxable in				() from b	usines	ses				
	·			0, 1975. See section 509(a)(2)										
10				exclusively to test for public safe										
11	L!			exclusively for the benefit of, to	-									
				ed organizations described in s						section				
		509(a)(3). Ch	eck the box that describes t	he type of supporting organizati	ion and co	mplete li	nes 11e	through	11h.					
		а Туре	I b Type II	c Type III–Function	ally integr	ated	d	Тур	e III-No	on-functi	ionally i	ntegra	ıted	
е		By checking	this box, I certify that the org	anization is not controlled direc	tly or indir	ectly by c	ne or m	ore disc	ualified	person:	s			
		other than for	undation managers and othe	er than one or more publicly sup	ported or	ganizatior	ns descr	ibed in s	section	509(a)(1	()			
		or section 50	9(a)(2).											
f		If the organiz	ation received a written dete	rmination from the IRS that it is	a Type I,	Type II,	or Type	III suppo	orting					
			check this box		• • • • • • • • • • • • • • • • • • • •	••			Ū					[]
g		Since Augus	t 17, 2006, has the organizat	tion accepted any gift or contrib	ution from	anv of th								. 1_ 1
J		following per		. , , , ,										
		= :		entrols, either alone or together	with nerse	one descr	ihed in (ii) and					Yes	No
				supported organization?								1 1 g(i)	-163	
		(ii) A family	member of a person describ	and in (i) about 2										┼─
				dan authority (1) a c (1) d	• • • • • • • • • • • • • • • • • • • •							11g(ii)		
£.			· · · · · · · · · · · · · · · · · · ·	•••								[11g(iii)	L	<u></u>
<u>h</u>	NI		· - · · ·	he supported organization(s).	P-A t- th-		(-A D) 1	115	/ "	I				
Ų.		e of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9		organization sted in your		ou notify nization in		is the tion in col.	(vii) /	Amount o supp		tary
				above or IRC section		document?	col. (i)	of your	(i) organi	ized in the		Jupp	Oil	
				(see instructions))	<u> </u>	T	<u> </u>	port?	 	S.?				
					Yes	No	Yes	No	Yes	No				
(A)														
(B)														
(13)					1									
(C)					<u> </u>				 			_		_
(D)														
<u>/E\</u>					-			<u> </u>						
(E)]				
Tota	Ī													

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

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

Sec	tion A. Public Support			• •			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,677,733	1,882,896	2,309,619	2,292,237	1,796,816	10,959,301
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	2,677,733	1,882,896	2,309,619	2,292,237	1,796,816	10,959,301
6	Public support. Subtract line 5 from line 4.						10,959,301
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	2,677,733	1,882,896	2,309,619	2,292,237	1,796,816	10,959,301
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	424,294	281,610	443,411	567,188	490,543	2,207,046
9	Net income from unrelated business activities, whether or not the business is regularly carried on						. <u> </u>
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					523	523
11	Total support. Add lines 7 through 10						13,166,870
12	Gross receipts from related activities, etc.	(see instructions)				12	
13	First five years. If the Form 990 is for the	organization's first	, second, third, fou	ırth, or fifth tax yea	r as a section 501	(c)(3)	
	organization, check this box and stop her			<u>.,</u>	<u> </u>		<u></u>
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2012 (line 6	i, column (f) divided	l by line 11, colum	n (f))		14	83.23%
15	Public support percentage from 2011 Sch	edule A, Part II, line	∍ 14	****************		15	83.00%
16a	33 1/3% support test—2012. If the organ	ization did not ched	k the box on line	13, and line 14 is 3	3 1/3% or more, c	heck this	, .
	box and stop here. The organization qual	•				• • • • • • • • • • • • • • • • • • • •	▶ X
b	33 1/3% support test—2011. If the organ						
	check this box and stop here. The organi						>
17a	10%-facts-and-circumstances test207	-					
	10% or more, and if the organization mee				•		
	Part IV how the organization meets the "fa organization			·			> [-
b	10%-facts-and-circumstances test—20						
	15 is 10% or more, and if the organization				•		
	Explain in Part IV how the organization me			•		-	. .
10	supported organization					*********	····· • · ·
18	Private foundation. If the organization di						<u>.</u> .
	instructions		· · · · · · · · · · · · · · · · · · ·				

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.)

800	tion A Public Support	quality under ti	ne tests listed t	elow, please c	ompiete Part I	l.)	
	tion A. Public Support ndar year (or fiscal year beginning in) ▶	(=) 0000	(1-) 0000	(:) 0040	() 0044	/) 2010	
		(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gilts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	·			_		
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization'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						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
	tion B. Total Support			_	\ 		
Caler	ndar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10a	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	-		-			
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,	· - · ·					
14	First five years. If the Form 990 is for the		st, second, third, fo	urth, or fifth tax yea	ar as a section 50	1(c)(3)	
<u> </u>	organization, check this box and stop here			· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	>
	tion C. Computation of Public Su						_
15	Public support percentage for 2012 (line 8	, column (f) divide	d by line 13, colum	ın (f))		15	%_
16 Coo	Public support percentage from 2011 Sche	edule A, Part III, lii	ne 15		· · · · · · · · · · · · · · · · · · ·		%_
	tion D. Computation of Investme						 ,
17	Investment income percentage for 2012 (li			i, column (f))			<u>%</u>
18	Investment income percentage from 2011						
19a	33 1/3% support tests—2012. If the organ						. "
	17 is not more than 33 1/3%, check this be						▶ []
b	33 1/3% support tests—2011. If the organ						
0.0	line 18 is not more than 33 1/3%, check th						
20_	Private foundation. If the organization did	not check a box	on line 14, 19a, or	19b, check this bo	x and see instruc	tions	

Schedule A (Fo	orm 990 or 990-EZ) 2012	DALLAS (COUNTA	COMMUNIT	Υ	23-7326612	Page 4
Part IV	Supplemental Info	ormation. Con	nplete this	part to provide	the explanations r	equired by Part II, line 10; Iditional information. (See	
					• • • • • • • • • • • • • • • • • • • •	••••••••••••••••	
	.,	,					
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
					• • • • • • • • • • • • • • • • • • • •		
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

DALLAS COUNTY COMMUNITY

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Employer identification number

2012

COLPEGE LOOP	NDATION INC	23-/326612
Organization type (check	cone):	
Filers of:	Section:	
Form 990 or 990-EZ	$\overline{\underline{\mathbf{X}}}$ 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	ation
	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	
	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a	Special Rule. See
General Rule		
•	on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or r y one contributor. Complete Parts I and II.	nore (in money or
Special Rules		
under sections 50	(c)(3) organization filing Form 990 or 990-EZ that met the 33 ¹ /3 % support test on 19(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the yes \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 99 and II.	ear, a contribution of
during the year, to	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any otal contributions of more than \$1,000 for use exclusively for religious, charitable rposes, or the prevention of cruelty to children or animals. Complete Parts I, II, a	e, scientific, literary,
during the year, or not total to more t year for an exclus applies to this org	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any ontributions for use exclusively for religious, charitable, etc., purposes, but these than \$1,000. If this box is checked, enter here the total contributions that were relively religious, charitable, etc., purpose. Do not complete any of the parts unless panization because it received nonexclusively religious, charitable, etc., contributivear	e contributions did eceived during the s the General Rule tions of \$5,000 or
Caution. An organization 990-EZ, or 990-PF), but it	that is not covered by the General Rule and/or the Special Rules does not file S must answer "No" on Part IV, line 2 of its Form 990; or check the box on line H 90-PF, to certify that it does not meet the filing requirements of Schedule B (For	Schedule B (Form 990, of its Form 990-EZ or on
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) (2012)

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization
DALLAS COUNTY COMMUNITY

Employer identification number 23 - 7326612

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	COMMUNITY HEALTH CHARITIES OF TEXAS 16414 SAN PEDRO AVE, STE 940 SAN ANTONIO TX 78232-2281	\$ 119,936	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	UNITED WAY OF METROPOLITAN DALLAS, INC. 1800 N LAMAR STREET DALLAS TX 75202-1701	\$ 50,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	COMMUNITIES FOUNDATION OF TX, INC. 5500 CARUTH HAVEN LN. DALLAS TX 75225	\$ 675,018	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	PROTECTIVE LIFE ESTATE OF BETH BATES P.O. BOX 2606 BIRMINGHAM AL 35202	\$ 140,483	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	MEADOWS FOUNDATION 3003 SWISS AVE. DALLAS TX 75204	\$ 146,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	GREEN MOUNTAIN ENERGY P.O. BOX 689008 AUSTIN TX 75768-9008	\$ 60,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
		Schedule B	(Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization
DALLAS COUNTY COMMUNITY

Employer identification number 23-7326612

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

raiti	Continuators (see instructions). Ose duplicate copies of re	art i ii additional space is nei	sueu.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 7	CITI FOUNDATION 850 3RD AVE. FL 13 NEW YORK NY 10043	\$ 50,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047
2012

Open to Public Inspection

	of the organization		Employer identification number
	ALLAS COUNTY COMMUNITY		
	OLLEGE FOUNDATION INC		23-7326612
Pε	organizations Maintaining Donor Advised Fundamental Organization answered "Yes" to Form 990, Part IV		Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that		
	funds are the organization's property, subject to the organization's excl	usive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or dono	or advisor, or for any other purpose	1.3. 07.1
	conferring impermissible private benefit?		Yes No
Pa	art II Conservation Easements. Complete if the organ		990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check	all that apply).	
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically im	
	Protection of natural habitat	Preservation of a certified histori	c structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a conse	ervation
	easement on the last day of the tax year.		
			Held at the End of the Tax Yea
а	***************************************		2a
b		***************************************	2b
С		uđed in (a)	2c
þ	Number of conservation easements included in (c) acquired after 8/17/		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organiza	ition during the
	tax year ▶		
4	Number of states where property subject to conservation easement is I	*******	
5	Does the organization have a written policy regarding the periodic moni		······································
	violations, and enforcement of the conservation easements it holds? \dots		
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforce	ing conservation easements during the y	rear
	▶		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing of	conservation easements during the year	
	▶ \$		
8	Does each conservation easement reported on line 2(d) above satisfy t		1.3
	(i) and section 170(h)(4)(B)(ii)?	•••••	Yes No
9	In Part XIII, describe how the organization reports conservation easem	·	
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that c	describes the
	organization's accounting for conservation easements.	Historia I Tarana an Ottana	Oissiles Assets
Pa	art III Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" to F		Similar Assets.
та	If the organization elected, as permitted under SFAS 116 (ASC 958), n	-	
	works of art, historical treasures, or other similar assets held for public		
la.	public service, provide, in Part XIII, the text of the footnote to its financial the approximation placeted as page itted under SEAS 445 (ASS 959).		
u	If the organization elected, as permitted under SFAS 116 (ASC 958), to		
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of
	public service, provide the following amounts relating to these items:		N 4
	(i) Revenues included in Form 990, Part VIII, line 1		D \$
•	(ii) Assets included in Form 990, Part X	other civiles or set for first the	> \$
2	If the organization received or held works of art, historical treasures, or		ovide the
_	following amounts required to be reported under SFAS 116 (ASC 958)		K 6
a	Revenues included in Form 990, Part VIII, line 1		D \$
<u>b</u>	Assets included in Form 990, Part X		

Ρ	a	a	e	2

	dule D (Form 990) 2012 DALLAS C				320012				ge ∠
	rt III Organizations Maintainin						continu	<u>ed)</u>	
3	Using the organization's acquisition, access collection items (check all that apply):	ion, and other records,	, check any of the folk	owing that are a signifi	cant use of its	\$			
а	Public exhibition	d L	oan or exchange prog	rams					
b	Scholarly research	e · · · C	Other						
С	Preservation for future generations								
4	Provide a description of the organization's of	collections and explain	how they further the o	rganization's exempt :	ournose in Pa	rt			
-	XIII.	on other than on present	non may razinar in a	rgamzation o oxompt p	34.p300 4				
5	During the year, did the organization solicit	or receive donations of	art historical treasur	as or other similar					
·							Yes		No
Pa	assets to be sold to raise funds rather than rt IV Escrow and Custodial Ar	rangements Com	nlete if the organ	ization answered '	"Ves" to Fo	rm 900	Part IV	,	INO
1 4	line 9, or reported an amou						, i ail iv	,	
10	Is the organization an agent, trustee, custoo			ether seeds not	•				
ıa			•						
L	If "Yes," explain the arrangement in Part XII					• • • • • • • • • • • • • • • • • • • •	Yes	,]	NO
Ü	it Yes, explain the arrangement in Part XII	r and complete the folio	owing table:		[т	Amount		
_	Desiration belongs					-	Amount		
	Beginning balance				1c	 			—
a	Additions during the year				1d	 			
e	Distributions during the year					<u> </u>			
f	Ending balance				1f	<u> </u>			
	Did the organization include an amount on		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						No
	If "Yes," explain the arrangement in Part XII						<u> </u>		
<u> </u>	rt V Endowment Funds. Com		1						
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three yea		(e) Four y	rears ba	ıck
	Beginning of year balance	32,708,635	31,345,272						
	Contributions	97,556	613,612	691,809	29	4,258			
C	Net investment earnings, gains, and								
	losses	2,379,548	1,379,349	363		303	<u> </u>		
	Grants or scholarships	-1,318,320	-629,598						
е	Other expenditures for facilities and								
	programs	16,245		26,438	-13	8,036			
f	Administrative expenses	-2,335,889							
g	End of year balance	31,547,775	32,708,635	26,895,475	26,17	6,864			
2	Provide the estimated percentage of the cu	rrent year end balance	(line 1g, column (a)) I	neld as:					
а	Board designated or quasi-endowment	0.02%							
b	Permanent endowment ▶ 99.98 %								
c	Temporarily restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2c sho	ould equal 100%.							
За	Are there endowment funds not in the poss	ession of the organizat	ion that are held and a	administered for the					
	organization by:						[·	Yes	No
	(i) unrelated organizations						3a(i)		X
	(ii) related organizations								X
b	If "Yes" to 3a(ii), are the related organizatio	ns listed as required or	Schedule R?				3b		
4	Describe in Part XIII the intended uses of the								
Pa	rt VI Land, Buildings, and Equ			10.					
	Description of property	(a) Cost or other ba			Accumulated		(d) Book va	alue	
		(investment)	(othe	r) de	preciation				
	Land								
	Buildings			= -		\neg		_	
	Leasehold improvements								
	Equipment					_			
	Other					 			—
	. Add lines 1a through 1e. (Column (d) must		X. column (B) line 10	(c).)		>			
			, 551G11111 (D), 11110 10	<u> </u>		<u></u>			

Part VII	Investments—Other Securities. See Form 990), Part X, line 12.		
	(a) Description of security or category	(b) Book value	(c) Method of	valuation:
	(including name of security)		Cost or end-of-yer	ar market value
(1) Financial	derivatives			
(2) Closely-he	eld equity interests			<u> </u>
(3) Other				
				<u>.</u>
(B)				
(C)				
			-	
(E)				
(F)				
(G)			-	
(H)				
(I)	th)			
Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12.) Investments—Program Related. See Form 99	O Port V line 12		
_ rait viii	(a) Description of investment type	(b) Book value	(1) (4)	
	(a) Description of investment type	(в) воок уалие	(c) Method of Cost or end-of-yea	
(1)	<u>,</u>	 	- Cost of end-of-yer	i market value
(2)				
(3)				
(4)		+		
(5)				·
(6)			<u> </u>	
	·			
(8)				
(9)				-
(10)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Part X, line 15.			
	(a) Description		·	(b) Book value
(1)				
(2)		· .		
(3)				
(4)				_
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)		>	
Part X	Other Liabilities. See Form 990, Part X, line 25			
1.	(a) Description of liability	(b) Book value	_	
(1) Federal	income taxes			
(2)				
(3)				
(4)				
_(5)				
(6)				
(7)			_	
(8)			_	
(9)			_	
(10)				
(11)			_	
	n (b) must equal Form 990, Part X, col. (B) line 25.)			
2. FIN 48 (AS	C 740) Footnote. In Part XIII, provide the text of the footnote t	o the organization's financ	ial statements that reports the	organization's

liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	edule D (Form 990) 2012 DALLAS COUNTY COMMUNITY		<u>23-732661</u>		Page 4
	art XI Reconciliation of Revenue per Audited Financial Staten				
1	Total revenue, gains, and other support per audited financial statements			1	5,299,341
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	# 00E 600		
a	Net unrealized gains on investments	2a	1,307,688		
b	Donated services and use of facilities	2b	560,774		
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d		1	
е	Add lines 2a through 2d			2e	1,868,462
3	Subtract line 2e from line 1		. ,	_3	3,430,879
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				
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,430,879
	art XII Reconciliation of Expenses per Audited Financial State			<u> leturn</u>	
1	Total expenses and losses per audited financial statements			1	4,364,989
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			:	
а	Donated services and use of facilities	2a	560,774		
b	Prior year adjustments	2b			
¢	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е				2e	560,774
3	Subtract line 2e from line 1			3	3,804,215
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					
c			,	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,804,215
	art XIII Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III			d 2b;	
Com Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also comation.	I, lines 1a and complete this pa	4; Part IV, lines 1b and art to provide any addi	tional	
Com Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also c	I, lines 1a and complete this pa	4; Part IV, lines 1b and art to provide any addi	tional	
Com Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also comation.	I, lines 1a and complete this pa	4; Part IV, lines 1b and art to provide any addi	tional	
Com Part inforr	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also c mation.	I, lines 1a and complete this pa	4; Part IV, lines 1b and art to provide any addi	tional	
Com Part inforr	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also c mation.	I, lines 1a and complete this pa	4; Part IV, lines 1b and art to provide any addi	tional	
Com Part inforr	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also c mation.	I, lines 1a and complete this pa	4; Part IV, lines 1b and art to provide any addi	tional	
Com Part inforr	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also c mation.	I, lines 1a and complete this pa	4; Part IV, lines 1b and art to provide any addi	tional	
Com Part inforr	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also c mation.	I, lines 1a and complete this pa	4; Part IV, lines 1b and art to provide any addi	tional	
Com Part inforr	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also c mation.	I, lines 1a and complete this pa	4; Part IV, lines 1b and art to provide any addi	tional	
Com Part inforr	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also c mation.	I, lines 1a and complete this pa	4; Part IV, lines 1b and art to provide any addi	tional	
Com Part inforr	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also c mation.	I, lines 1a and complete this pa	4; Part IV, lines 1b and art to provide any addi	tional	
Com Part inforr	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also c mation.	I, lines 1a and complete this pa	4; Part IV, lines 1b and art to provide any addi	tional	
Com Part inforr	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also c mation.	I, lines 1a and complete this pa	4; Part IV, lines 1b and art to provide any addi	tional	
Com Part inforr	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also c mation.	I, lines 1a and complete this pa	4; Part IV, lines 1b and art to provide any addi	tional	
Com Part inforr	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also c mation.	I, lines 1a and complete this pa	4; Part IV, lines 1b and art to provide any addi	tional	
Com Part inforr	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also c mation.	I, lines 1a and complete this pa	4; Part IV, lines 1b and art to provide any addi	tional	
Com Part inforr	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also c mation.	I, lines 1a and complete this pa	4; Part IV, lines 1b and art to provide any addi	tional	
Com Part inforr	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also c mation.	I, lines 1a and complete this pa	4; Part IV, lines 1b and art to provide any addi	tional	

				COMMUNITY	23-7326612	Page 5
Part XIII	Supplemer	ntal Informa	tion (contin	ued)		
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SCHEDULE I (Form 990)

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

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

DALLAS COUNTY COMMUNITY

Employer identification number

Name of the organization DALLAS COUNTY COMMUS COLLEGE FOUNDATION						- 1	Employer identification number 23 - 7326612
Part I General Information on Grants and							
Does the organization maintain records to substantiate the the selection criteria used to award the grants or assistance. Describe in Part IV the organization's procedures for monity Part II. Grants and Other Assistance to Govern Part IV, line 21, for any recipient that records.	e amount of the ger toring the use of rernments ar	grant funds nd Organ	in the United States.	nited States. Cor	nplete if the org	anization an	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
2 Enter total number of section 501(c)(3) and government or 3 Enter total number of other organizations listed in the line:		d in the line	1 table				→

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHOLARSHIPS FOR STUDENTS	2799	216,386		ACTUAL	
2 TUITION, BOOKS, SUPPLIES	809	378,671		ACTUAL	
3 PROFESSIONAL DEVELOPMENT		739,427		ACTUAL	
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

ALL SCHOLARSHIPS HAVE ESTABLISHED CRITERIA WITH MINIMUM ELIGIBILITY
REQUIREMENTS. FINANCIAL AID OFFICES AT THE SEVEN COLLEGES CONFIRM
ELIGIBILITY REQUIREMENTS ARE MET. DCCCD FOUNDATION STAFF ALSO REVIEW
SCHOLARSHIP APPLICANTS' ELIGIBILITY AND CONFIRM FINANCIAL AID OFFICE
REVIEW. PAYMENT FOR GRANT EXPENDITURES ARE PROCESSED ONLY AFTER REVIEW AND
APPROVAL OF THE GRANT MANAGER, COLLEGE PRESIDENT, IF REQUIRED BY THE GRANT
CRITERIA, AND THE DCCCD FOUNDATION DIRECTOR OF FINANCE AND BUSINESS
OPERATIONS.

chedule I (Form 990) (2012) DALLAS COUNT			23-7326612		Page 2
Part III Grants and Other Assistance t Part III can be duplicated if addit		nited States. Com	plete if the organization	on answered "Yes" to Form	990, Part IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Con information.	mplete this part to provi	de the information	required in Part I, line	2, Part III, column (b), and	any other additional
PART IV - ADDITIONAL INFORM	MATION				
PART III, COLUMN (B): AN II	NDETERMINABLE	NUMBER OF FA	ACULTY AND ST	AFF	
RECEIVED DIRECT AND INDIREC	CT SUPPORT FRO	M GRANT ACT	IVITIES DURING	G AN	
ACADEMIC YEAR.	,				
		• • • • • • • • • • • • • • • • • • • •			

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

DALLAS COUNTY COMMUNITY

Employer identification number 23 - 7326612

COLLEGE FOUNDATION INC	23-7326612
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO	REVIEW FORM 990
THE IRS FORM 990 IS REVIEWED BY THE DIRECTOR OF FINANCE	AND BUSINESS
OPERATIONS. THE PRESIDENT OF THE DCCCD FOUNDATION INDICA	ATES HER APPROVAL OF
FORM 990 BY SIGNING ON PART II OF THE FORM. THE BOARD AU	JDIT COMMITTEE CHAIR
WILL REVIEW THE FORM PRIOR TO ITS SUBMISSION TO THE IRS.	THE FORM 990
WILL BE MADE AVAILABLE TO EACH VOTING MEMBER OF THE FOUN	NDATION'S BOARD OF
DIRECTORS VIA THE FOUNDATION'S WEBSITE.	
FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS F	POLICY
ON AN ANNUAL BASIS, ALL BOARD MEMBERS MUST SIGN A CONFLI	CT OF INTEREST
STATEMENT DISCLOSING ANY POTENTIAL CONFLICT OF INTEREST.	·
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOS	SURE EXPLANATION
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOS POSTED ON FOUNDATION'S WEBSITE, WWW.FOUNDATION.DCCCD.EDU	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

(b)

Primary activity

Attach to Form 990.

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

► See separate instructions.

Legal domicile (state

or foreign country)

Total income

End-of-year assets

OMB No. 1545-0047

Open to Public Inspection

(f)

Direct controlling

entity

Department of the Treasury Internal Revenue Service Name of the organization

Part I

(1)

DALLAS COUNTY COMMUNITY

Name, address, and EIN (if applicable) of disregarded entity

Employer identification number COLLEGE FOUNDATION INC 23-7326612

	• • •					
2)						
3)						,
(4)						
5)						
,						
Part II Identification of Related Tax-Exempt Organizations (one or more related tax-exempt organizations during the	l Complete if the c	organization ansv	wered "Yes" to Fo	rm 990, Part IV,	line 34 because	it had
one or more related tax-exempt organizations during the	tax year.)	(c)	(d)	(e)	(f)	(g)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes No
1) DALLAS COUNTY COMMUNITY COLLEGE DIS		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,	100 140
4343 I-30 75-1213149 MESQUITE TX 75150	EDUCATIONA	TX	170B		N/A	l x
(2)						
(3)						
4)						
5)	<u> </u>					
			}			
or Paperwork Reduction Act Notice, see the Instructions for Form 990.					C-h	 e R (Form 990) 20

Part III	Identification of Related Organizati because it had one or more related or	ons Taxable	as a	Partnership	(Complete if the ship during the	e organizati tax year.)	on answered "Ye	es" to	Form 9	90, Pa	rt IV, line	34		rage z
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicite (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of tota income	(g) al Share of end year asse		(h) Disproportionate alloc.? Yes No	amour of Sci	(i) le V—UBI nt in box 20 hedule K-1 rm 1065)	Genera manag partne	ing ow er?	(k) rcentage rnership
(1)														
(2)														
(3)												<u> </u>		
(4)														
Part IV	Identification of Related Organizati line 34 because it had one or more re	ons Taxable	as a ations	Corporation treated as a	or Trust (Com	plete if the trust during	l organization ans the tax year.)	wered	l "Yes"	to Forr	n 990, Pa	art IV		
	(a) Name, address, and EIN of related organization	(b) Primary activi		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	е	(g) Share ond-of-year		(h) Percen owners	age	Se 512 con	(i) ection (b)(13) itrolled ntity?
(1)		,											Yes	No
(2)														
(3)														
(4)														

Schedule R (Form 990) 2012 DALLAS COUNTY COMMUNITY

DALLASCCF01

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

Pant V	Transactions with Related Organizations (Complete if the organization at	nswered tes to re	om 990, Fait IV, ine	34, 35b, or 36.)			
Note. Com	plete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
	the tax year, did the organization engage in any of the following transactions with one or more rela	ated organizations listed	in Parts II-IV?				
a Receip	t of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	-			1a		X
b Gift, gr	ant, or capital contribution to related organization(s)				1b		X
c Gift, gr	ant, or capital contribution from related organization(s)				10		X
d Loans	or loan guarantees to or for related organization(s)				1d		X
e Loans	or loan guarantees by related organization(s)				1e		X
f Divider	ds from related organization(s)				1f		X
α Sale of	assets to related organization(s)				10		X
h Purcha	se of assets from related organization(s)				1h		X
i Exchar	ge of assets with related organization(s)		• • • • • • • • • • • • • • • • • • • •		1i		x
i Lease	of facilities, equipment, or other assets to related organization(s)				1i		Х
,							
k Lease	of facilities, equipment, or other assets from related organization(s)				1k		X
l Perforr	nance of services or membership or fundraising solicitations for related organization(s)				11	<u> </u>	Х
m Perforr	nance of services or membership or fundraising solicitations by related organization(s)	·			1m		X
n Sharing	of facilities, equipment, mailing lists, or other assets with related organization(s)		* , , , , , , , , , , , , , , , , , , ,		1n		X
Sharing	of paid employees with related organization(s)				10	Х	
							37
p Reimbi	rsement paid to related organization(s) for expenses				1p		x
q Reimb	rsement paid by related organization(s) for expenses				1q		X
r Other t	ansfer of cash or property to related organization(s)				1r		X
	ransfer of cash or property from related organization(s)				1s		Х
2 If the a	nswer to any of the above is "Yes," see the instructions for information on who must complete this						
	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amou	nt involv	ed	
		type (a=s)					
(1)	DALLAS COUNTY COMMUNITY COLLEGE DIS	0	560,774	ACTUAL			
(2)							
(2)							
(3)							
(4)							
(5)			<u></u>				
(6)							
							

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under	Are all sec 501(organiz	ations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop alloca	h) portionate ations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or aging ner?	(k) Percentage ownership
		country)	section 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
•													
(2)								-			 		
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(3)													
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Schedule R (Fe	orm 990) 2012	DALLAS	COUNTY	COMMUNITY		23-7326612	Page 5
Part VII	Supplemer Complete the instructions	nis part to pro	i on ovide additio	COMMUNITY	for responses to que	stions on Schedule R (
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Description Amount Business Code Code Code Code 6/30/75 Muni (\$ or %)								·
Unrelated Exclusion Postal Acquired after Muni (\$ or %) INTEREST INCOME \$ 467 TOTAL S 467			<u>Tax-Ex</u>	empt Interest	on Investr	nents		
Amount Business Code Code 6/30/75 Muni (\$ or %) STATE TOTAL \$ 467	Descript	tion		llovolotod		Doobol	A convinced offers	la Otata
\$ 467 14 TOTAL \$ 467 Tax-Exempt Dividends from Securities Description Unrelated Exclusion Postal Acquired after Business Code Code Code 6/30/75 Muni (\$ or %) OUVIDEND INCOME \$ 490,076			Amount		Code	Code	6/30/75	InState Muni (\$ or %)
TOTAL \$ 467 Tax-Exempt Dividends from Securities Description Unrelated Exclusion Postal Acquired after InState Business Code Code 6/30/75 Muni (\$ or %) DIVIDEND INCOME \$ 490,076 14	INTEREST INCOME	Ċ	467		1.4			
Description Unrelated Exclusion Postal Acquired after InState Amount Business Code Code Code 6/30/75 Muni (\$ or %) DIVIDEND INCOME \$ 490,076 14	TOTAL		***************************************		4.4			
Description Unrelated Exclusion Postal Acquired after InState Amount Business Code Code Code 6/30/75 Muni (\$ or %) DIVIDEND INCOME \$ 490,076 14								
Unrelated Exclusion Postal Acquired after InState Amount Business Code Code Code 6/30/75 Muni (\$ or %) DIVIDEND INCOME \$ 490,076 14			<u>Tax-Exe</u>	mpt Dividends	from Sec	<u>urities</u>		
Amount Business Code Code 6/30/75 Muni (\$ or %) DIVIDEND INCOME \$ 490,076 14	Descript	tion		Unrelated	Evolusion	Poetal	Acquired after	InState
\$ 490,076			Amount		Code	Code	6/30/75	
	DIVIDEND INCOME	Ś	490.076		1.4			
	TOTAL							

DALLASCCF01 DALLAS COUNTY COMMUNITY

23-7326612

Federal Statements

FYE: 8/31/2013

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	E:	Total xpenses	ogram ervice	agement & General	und aising
OTHER FEES	\$	5,249	\$ 	\$ 5,249	\$
TOTAL	\$	5,249	\$ 0	\$ 5,249	\$ 0

DALLASCCF01 DALLAS COUN 23-7326612 FYE: 8/31/2013	TY COMMUNITY Federal Statements	
	Schedule A, Part II, Line 1(e)	
	Description	Amount
TOTAL		\$\ \ 1,796,816 \$\ \ 1,796,816
	Schedule A, Part II, Line 8(e)	
	Description	Amount
INTEREST INCOME		\$ 467
DIVIDEND INCOME TOTAL		490,076 \$ 490,543
	Schedule A, Part II, Line 10(e)	
	Description	Amount
OTHER INCOME		\$ 523
TOTAL		\$523