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2053 01/16/2010 9 11 AM 990

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 requirements

Open to Public

616 5

IIIC	IIIdi Meveride O	614106	The digularitation may have to use a copy of this foliatified statisty state reporting required	·······	1 mapection
A	For the 2008	calendar ye	ar, or tax year beginning 7/01/08 , and ending 6/30/09		
В	Check if applicable		c Name of organization SOUTH CENTRAL IOWA COMMUNITY	D Empl	oyer identification number
\Box	Address change	use IRS	FOUNDATION		,
\exists	_	label or	Doing Business As	42.	-1411234
Ш	Name change	print or			
	Initial return	type.	Number and street (or P O box if mail is not delivered to street address) Room/suite PO BOX 258	E relepi	none number
\Box	Termination	Specific	City or town, state or country, and ZIP + 4	C C	eipts \$ 2,560,331
Ħ	Amended return	Instruc- tions.	LEON IA 50144	G Gross rec	inus 3 2/000/001
닏	Amended return	-		11/21 1: 0:	
	Application pendin	g F Nam	e and address of principal officer	' '	a group return for
				affiliat H(b) Are al	
				Includ	
				If "No	" attach a list. (see instructions)
i_	Tax-exempt st	atus X	501(c) (3) ◄ (insert no.) 4947(a)(1) or 527		
J	Website: ▶	N/A		H(c) Group	exemption number
ĸ	Type of organizati	ion Co	poration Trust Association X Other FOUNDATION L Year of formation	_	M State of legal domicile:
*****		Summa			
			he organization's mission or most significant activities		
			OR COMMUNITY PURPOSES.	•	
8					
Activities & Governance		• • •			• • • • • • • • • • • • • • • • • • • •
<u> </u>			Simple the second of the secon	•	•
်	1		If the organization discontinued its operations or disposed of more than 25% of its assets.	1 - 1	00
∞		-	members of the governing body (Part VI, line 1a)	_3	23
es	4 Number	er of indep	endent voting members of the governing body (Part VI, line 1b)	4	23
×.	5 Total r	number of e	employees (Part V, line 2a)	5	2
달	6 Total r	number of	volunteers (estimate if necessary)	6	
4	7a Total g	ross unrel	ated business revenue from Part VIII, line 12, column (C)	7a	
	b Net un	related bu	siness taxable income from Form 990-T, line 34	7b	
		·····	Prior Ye		Current Year
_	8 Contril	butions and	d grants (Part VIII, line 1h)	4,429	1,814,478
ž	9 Progra	ım service	revenue (Part VIII, line 2g)		
Revenue	10 Investi			8,651	161,496
8	11 Other		Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	1	-		3,080	1,975,974
_				2,394	868,034
	Ti control of the con			2,394	000,034
		•	or for members (Part IX, column (A), line 4)	0 170	
S				0,172	82,673
enses	16a Profes	sional fund	laising tees (Pan IX, column (A), line 11e)	,	
Expo	p Jotal f	undraising	expenses (Patrix, column (D), line 25) Partix(column A), lines 11a-11d, 11f-24f)		
ú	17 Sther	esta en ses	(Paγηχηcolumm (A), lines 11a-11d, 11f-24f)6	4,388	55,512
	18 Total e	expenses.	Add lines 13-192 must equal Part IX, column (A), line 25)	6,954	1,006,219
	19 Reven	ue less ex	penses, Subtract line 18 from line 12 30	6,126	969,755
ets or		JGDE	N, U Beginning o		End of Year
_ set	20 Total a	ssets (Pai	t X, line 16) 6,58	8,486	6,392,238
9 6	21 Total I	abilities (P	art X, line 26) 4	1,499	18,870
Z	≘ l	-		6,987	6,373,368
~~ 	T-11-11-1-11-1		re Block		
<u>~~</u>			ties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and	to the best of	f my knowledge
2	1 .	and belief, it	is the correct and complete Declaration of preparer (other than officer) is based on all information of which pre	parer has an	y knowledge
ESiç Lisiç	an 1			1	1-18-10
44. 50.1	9"		- W. W. A. J. C.		1010
(He	ere	Signatu	Dlank Rouse Executive Director	Date	
BOANNETS					
2		i ype o	r print name ànd title		Omnomed adoutées a surely
Ş	ا ا	Preparer's	Date Check self-	ď _	Preparer's identifying number (see instructions)
发 ^a	ia .	signature	Warrdall G Wik 1/16/10 seri-	red ▶ L	P00155272
Pr	eparer's		DRAPER SNODGRASS, MIKKELSEN & CO. P.C.	EIN	▶ 42-1085184
Us	e Only	Firm's name if self-emplo	(or yours	Phone	<u> </u>
		address, an	711	1 .	641-782-8421
	_ل_لا_		turn with the preparer shown above? (see instructions)	_ no ▶	
IVIA					Yes No Form 990 (2008)
766	- Jyriivat	y not allo	i apermore izaduction Act nodice, sas die separate insuditions.	6	rom 230 (2008)

	tatement of Program Se	rvice Accomp	<u>olishments</u>	<u>(see instructio</u>	<u>ns)</u>				
	ribe the organization's mission								
GRANTS	FOR COMMUNITY PO	JRPOSES.	•						
	nızation undertake any significa:	nt program servic	es dunng the ye	ear which were not	listed on				
	m 990 or 990-EZ?					••	📙	Yes	X No
	cribe these new services on Sch								
3 Did the orga	nization cease conducting, or m	ake significant ch	anges in how it	conducts, any prog	ram		_		
services?							. []	Yes	X No
If "Yes," des	cribe these changes on Schedu	le O							
4 Describe the	e exempt purpose achievements	for each of the or	ganization's the	ree largest program	services by exp	enses.			
Section 501	(c)(3) and 501(c)(4) organization	ns and section 494	17(a)(1) trusts a	are required to repo	rt the amount of	grants and			
allocations to	o others, the total expenses, and	f revenue, if any,	for each progra	m service reported					
4a (Code:) (Expenses \$	868,034	including gran	its of \$	868,034) (Revenue \$)
GRANTS '	TO VARIOUS CHAR	ITABLE AN	D COMMU	NITY ORGA	NIZATION	S	• •	•	,
	PORT OF COMMUNIT						•	•	
	TY BETTERMENT.		• •	•••				•	
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		•	•	•	••				
		• •							•
45 (0)									
An (Code)	\ (Evnences \$		including gran	its of \$		\ /Revenue \$			1
4b (Code:) (Expenses \$		including gran	ts of \$) (Revenue \$.)
4b (Code:) (Expenses \$		including gran	ts of \$) (Revenue \$.)
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4D (Code:) (Expenses \$		including gran) (Revenue \$			
4b (Code:) (Expenses \$		including gran) (Revenue \$			
4c (Code) (Expenses \$								
4c (Code	(Describe in Sched		including gran	ts of \$					
4c (Code	m services. (Describe in Schedi	ncluding grants of	including gran	ts of \$	(Revenue \$) (Revenue \$			
4c (Code	(Describe in Sched	ncluding grants of	including gran	ts of \$) (Revenue \$)

Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes." complete Schedule A X X Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X candidates for public office? If "Yes." complete Schedule C. Part I 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 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X complete Schedule D. Part III 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," X complete Schedule D, Part IV X 10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes." complete Schedule D. Part V 10 11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, 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 X that was prepared in accordance with GAAP? If "Yes," complete Schedule D. Parts XI, XII, and XIII 12 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Did the organization maintain an office, employees, or agents outside of the U.S.? X 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 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any X organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 15 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 X 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes." complete Schedule G, Part I 17 X 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 X 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 X 21 Did the organization report more than \$5,000 on Part IX, column (A), line 17 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 23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete X 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 X 24b-24d and complete Schedule K If "No," go to question 25 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction X with a disqualified person during the year? If "Yes," complete Schedule L, Part I Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified X person from a prior year? If "Yes," complete Schedule L, Part I 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 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

Form 990 (2008) SOUTH CENTRAL IOWA COMMUNITY

P	art IV Checklist of Required Schedules (continued)				
			F . THE -	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		X
þ	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"				
	complete Schedule L, Part IV		28b		X
C	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				i
	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		X
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				l
	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		X
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		1 1		
	<u>VI</u>		37		X

Form **990** (2008)

. Pa	Statements Regarding Other IRS Filings and Tax Compliance					
4.	Fates the number consider in Pay 2 of Form 1006, Applied Summers and Transmitted of		İ		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0- if not applicable					
h	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1a 1b				<i>'</i>
c	Did the organization comply with backup withholding rules for reportable payments to vendors and report					`
•	gaming (gambling) winnings to prize winners?	2010		1c		X
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	2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see		•• •• •			
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	,				
	this return?			3a_		<u>X</u>
þ	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	ority				
	over, a financial account in a foreign country (such as a bank account, secunties account, or other financial	al	I			
	account)?			4a	,	<u> </u>
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 Ban	k				
_	and Financial Accounts.			_		7,7
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	7	•	5b		
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity			E		
6a	Regarding Prohibited Tax Shelter Transaction? Did the organization solicit any contributions that were not tax deductible?	•		5c 6a		x
	If "Yes," did the organization include with every solicitation an express statement that such contributions of			0a_		
-	gifts were not tax deductible?	, 1		6b		
7	Organizations that may receive deductible contributions under section 170(c).		• •• •	0.0		
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than	n				
	\$75?			7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	•	•••	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?			7с		X_
d	If "Yes," indicate the number of Forms 8282 filed during the year	_7d			``	
θ	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a person	onal				
	benefit contract?			7e	L	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g_		<u>x</u> _
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as					٠,,
_	required?			7h		X
8	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 sponsor	nng			1	\mathbf{x}_{-}
9	organization, have excess business holdings at any time during the year?		•	8		
a	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?			9a	1	x
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		X
10	Section 501(c)(7) organizations. Enter:	•				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them)	11b			٠.	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	41?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				<u> </u>

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 27b 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	_		
b	Enter the number of voting members that are independent	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		<u>x</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		<u> </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		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	1		
	of the governing body?	7a		X
þ	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
p	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
Ь	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	1		
	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	Ì		
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		<u> </u>
<u>Sec</u>	tion B. Policies			
			Yes	No
12a	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 to conflicts?	12b	X	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		<u> </u>
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			
а	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers or key employees of the organization?	15b		X
	Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	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 exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
_	organization: ► DIANE ROUSE PO BOX 258			
LE	ON IA 50144			

42-1411234

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 or	ganization did not compen	sate	any (office	r, di	recto	r, tru	stee, or key employee.		
(A)	(B)	(C) Position (check all that apply)						(D)	(E)	(F)
Name and Title	Average hours per week	individual trustee or director		Officer		Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
GLORIA SALSM	AN			Г						
DIRECTOR	1	x				1	l	0	0	0
TOM MORAIN										
DIRECTOR	1	X					l	0	0	0
MIKE FROST										
DIRECTOR	1	X				<u> </u>		0	0	0
SHARON SOUTH										
DIRECTOR	1	X		L.		L.		0	0	0
ROGER STRUVE										
DIRECTOR	11	X					<u> </u>	0	0	0
JIM WRIGHT		1			1	i				
DIRECTOR	1	X	_	L	L	L		0	0	0
RAY THURLBY		1				{	1			
DIRECTOR	1	X		L				0	0	0
SUE BECK		1		ļ		ļ	ļ			
DIRECTOR	1	X	<u> </u>	<u> </u>	_	L.		0	0	0
CLINTON SPUR		Į				l				_
DIRECTOR	11	X		_		L		0	0	0
KAREN BENDER						l		_		_
DIRECTOR	1	X		_	_			0	0	0
EMILY FORQUE						1				
DIRECTOR	1	X		_	_	├ -		0	0	0
KAY VAUGHN	_	1				l				
DIRECTOR	11	X	<u> </u>	ļ		┞		0	0	0
MARY SEALES										_
DIRECTOR	11	X	<u> </u>		L	ļ	<u> </u>	0	0	0
PENNIE GONSE										
DIRECTOR	1	X	<u> </u>	<u> </u>	 	├	<u> </u>	0	0	0
ANITA FOLAND	•]								
DIRECTOR	1	X	├─	 	<u> </u>	├-	\vdash	0	0	0
GINNY CALIGI	1	x		1	[o	o	•
DIRECTOR MELISSA SNEI		┼┻	├	\vdash	-	├-	\vdash			0
DIRECTOR	1	x	1		}			o	0	o
DIRECTOR		14	Ь—	Ь.	Щ	Щ-	Щ.	<u> </u>		<u> </u>

Part VII	Section A	A. Officers, Directors, Trus	tees	, Ke	у Еп	ıplo	yees	, and	d Highest Compensated E	mployees (continued)				
(/	 \)	(B)				C)			(D)	(E)	(F)			
Name a	and title	Average hours per week	⊢				hat ap employ		Reportable compensation from	Reportable compensation from related		Estimated amount of other compensation		
			Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		from the organization and related organizations		
KARLE	EN STEI	HENS 1	x						0	0			0	
PRESIDI		3			x				0	0			0	
BETTY VICE-PI	HANSEN RES.	3			x				o	0			0	
TREASU		3			x	_			0	0			0	
MICHE	LL RICE	ER 3								o			o	
SECRETA	IKI	3			X		-	<u> </u>	0		-			
	• •			-										
												-		
														
1b Total								>						
	mber of indivation ► 0	viduals (including those in 1	a) wł	no re	ceive	ed m	ore t	han	\$100,000 in reportable com	pensation from the				
a Did the		lat and former officer disc.			-4	kan			bish			Ye	s No	
employe	ee on line 1a	list any former officer, direct If "Yes," complete Scheduted on line 1a, is the sum of ted on line 1a, is the sum of	ile J	for s	uch i	ndıv	dual	·		 n		3	X	
the orga	nization and	related organizations great	er th	an \$	150,0	000?	If "Y	es,"	complete Schedule J for su			4	x	
5 Did any	person listed	d on line 1a receive or accru the organization? If "Yes,"	comi	mpe olete	nsati Sch	on fi edul	rom a e J fo	any u or su	Inrelated organization for chiperson			5	x	
Section B. Ir														
		or your five highest comper he organization.	sate	d inc	leper	nder	t cor	ntrac						
		(A) Name and business address							Description	(B) tion of services		Comper	s) nsation	
												 		
								_				<u></u>		
								-				 		
												<u> </u>	·	
2 Total nu	mber of inde	pendent contractors (includ	tina ti		in 1	wh		eive	d more than \$100,000 in				······································	
compen		he organization										0		
DAA												Form 99	(2008)	

P	art \	/III State	ment of Rev	enue					<u> </u>	rayes
	 						(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
13 1	3 1a	Federated ca	mpaigns	1a		.,		revenue		512, 513, or 514
Program Service Revenue Contributions, gifts, grants	Į t	Membership o	. •	1b						1
S,	()	Fundraising e		1c						
ŧ,	i c	Related organ		1d						
S, E	e	_	•	1e	9	21,230	<i>'</i>			
5		All other contribution								
3		and similar amount	s not included above	1f	Я	93,248				
E	g g	Noncash contribute	ons included in lines 1			47,000				
ပ္ပန]	Total. Add line		6-11 V	. •	.17,000	1 014 470			Ī
<u>•</u>	T '	· · · · · · · · · · · · · · · · · · ·	23 14-11			Busn. Code	1,814,478		***************************************	
eng	2a					Busn. Code				‡
Š	b	•	•		•					
8	6									
Ξ	d	•	•		•					
Š	"	•			•	ļ				
Jai	ړا									
ě	'	All other progr		enue .	•	<u> </u>			200 (III II 1100,000 II 0.000	
_	- 2									
	3		come (including	dividend	ls, interes					
	١.	other similar a		•		🕨	169,726			169,726
	4		rvestment of tax	r-exemp	t bond pro	ceeds				
	5	Royalties				<u> </u>			·····	
	١.		(i) Real		(II) P	ersonal				
	6a	Gross Rents								
	þ	Less rental exps	 							
	C	Rental inc or (loss)			 					
	d	Net rental inco Gross amount from								
	""	sales of assets	(ı) Secuntı		(11)	Other			•	,
		other than inventory	<u>576</u>	,127						
	b	Less cost or other								
		basis & sales exps	584	,357			1			
	С	Gain or (loss)		,230						
	d	Net gain or (los	ss)	٠.		>	-8,230	-8,230		
	8a	Gross income fro	om fundraising eve	ents			. " .			
en l		(not including \$		1						
Ver		of contributions r	eported on line 1c)			1			
8		See Part IV, line	18	a						
Other Revenue	b	Less direct ex	penses	ь						
ō	C	Net income or	(loss) from fund	Iraising e	events					`
	9a	Gross income fro		es [·			
ļ		See Part IV, line		a			1			
	b	Less: direct ex	penses	b						
	C	Net income or	(loss) from gam	ing activ	rities	•				
	10a	Gross sales of	inventory, less	ſ			777			
		returns and allo		a			I			
ı	b	Less: cost of g	oods sold	ь			I			
l		Net income or		s of inve	ntory	•	İ			
[ellaneous Revenu			Busn. Code				
	11a						1	j	i	
	b		• •		Ì					
	С	•	••	• •	•					
		All other revenu		٠	• }					
		Total. Add line:			(—				
- 1		Total Revenue		20 3 4	5 64 74	· · ·				
1		9c, 10c, and 11		-y, ∪, -, ,	J, Ju, 70,	JU,	1,975,974	-8,230	o	169,726
	-						-10.01014	3,230		103,126

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

D	o not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	o, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1				,	
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in			***************************************	
	the U.S. See Part IV, line 22	868,034	868,034		
3	Grants and other assistance to governments,			177 11 - 1	
	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,	· · · · · · · · · · · · · · · · · · ·			
	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 salaries and wages	73,834		73,834	
8	Pension plan contributions (include section 401(k)			,	
	and section 403(b) employer contributions)				
9	Other employee benefits	3,194		3,194	
10	Payroli taxes	5,645		5,645	
11	Fees for services (non-employees)				
а					
b	· · · · · · · · · · · · · · · · · · ·				
С	Accounting	6,726	· 	6,726	
d	Lobbying		-		
0	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				<u> </u>
9	Other				
12	Advertising and promotion				
13	Office expenses .				
14	Information technology				
15	Royalties				
16	Occupancy	5,958		5,958	
17	Travel	1,980		1,980	-
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	1 051		1 051	
	Conferences, conventions, and meetings Interest	1,051		1,051	<u> </u>
20 21	••				
22	Depreciation, depletion, and amortization	772		772	
 23	Insurance	112		,,,	
					······
24	Other expenses. Itemize expenses not			I	
	covered above. (Expenses grouped together			1	
	and labeled miscellaneous may not exceed			1	
	5% of total expenses shown on line 25 below)			<u> </u>	
а	INVESTMENT MANAGEMENT FEE	27,302		27,302	
b	MISC EXPENSES	11,723		11,723	
C					
d					
0					
	All other expenses				
	Total functional expenses. Add lines 1 through 24f	1,006,219	868,034	138,185	
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 educational campaign and				
	fundraising solicitation	<u> </u>			

	art X	Balance Sheet							
					(A) Beginning of year		(B) End of y	ear	
	1	Coch non interest hearing			14,898	1		9,8	21
	1	Cash—non-interest bearing		-	367,337	2		$\frac{3}{7}, 5$	
	2	Savings and temporary cash investments	-		301,331	3		',, '	02
	3	Pledges and grants receivable, net	•	–	24,212		1	8,5	24
	4	Accounts receivable, net	. :	· · · ·	24,212	4		د, ه	23
	5	Receivables from current and former officers, directors, tr	-			_			
		employees, or other related parties Complete Part II of S		-		5		, , ,,	
	6	Receivables from other disqualified persons (as defined u							
		4958(f)(1)) and persons described in section 4958(c)(3)(E	3) Complete	•					
		Part II of Schedule L		}_		6			
ž	7	Notes and loans receivable, net				7			
Assets	8	Inventories for sale or use				8			
Ä	9	Prepaid expenses and deferred charges	., , .		·····	9			
	10a	, 3-, ,	10a	32,534					
	b	Less: accumulated depreciation. Complete	1 1	ŀ			`		
		Part VI of Schedule D	10b	31,275	2,031	10c		1,2	
	11	Investments—publicly traded securities		L	6,180,008	11	5,88	<u>5,1</u>	<u>.25</u>
	12	Investments—other secunties. See Part IV, line 11				12			
	13	Investments—program-related. See Part IV, line 11		·		13			
	14	Intangible assets				14			
	15	Other assets. See Part IV, line 11		[15			
	16	Total assets. Add lines 1 through 15 (must equal line 34)		··· . [6,588,486	16	6,39	2,2	238
	17	Accounts payable and accrued expenses	-		23,192	17		8,8	
	18	Grants payable		·	18,307	18			
Se	19	Deferred revenue				19			
	20	Tax-exempt bond liabilities		• • •		20			
	21	Escrow account liability. Complete Part IV of Schedule D				21			
Ě	22	Payables to current and former officers, directors, trustee	s kev	-	· · · · · · · · · · · · · · · · · · ·				
Liabilities		employees, highest compensated employees, and disqua	-						
Ë		persons Complete Part II of Schedule L		ĺ		22			
	23	Secured mortgages and notes payable to unrelated third	narties .			23			
	24	Unsecured notes and loans payable to difficulties thing	parties			24		_	
	25	Other liabilities. Complete Part X of Schedule D	•	. }		25			
	26	•	-	<u> </u>	41,499		1	8,8	₹ 7 0
	20	Total liabilities. Add lines 17 through 25	X and		41,400	20		<u> </u>	
nces		Organizations that follow SFAS 117, check here ▶ Complete lines 27 through 29, and lines 33 and 34.	A] allu						
ă	22			ŀ	1,694,219	27	1,39	0 1	86
ā	27	Unrestricted net assets	•	}-	151,812			2,6	
Net Assets or Fund Bala	28	Temporanly restricted net assets	•	·	4,700,956		4,69		
Ĕ	29	Permanently restricted net assets	[-4	-	4,700,930	29	4,03	1,	, , ,
屲		Organizations that do not follow SFAS 117, check he	ге 🕨 📙						
ō		and complete lines 30 through 34.							
ş	30	Capital stock or trust principal, or current funds		· · }		30			
šše	31	Paid-in or capital surplus, or land, building, or equipment		-		31			
¥	32	Retained earnings, endowment, accumulated income, or	other funds			32			
<u>e</u>	33	Total net assets or fund balances			6,546,987		6,37		
	34	Total liabilities and net assets/fund balances			6,588,486	34	6,39	2,2	<u> 238</u>
P	art X	Financial Statements and Reporting			<u></u>		·		
		_	_				F	Yes	No
1				Accrual				ŧ	
28	. We	re the organization's financial statements compiled or review	ewed by an ind	ependent accountant	?		2a		X
b	We	re the organization's financial statements audited by an inc	dependent acc	ountant?			2b	X	
•	: If "\	Yes" to lines 2a or 2b, does the organization have a comm	ittee that assur	mes responsibility for	oversight of			Ī	
	the	audit, review, or compilation of its financial statements an	nd selection of	an independent accou	intant?		2c	X	
3a	As	a result of a federal award, was the organization required	to undergo an	audit or audits as set f	forth in				
	the	Single Audit Act and OMB Circular A-133?					3a		X
Ł		res," did the organization undergo the required audit or au	idits?		•	•	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.

2008

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

SOUTH CENTRAL IOWA COMMUNITY FOUNDATION

Employer identification number 42-1411234

P	art l	Reas	son for F	ublic Charity	Status (All organization	s must c	complete	e this p	oart.) (see in	structi	ions)		
The	orga				se it is (Please check only one or									
1					sociation of churches described ii			A)(i).						
2					(A)(Ii). (Attach Schedule E)		, , , , ,							
3					ice organization described in sec	tion 170(t)(1)(A)(iii). (Attacl	Sched	ule H)				
4					ed in conjunction with a hospital d						he hosp	ital's name,		
	_	city, and stat			•						·	·		
5		An organizat	tion operate	ed for the benefit	of a college or university owned o	or operated	by a gov	 emment	al unit d	escribed	d in			
	_			v). (Complete Part										
6		A federal, sta	ate, or loca	l government or g	jovernmental unit described in se	ction 170	(b)(1)(A)(v).						
7	X	An organizat	tion that no	rmally receives a	substantial part of its support from	m a goven	nmental ui	nit or fro	m the ge	neral p	ublic			
	_			70(b)(1)(A)(vi). (C					_	•				
8	Ц	A community	trust desc	nbed in section '	170(b)(1)(A)(vi). (Complete Part	II)								
9	\sqcup	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 Part III)													
10														
11	Ш	An organizati	ion organiz	ed and operated	exclusively for the benefit of, to p	erform the	functions	of, or to	carry o	ut the				
					ted organizations described in se						tion			
	509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.													
	a Type I b Type II c Type III-Functionally Integrated d Type III-Other													
8	Ш				ganization is not controlled directly									
		persons othe	r than foun	idation managers	and other than one or more publ	icly suppo	rted organ	ızations	describe	ed in se	ction			
		509(a)(1) or s												
f					ermination from the IRS that it is a	Type I, T	ype II, or 1	Type III s	supportir	ng				
		organization,										•		
g		,		has the organizat	tion accepted any gift or contribut	tion from a	ny of the							
		following per												
					ontrols, either alone or together w	nth person	s describe	ed in (ii)					Yes	No
					of the supported organization?	•				•		11g(i)		
		· · ·		f a person describ	**	•	•	•				. 11g(ii		<u> </u>
_					described in (i) or (ii) above?				•			11g(ii	<u>) </u>	
h		Provide the f	following in	formation about th	he organizations the organization	supports.								
(1)		of supported	Ì	(ii) EIN	(iii) Type of organization	1	organization	(v) Did)	ou notify	(vi)	ls the	(vii) An	nount of	
	orga	anization			(described on lines 1–9 above or IRC section		sted in your document?	-	nization in	organizat	on in col zed in the	sup	port	
					(see instructions))	governing	document		of your port?		S ?			
						Yes	No	Yes	No	Yes	No			
		<u></u>				<u> </u>	<u> </u>							
			Ì								1			
	_		ļ			ļ	ļ			<u> </u>				
						 				 -				
				· · · · · · · · · · · · · · · · · · ·										
Total			ţ		1	I								

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2)

Sar	Complete only if you choose tion A. Public Support	ecked the box	on line 9 of Pa	rt I.)			
_	lendar year (or fiscal year beginning in)▶	(a) 2004	(F) 200E	(c) 2000	(4) 2007	(a) 2000	(6 T-+ 1
Ca	neridar year (or riscar 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	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1-5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
	Add lines 7a and 7b				-		
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support				T		
	endar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	· · · · · · · · · · · · · · · · · · ·			<u> </u>		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)						···-
14	First five years. If the Form 990 is for the o organization, check this box and stop here			n, or fifth tax year a	s a section 501(c)(3)	▶ [
Sect	ion C. Computation of Public Sup	port Percent	age		·		
15	Public support percentage for 2008 (line 8, o			f))		15	9
16	Public support percentage from 2007 Sched					16	9
Sect	ion D. Computation of Investmen						
17	Investment income percentage for 2008 (lin			olumn (f))		17	9
18	Investment income percentage from 2007 S					18	9
19a	33 1/3 % support tests—2008. If the organ						_
_	17 is not more than 33 1/3 %, check this box						▶ [_
	33 1/3 % support tests—2007. If the organ						, г
	line 18 is not more than 33 1/3 %, check this					anization	▶ }
20	Private foundation. If the organization did i	not check a box or	n line 14, 19a or 19b	, check this box ar	nd see instructions		▶ Ĺ

	orm 990 or 990-EZ) 2008				42-1411	 Page 4
Part IV					on required by Part I information. (see ins	
				•		
		••			 	 •
					 	 •
•			••		 	
		•••				
••						
	••					
				•		
		••				
		·			٠	

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

Open to Public Inspection

Employer identification number Name of the organization SOUTH CENTRAL IOWA COMMUNITY FOUNDATION 42-1411234 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 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 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 chantable 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 2b b Total acreage restricted by conservation easements 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 2d 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 7 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 Yes 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 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. Part III 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

11111111		TRAL TOWA COM			111234	Page 2					
P	art III Organizations Maintaining					s (continued)					
3	· · · · · ·										
а	a Public exhibition d Loan or exchange programs										
b	b Scholarly research e Other										
С											
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV										
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No										
Pe	rt IV Trust, Escrow and Custodi				ed "Yes" to Fo						
	Part IV, line 9, or reported a					,					
1a	Is the organization an agent, trustee, custodia					 					
	included on Form 990, Part X?					Yes No					
b	If "Yes," explain the arrangement in Part XIV a	nd complete the following ta	able.								
						Amount					
С	Beginning balance				1c						
d	Additions during the year	•	•		1d						
0	Distributions during the year		•	• •••	1e	· · · · · · · · · · · · · · · · · · ·					
f	Ending balance				1f						
2a	Did the organization include an amount on For	m 990, Part X, line 21?	•			Yes No					
b	If "Yes," explain the arrangement in Part XIV				•						
Pa	Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.										
		(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years b	ack (e) Four years back					
1a	Beginning of year balance	4,700,956	7,								
b	Contributions	870,069									
C	Investment earnings or losses	-879,447		, , , ,							
d	Grants or scholarships										
0	Other expenditures for facilities		,			,					
	and programs										
f	Administrative expenses				ľ						
g	End of year balance	4,691,578									
2	Provide the estimated percentage of the year	end balance held as									
а	Board designated or quasi-endowment	%									
þ	Permanent endowment %										
C	Term endowment ▶%										
3a	Are there endowment funds not in the possess	ion of the organization that	are held and admini	stered for the							
	organization by.					Yes No					
	(i) unrelated organizations					3a(i) X					
	(ii) related organizations	•				3a(ii) X					
b	If "Yes" to 3a(ii), are the related organizations I	isted as required on Schedi	ıle R?			3b					
	Describe in Part XIV the intended uses of the o										
Pai	rt VI Investments—Land, Buildir	ngs, and Equipment.	See Form 990	<u>, Part X, line 10</u>							
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or oth basis (other)	',	preciation	(d) Book value					
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment					-					
θ	Other .		32	,534	31,275	1,259					
otal.	Add lines 1a-1e (Column (d) should equal For	m 990. Part X. column (B)				1 250					

Schedule D (Form 990) 2008 SOOTH CENTRAL TOWN COL	TAOUTI	45_1411534	Page 3
Part VII Investments—Other Securities. See Form 990			
(a) Description of security or category	(b) Book value	(c) Method of v	
(including name of security)		Cost or end-of-year	market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
		1	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12)			
Part VIII Investments—Program Related. See Form 99	D. Part X. line 13.		
(a) Description of investment type	(b) Book value	(c) Method of	raluation
	(5, 550), 150	Cost or end-of-year	
· · · · · · · · · · · · · · · · · · ·			
	<u></u>		
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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
Total. (Column (b) should equal Form 990, Part X, col (B) line 15)		>	
Part X Other Liabilities. See Form 990, Part X, line 25	5.		
(a) Description of liability	(b) Amount		- VIII WOTER - 1
Federal income taxes		7	
		7	
		7	
		† <i>,</i>	
		1	
		1	
		†	
	 	1	
		1	
	 	₫	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25)	<u> </u>	†	
In Part XIV, provide the text of the footnote to the organization's financial states	ments that reports the error	nization's liability for	
in Fart Arv, provide the text of the boundle to the organization's linancial states	nems man reports the orga	mineation a nability to:	

77777	dule D (Form 990) 2008 SOUTH CENTRAL IOWA COMMUNITY		42-141123	4	Page 4
	ert XI Reconciliation of Change in Net Assets from Form 990 to	Financ	cial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1_	1,975,974
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	1,006,219
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	969,755
4	Net unrealized gains (losses) on investments		••	4	-1,160,487
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Prior period adjustments			_7	
8	Other (Describe in Part XIV)			8	17,114
9	Total adjustments (net). Add lines 4-8			9	-1,143,373
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9			10	-173,618
Pa	rt XII Reconciliation of Revenue per Audited Financial Stateme	ents Wit	h Revenue per Retui		004 076
1	Total revenue, gains, and other support per audited financial statements	•		1	884,976
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	1 - 1	1 160 407		
a _	Net unrealized gains on investments	2a	-1,160,487		
0	Donated services and use of facilities	2b			
ن	Recoveries of prior year grants	2c	60 400		
d	Other (Describe in Part XIV)	2d	69,489	_	1 000 000
า	Add lines 2a through 2d Subtract line 2e from line 1			2e	-1,090,998 1,975,974
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		3	1,913,914
a	Investment expenses not included on Form 990, Part VIII, line 7b	40			
ь	Other (Describe in Part XIV)	. 4a			
	Add lines 4a and 4b	_ 40		4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12.)		••	5	1,975,974
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statem	ents W	ith Expenses per Ref		2/0/0/5/2
1	Total expenses and losses per audited financial statements			1	1,058,594
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	• •			
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d	52,375		
е	Add lines 2a through 2d			2е	52,375
3	Subtract line 2e from line 1		·	3	1,006,219
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:] [·		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
C	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)			5	1,006,219
Pa	t XIV Supplemental Information				
Comp	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, line	es 1a and	4; Part IV, lines 1b		
	o, Part V, line 4; Part X, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d a				
_E	art XI, Line_8 - Reconcilation of Changes	_ Ot	<u>her </u>	_	_
Æ	CCRUAL_ITEMS		Ś		69,489
_					
_ <i>P</i>	CCRUAL_ITEMS		_ \$	_	_ <u>-52,375</u>
			- 		
- E	art XII, Line 2d - Revenue Amounts Include	ed in	_rinancials _	Ot	<u>ner </u>
_A	CCRUAL_ITEMS		\$		69,489
_				_	

Schedule D (F	Form 990) 2:	008 S	OOTF	d C	ENTR	AL :	IOM.	A CC	MM	JNI:	ΓY				42-	14:	112	234	ŀ				F	² age 5
Part XIV															_									
_Part	ΧΙΊΙΥ	Line	_2 <u>d</u>	= :	Ехреі	nse	Am	ount	<u>s</u> <u> </u>	In <u>c</u>	l <u>u</u> d	ed_	i <u>n</u>	<u>F</u> i	nar	<u>ici</u>	a <u>l</u> :	s	c	th	er_	_	_	
_ACCR	JAL_IT	EMS_									_		_	_			_	<u>\$</u>	_		_5 <u>2</u>	, <u>3</u>	1 <u>5</u>	
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SCHEDULE (Form 990)

Part i

Grants and Other Assistance to Organizations,

Open to Public Inspection OMB No 1545-0047 2008

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Yes X

Employer identification number 42-1411234 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? ► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Governments, and Individuals in the U.S. ► Attach to Form 990. SOUTH CENTRAL IOWA COMMUNITY General Information on Grants and Assistance FOUNDATION Department of the Treasury Internal Revenue Service Name of the organization

2		J	1	1	1		1			
2	Use	rant								
<u>ड</u> द	wered "Yes" on more than \$5,000.	(h) Purpose of grant or assistance								
	ganization ans iient received i	(g) Description of non-cash assistance								
	iplete if the or if no one recip	(f) Method of valuation (book, FMV, appraisal, other)								
	nited States. Com Check this box	(d) Amount of cash grant (e) Amount of non-cash (the book, FMV, appraisa), assistance other)								
Is in the United States	izations in the Ur nore than \$5,000 needed	(d) Amount of cash grant								
rant funds	d Organ ceived r space is	(c) IRC section if applicable								
toring the use of gran	v ernments an ecipient that re) if additional s	(b) EIN								
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	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 ▶	(a) Name and address of organization or government				:			·	:
2 Desc	= Tea T	-								

Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations

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

Schedule I (Form 990) 2008

42-1411234 Schedule I (Form 990) 2008 SOUTH CENTRAL IOWA COMMUNITY

Page 2 (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) non-cash assistance (d) Amount of 868,034 (c) Amount of cash grant Use Schedule I-1 (Form 990) if additional space is needed. (b) Number of recipients (a) Type of grant or assistance AWARDED GRANTS Part III Part IV

Schedule I (Form 990) 2008

SCHEDULE M (Form 990)

NonCash Contributions

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

2008 Open To Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990. SOUTH CENTRAL IOWA COMMUNITY

Inspection

	FOUNDATIO		IOWA COMMUNI	ITY		Employer identification not 42-1411234	umber	
_ P	art Types of Property							
		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g		(d) Method of determining revenues		
1	ArtWorks of art					 	-	
2	Art—Historical treasures							
3	Art—Fractional interests					-		
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property		· ·					
9	Secunties—Publicly traded							
10	Securities—Closely held stock							
11	Secunties—Partnership, LLC,							
	or trust interests				1			
12	Securities—Miscellaneous							
13	Qualified conservation							
	contribution (historic							
	structures)							
14	Qualified conservation	İ						
	contribution (other)							
15	Real estate—Residential							
16	Real estate—Commercial							
17	Real estate—Other	X	2	347,000				
18	Collectibles .							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts .							_
25	Other ► ()		·			<u> </u>		
26	Other ► ()							
27	Other ► (<u>_</u>					
28	Other ► (
29	Number of Forms 8283 received by the	ne organiza	ition during the tax year f	or contributions for				
	which the organization completed For	m 8283, Pa	art IV, Donee Acknowled	gement	29	<u> </u>		
							Yes	No
30a	During the year, did the organization in							ĺ
	it must hold for at least three years fro	om the date	of the initial contribution	, and which is not required t	to be			ĺ
	used for exempt purposes for the enti	re holding į	penod?			30a		X
b	If "Yes," describe the arrangement in	Part II.						ĺ
31	Does the organization have a gift according	eptance po	licy that requires the revi	ew of any non-standard				Ė
	contributions?				<u>.</u>	_31_		X
32a	Does the organization hire or use third	d parties or	related organizations to	solicit, process, or sell non-	cash			
	contributions?	•				32a		X
b	If "Yes," describe in Part II							_
33	If the organization did not report rever	nues in colu	ımn (c) for a type of prop	erty for which column (a) is	checked,			É
	describe in Part II					1	1	É

Schedule M (For		UTH CENTRAL Information. Co					2-141123 on required b		ines 30b	Page 2
1 4/4 4	32b, and 33.	Also complete thi	s part for an	y additio	nal inform	nation.		y raiti,		
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SCHEDULE 0

Supplemental Information to Form 990

(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.

OMB No 1545-0047

2008

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SOUTH CENTRAL IOWA COMMUNITY FOUNDATION

Employer identification number 42-1411234

Form 990, Part VI, Line 10 - Organization's Process Used to Review Form 990 RETURN IS PREPARED BY ACCOUNTING FIRM AND A COPY IS PROVIDED TO THE FOUNDATION WAS PREPARED FOR REVIEW PRIOR TO FILING.

Form 990, Part VI, Line 15a - Compensation Process for Top Official ALL COMPINSATION FOR THE DIRECTOR IS REVIEWED AND APPROVED BY THE FOUNDATION BORAD MEMBERS.