		Public	Charity Status	and F	ublic	Sup	oort		1	OMB No.	1545-00	47
SCHEDULE (Form 990 or 9		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.								20	13	
Department of the Tr Internal Revenue Se	reasury rvice	Information ab	out Schedule A (Form at www.irs.go	990 or 9	90-EZ)		nstructi	ons is		Open to Public Inspection		lic
Name of the organiz								Employe	r identificat	tion number	a a hara	11223
REGIONAL	COMMUNIT	Y CONNECTIONS	ONE, INC.					26-3	590402	2		
Part I Rea	son for Pu	blic Charity Statu	s (All organizations	must	comple	ete this	part.) See i	instruct	ions.		
The organizatio	n is not a pri	vate foundation becau	se it is: (For lines 1 thro	ough 11,	check (only one	box.)					
1 A chu	A church, convention of churches or association of churches described in section 170(bX1)(A). A school described in section 170(bX1)(A)(b) (Attach School (a E))											
2 A sch	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
	 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter 											
	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter name, city, and state:							nter the hos	spital's	5		
5 An ord	anization ope		college or university own	ned or op	erated b	y a gove	rnmenta	I unit de	scribed in	section		
6 A fede	eral, state, or	local government or g	overnmental unit descr	ibed in s	section	170(b)(1	XAXV).					
/ An ord	anization that	Normally receives a sub XAXvi). (Complete Pa	stantial nart of its sunno	rt from a	governn	nental un	it or from	n the gei	neral pub	lic described	đ	
		AAAVI). (Complete Pa	70(b)(1)(A)(vi). (Comple									
9 X An org from a invest	anization that ctivities relate ment income	normally receives: (1) r to its exempt functions and unrelated business	nore than 33-1/3% of its 5 – subject to certain exc ss taxable income (less	support f	rom con							fter
	, 15/0. 000	Section 303(a/2). (00	inplete Fart III.)									
11 An org	anization oroz	anized and operated exc	exclusively to test for p lusively for the benefit of	to porfo	ety. See	esection	1 509(a)	(4).				
descri	bes the type	of supporting organiza	ition and complete lines	a)(1) or s s 11e thr	section ough 11	509(a)(2 h.). See s	section	ne purpos 509(a)(3)	es of one o Check the	r e box t	hat
	Type I Type I		: Type III – Functio				а 🗌 .	Type III	- Non-fi	unctionally	integr	ated
sectio	n 509(a)(2).	n managers and other th	ganization is not control an one or more publicly	supporte	d organiz	zations d	escribed	in section	on 509(a)	(1) or	ns	
			nation from the IRS that									. 🗌
g Since	August 17, 2	006, has the organizat	ion accepted any gift of	or contrib	oution fr	om any	of the fe	ollowing	persons	?		
(i) /	A person who	directly or indirectly o	ontrols either alone or	togotho	r with n	orcone d	o o o vib o	dia (i)			Yes	No
t, t	pelow, the go	verning body of the su	ontrols, either alone or ported organization?	iogenie	· ••••		escribe	a in (ii)	and (III)	11 g (i)		
(ii) /	A family mem	ber of a person descri	bed in (i) above?							11 g (ii)		
(iii) /	A 35% contro	lled entity of a person	described in (i) or (ii) a	bove?						11 g (iii)	-	
			ne supported organization	on(s).		1						
(I) Nami orç	e of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (your go	Is the zation in i) listed in overning ment?	(v) Did yo the organ column (supp	zation in) of your	organiz colur organize	Is the cation in mn (i) ed in the S.?	(vii) Amount sup	of mone port	etary
				Yes	No	Yes	No	Yes	No			
(A)												
(B)												
(C)		-										
(D)												
(E)									_			
Total			Instructions for Form									

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

Schedule A (Form 990 or 990-EZ) 2013

 $\hat{\mathbf{x}}$

Schedule A (Form 990 or 990-EZ) 2013 REGIONAL COMMUNITY CONNECTIONS ONE, INC. 26-3590402

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	endar year (or fiscal year inning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')									
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	Total. Add lines 1 through 3									
5	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)									
6	Public support. Subtract line 5 from line 4									
Sec	tion B. Total Support				And	LUNDER TONINGER	and a second			
begi	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total			
7	Amounts from line 4									
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.									
9	Net income from unrelated business activities, whether or not the business is regularly carried on									
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).									
11	Total support. Add lines 7 through 10.									
12	Gross receipts from related activ	ities, etc (see ins	tructions)				2			
	First five years. If the Form 990 is organization, check this box and	for the organization	n's first second th	ird fourth or fifth t	av voar as a costio	n 501/c)/2)	 ▶□			
Sec	tion C. Computation of Pul									
14	Public support percentage for 20	13 (line 6, colum	n (f) divided by lin	e 11, column (f)).			4 %			
15	Public support percentage from 2	2012 Schedule A,	Part II, line 14	· · · · · · · · · · · · · · · · · · ·						
16 a	33-1/3% support test – 2013. If and stop here. The organization	the organization qualifies as a pul	did not check the plicly supported or	box on line 13, ar	nd the line 14 is 3	3-1/3% or mor	e, check this box			
b	and stop here. The organization qualifies as a publicly supported organization.									
17 a	7a 10%-facts-and-circumstances test – 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization									
	10%-facts-and-circumstances te or more, and if the organization r organization meets the 'facts-and	THEFTS THE TACKS.	nn.circumetancoc	toct chock this	nov and ctan hav	- Evolain in D				
18	Private foundation. If the organiz	ation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check thi	s box and see	instructions			

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 REGIONAL COMMUNITY CONNECTIONS ONE, INC. 26-3590402

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.) Section A Public Sun

Section A. Public Support						
Calendar year (or fiscal yr beginning in) >	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions and membership fees				(1) 2012	(0) 2010	(1) 10(2)
and membership fees received. (Do not include any 'unusual grants.')	E9 40E	42 740	140.050			
2 Gross receipts from admis-	58,405.	43,749.	142,350.	197,918.	135,417.	577,839.
sions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.		71,000.	05 447	00 707	100 101	
3 Gross receipts from activities that are not an unrelated trade or business under section 513.	13,100.	/1,000.	85,447.	92,787.	106,161.	374,561.
4 Tax revenues levied for the organization's benefit and either paid to or expended on						0.
 its behalf. 5 The value of services or facilities furnished by a governmental unit to the organization without charge. 						0.
6 Total. Add lines 1 through 5		114 740				0.
7 a Amounts included on lines 1, 2, and 3 received from	77,571.	114,749.	227,797.	290,705.	241,578.	952,400.
disqualified persons	0.	0.	0.	0.	0.	0.
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.		0				
c Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
8 Public support (Subtract line			0.	0.	0.	0.
7c from line 6.)		and the second second				952,400.
Section B. Total Support						
Calendar year (or fiscal yr beginning in) ► 9 Amounts from line 6	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	77,571.	114,749.	227,797.	290,705.	241,578.	952,400.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	/.	26.	17.	45.	8.	<u> </u>
c Add lines 10a and 10b	7.	26.	17.	45.	8.	103.
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.).						0.
13 Total Support. (Add Ins 9,10c, 11 and 12.)	77,578.	114,775.	227,814.	290,750.	241,586.	<u>0.</u> 952,503.
14 First five years. If the Form 990 organization, check this box and	is for the organize	tion's first second	d third formally	COL 1-		
organization, check this box and Section C. Computation of Pu	stop here	* * * * * * * * * * * * * * * * *	• • • • • • • • • • • • • • • • • • • •	*****		🕨
15 Public support percentage for 2	013 (line 8, column	(f) divided by line	13 column (fi)			00.00 %
16 Public support percentage from	2012 Schedule A. I	Part III, line 15		***************		99.99 %
Section D. Computation of Inv	estment Incom	e Percentage			01	0.00 %
17 Investment income percentage	for 2013 (line 10c. d	column (f) divided	by line 13. colum	nn (f))		0.01 %
18 Investment income percentage f	from 2012 Schedule	e A, Part III, line 1	7		18	0 00 %
19a 33-1/3% support tests – 2013. I is not more than 33-1/3%, check	f the organization of this box and stop	did not check the l	box on line 14, ar zation qualifies as	nd line 15 is more	than 33-1/3%, and	0.00 ° I line 17 ► X
b 33-1/3% support tests – 2012. I line 18 is not more than 33-1/3%	f the organization of 6, check this box ar	lid not check a bo nd stop here. The	x on line 14 or lin organization qua	lifies as a publicly	6 is more than 33-1	I/3%, and ►
20 Private foundation. If the organi	zation did not chec	k a box on line 14	4, 19a, or 19b, ch	eck this box and :	see instructions	► 🗖
ЗАА		TEEA0403L	06/28/13	Sch	edule A (Form 990 c	or 990-EZ) 2013

Page 3

Schedule A (Form 990 or 990-EZ) 2013 REGIONAL COMMUNITY CONNECTIONS ONE, INC. 26-3590402 Page 4
Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. Page 4 (See instructions). Supplemental Information. Supplemental Informat

Schedule of Contributors

OMB No. 1545-0047

	conclude of contributors	0010
Department of the Treasury Internal Revenue Service	 Attach to Form 990, Form 990-EZ, or Form 990-PF Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990. 	2013
Name of the organization		r identification number
REGIONAL COMMUN Organization type (chec	ITY CONNECTIONS ONE, INC.	590402
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private 527 political organization	oundation
Form 990-PF	501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foun 501(c)(3) taxable private foundation	dation

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

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

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990 EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use <i>exclusively</i> for religious, charitable, etc, purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc.

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

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)	Page 1 of 1 of Part 1
Name of organization	
REGIONAL COMMUNITY CONNECTIONS ONE, INC.	Employer identification number
	26-3590402

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

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GREGG_COUNTY	\$35,000.	
(a) Number	LONGVIEW, TX 75601	(2)	(Complete Part II for noncash contributions.)
Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	JUNIOR LEAGUE OF LONGVIEW	-	Person X Payroll
	1109 <u>N_4TH_ST</u>	\$5,000.	Noncash
	LONGVIEW, TX 75601	-	(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	CITY OF LONGVIEW- CDBG	-	Person X Payroll
	P.O. BOX 1952	\$75,000.	Noncash
	LONGVIEW, TX 75606	-	(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	PINE TREE ISD		Person X
	1701 PINE TREE RD	\$ 20,000.	Payroll Noncash
			1. COURSELECTIONS
	LONGVIEW, TX 75604		(Complete Part II for noncash contributions.)
(a) Number	LONGVIEW, TX 75604 (b) Name, address, and ZIP + 4	(c) Total contributions	(Complete Part II for
(a)	(b)	(c) Total	(Complete Part II for noncash contributions.)
(a) Number	(b)	(c) Total	(Complete Part II for noncash contributions.) (d) Type of contribution Person
(a)	(b)	(c) Total	(Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(Complete Part II for noncash contributions.) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) Type of contribution Person Payroll Payroll Noncash
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions \$\$	(Complete Part II for noncash contributions.) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) Type of contribution Person Payroll Payroll

Page	1	to	1	of Part II
				number
	Page	Empl	Employer iden	Page 1 to 1 Employer identification 26-3590402

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receive
	N/A		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receive
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receive
		 \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receive
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
ŀ		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Schedule Name of orga	B (Form 990, 990-EZ, or 990-PF) (2013)		Page 1 to 1 of Part I
REGION	AL COMMUNITY CONNECTIONS ONF	E, INC.	Employer identification number 26-3590402
Part III	Exclusively religious, charitable, e organizations that total more than For organizations completing Part III, enter tot contributions of \$1,000 or less for the year	\$1,000 for the year. Complete al of <i>exclusively</i> religious, charitable, (Enter this information once. See	s to section 501(c)(7), (8) or (10)
(a)	Use duplicate copies of Part III if additiona		
(a) No. from Part I	Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
	Transferee's name, addre	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(C) Use of gift	(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b)		
No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee
-			
AA			Schedule B (Form 990, 990, F7, or 900, PF) (2012)

TEEA0704L 12/27/13

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

SCHEDULE	D
(Form 990)	

OMB No. 1545-0047 2013

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

				Linployer identification number			
RE	GIONAL COMMUNITY CONNECTIONS O	NE INC		26.2500400			
Par	t Organizations Maintaining Dono	r Advised Funds or Ot	her Similar Funds o	26-3590402			
	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.						
		(a) Donor advised		(b) Funds and other accounts			
1	Total number at end of year			(b) and other accounts			
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 don are the organization's property, subject to the	nor advisors in writing that th	e assets held in donor ad	lvised funds			
6	Did the organization inform all grantees, donor for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in wri	ting that grant funds can	be used only			
Par	t II Conservation Easements. Complete if the organization answ						
1	Purpose(s) of conservation easements held by	the organization (check all	that apply).				
	Preservation of land for public use (e.g., re	ecreation or education)		storically important land area			
	Protection of natural habitat			tified historic structure			
	Preservation of open space						
2	Complete lines 2a through 2d if the organization h last day of the tax year.	eld a qualified conservation co	ntribution in the form of a c	conservation easement on the			
				Held at the End of the Tax Year			
а	Total number of conservation easements			a			
b	Total acreage restricted by conservation easen	nents		b			
C	Number of conservation easements on a certif	ied historic structure included	d in (a) 2	c			
d	Number of conservation easements included in structure listed in the National Register	n (c) acquired after 8/17/06, a	and not on a historic	d			
3	Number of conservation easements modified, trans tax year >						
4	Number of states where property subject to conser	rvation easement is located ►					
	Does the organization have a written policy reg and enforcement of the conservation easemen	garding the periodic monitori	ng, inspection, handling o	of violations,			
6	Staff and volunteer hours devoted to monitoring, ir	nspecting, and enforcing conse	rvation easements during t	he year			
7	Amount of expenses incurred in monitoring, inspec	cting, and enforcing conservation	on easements during the ye	ear			
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the r	equirements of section 17	70(h)(4)(B)(i) Yes No			
	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to conservation easements.	conservation easements in its o the organization's financial	revenue and expense state state state state statements that describe	ement, and balance sheet, and s the organization's accounting for			
	III Organizations Maintaining Collec	ctions of Art. Historical	Treasures, or Other	r Similar Assets			
	Complete if the organization answ	vered 'Yes' to Form 990), Part IV, line 8.				
	If the organization elected, as permitted under art, historical treasures, or other similar assets hele in Part XIII, the text of the footnote to its finance	cial statements that describe	s these items.	ce of public service, provide,			
	If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	public exhibition, education, o	r research in furtherance o	f public service, provide the			
	(i) Revenues included in Form 990, Part VIII, I	line 1		►\$			
	(ii) Assets included in Form 990, Part X			▶\$			
2	If the organization received or held works of art, his amounts required to be reported under SFAS 1	storical treasures, or other simi 16 (ASC 958) relating to the	ilar assets for financial gair se items:				
а	Revenues included in Form 990, Part VIII, line	1	anton de Mezzo Mérek	►Ś			

b Assets included in Form 990, Part X					
BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	TEEA3301L	100000000000000000000000000000000000000			

Schedule D (Form 990) 2013

►\$

Schedule D (Form 990) 2013 REGIONAL CO Part III Organizations Maintaining Co	MMUNITY CONNECTI	ONS ONE, INC.	26-35	90402	a and in	Page
3 Using the organization's acquisition accossion	, and other records, check	any of the following that ar	e a significant use of it	sels (contir	iuea)
items (check all that apply): a Public exhibition				S CONECT	1011	
b Scholarly research		or exchange programs				
c Preservation for future generations	e Othe	r				
 Provide a description of the organization's colle Part XIII. 	ections and explain how the	y further the organization's	s exempt purpose in			
5 During the year, did the organization solicit to be sold to raise funds rather than to be n Part IV Escrow and Custodial Arrange	naintained as part of the	organization's collection?	r other similar assets	Ye	c	No
Part IV Escrow and Custodial Arrange line 9, or reported an amount of	ments (Complete it	the organization and	swered 'Yes' to Fo	orm 99	0, Pa	rt IV,
 1 a Is the organization an agent, trustee, custor on Form 990, Part X? b If 'Yes,' explain the arrangement in Part XII 	the second states of		er assets not included	<u>ا م</u> ا		
b If 'Yes,' explain the arrangement in Part XII			•••••••••••••••••••••••••••••••••••••••	Ye	s	No
c Beginning balance				Amou	nt	
d Additions during the year		• • • • • • • • • • • • • • • • • • • •	1 c			
e Distributions during the year			. 1d			
f Ending balance	********	• • • • • • • • • • • • • • • • • • • •	. 1e			
f Ending balance			. 1f		With the second	
2 a Did the organization include an amount on F	orm 990, Part X, line 21	?		Yes	s	No
b If 'Yes,' explain the arrangement in Part XII	. Check here if the expla	ntion has been provided	in Part XIII			
Part V Endowment Funds. Complete	if the organization ar	swered 'Yes' to For		10		
(a) Curre	ent year (b) Prior yea	r (c) Two years back	m 990, Part IV, II			
1 a Beginning of year balance	(b) Thoryca	(C) Two years back	(d) Three years back	(e)	Four yea	ars back
b Contributions				-		
			-			
c Net investment earnings, gains, and losses.						
d Grants or scholarships						
e Other expenditures for facilities						
and programs.						
f Administrative expenses			-			
g End of year balance				-		
2 Provide the estimated percentage of the curr	rent year end balance (lin	e 10, column (a)) hold a				
a Board designated or quasi-endowment	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ie rg, column (a)) nelu a	5.			
	00					
c Temporarily restricted endowment	8					
The percentages in lines 2a, 2b, and 2c should be the second seco						
3 a Are there endowment funds not in the possession organization by:	n of the organization that a	re held and administered f	or the			
Served of the se					Yes	No
(i) unrelated organizations.	•••••••	• • • • • • • • • • • • • • • • • • • •	•••••••••••••••••••••••••••••••••••••••	. 3a(i)		
(ii) related organizations	·····	• • • • • • • • • • • • • • • • • • • •		3a(ii)		
b If 'Yes' to 3a(ii), are the related organizations	s listed as required on Sc	hedule R?		3b		
4 Describe in Part XIII the intended uses of the	organization's endowme	nt funds.				
Part VI Land, Buildings, and Equipmer Complete if the organization and	it. swered 'Yes' to Form	990 Part IV line 1	12 Soo Form 00		V E	10
Description of property	(a) Cost or other basis	(b) Cost or other	(c) Accumulated		Book va	
1 a Land	(investment)	basis (other)	depreciation			
b Buildings		л. (Ү.				
c Leasehold improvements						
d Equipment		435,007.	105,219.		329	,788.
e Other.		48,357.	33,006.		100	,351.
total. Add lines 1a through 1e. (Column (d) must e		9,665.	3,426.		0.555	,239.
dum inco ra through re. (Column (d) must e	qual Form 990, Part X, c	olumn (B), line 10(c).)	····· •			,378.

Schedule D (Form 990) 2013

proto in the organization answered	'Yes' to Form 990	N/A Part IV, line 11b. See Form 990) Part X line 13
(a) Description of security of category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-y	ear market value
1) Financial derivatives			
2) Closely-held equity interests			
3) Other			
A)			
B)			
c)			
D)			
E)			
F)			
G)			
+)			
l)			
otal. (Column (b) must equal Form 990, Part X, column (B) line 12.) ►			ANALL PROPERTY AND
Part VIII Investments - Program Pelated		N/A	
Complete if the organization answered	'Yes' to Form 990,	Part IV, line 11c, See Form 990	Part X line 1
(a) becomption of investment type	(b) Book value	(c) Method of valuation: Cost or end-of	-vear market value
(1)			Joan market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
10)			
tal. (Column (b) must equal Form 990, Part X, column (B) line 13.).	N/A		
art IX Other Assets. Complete if the organization answered	'Yes' to Form 990,	Part IV, line 11d. See Form 990	, Part X, line 15 (b) Book value
tal. (Column (b) must equal Form 990, Part X, column (B) line 13.). art IX Other Assets. Complete if the organization answered	'Yes' to Form 990,	Part IV, line 11d. See Form 990	, Part X, line 15 (b) Book value
tal. (Column (b) must equal Form 990, Part X, column (B) line 13.). art IX Other Assets. Complete if the organization answered (1)	'Yes' to Form 990,	Part IV, line 11d. See Form 990	, Part X, line 15 (b) Book value
tal. (Column (b) must equal Form 990, Part X, column (B) line 13.). art IX Other Assets. Complete if the organization answered (1) (2)	'Yes' to Form 990,	Part IV, line 11d. See Form 990	, Part X, line 15 (b) Book value
Aart IX Other Assets. Complete if the organization answered (1) (2) (3) (4) (5)	'Yes' to Form 990,	Part IV, line 11d. See Form 990	, Part X, line 15 (b) Book value
Aart IX Other Assets. Complete if the organization answered (1) (2) (3) (4) (5) (6)	'Yes' to Form 990,	Part IV, line 11d. See Form 990	, Part X, line 15 (b) Book value
Aart IX Other Assets. Complete if the organization answered (1) (2) (3) (4) (5) (6) (7)	'Yes' to Form 990,	Part IV, line 11d. See Form 990	, Part X, line 15 (b) Book value
Art IX Other Assets. Complete if the organization answered (1) (a) Desc (2) (3) (4) (5) (5) (6) (7) (8)	'Yes' to Form 990,	Part IV, line 11d. See Form 990	, Part X, line 15 (b) Book value
tal. (Column (b) must equal Form 990, Part X, column (B) line 13.). art IX Other Assets. Complete if the organization answered (1) (a) Desc (2) (3) (4) (5) (5) (6) (7) (8) (9) (1)	'Yes' to Form 990,	Part IV, line 11d. See Form 990	, Part X, line 15 (b) Book value
tal. (Column (b) must equal Form 990, Part X, column (B) line 13.). art IX Other Assets. Complete if the organization answered (1) (a) Desc (2) (3) (4) (5) (6) (7) (8) (9) (0) (1)	'Yes' to Form 990, cription		, Part X, line 15 (b) Book value
tal. (Column (b) must equal Form 990, Part X, column (B) line 13.). Complete if the organization answered (a) Desc (1) (2) (3) (4) (5) (6) (7) (8) (9) 0) tal. (Column (b) must equal Form 990, Part X, column (B)	'Yes' to Form 990, cription		, Part X, line 15 (b) Book value
intal. (Column (b) must equal Form 990, Part X, column (B) line 13.). intal. (Column (b) must equal Form 990, Part X, column (B) (1) (2) (3) (4) (5) (6) (7) (8) (9) 0) ital. (Column (b) must equal Form 990, Part X, column (B) art X Other Liabilities.	'Yes' to Form 990, cription		, Part X, line 15 (b) Book value
art IX Other Assets. Complete if the organization answered (a) Desc (1) (a) Desc (2) (a) (3) (a) (4) (b) (5) (c) (6) (c) (7) (c) (8) (c) (7) (c) (6) (c) (7) (c) (8) (c) (7) (c) (8) (c) (9) (c) (1) (c) (2) (c) (3) (c) (4) (c) (7)	'Yes' to Form 990, cription , <i>line 15.</i>) m 990, Part IV, line 11e		, Part X, line 15 (b) Book value
art IX Other Assets. Complete if the organization answered (a) Desc (1) (2) (3) (4) (5) (6) (7) (8) (9) (0) (1) (2) (3) (4) (5) (6) (7) (8) (9) (0) ttal. (Column (b) must equal Form 990, Part X, column (B) art X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability	'Yes' to Form 990, cription		, Part X, line 15 (b) Book value
art IX Other Assets. Complete if the organization answered (a) Desc (1) (2) (3) (4) (5) (6) (7) (8) (9) (0) ttal. (Column (b) must equal Form 990, Part X, column (B) art X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (6) (7) (8) (9) <td>'Yes' to Form 990, cription , <i>line 15.)</i> m 990, Part IV, line 11e (b) Book value</td> <td>or 11f. See Form 990, Part X, line 25</td> <td>, Part X, line 15 (b) Book value</td>	'Yes' to Form 990, cription , <i>line 15.)</i> m 990, Part IV, line 11e (b) Book value	or 11f. See Form 990, Part X, line 25	, Part X, line 15 (b) Book value
Art IX Other Assets. Complete if the organization answered (a) Desc (1) (2) (3) (4) (5) (6) (7) (8) (9) 0) tal. (Column (b) must equal Form 990, Part X, column (B) (7) (8) (9) 0) tal. (Column (b) must equal Form 990, Part X, column (B) art X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability 1) Federal income taxes 2) PAYROLL LIABILITIES	'Yes' to Form 990, cription , <i>line 15.</i>) m 990, Part IV, line 11e (b) Book value 710	or 11f. See Form 990, Part X, line 25	, Part X, line 15 (b) Book value
art IX Other Assets. Complete if the organization answered (a) Desc (1) (2) (3) (4) (5) (6) (7) (8) (9) (0) tal. (Column (b) must equal Form 990, Part X, column (B) art X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability 1) Federal income taxes 2) PAYROLL LIABILITIES 3) SECURITY DEPOSITS	'Yes' to Form 990, cription , <i>line 15.)</i> m 990, Part IV, line 11e (b) Book value	or 11f. See Form 990, Part X, line 25	, Part X, line 15 (b) Book value
Art IX Other Assets. Complete if the organization answered (a) Desc (1) (2) (3) (4) (5) (6) (7) (8) (9) 0) tal. (Column (b) must equal Form 990, Part X, column (B) (7) (8) (9) 0) tal. (Column (b) must equal Form 990, Part X, column (B) art X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability 1) Federal income taxes 2) PAYROLL LIABILITIES	'Yes' to Form 990, cription , <i>line 15.</i>) m 990, Part IV, line 11e (b) Book value 710	or 11f. See Form 990, Part X, line 25	, Part X, line 15 (b) Book value
art IX Other Assets. Complete if the organization answered (a) Desc (1) (2) (3) (4) (5) (6) (7) (8) (9) (0) tal. (Column (b) must equal Form 990, Part X, column (B) art X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) PAYROLL LIABILITIES (3) SECURITY DEPOSITS	'Yes' to Form 990, cription , <i>line 15.</i>) m 990, Part IV, line 11e (b) Book value 710	or 11f. See Form 990, Part X, line 25	, Part X, line 15 (b) Book value
tal. (Column (b) must equal Form 990, Part X, column (B) line 13.). art IX Other Assets. Complete if the organization answered (a) Desc (1) (2) (3) (4) (5) (6) (7) (8) (9) 0) tal. (Column (b) must equal Form 990, Part X, column (B) art X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability 1) Federal income taxes 2) PAYROLL LIABILITIES 3) SECURITY DEPOSITS 4) 5)	'Yes' to Form 990, cription , <i>line 15.</i>) m 990, Part IV, line 11e (b) Book value 710	or 11f. See Form 990, Part X, line 25	, Part X, line 15 (b) Book value
Antal. (Column (b) must equal Form 990, Part X, column (B) line 13.). art IX Other Assets. Complete if the organization answered (a) Desc (a) Desc (c)	'Yes' to Form 990, cription , <i>line 15.</i>) m 990, Part IV, line 11e (b) Book value 710	or 11f. See Form 990, Part X, line 25	, Part X, line 15 (b) Book value
Art IX Other Assets. Complete if the organization answered (a) Desc (1) (2) (3) (4) (5) (6) (7) (8) (9) 0) ttal. (Column (b) must equal Form 990, Part X, column (B) art X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability 1) Federal income taxes 2) PAYROLL LIABILITIES 3) SECURITY DEPOSITS 4) (5) (6) (7) (8) (9) (9) (1) Federal income taxes (2) PAYROLL LIABILITIES (3) SECURITY DEPOSITS (4) (5) (6) (7) (8) (7) (8) (7) (7) (8) (7) (8) (7) (7) (7) (8) (7) (8) (7) (7) (7) (8) (7) (8) (7) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (7) (8) (7) (7) (7) (8) (7) (7) (8) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	'Yes' to Form 990, cription , <i>line 15.</i>) m 990, Part IV, line 11e (b) Book value 710	or 11f. See Form 990, Part X, line 25	, Part X, line 15 (b) Book value
Ant IX Other Assets. Complete if the organization answered (a) Desc (c) (c) (c) (c) (c) (c) (c) (c	'Yes' to Form 990, cription , <i>line 15.</i>) m 990, Part IV, line 11e (b) Book value 710	or 11f. See Form 990, Part X, line 25	, Part X, line 15 (b) Book value
Art IX Other Assets. Complete if the organization answered (a) Desc (1) (2) (3) (4) (5) (6) (7) (8) (9) 0) ttal. (Column (b) must equal Form 990, Part X, column (B) art X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability 1) Federal income taxes 2) PAYROLL LIABILITIES 3) SECURITY DEPOSITS 4) (5) (6) (7) (8) (9) (9) (1) Federal income taxes (2) PAYROLL LIABILITIES (3) SECURITY DEPOSITS (4) (5) (6) (7) (8) (7) (8) (7) (7) (8) (7) (8) (7) (7) (7) (8) (7) (8) (7) (7) (7) (8) (7) (8) (7) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (7) (8) (7) (7) (7) (8) (7) (7) (8) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	'Yes' to Form 990, cription , <i>line 15.</i>) m 990, Part IV, line 11e (b) Book value 710	or 11f. See Form 990, Part X, line 25	, Part X, line 15 (b) Book value
Antal. (Column (b) must equal Form 990, Part X, column (B) line 13.). art IX Other Assets. Complete if the organization answered (a) Desc (a) Desc (a) Desc (b) Desc (c) Desc <	'Yes' to Form 990, cription , line 15.) m 990, Part IV, line 11e (b) Book value 710 8, 219 8, 219	or 11f. See Form 990, Part X, line 25	(b) Book value
Ant IX Other Assets. Complete if the organization answered (a) Desc (c) (c) (c) (c) (c) (c) (c) (c	'Yes' to Form 990, cription , line 15.) m 990, Part IV, line 11e (b) Book value 710 8, 219 8, 219 8, 929 de to the creasization's form	or 11f. See Form 990, Part X, line 25	(b) Book value

Schedule D (Form 990) 2013 REGIONAL COMMUNITY CONNECTIONS ONE, INC. 2	6-3590402	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	eturn.	
 Total revenue, gains, and other support per audited financial statements		
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1	244,833.
a Net unrealized gains on investments	E and the	
b Donated services and use of facilities		
c Recoveries of prior year grapts		
c Recoveries of prior year grants.	1.20 24	
e Add lines 2a through 2d	•	
e Add lines 2a through 2d.	2e	1,858.
 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 	3	242,975.
a Investment expenses pot included on Farm 200, D. t. Multing Tr		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.).		
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	242,975.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return.	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements.	1	206,186.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	SCA28	200,100.
a Donated services and use of facilities 2a		
b Prior year adjustments	-	
c Other losses		
d Other (Describe in Part XIII.) SEE PART XIII	-	
e Add lines 2a through 2d	20	1 050
3 Subtract line 2e from line 1	3	1,858.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	12,653	204,328.
a Investment expenses not included on Form 990, Part VIII, line 7b.		
b Other (Describe in Part XIII.).		
c Add lines 4a and 4b	4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	204,328.
Part XIII Supplemental Information.		204, 320.
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IV	et \/	

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

BAA

Schedule D (Form 990) 2013

2013 SCHEDULE D, PART XIII - SUPPLEMENTAL INFORMATIO	N PAGE 5
REGIONAL COMMUNITY CONNECTIONS ONE, INC.	26-3590402
SCHEDULE D, PART XI, LINE 2D OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990 DONATED MATERIALS	<u>1,858.</u> 1,858.
101AL <u>\$</u>	1,858.
SCHEDULE D, PART XII, LINE 2D OTHER EXPENSES AND LOSSES PER AUDITED F/S	
DONATED MATERIALS \$	1,858.
TOTAL \$	1,858. 1,858.

SCHEDULE O	Supplemental Information to Form 990 or 990-I	EZ	OMB No. 1545-0047		
(Form 990 or 990-EZ)	M 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.				
Department of the Treasury Internal Revenue Service	Information about Schedule O (Form 990 or 990-EZ) and its instruction at www.irs.gov/form990.	ons is	Open to Public Inspection		
Name of the organization REGIONAL COMMI		Employer identifica			
		26-359040	2		
FORM 990, PA	RT VI, LINE 11B - FORM 990 REVIEW PROCESS				
			HE_BOARD_OF		
DIRECTORS_I	S ALSO PROVIDED WITH A COPY FOR REVIEW PRIOR TO FILD	[NG			
FORM 990, PA	RT VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AV	AILABLE			
THE_ORGANIZ	ATION POSTS ITS ANNUAL AUDIT AND FORM 990 ON ITS WEE	BSITE. IN	ADDITION,		
	PEN TO PUBLIC INSPECTION ARE PROVIDED UPON REQUEST.				
	The reside instruction are provided upon Request.				

TEEA4901L 09/09/2013