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#### EXTENSION GRANTED TO 5-17-10

· `990

# **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)

2008

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

Α	For	the 2	2008 calendar year, or tax year beginning JUL 1, 2008 and en	ding J	<u>UN 30, 2009</u>							
B	Chec	k if cable	Please use IRS C Name of organization		D Employer identifie	cation number						
Γ	A	ddress ange	print or KIRKWOOD COMMUNITY COLLEGE FOUNDATION	1								
[	N	ame nange	type Doing Business As		23-7	076632						
	re	itial turn	Canada	om/suite	E Telephone numbe							
- 1	a1	ermin-	Specific PO BOX 2068		319-	<u>398-5442</u>						
	re	mended turn	City or town, state or country, and zir + 4		G Gross receipts \$	6,513,720.						
/ L	tr	pplica- on ending	CEDAR RAPIDS, IA 52406		H(a) Is this a group re							
	·		F Name and address of principal officer.KATHY L HALL		for affiliates?	Yes X No						
_	_		PO BOX 2068, CEDAR RAPIDS, IA 52404		H(b) Are all affiliates inc							
<u> </u>			ppt status X 501(c) ( 3 ) ◀ (insert no ) 4947(a)(1) or 527  ► WWW -KIRKWOOD • EDU/FOUNDATION		H(c) Group exemption	list (see instructions)						
			ganization: X Corporation Trust Association Other	I Vear o		A State of legal domicile: I2						
	Part		Summary	T L TOUT C	Tormation: 1909[16	otate of legal dofflienc. 12						
;	. g		riefly describe the organization's mission or most significant activities: MAINTA									
į	Activities & Governance		XTENDING ITS FACILITIES & SERVICES TO THE		~~							
ļ			neck this box I if the organization discontinued its operations or disposed	of more	l i							
Č	<b>6</b>   3		umber of voting members of the governing body (Part VI, line 1a)		3	2:						
•	8 4 0 4		umber of independent voting members of the governing body (Part VI, line 1b) otal number of employees (Part V, line 2a)		5	(						
3			otal number of volunteers (estimate if necessary)		6							
-			otal gross unrelated business revenue from Part VIII, line 12, column (C)		7a	0						
•	₹ '		et unrelated business taxable income from Form 990-T, line 34		7b	0						
			terminating beam occupance in come water commons of the com-		Prior Year	Current Year						
	n 8	3 Co	ontributions and grants (Part VIII, line 1h)		3,180,794.	3,155,938						
į	֓֞֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֡֓֓֓֓֓֡֓֓֡		ogram service revenue (Part VIII, line 2g)			46,832						
	evenue 1	O In	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		1,008,905.	<341,465						
•		1 Ot	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		118,458.	21,520						
_	1		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,308,157.	2,882,825						
	1	3 G	rants and similar amounts paid (Part IX, column (A), lines 1-3)		2,815,706.	3,306,059						
	1	4 Be	enefits paid to or for members (Part IX, column (A), line 4)									
:	g 1		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)									
į	73 I	16a Professional fundraising fees (Part IX, column (A), line 11e)										
j	ΣÍ.	b To	ther expenses (Part IX, column (A), thes 11e 11e (1) (24f)	<u>-</u>	125 550	106 140						
_	י				135,552.	186,140						
		8 To	otal expenses Add lines 13-17 (must equal Part 120 plumn (A), line 25)		2,951,258. 1,356,899.	3,492,199 <609,374						
_	i i	9 ne										
ets (	alanc 2	n To	otal assets (Part X line 16)		Beginning of Year 17,807,315.	End of Year 14,707,681						
Ass	യ്		otal liabilities (Part & line DGDEN, UT		644,386.	242,727						
Net	E 2		et assets or fund balances Subtract line 21 from line 20		17,162,929.	14,464,954						
	art		Signature Block									
		U	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and st nd complete Declaration of preparer (other than officer) is based on all information of which preparer has any	tatements, a	nd to the best of my knowled	ge and belief, it is true, correct,						
			11									
Si	ign		Ass our		<del></del>	18-2010						
Н	ere		Signature of other		Date							
			KATHY L HALL, VP RESOURCE DEVELOPMENT									
_			Type or print name and title	Cho	ck if Prepare	er's identifying number						
Pa	aid		reparer's Ignature 2.17.2		oloyed > (see in:	structions)						
Pı	epar	er's F	Imparame (or ) DOM MCCI ADDEV THE	-V 4 EM								
U	se On	lv y	ours if RSM MCGLADREY, INC. 221 THIRD AVENUE SE, SUITE 300		EIN >	<del></del>						
		a	CEDAR RAPIDS, IA 52401-1512		Phone no > 3	19-298-5333						
 M	av th		discuss this return with the preparer shown above? (see instructions)		r none no. 🚩 3	X Yes No						
		12-18-0		rate inct	ructions	Form <b>990</b> (2008						
03	2001	12-10-6	~ — or i invacy act and raperwork neutrollon act notice, see the sepa	ate 1115t	actions.	1 01111 000 (200						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form		ige 2
Pa	rt III Statement of Program Service Accomplishments (see instructions)	
1	Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION	
	MAINTAINING, DEVELOPING AND EXTENDING ITS FACILITIES AND SERVICES TO	
	THE BENEFIT OF KIRKWOOD COMMUNITY COLLEGE, A SEPARATE ENTITY. THE	
	FOUNDATION IS ORGANIZED AND OPERATED EXCLUSIVELY FOR CHARITABLE,	
	SCIENTIFIC AND EDUCATIONAL PURPOSES TO PROVIDE EDUCATIONAL SERVICE	
2	Did the organization undertake any significant program services during the year which were not listed on	
2	the prior Form 990 or 990-EZ?	T N/a
		טאו ר
_	If "Yes", describe these new services on Schedule O  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X	٦
3		J NO
	If "Yes", describe these changes on Schedule O.	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported	
4a	(Code: ) (Expenses \$ 2,232,424.) (Revenue \$	)
	SCHOLARSHIPS AND GRANTS AWARDED TO QUALIFIED INDIVIDUALS - THE	
	FOUNDATION IS OPERATED EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC AND	
	EDUCATIONAL PURPOSES TO PROVIDE BROADER EDUCATION OPPORTUNITIES TO	
	COMMUNITY.	
4b	(Code: ) (Expenses \$ 276,639.) (Revenue \$	
	SUPPORT TO KCCK, PUBLIC RADIO STATION, OPERATED BY KIRKWOOD COMMUNITY	
	COLLEGE	
4c	(Code. ) (Expenses \$ 797,162. including grants of \$ 796,996.) (Revenue \$ 68,35)	2 \
40	OTHER PROGRAMS RELATED TO KIRKWOOD COMMUNITY COLLEGE	۷٠)
	OTHER PROGRAMS REHATED TO KIKKWOOD COMMONITY CONDEGE	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	<del></del>
<u>4e</u>	Total program service expenses ▶ \$ 3,306,225. (Must equal Part IX, Line 25, column (B).)	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	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		
6	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 Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> X</u>
9	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	9		<u>X</u>
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	_X_	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	_X_	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> </u>
14a	Did the organization maintain an office, employees, or agents outside of the U.S?	14a		_X_
þ	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	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			
	located outside the United States? If "Yes," complete Schedule F, Part II	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		<u>X</u>
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		<u>X</u>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		<u>X</u>
21	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	X	
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	Х	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.			v
	If "No", go to question 25	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
∠Jd	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	250		Х
h	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a	25a		
D	prior year? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	200		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Х
			990 (2	

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	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	28a		<u>X</u>
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		X
С	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	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	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	33_		<u> X</u>
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	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	36		<u>X</u>
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 VI	37		X

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Form, 990 (2008) KIRKWOOD COMMUNITY COLLEGE FOUNDATION 23-7076632 Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code )

Sec	tion A. Governing Body and Management		-	
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body  1a 22	4		
b	Enter the number of voting members that are independent  1b  2	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	:		
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		İ	
	of officers, directors or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	_	<u>X</u>
6	Does the organization have members or stockholders?	6		<u>X</u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		<u>X</u>
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		_ <u>X</u> _
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	1		
	by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9a	Does the organization have local chapters, branches, or affiliates?	9a		<u>X</u>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must			
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	l	<u>X</u>
Sec	tion B. Policies		1	
			Yes	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	l	.,	
	to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	l	3,5	
40	In Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision.			37
а	The organization's CEO, Executive Director, or top management official?	15a		X
D	Other officers or key employees of the organization?	15b		<u> </u>
40	Describe the process in Schedule O (see instructions)			
юа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			7.7
	taxable entity during the year?	16a		<u> </u>
D	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	401		
800	exempt status with respect to such arrangements? tion C. Disclosure	16b		
	List the states with which a copy of this Form 990 is required to be filed NONE			
17	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available			
18		; IUI		
	public inspection. Indicate how you make these available. Check all that apply.			
40	X Own website			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	uia tina	ncial	
00	statements available to the public  State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	<b>.</b>		
20	SARAH PETERS - 319-398-5442	ιιιψη. 🏓		
	6301 KIRKWOOD BLVD SW, CEDAR RAPIDS, IA 52404			
92000				

# 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

X Check this box if the organization did not compensate any officer, director, trustee, or key employee.

- 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.

(A)	(B)		(C)		(D)	(E)	(F)			
Name and Title	Average	/ (	Position (check all that apply)		Reportable compensation	Reportable compensation	Estimated			
	hours per	<u> </u>	T	الله	Tia	Tapp	יעי <i>י</i> ,	from	from related	amount of other
	week	Individual trustee or director		-				the	organizations	compensation
		e or d	e e			sated		organization	(W-2/1099-MISC)	from the
		truste	at trus		yee ye	mpen		(W-2/1099-MISC)		organization
		ag na	institutional trustee	<sub>=</sub>	Key employee	est co	ĕ			and related organizations
		를	Insti	Officer	Key	Highest compensated employee	Fe			Organizations
BOB ALLSOP			$\vdash$	-	-					
DIRECTOR	2.00	X						0.	0.	0.
PAT BAIRD										
DIRECTOR	2.00	X						0.	0.	0.
JOHN BLOOMHALL										
SECRETARY OF BOARD	2.00	X		X				0.	0.	0.
STEVE CAVES						-	ĺ			
VP OF BOARD	2.00	X		X				0.	0.	0.
PAT COBB		ļ			ŀ	1			;	
DIRECTOR	2.00	X			L	_		0.	0.	0.
MIKE DENNEY										
DIRECTOR	2.00	X				<u> </u>		0.	0.	0.
PAT DREIBELBIS										
DIRECTOR	2.00	X			ļ	ļ		0.	0.	0.
STEVE DUMMERMUTH									_	_
DIRECTOR	2.00	X		<u> </u>	<u> </u>	<u> </u>		0.	0.	0.
JIM DUNN										
DIRECTOR	2.00	X	<u> </u>			<del> </del>		0.	0.	0.
PAT FALCONIO	0 00					1				
DIRECTOR	2.00	X.	<u> </u>					0.	0.	0.
GEORGE GRASK	2 00			7.5						•
TREASURER OF BOARD	2.00	X		X		┝		0.	0.	0.
JAY GRUENWALD	2 00	₹.						0.		•
DIRECTOR	2.00	A					_	<u> </u>	0.	0.
BARBARA HENNINGS	2 00	v						0.	0.	0
DIRECTOR DWIGHT HUGHES	2.00	Λ				<del> </del>		0.	0.	0.
DIRECTOR	2.00	v						0.	0.	0.
	2.00	^	H	-		-		- 0.	· · · · · · · · · · · · · · · · · · ·	
DICK JOHNSON DIRECTOR	2.00	v						0.	0.	0.
JIM MOLLENHAUER	2.00	Α			-			0.	<u> </u>	<u> </u>
DIRECTOR	2.00	x						0.	0.	0.
BERNIE REHNSTROM	2.00	-1		_	$\vdash$	$\Box$	_			<u> </u>
DIRECTOR	2.00	х						o.	0.	0.
822007 12.18.08										Form <b>990</b> (2008)

Part VII Section A. Officers, Directors, Tru	stees, Key E	mpk	oyee	es, a	nd I	High	nest	Compensated Employ	ees (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average			-	, ition	)		Reportable	Reportable	,	l Es	stimate	d
	hours	(c	heck				oly)	compensation	compensation	nc i	an	nount (	of
	per	ā				Ι	Τ	from	from related			other	
	week	Pare d				-		the	organization		1	pensa	
		Ö es	stee			nsate	İ	organization	(W-2/1099-MI	SC)		om the	
		E	al to		yee	E DE		(W-2/1099-MISC)		1	1 ~	anızatı d relate	
		Individual trustee or director	institutional trustee	<sub>5</sub>	Key employee	est co	<u> </u>			1		anızatı	
		횰	Insti	Officer	Key	Highest compensated employee	퉏				0.g.	41 112-02-11	5,10
SARA SAUTER		├─		$\vdash$		╁	+-	+			-		
DIRECTOR	2.00	v						0.		0.			0.
AUDREY SAVAGE	2.00	A.	<del> </del>	1	1	$\vdash$							
DIRECTOR	2.00	v		ļ	ļ			0.		0.			0.
BOB SIERK	2.00	Α	├	╁─		$\vdash$		·		<u> </u>			
	2.00	v						0.		0.			0.
DIRECTOR DAVID UNZEITIG	2.00	┢≏	┢	$\vdash$	-		$\vdash$	<del>                                     </del>			<u> </u>		<u> </u>
	2.00	<sub>₹</sub>		l				0.		0.			0.
DIRECTOR	2.00	₽	$\vdash$	┢	├	┼	┼	0.	<del></del>	<u> </u>			<u> </u>
STEVE WEST	2 00	Į.,		x	1			0.		Ο.	ļ		0.
PRESIDENT OF BOARD	2.00	^	├	^			╁	<u> </u>			<del> </del>		<u> </u>
KATHY L HALL	40 00			x				0.	104,2	27	1	7,0	40
VP OF RESOURCE DEVELOPME	40.00		⊢	^	<del> </del>	-	┼	<u> </u>	104,4	<u> </u>		7,0	47.
SARAH PETERS	40.00			٦,					20 002 1			7 2	20
ACCOUNTING & DATABASE AN	40.00	-	┢	X	<del> </del>		╁	0.	0. 30,903. 17			1,4	<u> 40.</u>
		1	ł										
	1	├—		-	├	-	╁	-					
										i			
		<b>-</b>	├	$\vdash$	<u> </u>	-	$\vdash$	<del> </del>			-		<del></del>
	!				1								
			J	ł	<u> </u>	<del>_</del>	1	0.	135,1	30	2	4,2	60
1b Total				<u>.</u>		<u> </u>	100	<del></del>	133,1	<u> 30.</u>		4,4	03.
2 Total number of individuals (including those	e in Ta) who re	ceiv	ea n	nore	: та	mφı	iuu,	ooo in reportable					0
compensation from the organization	<del></del>		<u>-</u> -									Yes	No
2. Did the exceptration list on the server of finer	director or to				مامد		0.	highest componented or	mplayee ee				
3 Did the organization list any former officer,			s, Ke	y en	ipio	yee,	, OF	nignest compensated ei	nployee on		2		х
line 1a? If "Yes," complete Schedule J for s					_4:		4 ـ اـ				3_		
4 For any individual listed on line 1a, is the su	·		•					<del>-</del> '	the organization		_		Х
and related organizations greater than \$150			•								4		
5 Did any person listed on line 1a receive or a				iron	ı arıy	y uni	reiai	ted organization for serv	ices rendered to		_		Х
the organization? If "Yes," complete Sched	ule J for such	pers	son	•				•			5		
Section B. Independent Contractors									\$100,000 of con		otion		
<ol> <li>Complete this table for your five highest co the organization NONE</li> </ol>	mpensated in	uep	enue	31 IL C	Onu	racio	UIS	mat received more man	\$ 100,000 01 001	npens	allon	TOITI	
				—				(B)				 C)	
(A) Name and business	address							( <b>B)</b> Description of s	services	C		رد nsatioi	n
								•					
							-						
										ļ			
												_	
						-		-		į			
												<del></del>	
2 Total number of independent contractors (i	ncluding those	e in	1) w	ho r	ecei	ved	mo	re than \$100,000 in com	pensation			_	
from the organization	0		_							L			

	n.990			MONTLY CO	LLEGE FOUN	DATION	<u>23-7076</u>	632 Page 9
	rt VII		nue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a b c d e f	Government grants (contribut	tions) 1e to tions) tis, and tive 1f	742,838. 2,413,100. 248,627.	3155938.			
Program Service Revenue	2 a b c			Business Code 900099	46,832.	46,832.		
Program Rev		All other program service reversed. Add lines 2a-2f	enue	<b>•</b>	46,832.			
	3 4 5	Investment income (including other similar amounts) Income from investment of ta Royalties	x-exempt bond	proceeds	366,832.			366,832.
	b	Gross Rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	(i) Real	(ii) Personal				
	7 a	Gross amount from sales of assets other than inventory Less. cost or other basis and sales expenses	(i) Securities 2,904,340 3,612,637	(ii) Other				
evenue	d	Gain or (loss)  Net gain or (loss)  Gross income from fundraisin including \$  contributions reported on line	of	<b>&gt;</b>	<708,297.	>		<u>&lt;708297.</u> >
Other Revenue	С	Part IV, line 18 Less. direct expenses Net income or (loss) from func Gross income from gaming ac	a b draising events	18,218.	21,091.	21,091.		
	С	Part IV, line 19 Less direct expenses Net income or (loss) from garr Gross sales of inventory, less and allowances	returns	40.	429.	429.		
	С	Less cost of goods sold  Net income or (loss) from sale  Miscellaneous Revenu	e				<del>, , , , , , , , , , , , , , , , , , , </del>	
		All other revenue						
	e 12	Total Revenue Add lines 11 a- 11 d	4 5 64 7.1 5 5		2882825	68 352		<341465 ×

Form **990** (2008)

832009 02-02-09 Part IX Statement of Functional Expenses

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

	All other organizations must comp	lete column (A) but are	not required to comple		
Do 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	1,073,635.	1,073,635.		·
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	2,232,424.	2,232,424.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		İ		
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages				
8	Pension plan contributions (include section 401(k)		j		
	and section 403(b) employer contributions)				
9	Other employee benefits				<del></del>
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management ,			-	
b	Legal .	2,037.		2,012.	25.
С	Accounting	23,935.		23,935.	
đ	Lobbying .				
е	Professional fundraising services. See Part IV, line 17				<del> </del>
f	Investment management fees	40,208.		40,208.	
g	Other	18,568.		1,300.	17,268.
12	Advertising and promotion .				
13	Office expenses				
14	Information technology				
15	Royalties .				<del></del>
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,030.	•	1,030.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				-
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	LIFE INSURANCE EXPENSE	40,839.		40,839.	
b	ANNUAL CAMPAIGN EXPENSE	33,803.			33,803.
c	OTHER CONTRACTUAL SERVI	19,063.		19,063.	
d	MISCELLANEOUS	3,929.	166.	3,763.	
е	PLANNED GIVING EXPENSES	2,728.			2,728.
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	3,492,199.	3,306,225.	132,150.	53,824.
26	Joint Costs. Check here ▶ ☐ If following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined	ļ			
	educational campaign and fundraising solicitation				
					Form 990 (2009)

Га	11.7	Dalance Silect				
				(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing			1	
	2	Savings and temporary cash investments		925,495.	2	701,983
	3	Pledges and grants receivable, net		835,397.	3	528,672
	4	Accounts receivable, net	•	98,671.	4	
	5	Receivables from current and former officers, d	rectors, trustees, key			
	`	employees, or other related parties Complete F	• • •		5	
	6	Receivables from other disqualified persons (as				
		4958(f)(1)) and persons described in section 49				
		Part II of Schedule L	(-)(-)(-)		6	
Ø	7	Notes and loans receivable, net	•		7	
Assets	8	Inventories for sale or use	• • •		8	
As	9	Prepaid expenses and deferred charges		177	9	
	1	Land, buildings, and equipment: cost basis	10a			
		Less: accumulated depreciation. Complete				
		Part VI of Schedule D	10b		10c	
	11	Investments - publicly traded securities		15,764,372.	11	13,295,632
	12	Investments - other securities See Part IV, line		12	20,000	
	13	Investments - program-related See Part IV, line			13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		183,380.	15	161,394
	16	Total assets. Add lines 1 through 15 (must equ	ual line 34)	17,807,315.	16	14,707,681
	17	Accounts payable and accrued expenses		49,776.	17	17,348
	18	Grants payable	<u>.</u>		18	
	19	Deferred revenue	·		19	
	20	Tax-exempt bond liabilities			20	
ဟု	21	Escrow account liability Complete Part IV of So	chedule D		21	
Liabilities	22	Payables to current and former officers, director	rs, trustees, key employees,			
abi	ŀ	highest compensated employees, and disqualif	ied persons. Complete Part II			
⊐		of Schedule L			22	
	23	Secured mortgages and notes payable to unrel	ated third parties		23	
	24	Unsecured notes and loans payable			24	
	25	Other liabilities Complete Part X of Schedule D		594,610.	25	225,379
	26	Total liabilities. Add lines 17 through 25		644,386.	26	242,727
		Organizations that follow SFAS 117, check h	ere 🕨 🔲 and complete			
S		lines 27 through 29, and lines 33 and 34.				
Š	27	Unrestricted net assets			27	
Net Assets or Fund Balanc	28	Temporarily restricted net assets			28	
Ā	29	Permanently restricted net assets	<u></u>		29	
Ξ	ľ	Organizations that do not follow SFAS 117, o	heck here 🕨 🗓 and			
ğ		complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds		454,451.	30	<u>114,443</u>
Ass	31	Paid-in or capital surplus, or land, building, or e	quipment fund	0.	31	
et	32	Retained earnings, endowment, accumulated in	ncome, or other funds	16,708,478.	32	14,350,511
Z	33	Total net assets or fund balances		17,162,929.	33	14,464,954
	34_	Total liabilities and net assets/fund balances		17,807,315.	34	<u>14,707,681</u>
Pa	rt XI	Financial Statements and Reporting	<u></u>			TV IN
				_		Yes N
1		ounting method used to prepare the Form 990		Other		
2a		e the organization's financial statements compile		accountant?		2a 2
b		e the organization's financial statements audited			داستیما	2b X
C		es" to lines 2a or 2b, does the organization have		•	audit,	
<u> </u>		w, or compilation of its financial statements and			ام ۸۰۰ما	2c X
зa		result of a federal award, was the organization re	ions as set form in the Sing	ne Audi	1	
	ACT 8	and OMB Circular A-133?		•	•	3a 2

## . SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **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.

2008 Open to Public Inspection

OMB No 1545-0047

Name of the organization

Employer identification number

Schedule A (Form 990 or 990-EZ) 2008

		KIRKWOO	D COMMUNITY	COLLE	GE FO	UNDAT	ION		2	3-7076632		
Part I	Reason	for Public Char	rity Status (All organi	zations mu	st comple	te this par	t ) (see ins	tructions)	•			
The organia 1	A church, co A school des A hospital or A medical res	nvention of churche cribed in section 17 a cooperative hosp search organization	because it is: (Please cless, or association of chuication of chuication) (1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(	rches desc chedule E) described	ribed in se	ection 170 170(b)(1)	( <b>A</b> )(iii). (At	tach Sche		the hospital's name,		
5 X 6 7 7 8 9 1 10 11 1 e 7	city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II )  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II )  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete the Part III )  An organization organized and operated exclusively to test for public safety See section 509(a)(4). (see instructions)  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.  a											
	the gove (ii) A family (iii) A 35% o	erning body of the si member of a persoi controlled entity of a	upported organization? n described in (i) above? i person described in (i)	? or (ii) above	e?		•			11g(i) 11g(ii) 11g(iii)		
h	Provide the f	ollowing information	about the organizations	s the organ	ization sup	ports						
	of supported nization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col. (i) lis	organization sted in your document?	organizat		(vi) ls organizati (i) organiz U.S Yes	on in col. [	(viı) Amount of support		
						_						
Total						!						

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

Schedule A (Form 990 or 990-EZ) 2008 KIRKWOOD COMMUNITY COLLEGE FOUNDATION 23-7076632 Page 2

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)

Section A. Public Support

<u>Se</u>	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants ")	3 108 797.	4 053 071.	3,663,819.	3 180 794.	3 155 938.	17,162,419,
2	Tax revenues levied for the organ-						
	ization'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	3,108,797,	4.053.071.	3,663,819,	3,180,794,	3,155,938,	17,162,419,
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)			:			3,039,828.
6	Public Support Subtract line 5 from line 4						14 122 591
Sec	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	3,108,797.	4,053,071.	3,663,819.	3,180,794.	3,155,938,	17,162,419.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	129,444.	434,689.	331,296.	383,635.	366,832.	1,645,896.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on				1,293.		1,293.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)	178,039.	330,241.	147,535.	146,480.	86,610.	888,905.
11	Total support. Add lines 7 through 10						19,698,513.
12	Gross receipts from related activities,	, etc. (see instruction	ons) .			12	2,444.
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	ix year as a section	n 501(c)(3)	
	organization, check this box and stor	here	<del></del>	<del></del>	<u> </u>	_ <u> </u>	
Sec	ction C. Computation of Publ	ic Support Pei	rcentage		-		
	Public support percentage for 2008 (	• • •	-	xolumn (f))		14	71.69 %
	Public support percentage from 2007				!	15	<u>65.61 %</u>
16a	33 1/3% support test - 2008. If the o	-			14 is 33 1/3% or m	nore, check this bo	
	stop here. The organization qualifies		-		•		►X
b	33 1/3% support test - 2007. If the c	-		•	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual		· · · · · ·			• •	ightharpoonup
17a	10% -facts-and-circumstances tes	-					•
	and if the organization meets the *fac			•		t IV how the organ	nization
	meets the "facts-and-circumstances"				=		
b	10% -facts-and-circumstances tes	_					
	more, and if the organization meets the						
	organization meets the "facts-and-circ						▶∟
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b			
					Sche	dule A (Form 990	or 990-EZ) 2008

-Schedule A (Form 990 or 990-EZ) 2008	Page 3
Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on ly	o O of Part I )

Se	ction A. Public Support				, , , , , , , , , , , , , , , , , , ,	, , e. e. e. e. e. e. e. e. e. e.	oox on mie 9 of Farts.
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that		· <del>-</del>		<del> </del>		<del> </del>
3	are not an unrelated trade or bus-						
	iness under section 513		<del>                                     </del>				<del> </del>
4	Tax revenues levied for the organ-			•	İ	+	
	ization's benefit and either paid to						
	or expended on its behalf				<u></u>		
5	The value of services or facilities					1	
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 - 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)				· · · · · · · · · · · · · · · · · · ·		<del></del>
	etion B. Total Support			I		<u> </u>	<u> </u>
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 6	(a) 200 <del>4</del>	(0) 2000	(0) 2000	(0) 2007	(e) 2008	(i) iotai
_	Gross income from interest,		<del>                                     </del>			<del> </del>	<u> </u>
100	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
•	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on				i		
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV)		Ì				
13	Total support (Add lines 9, 10c, 11, and 12)				1		
	First five years. If the Form 990 is for	the organization	s first second the	d fourth or fifth t	ax vear as a secti	on 501(c)(3) organi	zation
• •	check this box and stop here	tilo organization	o mot, occorna, triii	a, 10ara, or 1807 t	ax year as a seen	on so no no organi	2ation,
Se	ction C. Computation of Publi	ic Support Pe	rcentage				
	Public support percentage for 2008 (			column (fl)		15	%
16	Public support percentage from 2007			λοιαιτιπτ (ι <i>)</i> )	•	16	<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>
	ction D. Computation of Inves			<u> </u>		110	
	Investment income percentage for 20					17	96
18	Investment income percentage from a					18	<u>%</u> %
	33 1/3% support tests - 2008, If the						
.50							1/ 19 110r
1.	more than 33 1/3%, check this box at				-		. <b>&gt;</b>
-	33 1/3% support tests - 2007. If the						
00	line 18 is not more than 33 1/3%, che						
<u> </u>	Private foundation. If the organization	n did not check a	DOX ON line 14, 19	a, or 190, check to		•	20 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2008 KIRKWOOD COMMUNITY COLLEGE FOUNDATION 23-7076632 Page 4  Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information (see instructions)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
MISCELLANEOUS
FUNDRAISING & GAMING INCOME
SPECIAL EVENT REVENUE
EVENTS & MISC PROGRAM REVENUE
SALE OF INVENTORY

### 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.

2008
Open to Public Inspection

Name of the organization

Employer identification number

		COLLEGE FOUNDATION	23-7076632
Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or a	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
_	Aggregate grants from (during year)		
3			<del></del>
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		
	are the organization's property, subject to the organization's		☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor		
	for charitable purposes and not for the benefit of the donor		
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, Part IV	/, line 7
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or	pleasure) Preservation of an historica	ally important land area
	Protection of natural habitat	Preservation of certified his	storic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified con-	servation contribution in the form of a conserva	tion easement on the last day
	of the tax year		·
			Held at the End of the Year
9	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements	•	2b
	Number of conservation easements on a certified historic st	ructure included in (a)	2c
C			2d
ď	Number of conservation easements included in (c) acquired		<b>—</b>
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the orga	anization during the taxable
	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe	nodic monitoring, inspection, violations, and	
	enforcement of the conservation easements it holds?		Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, a	and enforcing easements during the year $lacksquare$ $lacksquare$	<del></del>
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing easements during the year ▶ \$	
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(4)	(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expense state	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the o	rganization's accounting for
	conservation easements		
Pai	t III Organizations Maintaining Collections of	f 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, no	ot to report in its revenue statement and balanc	e sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	•	
	the footnote to its financial statements that describes these		
<b>.</b>	If the organization elected, as permitted under SFAS 116, to		eest works of art, historical treasures
D		•	
	or other similar assets held for public exhibition, education, or	or research in furtherance of public service, pro-	vide 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		
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial gain	, provide
	the following amounts required to be reported under SFAS :	16 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		► \$ ► \$

_		D COMMUNIT								<u> 17663</u>		
Pai	rt III   Organizations Maintaining C	Collections of A	rt, His	storical Tr	easures,	or Oth	er S	Simila	<u>ır Asse</u>	ets (con	inued	)
3	Using the organization's accession and other	r records, check any	of the	following that	at are a signi	ficant us	e of	ts coll	ection ite	ems (che	ck all	
	that apply).											
а	Public exhibition	d		Loan or exc	hange prog	rams						
b	Scholarly research	е		Other								
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and explai	n how	they further t	he organizat	tion's ex	empt	purpo	se in Pa	rt XIV		
5	During the year, did the organization solicit of				=							
_	to be sold to raise funds rather than to be m									Yes		] No
Par	t IV Trust, Escrow and Custodia					vered "Ye	es" to	Form	990. Pa		9. or	
	reported an amount on Form 990, Pa								,	,	-,	
1a	Is the organization an agent, trustee, custod	an or other intermed	iary fo	r contribution	ns or other a	ssets no	t incl	uded				
	on Form 990, Part X?		, , , c						Г	Yes		No
h	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing	ı table:			•		. —			
	Too, oxplain the arrangement in the Arrangement	and complete the re		table.			ſ	··· ·· T		Amoun		
С	Beginning balance						r	1c		7,4110-011	· <u>·</u>	
_	Additions during the year	•					r	1d				
	Distributions during the year	• • •	•				r	1e				
f	Ending balance				•		F	1f				
-	Did the organization include an amount on F	orm 990 Part Y line	212	•			L			Yes		No
	If "Yes," explain the arrangement in Part XIV		21:					•	<u> </u>	163	<b></b>	_ 140
Par			ered "V	es" to Form	990 Part IV	line 10						
		(a) Current year		Prior year	(c) Two year		(d) 1	hrae v	pare hack	(e) Fou	r veare	hack
4.	Beginning of year balance		(0)	r nor year	(C) TWO YES	113 Dack	(4)	ппсс у	cars back	(e) i ou	years	Dack
18	Contributions	13,706,741. 506,536.			-							
b												
ت س	Investment earnings or losses	<2,148,876.	>						·	<del>                                     </del>		
d	Grants or scholarships											
е	Other expenditures for facilities	202 246										
	and programs .	392,346.								<del></del>		
	Administrative expenses	40,839.					<del> </del>			<del> </del>		<del></del>
g	End of year balance	11,631,216,			<u></u>				<del></del>	<u> </u>		
2	Provide the estimated percentage of the year											
_	Board designated or quasi-endowment	6.50	_%									
b	Permanent endowment ► 93.50	%										
		%							_			
За	Are there endowment funds not in the posse	ssion of the organiza	ation tr	nat are neid a	ind administ	erea tor	the o	rganız	ation	1		
	by:									<u> </u>	Yes	No
	(i) unrelated organizations	•								3a(i)	X	
	(ii) related organizations									3a(ii)		<u>X</u>
þ	If "Yes" to 3a(ii), are the related organizations							-		3b		
4	Describe in Part XIV the intended uses of the				. 5					"		
Par	<del></del>					T					<del></del>	
	Description of investment	(a) Cost or o basis (investin		1	or other (other)	(c) [	Depre	ciatio	ו	(d) Boo	k valu	e 
1a	Land											
b	Buildings											
С	Leasehold improvements											
	Equipment											
е	Other								T			
Total	. Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X, colu	mn (B)	, line 10(c).)								0.

	dulé D (Form 990) 2008 KIRKWOOD COMMUNITY COLLEGE			<u> 23-</u>	7076632	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	Financial State	ements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		2,882	,825.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		3,492	,199.
3	Excess or (deficit) for the year Subtract line 2 from line 1		3		<609	,374.
4	Net unrealized gains (losses) on investments		4		<1,980	,195.
5	Donated services and use of facilities	•	5			
6	Investment expenses	·	6			
7	Prior period adjustments	• •••	7			
8	Other (Describe in Part XIV)		8		<108	406.
9	Total adjustments (net). Add lines 4-8	•	9		<2,088	601
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	•	10		<2,697	
	t XII Reconciliation of Revenue per Audited Financial Stateme	nts With Rever		eturr		<u>, , , , , , , , , , , , , , , , , , , </u>
1	Total revenue, gains, and other support per audited financial statements			1		,058.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	•			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 0.50.
	Net unrealized gains on investments	2a				
a 5	Donated services and use of facilities	2b		1		
מ				1		
	Recoveries of prior year grants	20	4,069.	Į		
d	Other (Describe in Part XIV)	2d < 2,00	4,009.	1 1	.0 004	0.00
е	Add lines 2a through 2d	•		2e	<2,004	
3	Subtract line 2e from line 1			3	2,798	,127.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	_4b8	<u>4,698.</u>			
С	Add lines 4a and 4b			4c	84	<u>,698.</u>
_5_	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)			5	2,882	<u>.825.</u>
Par	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents With Expe	nses per	Retu	rn	
1	Total expenses and losses per audited financial statements			1	3,492	033.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.					
а	Donated services and use of facilities	2a		. I		
ь	Prior year adjustments	2b		1		
c	Losses reported on Form 990, Part IX, line 25	2c		1		
ď	Other (Describe in Part XIV)	2d		1		
	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	3,492	
	Amounts included on Form 990, Part IX, line 25, but not on line 1		•		3, 434	,033.
	Investment expenses not included on Form 990, Part VIII, line 7b	1 40		1 1		
		4a	166.	1		
	Other (Describe in Part XIV)	4b	100.	1		1.00
	Add lines 4a and 4b	•	•	4c	2 400	166.
	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)			5	3,492	199.
	t XIV Supplemental Information	<del> </del>				
-	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III	, lines 1a and 4; Pa	rt IV, lines 1	b and 2	2b; Part V, line	4, Part
	t XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.					
PAR	T V, LINE 4: PROVIDE SCHOLARSHIPS TO STUDE	ENTS.			<del></del>	
PAR	T XI, LINE 8 - OTHER ADJUSTMENTS:					
<u>ACT</u>	UARIAL ADJUSTMENT TO ANNUITIES: -23708.					
<u>NON</u>	CASH CONTRIBUTIONS RECORDED ON RETURN NOT	BOOKS: -	<u>84698.</u>			
						_
PAR	T XII, LINE 2D - OTHER ADJUSTMENTS:					
<u>ACI</u>	UARIAL ADJUSTMENTS TO ANNUITIES PAYABLE: -	23708.				
				Sched	ule D (Form 9	90) 2008

Schedule D (Form 990) 2008 KIRKWOOD COMMUNITY COLLEGE FOUNDATION	23-7076632	Page 5
Part XIV Supplemental Information (continued)		
UNREALIZED LOSS ON INVESTMENTS: -1980195.		<del>`</del>
EXCISE TAXES RECLASSIFIED AS EXPENSE: -166.		
		<del></del>
PART XII, LINE 4B - OTHER ADJUSTMENTS:		
NON CASH CONTRIBUTIONS ON RETURN NOT ON BOOKS: 84698.		
PART XIII, LINE 4B - OTHER ADJUSTMENTS:		
EXCISE TAXES RECLASSIFIED FROM REVENUE: 166.		
· · · · · · · · · · · · · · · · · · ·		
	· · · ·	
		·
		<del></del>
	·	

#### · SCHEDULE G (Form 990 or 990-EZ)

**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, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a

OMB No 1545-0047

Schedule G (Form 990 or 990-EZ) 2008

Department of the Treasury Internal Revenue Service Inspection Employer identification number Name of the organization 23-7076632 KIRKWOOD COMMUNITY COLLEGE FOUNDATION Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Email solicitations Solicitation of government grants Phone solicitations Special fundraising events c In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or Yes X No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table. (iii) Did fundraiser (v) Amount paid (vi) Amount paid (i) Name of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) have custody or control of contributions? or entity (fundraiser) from activity fundraiser organization listed in col (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

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

(a) Event #1 (b) Event #2 PERFORMING GOLF OUTING ARTS CONCERT 8 (event type) (event type) (total number)  1 Gross recepts 7, 221, 15, 113, 16, 975, 39, 30  2 Less Chantable contributions 0, 0, 0, 0, 3  3 Gross revenue (line 1 minus line 2) 7, 221, 15, 113, 16, 975, 39, 30  4 Cash prizes 7, 221, 15, 113, 16, 975, 39, 30  4 Cash prizes 18, 218, 0, 0, 18, 21  8 Direct expenses summary Add lines 4 through 7 in column (d) 18, 21  9 Net income summary. Combine lines 3 and 8 in column (d) 21, 09  2art III   Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull labs/instant lingo/progressive bingo (c) Other gaming (c) Italiang (d) Total gaming (According to the column (d) 21, 09  2 Cash prizes   (a) Bingo (b) Pull labs/instant lingo/progressive bingo (c) Other gaming (c) Italiang (d) Total gaming (According to the column (d) 21, 09  4 Rent/facility costs   (a) Bingo (b) Pull labs/instant lingo/progressive bingo (c) Other gaming (c) O		edulè G (Form 990 or 990-EZ) 2008 KIRKWC art II Fundraising Events. Complete if the on Form 990-EZ, ine 6a. List events with	ne organization answered	d "Yes" to Form 990, Part	NDATION 23- IV, line 18, or reported	7076632 Page more than \$15,000
2 Less Chartable contributions 3 Gross revenue (line 1 minus line 2) 7,221, 15,113, 16,975, 39,30 4 Cash prizes 5 Non-cash prizes 6 Rent/facility costs 7 Other direct expenses 18,218, 0, 0, 18,21 8 Direct expense summary. Add lines 4 through 7 in column (d) 9 Net income summary. Combine lines 3 and 8 in column (d) 9 Net norme summary. Combine lines 3 and 8 in column (d) 9 Net norme summary. Combine lines 3 and 8 in column (d) 9 Net norme summary. Combine lines 3 and 8 in column (d) 9 Net norme summary. Combine lines 3 and 8 in column (d) 9 Net norme summary. Combine lines 3 and 8 in column (d) 9 Net norme summary. Combine lines 3 and 8 in column (d) 1 Gross revenue 2 Cash prizes 3 Non-cash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine lines 1 and 7 in column (d) 9 Net gaming income summary. Combine lines 1 and 7 in column (d) 9 Net gaming income summary. Combine lines 1 and 7 in column (d) 9 Net gaming income summary. Combine lines 1 and 7 in column (d) 9 Net gaming income summary. Combine lines 1 and 7 in column (d) 9 Net gaming income summary. Combine lines 1 and 7 in column (d) 9 Net gaming income summary. Combine lines 1 and 7 in column (d) 9 Net gaming income summary. Combine lines 1 and 7 in column (d) 9 Net gaming income summary. Combine lines 1 and 7 in column (d) 9 Net gaming income summary. Combine lines 1 and 7 in column (d) 9 Net gaming income summary. Combine lines 1 and 7 in column (d) 9 Net gaming income summary. Combine lines 1 and 7 in column (d) 9 Net gaming income summary. Combine lines 1 and 7 in column (d) 9 Net gaming income summary. Combine lines 1 and 7 in column (d) 9 Net gaming income summary. Combine lines 1 and 7 in column (d) 9 Net gaming income summary. Combine income	<u> </u>		(a) Event #1  GOLF OUTING	(b) Event #2 PERFORMING ARTS CONCERT	8	(d) Total Events (Add col. (a) through col. (c))
3 Gross revenue (line 1 minus line 2) 7, 221, 15, 113. 16, 975. 39, 30 4 Cash prizes 5 Non-cash prizes 6 Rent/facility costs 7 Other direct expenses 18, 218. 0, 0. 18, 21 8 Direct expense summary Add lines 4 through 7 in column (d)	Hevenue	1 Gross receipts	7,221.	15,113.	16,975.	39,309
4 Cash prizes 5 Non-cash prizes 6 Rent/facility costs 7 Other direct expenses 18,218, 0, 0, 18,21 8 Direct expenses summary Add lines 4 through 7 in column (d) 9 Net income summary. Combine lines 3 and 8 in column (d) 9 Net income summary. Combine lines 3 and 8 in column (d) 9 Net income summary. Combine lines 3 and 8 in column (d) 9 Net income summary. Combine lines 3 and 8 in column (d) 9 Net income summary. Combine lines 3 and 8 in column (d) 9 Net income summary. Combine lines 3 and 8 in column (d) 9 Net income summary. Combine lines 3 and 8 in column (d) 1 Gross revenue 2 Cash prizes 3 Non-cash prizes 4 Rent/facility costs 5 Other direct expenses 9 Yes		2 Less Chantable contributions	0.	0.	0.	
5 Non-cash prizes 6 Rent/facility costs 7 Other direct expenses 18,218, 0, 0, 18,21 8 Direct expenses summary Add lines 4 through 7 in column (d) 9 Net income summary Combine lines 3 and 8 in column (d) 9 Net income summary Combine lines 3 and 8 in column (d) 9 Net income summary Combine lines 3 and 8 in column (d) 9 Net income summary Combine lines 3 and 8 in column (d) 9 Net income summary Combine lines 3 and 8 in column (d) 9 Net income summary Combine lines 3 and 8 in column (d) 9 Net income summary Combine lines 3 and 8 in column (d) 9 Net income summary Combine lines 3 and 8 in column (d) 1 Gross revenue 1 Gross revenue 2 Cash prizes 3 Non-cash prizes 4 Rent/facility costs 5 Other direct expenses 4 Rent/facility costs 5 Other direct expenses 9 Yes		3 Gross revenue (line 1 minus line 2)	7,221.	15,113.	16,975.	39,309
8 Direct expense summary Add lines 4 through 7 in column (d) 9 Net income summary. Combine lines 3 and 8 in column (d) 21, 09 art III   Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.  (a) Bingo   (b) Pull tabs/instant bingo/progressive bingo   (c) Other gaming   (d) Total gaming (A col (a) through col.  1 Gross revenue 2 Cash prizes 3 Non-cash prizes 4 Rent/facility costs 5 Other direct expenses    Yes		4 Cash prizes				: 
8 Direct expense summary Add lines 4 through 7 in column (d) 9 Net income summary. Combine lines 3 and 8 in column (d) 21, 09 art III   Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.  (a) Bingo   (b) Pull tabs/instant bingo/progressive bingo   (c) Other gaming   (d) Total gaming (A col (a) through col.  1 Gross revenue 2 Cash prizes 3 Non-cash prizes 4 Rent/facility costs 5 Other direct expenses    Yes		5 Non-cash prizes .				
8 Direct expense summary Add lines 4 through 7 in column (d) 9 Net income summary. Combine lines 3 and 8 in column (d) 21, 09 art III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (A col (a) through col.  1 Gross revenue 2 Cash prizes 3 Non-cash prizes 4 Rent/facility costs 5 Other direct expenses  1 Yes		6 Rent/facility costs				· · · · · · · · · · · · · · · · · · ·
g Net income summary. Combine lines 3 and 8 in column (d)  art III		7 Other direct expenses .	18,218.	0.	0.	18,218
Saming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, Ine 6a.  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (A col (a) through col. a) through col.  1 Gross revenue  2 Cash pnzes 3 Non-cash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine lines 1 and 7 in column (d) 8 Net gaming income summary. Combine lines 1 and 7 in column (d) 9 If "No," Explain.  Ves to First State (s) in which the organization operate gaming activities in each of these states?  Does the organization operate gaming licenses revoked, suspended or terminated during the tax year?  10 If "Yes," Explain:		8 Direct expense summary Add lines 4 through	n 7 in column (d)		•	( 18,218
(a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (A col (a) through col.  1 Gross revenue  2 Cash pnzes  3 Non-cash pnzes  4 Rent/facility costs  5 Other direct expenses  Yes	а	irt III Gaming. Complete if the organization		990, Part IV, line 19, or re	eported more than	21,091
3 Non-cash prizes 4 Rent/facility costs 5 Other direct expenses  6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine lines 1 and 7 in column (d)  8 Net gaming income summary. Combine lines 1 and 7 in column (d)  9 Enter the state(s) in which the organization operates gaming activities: a lis the organization licensed to operate gaming activities in each of these states? b if "No," Explain.  9 a  Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b if "Yes," Explain:		1 Gross revenue .	(a) Bingo		(c) Other gaming	(d) Total gaming (Adicol (a) through col. (d
5 Other direct expenses    Yes		2 Cash prizes .				
5 Other direct expenses    Yes		3 Non-cash prizes .				
Yes		4 Rent/facility costs				
6 Volunteer labor  7 Direct expense summary. Add lines 2 through 5 in column (d)  8 Net gaming income summary. Combine lines 1 and 7 in column (d)  Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states?  of "No," Explain.  Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  of "Yes," Explain:  Does the organization operate gaming activities with nonmembers?		5 Other direct expenses				
8 Net gaming income summary. Combine lines 1 and 7 in column (d)  Finter the state(s) in which the organization operates gaming activities:  a Is the organization licensed to operate gaming activities in each of these states?  b If "No," Explain.  Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  b If "Yes," Explain:  Does the organization operate gaming activities with nonmembers?		6 Volunteer labor				
Enter the state(s) in which the organization operates gaming activities:  a Is the organization licensed to operate gaming activities in each of these states?  b If "No," Explain.  a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  b If "Yes," Explain:  Does the organization operate gaming activities with nonmembers?		7 Direct expense summary. Add lines 2 through	n 5 ın column (d)		<b>•</b>	(
Enter the state(s) in which the organization operates gaming activities:  a Is the organization licensed to operate gaming activities in each of these states?  b If "No," Explain.  a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  b If "Yes," Explain:  Does the organization operate gaming activities with nonmembers?		8 Net gaming income summary. Combine lines	1 and 7 in column (d)			
Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  b If "Yes," Explain:  Does the organization operate gaming activities with nonmembers?				states?		
b If "Yes," Explain:  Does the organization operate gaming activities with nonmembers?	b	If "No," Explain.				
		· · · · · · · · · · · · · · · · · · ·	evoked, suspended or te	rminated during the tax y	ear?	10a
				of a newtoerchin or other	antity formed to	11

Schedule G (Form 990 or 990-EZ) 2008 KIRKWOOD COMMUNITY COLLEGE FOUNDATION 23-70	7663	2 Pa	age 3
		Yes	No
13 Indicate the percentage of gaming activity operated in:			_
a The organization's facility 13a %	,		
b An outside facility	,]		
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:	7		
Name			
Address >			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
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			
47 Mandatani diatuhi tiana			
17 Mandatory distributions:			
a 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 in the			
organization's own exempt activities during the tax year ▶ \$			

Schedule G (Form 990 or 990-EZ) 2008

SCHEDULE I (Form 990)		Grants and Govern	Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.	to Organizations			OMB No. 1545-9047	
Department of the Treasury Internal Revenue Service	► Comp	► Complete if the organizatio	n answered "Yes," on F  Attach to Form 990.	" on Form 990, Pe n 990.	ganization answered "Yes," on Form 990, Part IV, lines 21 or 22.  ▼ Attach to Form 990.		Open to Public	. `
Vame of the organization KIRKWOOD	COMMUNITA	COLLEGE	FOUNDATION				Employer identification number 23-7076632	o per
Part I General Information on Grants and Assistance	and Assistance							1
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	s to substantiate th	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	istance, and the select	uor	
criteria used to award the grants or assistance?  2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	sistancè? irocedures for moni	toring the use of grant	funds in the United	States			X Yes	2º
딅	o Governments an	d Organizations in the	United States. C	omplete if the orga	Inization answered "Y	es" 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	1 \$5,000 Check thi	s box if no one recipier	t received more th	an \$5,000. Use Pa	rt IV and Schedule I-1	(Form 990) if additiona	al space is needed	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	İ
KIRKWOOD COMMUNITY COLLEGE								-
	42-0924685	501(C)(3)	276,639.	0			KCCK RADIO STATION	
(IRKWOOD COMMUNITY COLLEGE								
EDAR RAPIDS IN 52404	42-0924685	501(C)(3)	17,331,	0			CAPITAL PROJECTS	
KIRKWOOD COMMUNITY COLLEGE							INSTRUCTIONAL DEPARTMENT	ŢŅ
EDAR RAPIDS, IA 52404	42-0924685	501(C)(3)	779,665.	0			SUPPORT	
								1
<ul> <li>Enter total number of section 501(c)(3) and government organizations</li> <li>Enter total number of other organizations</li> </ul>	and government or	ganizations						-
HA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	uction Act Notice,	see the Instructions	or Form 990.	:	·		Schedule I (Form 990) 2008	808

KIRKWOOD COMMUNITY COLLEGE FOUNDATION Schedule I (Form 990) 2008 Part III

Page 2

23-7076632

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Use Schedule I-1 (Form 990) if additional space is needed.

(f) Description of non-cash assistance (book, FMV, appraisal, other) KIRKWOOD PROVIDES Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information UTILIZES GRANT FUNDING IN ACCORDANCE WITH THE BUDGET AND TIME PARAMETERS LINE 2: THE KIRKWOOD COMMUNITY COLLEGE FOUNDATION GRANT FUNDS ARE TRACKED (d) Amount of non-cash assistance THE PROJECT FUNDED, 2 232 424 (c) Amount of cash grant 926 (b) Number of recipients INCLUDED WITH EACH GRANT PROJECT PROPOSAL. THE CONCLUSION OF (a) Type of grant or assistance PART I, INTERNALLY AND AT SCHOLARSHIPS FOR STUDENTS SCHEDULE I, Part IV

WRITTEN REPORT OF PROJECT ACCOMPLISHMENTS AND GRANT EXPENDITURES.

#### SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

#### **NonCash Contributions**

► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No 1545-0047

2008 Open to Public

Inspection

Name of the organization

Employer identification number

KIRKWOOD COMMUNITY COLLEGE FOUNDATION 23-7076632 Types of Property Part I (d) (a) (h) (c) Check if Method of determining Number of Revenues reported on applicable contributions Form 990, Part VIII, line 1g revenues Art - Works of art 6.400 DONOR DETERMINED VALUE X Art - Historical treasures Art - Fractional interests X 65.DONOR DETERMINED VALUE Books and publications X Clothing and household goods 5,363.DONOR DETERMINED 5 Cars and other vehicles Х 19 31,675 DONOR DETERMINED 6 Boats and planes 7 Intellectual property R Х 163,929.NEW YORK STOCK MARKET Securities - Publicly traded 9 10 Securities - Closely held stock Securities - Partnership, LLC, or trust interests Securities · Miscellaneous 12 Qualified conservation contribution 13 (historic structures) Qualified conservation contribution (other) 14 15 Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 18 Collectibles Food inventory 19 1,207, DONOR DETERMINED VALUE X Drugs and medical supplies 20 Taxidermy 21 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts (ITEMS RELATIN) X 20,100.DONOR DETERMINED VALUE Other 25 (STEEL STRUCTU) X 1 9,078.APPRAISAL VALUE 26 Other (MUSICAL, CAME) X 10 7,490 DONOR DETERMINED 27 Other (GIFT CERTIFIC) 20 X 2,325.ACTUAL VALUE 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment 29 Yes\_ No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? X 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a X b If "Yes." describe in Part II If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) 2008 KIRKWOOD COMMUNITY COLLEGE FOUNDATION 23-7076632 Page 2  Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33.  Also complete this part for any additional information.
PART I, OTHER TYPES OF PROPERTY:
MISCELLANEOUS ITEMS
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTORS = 5
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 995.
(D) METHOD OF DETERMINING REVENUE: DONOR DETERMINED VALUE
SCHEDULE M, PART I, COLUMN (B): ORGANIZATION IS USING THE NUMBER OF
CONTRIBUTORS FOR REPORTING PURPOSING ON SCHEDULE M.
SCHEDULE M, LINE 32B: BROKERS ARE USED TO SELL STOCK DONATIONS.

#### · SCHEDULE O (Form 990)

**Supplemental Information to Form 990** 

Department of the Treasury Internal Revenue Service

➤ 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 KIRKWOOD COMMUNITY COLLEGE FOUNDATION Employer identification number 23-7076632

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
COMMUNITY COLLEGE, A SEPARATE ENTITY.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OPPORTUNITIES TO THE COLLEGE'S STUDENTS, STAFF, FACULTY AND RESIDENTS
OF THE GEOGRAPHIC AREA IT SERVES.
FORM 990, PART VI, SECTION A, LINE 10: THE EXECUTIVE COMMITTEE WILL MEET
TO REVIEW THE 990 PRIOR TO RETURN BEING FILED. A COPY OF THE FORM 990 IS
PROVIDED TO THE BOARD PRIOR TO FILING WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C: A MEMBER OF THE AUDIT COMMITTEE
REVIEWS THE CONFLICT OF INTEREST STATEMENTS.
FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT
OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC
UPON REQUEST.

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service.	Related Organizations and Unrelated Partnerships  Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.	Related Organizations and Unrelated Partnerships of by organizations that answered "Yes" to Form 99 See separate instructions.	0, Part IV, lines 33,	34, 35, 36, or 37.	OMB No 1545-0047 2008 Open to Public ·
Name of the organization KIRKWOOD COMMUNITY	COLLEG	TION		Em	Employer identification number 23-7076632
Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizations	rtions				
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
KIRKWOOD COMMUNITY COLLEGE - 42-0924685 6301 KIRKWOOD BLVD SW CEDAR RAPIDS IA 52404	HIGHER EDUCATION	IOWA	501(C)(3)	8	e/N
LLITIES FOUNDATION - 23-7050293  IA 52406	SUPPORTING ORGANIZATION TO KIRKWOOD COMMUNITY COLLEGE	IOWA	501(C)(3)	11	N/A
	·				
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ce, see the Instructions for Form 990				Schedule R (Form 990) 2008

Part III Identification of Related Organizations Taxable as a Partnership

General or managing partner?				(H) Percentage ownership					i	900 2008
(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)				(G) Share of Peend-of-year or assets		-				Schedule R (Form 990) 2008
Disproportionate allocations?								<u>-</u> -		Sch
(G) Share of end-of-year assets				(F) Share of total income						
				(E) Type of entity (C corp. S corp, or trust)						
(F) Share of total income						_				
(E) Predominant income (related, investment, unrelated)				(D) Direct controlling entity						
( <b>f</b> Predomina (related, ir unrel				(C) Legal domicile (state or foreign country)						
(D) Direct controlling entity			Trust	(B) Primary activity						
(C) Legal domicile (state or foreign country)			poration or	ng.	1		<del></del>			
(B) Primary activity			Identification of Related Organizations Taxable as a Corporation or Trust	Z c						
(A) Name, address, and EIN of related organization			Part IV Identification of Related Org	(A) Name, address, and EIN of related organization						832162 12-23-08

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# Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.			Yes	2
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			-	
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		×
<b>b</b> Gift, grant, or capital contribution to other organization(s)		11	×	
c Gift, grant, or capital contribution from other organization(s)	•	ပ္	×	
d Loans or loan guarantees to or for other organization(s)		₽		×
e Loans or loan guarantees by other organization(s)		16		×
f Sale of assets to other organization(s)		#		×
g Purchase of assets from other organization(s)		5		×
h Exchange of assets		=		×
i Lease of facilities, equipment, or other assets to other organization(s)		;=		×
J Lease of facilities, equipment, or other assets from other organization(s) .		Ţ		×
k Performance of services or membership or fundraising solicitations for other organization(s)		¥		×
l Performance of services or membership or fundraising solicitations by other organization(s)		=		×
m Sharing of facilities, equipment, mailing lists, or other assets		Ę	×	
n Sharing of paid employees		두	×	
			1	
<ul> <li>Reimbursement paid to other organization for expenses</li> </ul>		은		×
p Reimbursement paid by other organization for expenses		9		×
q Other transfer of cash or property to other organization(s)		19		×
.		+		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	on thresholds.			
	(B)	<u>ن</u>	-	
Name of other organization(s)	ransaction type (a-r)	Amount involved	ivolved	
(1)				
(2)				
(3)				
(4)				
(5)				
(9)				
832163 12-23-08	Schedi	Schedule R (Form 990) 2008	990) 2	800

23-7076632

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Schedule R (Form 990) 2008 KIRKWOOD COMMUNITY COLLEGE FOUNDATION

Part VI Unrelated Organizations Taxable as a Partnership

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

	-						
(A)	(B)	<u>(</u> )		Œ)	(F)	(5)	£
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all partners section 501(c)(3)	Share of end-of-	Dispropor- tionate	Code V-UBI amount in box 20	General or managing
		country)	Yes No			of Schedule K-1 (Form 1065)	1 '
			_				
					-		
			•			_	
							_
			-				
					-		
				-			

Schedule R (Form 990) 2008