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Department of the Treasury

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 requirement

OMB No 1545-0047 <u> 2008</u> Open to Public

inter	nai nevenue	Service	The diganization may have to use a copy of this return to satisfy state		i ements	Inspection
<u>A</u>	For the 200		ear, or tax year beginning $5/01/08$, and ending $4/30/09$			
В	Check if applica		C Name of organization		D Emplo	yer identification number
Ш	Address change	use IR\$	Foundry Educational Foundation	on		
П	Name change	print or	Doing Business As		34-	0714666
$\overline{}$	•	type.	Number and street (or P O. box if mail is not delivered to street address)	Room/suite	E Telepho	one number
\sqcup	Initial return	See	1695 N. Penny Lane		847	-490-9200
\bigsqcup_{i}	Termination	Specific	City or town, state or country, and ZIP + 4		G Gross recei	6 9 4 7 4 6 6
$\overline{\Box}$	Amended return	Instruc- tions.	Schaumburg IL 60173		G GIGGS TOCCI	7,000
\equiv		E 11	e and address of principal officer		H(a) le thre a	group return for
ш	Application pen	unu i	1liam W. Sorensen		affiliates	* '
			95 N. Penny Lane		H(b) Are all a	
			haumburg IL 60173		Ì	
_	Ŧ				IT INO,	attach a list (see instructions)
÷	Tax-exempt	status A				
		T-T	fefinc.org	1		exemption number
	Type of organiz			ear of formation 1	947	M State of legal domicile OH
<u> </u>	art I	Summa		 		
			the organization's mission or most significant activities:			
9			ngthens the metal casting industry by supporting		<u>.</u>	
ğ		•	hips among students, educators, and industry, h	elping to	oday's	
eru	st	tudents	become tomorrow's leaders.			
Š	2 Chec	ck this box	If the organization discontinued its operations or disposed of more than 2	25% of its asse	ts	
8	3 Num	ber of votin	g members of the governing body (Part VI, line 1a)		. 3	47
es	4 Num	ber of indep	endent voting members of the governing body (Part VI, line 1b)		4	47
Ζį	5 Tota	I number of	employees (Part V, line 2a)		5	3
Activities & Governance	6 Tota	I number of	volunteers (estimate if pecessary)		6	118
	7a Tota	l gross unre	lated business revenue from Fig. VIII, line 12, column (C)		7a	
			isiness taxable income from Form 9907 / line 34		7b	
			1831 D	Prior Ye		Current Year
•	8 Cont	ributions an	d grants (Part VIII), line 1h) C		1,660	1,753,054
Revenue	9 Prog	ram service	revenue (Part VIII, line 2g) 5220 / C/	9	0,855	83,801
. Š	10 Inves	stment inco	me (Part VIII, Inne 29) The (Part VIII, column (A) (lines 3, 4, and 48)	41:	2,874	-82,323
΄ α	11 Othe	er revenue (l	Part VIII, column (A), lines 5, 6d, Ag, 9c, 10c, and 11e)			1,673
			add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,59	5,389	1,756,205
			ar amounts paid (Part IX, column (A), lines 1-3	40	7,903	376,923
	1		or for members (Part IX, column (A), line 4)			
œ	i	-	ompensation, employee benefits (Part IX, column (A), lines 5-10)	32	9,837	258,991
Expenses	16a Profe		draising fees (Part IX, column (A), line 11e)			105,900
Per	b Tota		p expenses (Part IX, column (D), line 25)			
Щ	17 Othe		(Part IX, column (A), lines 11a-11d, 11f-24f)	46	0,677	307,088
	1	•	Add lines 13-17 (must equal Part IX, column (A), line 25)		8,417	1,048,902
	1		openses. Subtract line 18 from line 12		6,972	707,303
- S	B TEVE	enue less e	penses. Subtract line to nom line 12	Beginning of		End of Year
Net Assets or Fund Balances	20 Tota	Lassets (Pa	rt X, line 16)	6,44	7,577	8,575,940
Ass	21 Tota	=	Part X, line 26)		1,860	1,045,930
E,E	22 Net	•	nd balances. Subtract line 21 from line 20		5,717	7,530,010
	art II		re Block			
_			Ities of perjury, I declare that I have examined this return, including accompanying schedules	and statements.	and to the bes	st of my knowledge
	j	and belie	rs true, correct, and complete. Declaration of preparer (other than officer) is based on all info	rmation of which	preparer has	any knowledge
Sig	ın İ		/ _ / Kan		1111	20/09
He		Signati	ure of officer		Date	
		3913	erry Clancey President		Date	
		Type o	r print name and title			
		y 13pc c		Chart		Preparer's Identifying number
Pai	id	Preparer's	Date	Check self-	"	(see instructions)
	parer's	signature	Dirk T. Ahlbeck 11/17	/09 employ	/ed ▶ ∐	
	e Only	Firm's name	e (or yours AHLBECK & COMPANY		EIN	<u> </u>
		ıf self-emplo	byed), 1665 Elk Boulevard		Phone	
		address, ar			no 🕨	847-824-4000
May			eturn with the preparer shown above? (see instructions)	<u> </u>		X Yes No
DAA	For Priva	acy Act and	Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2008)

LOIL	n 990 (2008) Foundry Educational Foundation	34-07146	<u> </u>	, Page <u>2</u>
Pa	art III Statement of Program Service Accomplishments	(see instructions)		
1	 			
F	FEF strengthens the metal casting indu	stry by suppo	rting unique	
	partnerships among students, educators			lavia
		, and industr	A' inerbind co	rat s
25	students become tomorrow's leaders.			
2	Did the organization undertake any significant program services during the	year which were not listed o	n	
	the prior Form 990 or 990-EZ?			Yes X No
	If "Yes," describe these new services on Schedule O.	•	•	
3	Did the organization cease conducting, or make significant changes in how	it conducts, any program		
•	services?	it conducto, any program		X Yes No
				Er les Ito
_	If "Yes," describe these changes on Schedule O.			
4	Describe the exempt purpose achievements for each of the organization's			
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts		mount of grants and	
	allocations to others, the total expenses, and revenue, if any, for each prog	ram service reported.		
4a	(Code ⁻) (Expenses \$ 471,252 including gran	ts of \$ 376,9	23) (Revenue \$)
S	Scholarships/Discretionary School Fund	s - Advance t	he '`	
_	education of people in the cast metals	field		
_	sadeaston of bookte in the case medal			
				•
			• • •	
		• • • • •	• • • • • • • • • • • • • • • • • • • •	•• ••• • •
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	• • • • • • • • • • • • • • • • • • • •			
41-	(Onder) (Fundamental 171 567 including some		\ /2	92 901 \
	(Code:) (Expenses \$ 171,567 including gran) (Revenue \$	83,801)
C	College Industry Conference - an event	held for top		83,801)
S	College Industry Conference - an event students and key professors in the met	held for top al casting fi	eld to	83,801)
2 2 1	College Industry Conference - an event students and key professors in the met learn more about the various opportuni	held for top al casting fi ties in the i	eld to ndustry	83,801)
S 1 a	College Industry Conference - an event students and key professors in the met learn more about the various opportuni and to provide connections to leaders	held for top al casting fi ties in the i	eld to ndustry	83,801)
S 1 a	College Industry Conference - an event students and key professors in the met learn more about the various opportuni	held for top al casting fi ties in the i	eld to ndustry	83,801)
S 1 a	College Industry Conference - an event students and key professors in the met learn more about the various opportuni and to provide connections to leaders	held for top al casting fi ties in the i	eld to ndustry	83,801)
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s 1 a	College Industry Conference - an event students and key professors in the met learn more about the various opportuniand to provide connections to leaders job opportunities.	held for top al casting fi ties in the i	eld to ndustry	83,801)
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Part IV Checklist of Required Schedules No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? 2 X 2 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 X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete X Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete X Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X complete Schedule D, Part III 8 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV X X 10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable 11 Did the organization receive an audited financial statement for the year for which it is completing this return 12 that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 12 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 13 14a Did the organization maintain an office, employees, or agents outside of the U.S.? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S ? If "Yes," complete Schedule F, Part I X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 X organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance X to individuals located outside the United States? If "Yes," complete Schedule F, Part III 16 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 17 17 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II X 18 18 X Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 19 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 20 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 21 22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 X 23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25. X **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 25a Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I X 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or 26 X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or 27 substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.

No

X

X

X

X

Х

X

X

X

X

Yes

28b

28c

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Part IV Checklist of Required Schedules (continued) B During the tax year, did any person who is a current or former officer, director, trustee, or key employee: a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV

h Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV

Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M
 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,
Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1

Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part

Form **990** (2008)

<u>Pa</u>	rt V Statements Regarding Other IRS Filings and Tax Compliance			
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	<u></u>	Yes	No
ıa	U.S. Information Returns. Enter -0- if not applicable	Ι.	ļ	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1		1
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
•	gaming (gambling) winnings to prize winners?	1c	X	i
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
	instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this retum?	3a	<u> </u>	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	<u> </u>	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	1	Ì	i
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	١.		
	account)?	4a	<u> </u>	X
b	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			
E	and Financial Accounts.	5a		X
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	100		
•	Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		<u>L</u> .
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than			
	\$75?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	ļ	<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ł	1	
_	required to file Form 8282?	7c	<u> </u>	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	4		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			X
	benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		$\frac{\hat{\mathbf{x}}}{\mathbf{x}}$
· ·	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	х	
g h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	/ ''	-	
	1.00	7h	x	ľ
8	required? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		x
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	ļ	X
10	Section 501(c)(7) organizations. Enter:		[
а	Initiation fees and capital contributions included on Part VIII, line 12	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4	ł	
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	-	}	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		 	

Schaumburg

policy, and financial statements available to the public.

organization: William W. Sorensen

State the name, physical address, and telephone number of the person who possesses the books and records of the

1695 N. Penny Lane

IL 60173

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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.

Check this box if the o	rganization did not compe	ns <u>ate</u>	e any	y offi	cer,	direc	tor,	trustee, or key employee.		
(A)	(C) Position (check all that apply)						(D)	(E)	(F)	
Name and Title	Average hours per							Reportable compensation	Reportable compensation	Estimated amount of
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	age d	Former	from the	from related	other
		lect dua	i i	4	emp	est o	ğ	organization	organizations (W-2/1099-MISC)	compensation from the
l		la E	nal t	l	loye	° S M		(W-2/1099-MISC)	,	organization and related
	ı	stee	rust	ļ	ŏ	pen				organizations
			8			Highest compensated employee				
Rich Andrian	0	╁	-	-	_	-				
Director	1	x		ŀ				l o	o	0
Dan F. AuBuc										
Director	1	x						lo	0	0
Paul Barker										
Director	1	X						0	0	0
Dwight J. Ba	rnhard									
Director	1	X	<u> </u>	L.,				0	0	0
Mike Bartol				}						
Director	1	X						0	0	0
Scott W. Bie			ļ					}		
Director	1	X	_	<u>L</u>				0	0	0
Robert Brook		1			Ì					
Director	1	X		L.	ldash			0	0	0
J.B. Brown	_	i						1	_	
Director	1	X		L.	<u> </u>			0	0	0
Kai S. Spand	_	1							_	
Director	11	X	L_	-	L	-		0	0	0
	ullivan							1	_	
Director	2	X	<u> </u>	-	_			0	0	0
Matt Wosoba		١						_	_	•
Director	1	X	├_	}—	-	 		0	0	0
Timothy J. V	uest	۱.,		1				_	_	•
Director	1	X	_	 	-	-		0	0	0
James M. Fro		, ,						0	o	0
Director	2	X	├-		├				<u> </u>	<u> </u>
Mark Gaspari	1	x	ļ					0	o	0
Director		╀┻	├	├	⊢	}—	_	<u> </u>	<u>_</u>	
Patricio Gil		v	1	Ì				o	o	0
Director Crah	1	x	├-	├	\vdash	├	_	-	} <u>u</u>	_
John L. Gral	_	$ \mathbf{x} $	Ì		1			o	o	0
Director	1	+^	 	-	-	╁	-	 	 	
Timothy R. P	lajouk 1	$ \mathbf{x} $	ĺ	ĺ				O	o	o
DILECTOI	<u> </u>	1 4	L	<u> </u>	L	Ц		<u> </u>	<u> </u>	Form 990 (2008)

		dry Education									Page 8
Part VII	Section A	. Officers, Directors, Trus	stee	s, Ke	y En	nplo	yees	, an	d Highest Compensated	Employees (continued)	
(A)		(B)	L		(0				(D)	(E)	(F)
Name and	title	Average hours per week	ndividual trustee or director		Officer	a Key employee	_	Former	Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the
	_		trustee	al trustee		уее	Highest compensated employee		(W-2/1099-MISC)	(** 2 1900 111100)	organization and related organizations
Kathy I		rynen 1	x						o	O	0
Scott C		rtz									
Director		nnettoni	X		Н		\vdash		0	0	0
Director		1	$ \mathbf{x} $						0	0	0
Rick L.	Jame	s									_
Director 1 X 0 0 0 Jeffrey S. Jenkins									0		
Director 1 X 0 0								0			
Kelley		rns 1	x						0	o	0
<u>Director</u> George			^	┢			<u> </u>		0	<u> </u>	
Director	<u> </u>	1	X	<u> </u>	_		-		0	0	0
Daniel Director	<u> </u>	1	x						0	0	0
Lee L.	•	1	x						o	o	0
Maureer		ynn		t							<u></u>
Director		1	X	\vdash					0	0	0
Director		1	x						0	o	0
Mark Ma Director	¬	1	x						0	o	0
Scott M		1	x						0	0	0
Director 1b Total	<u> </u>				لــــا	L	L	▶	122,193	<u></u>	42,347
2 Total num	_	viduals (including those in	1a)	who	rece	ived	mor	e tha	an \$100,000 in reportable o	compensation from the	_
organizati	on ▶ 1										Yes No
									oyee, or highest compensat	ted	
4 For any in	idividual lis	? If "Yes," complete Sche sted on line 1a, is the sum	of re	port	able	com	pens	atio	on and other compensation	from	. 3 X
tne organi individual		i related organizations gre						"Ye:	s," complete Schedule J fo	r such	4 X
		d on line 1a receive or acc	rue	com	oensa	atior	n fron		y unrelated organization fo		5 X
Section B. Ind			COI	пріе	ie 30	, rec	iulė J	IUľ	such person	·•_ • <u> </u>	. [3]]A
		for your five highest comp the organization.	ensa	ated i	indep	enc	lent o	onti	ractors that received more	than \$100,000 of	
		(A) Name and business address							Descrip	(B) ton of services	(C) Compensation
American City Bureau, Inc. 33 West Higgins Rd; Suite 520											
South Barrington IL 60010 Consulting 105									105,900		
											
								\vdash			
	.h.a.r\$		٠			41		<u> </u>			
		ependent contractors (inclute the organization ►	ndiné	tho	se in	1) V	vno r	ecei	ived more than \$100,000 in	1	1
DAA										· ····································	Form 990 (2008)

Pa	ırt V	III Statement of Revenue					
ì				(A) Total revenue	(B) Related or	(C)	(D) Revenue
				TOTAL 18VEITUG	exempt	Unrelated business	excluded from tax
				·	function revenue	revenue	under sections 512, 513, or 514
2 3	1a	Federated campaigns 1a			TOVERIDE		312, 313, 01 314
Program Service Revenue Contributions, gifts, grants anounts	" <u>"</u>	Membership dues 1b		1			
₽Ę	٦						
ifts ra	"			ļ			
92	a	Related organizations 1d	 [
Siris	e	Government grants (contributions) 1e					
ē Ĕ	f	All other contributions, gifts, grants,	ŀ				
ë ë	ĺ		53,054	İ			
덜렁	g	Noncash contributions included in lines 1a-1f \$					
<u>0</u> @	h	Total. Add lines 1a-1f	_	1,753,054			
ue		 	Busn. Code				
ē	2a	College Industry Conference	611710	83,801	83,801		
æ	ь	,					
8		•• •• •• • • • • • • • • • • • • • • • •					
Ξ	C	• • • • • • • • • • • • • • • • • • • •				 -	
Š	d						
ľa	е	· · · · · · · · · · · · · · · · · · ·	\vdash				
5	f	All other program service revenue	L				
<u> </u>		Total. Add lines 2a-2f		83,801			
	3	Investment income (including dividends, intere	st, and				
		other similar amounts)	▶ L	140,556			140,556
	4	Income from investment of tax-exempt bond pe	roceeds ►		_		
į	5	Royalties	▶ ∫				
			ersonal				
	6a	Gross Rents		}			'
	h	Less rental exps		j	·)		
	٦	Rental inc or (loss)					
		· · · · · · · · · · · · · · · · · · ·					
	d 7a	Net rental income or (loss)			·		
		sales of assets (II) Securities (III)	Other	1			
		other than inventory 4,358,381		ļ			
	b	Less cost or other	1				
		basis & sales exps 4,581,260					
	С	Gain or (loss) -222,879					
	d	Net gain or (loss)	•	-222,879			-222,879
	8a	Gross income from fundraising events					
ē		(m. t. Sankadana A	1				
Ē		of contributions reported on line 1c).	İ	1			
ě	Ì	See Part IV, line 18	i	ì	ľ		
<u> </u>	L	Less: direct expenses b					
Other Revenu							
J	i .	Net income or (loss) from fundraising events	· · P				
	уа	Gross income from gaming activities.					
		See Part IV, line 19 a		1			
		Less: direct expenses b					
		Net income or (loss) from gaming activities .	<u></u>				<u></u>
	10a	Gross sales of inventory, less	Į	1			
		returns and allowances a	11,374	1	}		
	b	Less: cost of goods sold b	9,701				
		Net income or (loss) from sales of inventory		1,673	1,673		
	Ť	Miscellaneous Revenue	Busn. Code		-		
	11a						
	١.		 				
	b	• • • • • • • • • • • • • • • • • • • •	 				
	C.	All all an annual	┝──┼				_
		All other revenue	L				
		Total. Add lines 11a-11d	▶				
į	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7		ĺ	ĺ		
	L	9c, 10c, and 11e	▶	1,756,205	85,474	0	82 , 323

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must of	complete column (A) but are	e not required to comple	ete columns (B), (C), and	I (D).
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1			expenses	general expenses	expenses
•	organizations in the U.S. See Part IV, line 21	62,116	62,116	% y ; * . *'	
2	Grants and other assistance to individuals in	02/110	01/110		<u> </u>
_	the LLC Coe Bort IV line 22	314,807	314,807	§ 3 / %	, , ,
3	Grants and other assistance to governments,		022/00/		
	organizations, and individuals outside the	•			· •
	U.S. See Part IV, lines 15 and 16			2 3 5 3 4 4 4	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	176,661	54,165	44,400	78,096
6	Compensation not included above, to disqualified	•		•	<u> </u>
	persons (as defined under section 4958(f)(1)) and	j			
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	53,783	42,709	9,017	2,057
8	Pension plan contributions (include section 401(k)		` `		
	and section 403(b) employer contributions)				
9	Other employee benefits	14,466	12,393	2,073	
10	Payroll taxes	14,081	6,336	3,168	
11	Fees for services (non-employees):				
а	Management				
b	Legal	3,127	603	1,665	
c	Accounting	11,613	3,404	3,358	4,851
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	105,900		¢ . •	105,900
f	Investment management fees	29,129		29,129	
g		38,371	13,116	11,546	
12	Advertising and promotion	2,688	614	606	
13	Office expenses	47,528	6,836	6,722	
14	Information technology	364	107	105	152
15	Royalties				
16	Occupancy	12,421	3,641	3,592	5,188
17	Travel	28,831	6,258	6,175	16,398
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	440.044			
19	Conferences, conventions, and meetings	118,216	113,968		4,248
20	Interest				
21	Payments to affiliates	0.005	200	04.5	1 100
22	Depreciation, depletion, and amortization	2,825	828	817	1,180
23	Insurance	3,004	880	869	1,255
	Other control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the		}	*	* * *
24	Other expenses Itemize expenses not	3	4	*	
	covered above. (Expenses grouped together	i) 🔸 .	• •	»	,
	and labeled miscellaneous may not exceed	4 4 4 4 4	İ	* ` ` ` `	
_	5% of total expenses shown on line 25 below.) Repairs and Maintenance	8,469	2,482	2,449	3,538
a b	Dues and Subscriptions	355	104	103	148
0	Misc Capital Campaign Exp	147	104	103	147
ت بہ	Trac captear cambaran Exp	T 2 /			
d					
e	All other expenses				
25	All other expenses	1,048,902	645,367	125,794	277,741
26		-,0-0,502	0=3/30/		2111131
20	SOP 98-2. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation	}		İ	
					5 000 (2222)

<u> </u>	<u>art)</u>	Balance Sheet							
					(A) Beginning of year		Fnr	(B) d of year	-
	Γ.	Cook are interest beginn	_		15,850	1		_ <u>-</u>	614
	1	Cash—non-interest bearing	•• •		1,121,549		<u> </u>		, 199
	2	Savings and temporary cash investments	•		1,409,554	3	3	, 535,	
	3	Pledges and grants receivable, net	• • • •	· · · · · · -	74	4			500
	4	Accounts receivable, net				*			, 500
	5	Receivables from current and former officers, directors, t		·		5			
	_	employees, or other related parties. Complete Part II of S		• • • • • • • • • • • • • • • • • • • •		-	<u> </u>		
	6	Receivables from other disqualified persons (as defined to 4058/9/41) and persons described to accept 4058/9/41)							
		4958(f)(1)) and persons described in section 4958(c)(3)(l	B) Con	npiete					
	<u> </u>	Part II of Schedule L		· · · · · · -		6			
ete	7	Notes and loans receivable, net		. . -		7			
Assets	8	Inventories for sale or use				8		— <u> </u>	121
⋖	9	Prepaid expenses and deferred charges	1:. 1	10 074		9			,131
	10a		10a	18,874		j			
	Ь	Less. accumulated depreciation Complete		17 640	4 055				
		Part VI of Schedule D	10b	17,642	4,057		-	1, 986,	<u>, 234</u>
	11	Investments—publicly traded securities			3,882,007		4,	<u>, 986,</u>	<u>, /91</u>
	12	Investments—other securities See Part IV, line 11				12			
	13	Investments—program-related. See Part IV, line 11				13			
	14	Intangible assets		-	11 100	14			
	15				14,486				
	16	Total assets. Add lines 1 through 15 (must equal line 34)	· · · · · · · · · · · · · · · · · · ·	6,447,577	16	8,	, 575 ,	
	17	Accounts payable and accrued expenses		-	31,860		<u> </u>	<u> </u>	274
	18	Grants payable		-		18	 		
S	19	Deferred revenue				19	<u> </u>		
	20	Tax-exempt bond liabilities				20	<u> </u>		
ë	21	Escrow account liability Complete Part IV of Schedule D				21			
Ę	22	Payables to current and former officers, directors, trustee		}					
Liabilities		employees, highest compensated employees, and disqu	alified	-		<u> </u>			
_	ľ	persons. Complete Part II of Schedule L				22	<u> </u>		
	23	Secured mortgages and notes payable to unrelated third	parties	·		23	<u> </u>		
	24	Unsecured notes and loans payable				24			
	25				24 242	25_		,036,	
	26	Total liabilities. Add lines 17 through 25		<u></u>	31,860	26	1,	045,	<u>, 930</u>
ces		Organizations that follow SFAS 117, check here ▶	and	Ì	;				
Ĕ	l	complete lines 27 through 29, and lines 33 and 34.		-	4 065 404				
Balan	27	Unrestricted net assets			1,367,421	27	<u> </u>	-64,	
	28	Temporarily restricted net assets			239,785			911,	
Fund	29	Permanently restricted net assets	.	դ ⊢	4,808,511	29	4,	, 683 <u>,</u>	, 478
屲		Organizations that do not follow SFAS 117, check her	e► L	_					
ō	}	and complete lines 30 through 34.		}			ļ		
ş	30	Capital stock or trust principal, or current funds		-		30			
Assets	31	Paid-in or capital surplus, or land, building, or equipment	-			31	 		
ĕ	32	Retained earnings, endowment, accumulated income, or	r other t	funds		32			
Net Net	33	Total net assets or fund balances			6,415,717	33		<u>,530,</u>	
-	34		· · · · · · · · · · · · · · · · · · ·	<u> 1</u>	6,447,577	34	<u>8</u> ,	<u>, 575,</u>	<u>, 940</u>
Р	art X	(I Financial Statements and Reporting							
							_	Yes	No.
1				X Accrual Oth					
28		ere the organization's financial statements compiled or rev		•	ant?		1-2	2a	<u> </u>
k		ere the organization's financial statements audited by an ir					🔎	2b X	—
•		Yes" to lines 2a or 2b, does the organization have a comm							
		e audit, review, or compilation of its financial statements a					12	2c X	+
38		a result of a federal award, was the organization required	to und	ergo an audit or audits as s	et forth in				
		Single Audit Act and OMB Circular A-133?					—	3a	<u> </u>
) If "	Yes," did the organization undergo the required audit or a	udits?		· · · · · ·	<u> </u>	3	3b	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Foundry Educational Foundation

Employer Identification number 34-0714666

Part I	Reas		Status (All organizations		complet	e this	part.)	(see ii	nstruc	tions)			
			e it is: (Please check only one					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
1 D		·	ociation of churches described	-		VAVII							
iπ	•	cribed in section 170(b)(1)(5001.01	. 170(5)(1	<i>//~//·/·</i>							
3			ce organization described in se	ction 170	(6V1VAV	III (Atta	ch Sch	adula H	`				
ΐH	•	•	d in conjunction with a hospital							nenital'e na	m o		
• 🗆		· ·	a in conjunction with a nospital t	uescribed	III SECTIO	11 170(0	ハ・ハーハ・	11). Line	i uie iic	ospilai s Ha	III O ,		
<u>-</u> □	city, and state	•		or operat	 od bu o o			t dooori	 bodia	•			• •
5 📋	-	· ·	of a college or university owned	or operat	ed by a go	overnine	entai urii	t descri	bea in				
		b)(1)(A)(Iv). (Complete Part			01-1/41/4								
<u> </u>	•		overnmental unit described in s										
7 📙	•	•	substantial part of its support fro	om a gove	emmentai	unit or	rom the	genera	ii public	•			
. —		section 170(b)(1)(A)(vi). (Co											
8 📙			70(b)(1)(A)(vi). (Complete Part						_				
9 X	=	•	I) more than 33 1/3 % of its sup										
	•		npt functions—subject to certain	•		•							
	• •	•	nd unrelated business taxable in	•			() from t	ousines	ses				
. —	•	•	0, 1975. See section 509(a)(2).			•							
10 H			exclusively to test for public safe										
11 📙	•	•	exclusively for the benefit of, to	-									
			ed organizations described in s						section				
	<u>— — </u>		he type of supporting organizati		-								
	a Type	— ··	c Type III–Function			đ	_	e III–Ot					
е 📋	,	•	anization is not controlled direc	-				•					
	•	~	and other than one or more put	olicly supp	orted org	anizatio	ns desc	ribed in	section)			
		section 509(a)(2).				_							
f			ermination from the IRS that it is	а Туре І,	Type II, o	or Type	III supp	orting					
	-	check this box											Ш
g			tion accepted any gift or contrib	ution from	any of th	ne							
	following per										_		
	• • •	•	ontrols, either alone or together	with perso	ons descr	ıbed in (u)			_		Yes	No
			f the supported organization?							. [11	-		
		member of a person descri	• • • • •							119	<u>(ii)</u>		
	` '	•	described in (i) or (II) above?							[119	(iii) <u>[</u>	1	
_ h	Provide the f	ollowing information about t	he organizations the organization	on suppor	ts								
(I) Nam	e of supported	(II) EIN	(iii) Type of organization	(Iv) Is the	organization	(v) Did y	rou notify	(vi)	ls the	(vii)	Amou	nt of	
org	janization		(described on lines 1–9		sted in your		nization in	organizat	1	S	uppor	t	
	'		above or IRC section (see instructions))	governing	document?	col (i)	or your port?	(I) organi	zed in the				
			(000 111011 00110110)	Yes	No	Yes	No	Yes	No				
			}	1	ļ		ŀ]				
_		_											
			<u> </u>	<u> </u>			<u> </u>						
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				ļ	ļ			 	<u> </u>	 -			
Total													

	dule A (Form 990 or 990-EZ) 2008 Fou					<u>-0714666</u>	, Page 2
Pa	rt II Support Schedule for O				(1)(A)(iv) and	170(b)(1)(A)(vi)	
	(Complete only if you che	ecked the box	on line 5, 7, or	8 of Part I.)		 	
	tion A. Public Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-3						
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)			A SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION O			
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support	•					
Cal	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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.) Total support. Add lines 7 through 10		*	* ,	₹ * -		
12	Gross receipts from related activities, etc.	(see instructions)	.L			12	
13	First five years. If the Form 990 is for the	•		irth, or fifth tax vear	as a section 501		
	organization, check this box and stop here	•	.,,,, 100	, or man care your		\-/\ - /	▶ □
Sec	tion C. Computation of Public Su		tage	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
14	Public support percentage for 2008 (line 6			n (f))	·	14	%
15	Public support percentage from 2007 Scho					15	%
16a	33 1/3 % support test—2008. If the organ		• • •			· · · · · · · · · · · · · · · · · · ·	
	and stop here. The organization qualifies			•	•		▶ [
b	33 1/3 % support test—2007. If the organ		-	or 16a, and line 15	5 is 33 1/3 % or m	ore, check this	
	box and stop here. The organization quali					•	▶ □
17a	10%-facts-and-circumstances test—200				, or 16b, and line	14 is 10% or	
-	more, and if the organization meets the "fa	•		•	•		
	organization meets the "facts-and-circums			•	•		►□
b	10%-facts-and-circumstances test—200		•	, , ,	. •		
-	more, and if the organization meets the "fa	•					
	organization meets the "facts-and-circums			•	•		▶ □
8	Private foundation. If the organization did				· -		- `

Schedule A (Form 990 or 990-EZ) 2008

Private foundation. If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

	orm 990 or 990-EZ) 2008				34-0714666	Page 4
Part IV	Supplemental Info	ormation. Complete	e this part to pi	rovide the explanation	on required by Part II, line	e 10;
	Part II, line 17a or	17b; or Part III, line	e 12. Provide a	ny other additional i	information. (see instruct	ions)
	•					
				•		
•			•••			
			••••			
		•				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047 2008

Open to Public Inspection

Name of the organization Employer identification number Foundry Educational Foundation 34-0714666 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 funds (b) Funds and other accounts Total number at end of year 28 Aggregate contributions to (during year) 43,022 151,482 2 90,596 90,255 3 Aggregate grants from (during year) Aggregate value at end of year 597,468 2,731,357 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised X Yes funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) ... 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ __ _ _ _ Number of states where property subject to conservation easement is located

________ Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _ _ _ _ _ _ Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (II) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items. a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sche		ducational Fo			14666		Page 2
Pa	art III Organizations Maintaining					ets (contin	ued)
3	Using the organization's accession and other items (check all that apply):	records, check any of the	following that are a	significant use of its	collection		
а	Public exhibition	d Loan o	or exchange program	าร			
b	Scholarly research	e Other					
c	Preservation for future generations					_	
4	Provide a description of the organization's co Part XIV.	llections and explain how t	hey further the orga	nızation's exempt p	urpose in		
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	r receive donations of art, l	nistorical treasures,	or other similar		Yes	□No
Pa	art IV Trust, Escrow and Custod				red "Yes" to		
	Part IV, line 9, or reported	_					
18	Is the organization an agent, trustee, custodia						
	included on Form 990, Part X?	•				Yes	П №
ь	If "Yes," explain the arrangement in Part XIV	and complete the following	table:		•		
-			,			Amount	
c	Beginning balance				1c		
	Additions during the year		•	•	1d	· ,	
_	Distributions during the year			•• ••	1e		
f	Fading belones		••	••	1f		
2a	Did the organization include an amount on Fo		•			Yes	No
	If "Yes," explain the arrangement in Part XIV.					☐ res	□ 140
	art V Endowment Funds. Comp		nswered "Yes" t	o Form 990. Pa	art IV. line 10)	
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years		years back
18	Beginning of year balance	4,597,156	(-, -, -, -, -, -, -, -, -, -, -, -, -, -	(,, , , , , , , , , , , , , , , , , , ,	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,
	Contributions	1,518,531	,~a	,	<u> </u>		
	Investment earnings or losses	140,527	<u> </u>		<u> </u>		······································
d		180,851			<u> </u>		
e			·**	7)× 8 ₈₆	`		*
·	'	212,977	,		l .		3
	and programs Administrative expenses	222/5//		` *	3 / · · · · · · · · · · · · · · · · · ·	* (#1	8 4
g	End of year balance	5,862,386		`	 		
2	Provide the estimated percentage of the year			<u> </u>	J		
	Board designated or quasi-endowment	%					
h	Permanent endowment ► 80.00 %	~					
-	Term endowment ▶ 20.00 %						
	Are there endowment funds not in the posses	ssion of the organization th	at are held and adm	inistered for the			
-	organization by:	solon of the organization to	at are note and aut	initial or the late		ſ	Yes No
	(i) unrelated organizations					3a(i)	X
	(ii) related organizations					3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations	listed as required on Sch	edule B?			3b	- -
4		•				. [32]	
Pa	art VI Investments—Land, Build			0. Part X. line 1	0.		
	Description of investment	(a) Cost or other basis	(b) Cost or oth		preciation	(d) Book	value
	•	(investment)	basis (other)	1 ' '	`	. ,	
1a	Land						
	Buildings						
	Leasehold improvements		† 	···			
	Equipment		18	,874	17,642		1,232
	Other		† <u></u> -				
	I. Add lines 1a-1e. (Column (d) should equal F	orm 990, Part X, column (B), line 10(c).)				1,232
							

Schedule D (Form 990) 2008 Foundry Educational Fo	undation	34-0714666	Page 3
Part VII Investments—Other Securities. See Form 990			
(a) Description of security or category	(b) Book value	(c) Method of val	uation
(including name of security)		Cost or end-of-year m	
Financial derivatives and other financial products			
Closely-held equity interests		·	
Other			
			
			
			
		······································	
			
			
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments—Program Related. See Form 990), Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method of val	
		Cost or end-of-year m	arket value
			
			
			
			
— ————————————————————————————————————			
			. —— <u>——</u> —
Total. (Column (b) should equal Form 990. Part X. col. (B) line 13.)			
Total. (Column (b) should 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
(a) Description			(b) Book value
			
	 		
		1	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15)			
Part X Other Liabilities. See Form 990, Part X, line 25			
(a) Description of liability	(b) Amount		
Federal income taxes			
Conditional Contributions Received	1,036,656		
			1
	·- ·- ·- ·-		į
			
<u> </u>			
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.)	1,036,656		
In Part XIV provide the text of the footpote to the organization's financial state	amanta that concide the eco	ranization's liability for	

uncertain tax positions under FIN 48.

_	dule D (Form 990) 2008 Foundry Educational Foundation		34-071466	6	Page 4
<u>Pa</u>	rt XI. Reconciliation of Change in Net Assets from Form 990 to	Finar	ncial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	1,756,205
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	1,048,902
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3	707,303
4	Net unrealized gains (losses) on investments			4	-196,504
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	-760,968
9	Total adjustments (net). Add lines 4-8			9	-957,472
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9			10	-250,169
	rt XII Reconciliation of Revenue per Audited Financial Stateme	nts W	ith Revenue per Re	turn	1 510 053
1	Total revenue, gains, and other support per audited financial statements			1 1	1,540,273
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 _ 1	106 504		
a	Net unrealized gains on investments	2a	-196,504	*	
b	Donated services and use of facilities	2b			
C.	Recoveries of prior year grants	2c		*	
d	Other (Describe in Part XIV)	2d		******	106 504
e	Add lines 2a through 2d			2e	-196,504 1,736,777
3	Subtract line 2e from line 1	l		3	1,/30,///
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	.	20 120	* *	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	29,129 -9,701		
b	Other (Describe in Part XIV)	4b		4-	19,428
C	Add lines 4a and 4b			4c	1,756,205
5 De	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12.) rt XIII Reconciliation of Expenses per Audited Financial Statem	ente V	With Expenses per l		1,730,203
1	Total expenses and losses per audited financial statements	CIILO I	Vitti Expenses per i	1	1,790,442
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	•		 	1//30/442
a	Donated services and use of facilities	2a		`	
b	Potentian and Michael and	2b			
c	Losses reported on Form 990, Part IX, line 25	2c	·		
ď	Other (Describe in Part XIV)	2d	760,968		
e	Add lines 2a through 2d			2e	760,968
3	Subtract line 2e from line 1	• •		3	1,029,474
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	29,129		
b	Other (Describe in Part XIV)	4b	-9,701		
	Add lines 4a and 4b		•	4c	19,428
5_	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)			5	1,048,902
	rt XIV Supplemental Information				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, li	nes 1a a	and 4; Part IV, lines 1b		
and 2	b; Part V, line 4; Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d	and 4b.			
1	Part V, Line 4 - Intended Uses for Endowmer	t_F	unds		
	The Foundation's endowments consist of over	- 60	individual d	onor	-restricted
_					
_:	<u>unds_established_for_a_variety_of_purposes</u>	, _e	spec <u>ially pro</u>	vidi	<u>ng</u>
_;	scholarship awards, plus the capital campai	gn i	fund. The ca	<u>pita</u>	l_campaign_
_ :	und was established to support the Foundat	ion	's_programs a	nd o	perations.
_					
-				– –	
_;	Part X - Liability Under FIN 48 Footnote _				

Page 5 Part XIV | Supplemental Information (continued) In June 2006, the Financial Accounting Standards Board (FASB) issued FASB _Interpretation No. 48 (FIN 48), Accounting for Uncertainty in Income Taxesan interpretation of FASB Statement 109. FIN 48 prescribes a comprehensive model for recognizing, measuring, presenting and disclosing in the financial statements tax positions taken or expected to be taken on a tax return. In February 2008, the FASB delayed the effective date of FIN 48 for certain nonpublic enterprises to annual financial statements for fiscal _years_beginning_after_December_15, 2007. In December_2008, the FASB_further <u>delayed the effective date of FIN 48 to annual financial statements for ____</u> fiscal years beginning after December 15, 2008. The Foundation may be required to adopt FIN 48 in its financial statements for the year ended <u>_April_30,_2010. Management is currently assessing the impact of FIN 48 on _</u> <u>_its_financial_position,_changes_in_net_assets,_and_related_accounting___</u> policies and has not determined if the adoption of FIN 48 will have a _material effect on its financial statements._____ Part XI, Line 8 - Reconciliation of Changes - Other Cost of goods sold in Part VIII line 10b _ _ _ _ \$ _ _ 9,701 _ <u> Decrease in value of split-interest agreement _ _ _ _ _ \$_ _ -760,968 _</u> _Cost_of_goods_sold_included_in_Part_VIII_line_10b _ _ _ _ \$_ _ _ -9,701 _ Part XII, Line 4b - Revenue Amounts Included on Return - Other _Cost of goods sold in Part_VIII line_10b_ _ _ _ _ \$_ _ _ 9,701_ _ <u> Part XIII, Line 2d - Expense Amounts Included in Financials - Other _ _ _ </u>

Schedule, D (I	Form 990	0) 2008	For	und	ry :	Eđu	cat	ior	ıal	Fo	und	lat	ion	l.		34	4-0	714	166	5			Pag	ge 5
Part XIV	Sup	pleme	ntal in	forn	natio	n (con	tinuec	d)																_
_Part									mou	nts		ncl	ude	<u>∍d</u>	on	<u>Re</u>	t <u>u</u> r	<u>n -</u>	<u>. o</u>	t <u>h</u> e	<u>r</u>	 		
_Cost	of_g	100gs	<u>s_ so</u>	1 <u>d</u>	inc	lud	<u>.ed</u>	<u>i</u> n	_Pa	<u>rt</u>	<u>v</u> i	<u>I</u> I_	1 <u>i</u> 1	1 <u>e</u>	<u>1</u> 0]	2 _	_			\$_		 9_, 7_	<u>01</u>	
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17,

OMB No 1545-0047

2008

Open To Public

nternal Revenue Service 18, or 19, and by	organizations that enter	r more th	in \$1	5,000 on Form 990-EZ, line 6	a	Inspection
lame of the organization Foundry Education	al Foundat	ion			Employer Identifi 34-07146	
Part I Fundraising Activities. Complete	if the organizati	on an	sw	ered "Yes" to Form	n 990, Part IV, lin	e 17.
1 Indicate whether the organization raised funds through	any of the following	activiti	es.	Check all that apply.		
a X Mail solicitations	e X Solicitation	of non-	gov	ernment grants		
b Email solicitations	f Solicitation	of gove	rnn	nent grants		
c Phone solicitations	g Special fun	-		-		
d In-person solicitations	5		, • .			
2a Did the organization have a written or oral agreement or key employees listed in Form 990, Part VII) or entity	with any individual (i v in connection with	ncludin profess	g of iona	ficers, directors, trustee al fundraising services?	s 	X Yes No
b If "Yes," list the ten highest paid individuals or entities to be compensated at least \$5,000 by the organization	(fundraisers) pursua . Form 990-EZ filers	int to ag are no	ree t re	ments under which the quired to complete this	fundraiser is table.	
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did for raiser has custody control contribution	or of	(Iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	Vo			
American City Bureau, Inc.]]				
(capital campaign consultant)	Consultant	╁	X	1,324,027	105,900	1,218,127
	<u> </u>					
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		<u> </u>				
				4 204 007	105 000	1 010 107
Total		<u></u>	<u> </u>	1,324,027	105,900	1,218,127
 List all states in which the organization is registered or registration or licensing. Tllinois 	licensed to solicit fu	unds or	nas	been notified it is exem	ipt from	
			•	• • • • • • • • • • • • • • • • • • • •		
		• •	• • •			

	art I	Fundraising E more than \$15	vent	s. Complete i	if the org	aniza		red "Yes" i	to F	orm 9	990, F		line 1	B, or re		age <u>2</u> ed
				(a) Event #1			(b) Event #				Other Ev			(d) Total		
۵				(event type)			(event type)	-	(to	tal numb	er)	- ``		(c))	
Revenue												·				
Ř	1	Gross receipts														
	2	Less: Charitable contributions														
	3	Gross revenue (line 1														
\Box		minus line 2)														
	_															
	4	Cash prizes					• •		 	.		<u> </u>	1			
ses	5	Non-cash prizes														
Sel																
Ä	6	Rent/facility costs														
Direct Expenses	7	Other direct expenses											1			
۵	•	outer direct expenses [1							<u> </u>			
	8	Direct expense summary	. Add	lines 4 through 7	' in column	(d)						. •	<u> </u>			
	9 art l	Net income summary. Com					d "Vee" to	Form 990	Pa	rt I\/	lina 1	P	enorte	d mor		
	<u> </u>	than \$15,000 c				344616	d 165 to	1 01111 330	,	,	11110	19, OI 1	epone	u mon	5	
ē				(a) Bingo			(b) Pull tabs/in			(c) (ther gar	nına		Total ga		
Revenue							oingo/progressiv	e bingo		(0)	riner gar	g	col	(a) throu	igh col	(c))
æ	1	Gross revenue .														
\exists	•	aloss revenue .														
se	2	Cash prizes							1							
Se	_															
Direct Expenses	3	Non-cash prizes							\vdash				+-			
irec	4	Rent/facility costs														
۵															-	-
	5	Other direct expenses	-	l vaa	0/	 	Vaa	0/	╁	l v			,			1
	6	Volunteer labor	-	Yes No	%	ΙH	Yes No	%	╟	Yes No		9	6	įš	¥ .	4
	_			1.135		<u></u>				1				` <u></u>		<u></u>
	7	Direct expense summary	. Add	lines 2 through 5	in column	(d) .							·			
	8	Net gaming income sum	manı	Combine lines 1	and 7 in co	dumn (c	n						.			
	<u> </u>	Trot garring moonto cam			41107 111 00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	• • • • • • • • • • • • • • • • • • • •				<u> </u>				Yes	No
9	Én	ter the state(s) ın which th	e orga	anization operates	s gaming a	ctivities	:									
а		the organization licensed t	o ope	rate gaming activ	ities in eacl	h of the	se states?							9a		
b	If "	No," Explain:												Î		
			• •						•		• • • • • •	• • • • •			. (1)	~5
10a	We	ere any of the organization	's gan	ning licenses revo	 oked, suspe	ended o	or terminated o	 luring the tax	year	? ?	· · · · ·			10a		
b	lf "	Yes," Explain:										· •	· -		3, 3,	Ş
						• • • •								.		
11	Dο	es the organization operat	 te aam	ning activities with	 1 nonmemb	ers?			• • • •			•	• •	11		لـــــا
12		the organization a grantor,	_	-			ber of a partne	ership or othe	er en	tity .	•					
	for	med to administer charital	ole gai	ming?					•		<u></u>	····	/ -	12	<u> </u>	
											Sch	edule G	(Form 9	390 or 9	90-EZ)	2008

Indicate the percentage of gaming activity operated in: The organization's facility An outside facility Provide the name and address of the person who prepares the organization's gaming/special events books and records: Name Address 15a	Sche	dule G (Form 990 or 990-EZ) 2008 Foundry Educational Foundation 34-07146	<u> 66</u>	P	age 3
a The organization's facility b An outside facility 14 Provide the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? If "Yes," enter the amount of gaming revenue received by the organization ▶ If "Yes," enter name and address: Name ▶ Address ▶ 16 Gaming manager information Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer □ Employee □ Independent contractor 17 Mandatory distributions:				Yes	No
An outside facility Provide the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address: Name ▶ Address ▶ 16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer □ Employee □ Independent contractor 17 Mandatory distributions:	13				
An outside facility Provide the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address: Name ▶ Address ▶ 16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer □ Employee □ Independent contractor 17 Mandatory distributions:	a	The organization's facility			l
and records: Name ▶ Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address: Name ▶ Address ▶ 16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer □ Employee □ Independent contractor	þ	An outside facility	_		
Name ► Address ► 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$ c If "Yes," enter name and address: Name ► Address ► 16 Gaming manager information: Name ► Gaming manager compensation ► \$ Description of services provided ► □ Director/officer □ Employee □ Independent contractor	14	Provide the name and address of the person who prepares the organization's gaming/special events books			
Address ► 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$ c If "Yes," enter name and address: Name ► Address ► Gaming manager information: Name ► Gaming manager compensation ► \$ Description of services provided ► □ Director/officer □ Employee □ Independent contractor		and records:			
Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address: Name ▶ Address ▶ 16 Gaming manager information. Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer □ Employee □ Independent contractor		Name ▶			
revenue? b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address: Name ▶ Address ▶ 16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer □ Employee □ Independent contractor		Address ▶			
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address: Name ▶ Address ▶ 16 Gaming manager information Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer □ Employee □ Independent contractor	15a				
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C If "Yes," enter name and address: Name ▶ Address ▶ 16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer □ Employee □ Independent contractor	Ь		1		
Name ► Address ► 16 Gaming manager information Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer					
Address 16 Gaming manager information: Name Gaming manager compensation \$ Description of services provided Director/officer Employee Independent contractor 17 Mandatory distributions:	С	If "Yes," enter name and address:	Ì		
16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer □ Employee □ Independent contractor		Name ▶			
Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer		Address ▶			
Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer	16	Gaming manager information			
Description of services provided ▶ □ Director/officer □ Employee □ Independent contractor 17 Mandatory distributions:		Name ▶			
Director/officer Employee Independent contractor 17 Mandatory distributions:		Gaming manager compensation ▶ \$			
17 Mandatory distributions:		Description of services provided ▶			
·		☐ Director/officer ☐ Employee ☐ Independent contractor			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	17	Mandatory distributions:			
	а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
retain the state gaming license?			17a		
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent	b				
in the organization's own exempt activities during the tax year ▶ \$					<u> </u>

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SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. ▶ Attach to Form 990.

2008

OMB No 1545-0047

Open to Public Inspection

Name of the organization					Employer	Employer identification number	per
Foundry Educational	1 Foundati	on			34-07	34-0714666	
Part I General Information on Grants and Assistance	1 Assistance						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	the amount of the gince?	rants or ass	sistance, the grantees'	eligibility for the grants	unts or assistance, and	: :	X Yes
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	overnments an ecipient that re if additional s	d Organ ceived r	Organizations in the United States. Complete if the organization answered "Yes" on eived more than \$5,000. Check this box if no one recipient received more than \$5,000 bace is needed	ited States. Com Check this box if	plete if the org no one recipie	ganization ans	wered "Yes" on ore than \$5,000. Use ▶
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	it of cash grant	(e) Amount of non-cash (book, FMV, appraisal, assistance other)	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Bradley University 1501 West Bradley Avenue Peoria	37-0661494		9,155				Discretionary Funds
urg State University outh Broadway KS	48-6104332		12,214				Discretionary Funds
				`			
 Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations 	t organizations				: :		> 22

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Schedule I (Form 990) 2008 Foundry Educational Foundation Part III Grants and Other Assistance to Individuals in the United	cational Found to Individuals in the		34-0714666 omplete if the organiza	United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22	Page 2 rrm 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
Scholarships	241	314,807			
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	omplete this part to p	provide the informatic	on required in Part I,	line 2, and any other addit	ional information.
Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds	es for Monito	ring the Use	of Grant Fund	: ::	
Scholarships are paid directly to students and do not require further	ectly to stud	ents and do no	ot require fu	rther	:
monitoring. Costs paid with discretionary school funds are either paid	ith discretion	nary school fo	unds are eith	er paid	:
upon receipt of a receipt, invoice, or	, invoice, or	purchase	order, or they are charged	re charged	
to a credit card provided by the Organization.	by the Organ		Credit card purchases are	hases are	:
monitored by the Executive Director.		Charges for randomly selected schools	andomly selec	ted schools	:
are reviewed each month; every school	every school	is reviewed at least once per year.	t least once	per year.	:
If the Executive Director determines that a cost is questionable, he	determines t	hat a cost is	questionable	, he	:
requests support from the professor.	professor.				:
		:	: : : : : : : : : : : : : : : : : : : :		:

SCHEDULE J (Form 990)

Part I

Department of the Treasury Internal Revenue Service Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

Open To Public Inspection

Foundry Educational Foundation

Employer identification number 34-0714666 **Questions Regarding Compensation**

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use		ŀ	
	Travel for companions Payments for business use of personal residence			· '
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
L	If the de is should did the experientian fellows within a play as and as not made as sometimes and as			
D	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or			
^	provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	-	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the			
9	organization's CEO/Executive Director. Check all that apply.			
	Compensation committee Written employment contract			
	Independent compensation consultant Z Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:			
.a	Receive a severance payment or change of control payment?	4a		X
h	Participate in as specific neumant from a complemental participate stiroment plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
Ū	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	The country of miles are presented and presented and appropriate and an area and an area and area.			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of.			
а	The organization?	_5a		x
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was			
	subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		X

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

Schedule J (Form 990) 2008

Page 2

Schedule J (Form 990) 2008 Foundry Educational Foundation Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed 34-0714666

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		OF VY-Z BITG/OF TOSS-MIDO COMPENSATION	compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
William W. Sorensen (0)	120,193	2,000	0 0	12,305	30,042	164,540	1 0 .0
(m) (t)	•		:		:		:
(0)			:	:			
(t())				:		:	
(0)	•		•		:	:	
(n) (0)				-		:	
(t)) (t)			:			:	
(t) (t)				:	:	:	:
(n) (0)				:			:
(0)		:		:			
(u) (t)						·	
(0)							•
(n) (0)						• •	
(0)		•					:
(u) (0)							•
(ii) (i)							,

Schedule J (Form 990) 2008

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Page 3 Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part 34-0714666 Schedule J (Form 990) 2008 Foundry Educational Foundation Supplemental Information for any additional information. Part III

Schedule J (Form 990) 2008

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A. line 1a.

OMB No 1545-0047 2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the Organization

Foundry Educational Foundation

Employer Identification number

34-0714666 Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated **Employees** (B) (C) (A) (E) (F) Reportable Reportable Average hours Position (check all that apply) Estimated Name and Title compensation per week compensation amount of Individual trustee or director institutional trustee Highest compensated amployee from related from other employee compensation the organizations organization (W-2/1099-MISC) from the (W-2/1099-MISC) organization and related organizations Rolf Petersen Director x 0 0 William L. Powell x 0 0 Director Martin D. Putnik x 0 0 0 Director 1 Steven Renz x 0 0 0 Director Randy Richardson x 0 0 Director 1 Gary Ruff x 0 0 Director 1 John Serra 0 Director 1 X 0 0 Steve Shaffer X 0 Director 0 Gregory L. Simmons 0 X 0 Director Kent H. Smith X 0 0 Director 0 H. Clifford \$mith x 0 0 0 Director 1 Bob Mortenson x 0 0 0 Director William W. Sorensen 42,347 Exec Dir X 122,193 0 Jerry Clancey 0 0 X 0 1st V.P. Thomas A. Cobett 0 0 2nd V.P. X Joseph Costabile 2 X 0 0 Secretary Dana Coulombe 0 x 0 President Robert C. Steele 2 X 0 0 Treasurer

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

Employer identification number

Foundry Educational Foundation	34-0714666
Form 990, Part III, Line 3	
The Foundation's program Foundry in a Box was discord	ntinued in January of
.2009.	
Form 990, Part VI, Line 10 - Organization's Process	Used to Review Form 990
The Executive Committee and Executive Director review	ew and approve the Form
990 before it is signed and filed by the Executive 1	Director.
Form 990, Part VI, Line 12c - Enforcement of Conflic	cts Policy
During fiscal year 2008, the Foundation required box	ard members to
review and sign a conflict of interest statement upon	on their election to
the board and, if applicable, upon their re-election	n at the end of
their three-year term. At the end of the current f	iscal year, this policy
was changed to require board members to review and	sign the statement on ar
annual basis. The Executive Director reviews the s	igned statements to
ensure that they have been signed by the board members	ers. If a board member
discovered they had a conflict of interest, they won	uld abstain from voting
on the related issue.	
Form 990, Part VI, Line 15a - Compensation Process	for Top Official
Once a year, the Foundation's President and 1st Vice	e President perform a
review of the Executive Director's performance and	compensation. They
determine the compensation for the Executive Director	or position based on

local salary surveys and trends within the metal casting industry.

They discuss the decision with the Executive Committee which approves

Page 2

Name of the organization

Foundry Educational Foundation

Employer identification number

34-0714666

the package. The President and 1st Vice President meet with the Executive Director to discuss the results. The Board gives final approval of the compensation package. This process is documented in the minutes and was last used March 2009.

Form 990, Part VI, Line 15b - Compensation Process for Officers

This question is answered no because the Organization does not have
any other officers who receive compensation and there are no key
employees.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

The Foundation's bylaws are available on its website and upon request. The

conflict of interest policy and audited financial statements are available

upon request.

Schedule O - Additional Information

During fiscal year 2008, there were two prior period adjustments which affected beginning net assets by a net amount of \$1,364,462. Beginning net assets increased by \$2,387,389 due to a contribution during fiscal year 2004 of an interest in a charitable remainder unitrust, and subsequent annual changes in its value. In addition, beginning net assets decreased by \$1,022,927 for amounts received in prior years and earnings thereon, which had previously been considered contribution revenue but have been reclassified as liabilities for conditional contributions receivable.