

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047
2015
Open to Public Inspection

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

A For the 2015 calendar year, or tax year beginning 07/01/15, and ending 06/30/16

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **GREAT BASIN COLLEGE FOUNDATION**

Doing business as: _____

Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **PO BOX 2056**

City or town, state or province, country, and ZIP or foreign postal code: **ELKO NV 89803**

F Name and address of principal officer:
GREG BRORBY
PO BOX 2056
ELKO NV 89803

D Employer identification number: **** - ***1434**

E Telephone number: **775-753-2246**

G Gross receipts\$: **606,660**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

H(c) Group exemption number ▶ _____

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **N/A**

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: **1982** **M** State of legal domicile: **NV**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: GREAT BASIN COLLEGE FOUNDATION CULTIVATES, STEWARDS AND MANAGES RESOURCES FROM OUR COMMUNITITES FOR THE BENEFIT OF THE STUDENTS AND PROGRAMS OF GREAT BASIN COLLEGE.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	828,454	459,983
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	133,165	136,877
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,157	9,800
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	976,776	606,660
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	366,977	539,749
	14 Benefits paid to or for members (Part IX, column (A), line 4)	148,999	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		122,909
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	95,025	92,790
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	611,001	755,448	
19 Revenue less expenses. Subtract line 18 from line 12	365,775	-148,788	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	8,640,533	8,416,557
	22 Net assets or fund balances. Subtract line 21 from line 20	19,532	37,623
		8,621,001	8,378,934

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: **JAMES GLENNON** Date: _____

Type or print name and title: **TREASURER**

Paid Preparer Use Only

Print/Type preparer's name: **JAMES GLENNON** Preparer's signature: **JAMES GLENNON** Date: **01/13/17** Check if self-employed PTIN: *********

Firm's name ▶ **GLENNON & SANDOVAL** Firm's EIN ▶ _____

Firm's address ▶ **475 RAILROAD ST ELKO, NV 89801-3717** Phone no. **775-777-8497**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No