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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)

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

Form 990 (2009)

TEEA0113L 12/29/09

OMB No 1545 0047

		For th	ie 2009 calen	dar year,	or tax year beginning	, 200	09, and endin	g	1	
	В	Check if	fapplicable		С	<u> </u>		D Emplo	yer Identification N	lumber
	_	_	dress change	Please use	Sangamon County Cor	nmn i +		20-	4191391	
				IRS label or print	Foundation, Inc.	munit cy				
		Na	me change	ortype	roundacton, inc.	" 0 2 0		1	one number	
		Init	tial return	See specific	205 South 5th St.			(21	7) 789-44	31
		$\prod_{\tau_{\alpha}}$	rmination	Instruc- tions.	Springfield, IL 62	/01		· · · · · · ·		
		\vdash		10113.				ام	-	001 514
		⊢I ^{Am}	nended return		<u> </u>			G Gross		,891,514.
		Apı	plication pending	F Name a	and address of principal officer			H(a) Is this a group retu		Yes X No
				Same A	As C Above			H(b) Are all affiliates inc		Yes No
	1	Tay.	exempt statu			4947(a)(1) or	527	If 'No,' attach a list	(see instructions)	
	÷						1321		_	
	<u> </u>	-		w.sccf		ı r	I	H(c) Group exemption n		
	K			X Corpora	ition Trust Association	Other ►	L Year of Format	ion 2007 M	State of legal domic	cile IL
	Pa	rt l								
	1	1 1	Briefly descri	be the org	janization's mission or most si	gnificant activities: _	The Sang	amon County	Community	<i>I</i>
	اه		Foundati	on (SC	CF) works to connec	t people who	care wit	h causes the	at matter	
	잍									
	Activities & Governance	-								
	ş	2 (Chack this bo		if the organization discontinue		coocod of mo	ro than 25% of its		
	ဗိ				bers of the governing body (Pa		sposed of file	116 (Hall 23 / 01 1(S	3	11
	≪ರ				t voting members of the gover		no 1h)			-
	9					ning body (Part VI, II	ine 10)		4	11
	롲				yees (Part V, line 2a)	•	•		5	4
	₹				eers (estimate if necessary)		• •		6	116
	< ا				usiness revenue from Part VII		2		7a	0.
		<u>t d</u>	Net unrelated	business	taxable income from Form 99	0-T, line 34			7b	0.
								Prior Year	Cu	rrent Year
	- 1	8 (Contributions	and gran	ts (Part VIII, line 1h)			885,1		2,980,305.
5	9				ue (Part VIII, line 2g)	•	•	500/		75007000.
1 0 2010	ē				irt VIII, column (A), lines 3, 4,	and 7d)		-136,6	207	-337,759.
0	ا <u>چ</u>					•	•			
-	_				II, column (A), lines 5, 6d, 8c,			-1,262,3		,230,108.
	- 1				nes 8 through 11 (must equal F		line 12)	-513,9		3,872,654.
SEP	ı	13 (Grants and si	mılar amo	ounts paid (Part IX, column (A)), lines 1-3)		622,8	361.	682,019.
S		14 E	Benefits paid	to or for r	nembers (Part IX, column (A),	, line 4)				
					sation, employee benefits (Pa	•	es 5-10)	159,5	565	220,349.
Щ	9						00 0 .0,			
SCANNED	2				g fees (Part IX, column (A), lir	*		56°55 4 kg > 24, 1, 2 , 1, 2666	# 14 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1	a en Barron De I
8	×	b٦	Total fundrais	ing exper	ises (Part IX, column (D), line	25) •	72,893.			****
\mathbf{G}	"	17 (Other expense	es (Part I)	X, column (A), lines 11a-11d,	11f-24f)		134,3	319.	201,774.
S					ies 13-17 (must equal Part IX,			916,7		,104,142.
	ı						にり	·····		
-	_	19 F	Revenue less	expenses	Subtract line 18 from line 12	HEUELY	10	-1,430,6	286. 2	2,768,512.
	Nat Assets or Fund Balancos						100	Beginning of Y		nd of Year
	100	20 7	Total assets (Part X, Iır	ne 16)	15 15	3018 S	5,508,3	362. 8	3,502,301.
	₹5	21 T	Total liabilities	s (Part X,	line 26).	AUG 17	18 · 18	416,6	536.	642,063.
	55	22 N	det accets or	fund hala	nces Subtract line 21 from lin	11111		5,091,7	126 7	,860,238.
ı	Dá	सीर				ACTIEN	 	3,031,	720.] 7	,000,230.
Ľ	ra	L III C	·			1 UGULL	<u> </u>	<u> </u>		
			Under penalties true, correct, ar	s of perjury, I	declare that I have examined this return Declaration of preparer (other than office	i, including accompanying seen is based on all information	chedules and state	ements, and to the best of rer has any knowledge	of my knowledge an	nd belief, it is
				_ / ` //	11 2	,	, ,	al.	1.	
	Sig	n		10h	thronder			8/4	110	
	Her	e	Signature o	of officer				Date	•	
			► John	G. Str	emsterfer			Executive !	Dir.	
				nt name and						
-							Date	Charle of	Preparer's id	dentifying number
1	Pai	4			$-n_0$ 1 0		,	Check if self-	(see instructi	ions)
	Pre		Preparer's signature		7.1/1/2/11.1.		1 1/20	employed •	Ц	
			signature		May / gracus	m	1/89	110	P00650	071
	bar Use	er's	Firm's name (or	Pehl	man & Dold, P.C.					
	Onl		yours if self- employed),	▶ 100	North Amos Avenue			EIN ► 3	37-1236680	ງ
,	ااال	y	address, and ZIP + 4		ngfield, IL 62702-4	1739			(217) 78	
-	Ma.	the ID	-		ith the preparer shown above			(Frione no	X Y	
	VIAV	내면 1代	.5 UISCUSS (NI	s return W	nui uie biebaiel snown above	: tsee mstructions)			IAI T	C2 (NO

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Forn	m 990 (2009) Sangamon County Community	20-41	391 '		Page 2
	rt III 🤄 Statement of Program Service Accomplishments				
1	Briefly describe the organization's mission	_			
	The Sangamon County Community Foundation (SCCF) works to connect p		care	<u>wi</u> t	<u>h_</u> _
	causes that matter.				
	Did the organization undertake any significant program services during the year which were not listed on the	no prior			
~	Form 990 or 990-EZ?	le brior	Yes	তি	No
	If 'Yes,' describe these new services on Schedule O.	L	, 163		NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program serving	res?	Yes	X	No
•	If 'Yes,' describe these changes on Schedule O	. <u> </u>	,	ت	•••
4	•	ov expenses S	ection!	501(c)((3)
	Describe the exempt purpose achievements for each of the organization's three largest program services t and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and expenses, and revenue, if any, for each program service reported	állocations to	others, t	he tota	àl
	expenses, and revenue, it any, for each program service reported				
	DEMONSTRATE				
4 8	a (Code:) (Expenses \$ 846,875. including grants of \$ 682,019.) (R)
	SCCF exists to connect people who care with causes that matter.				
			· -		
	As part of the aforementioned purpose, SCCF has provided leadershi				
	initiative known as the Continuum of Learning (CoL) in partnership				
	Springfield Chamber of Commerce and the United Way of Central Illi				
	focuses on education issues from cradle to career. In 2009, SCCF				
	significant role in the Access to Recreation initiative and the Ce				
	Nursing Initiative. Both of these activities support our mission significant benefit to our local community. Also in 2009, SCCF co	ano nave	brovi	<u>ueu</u>	
	<u>learning</u> opportunities for local philanthropists and training oppo- charitable organizations.	īrmiiries	. 101	1000	<u>-</u> – –
	Charitable Organizations.				
4b	(Code) (Expenses \$) (Recode) (Recode)	evenue \$)
		-	- 		
		_ _			
					
			-		
			. – – –		
4	(Code) (Code				$\overline{}$
4 C	(Code) (Expenses \$) (Re	evenue \$			⁾
		_ 			
		_ _	- 	- - -	
4d	Other program services. (Describe in Schedule O)				
	(Expenses \$ including grants of \$) (Revenue \$	·			
4e	Total program service expenses ► 846, 875.				

			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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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	_	Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4	:	х
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 similar funds or 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	Х	
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? It 'Yes,' complete Schedule D, Part V	10	х	
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	X	
•	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	1		
•	• Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII			
•	• Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part VIII			
	 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX 			
•	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		建筑	
•	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If Yes, 'complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	Х	
12/	AWas the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Yes No 12 A X		3.43 71	
13	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	1114270228	X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ŀ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		X
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		X
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_		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		Х
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		X
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,'	10		v
20	complete Schedule G, Part III Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	19 20		X
	· · · · · · · · · · · · · · · · · · ·			

Form 990 (2009) Sangamon County Community

Part IV. Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	X	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		x
24 :	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		Х
t	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 any tax-exempt bonds?	24 c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a 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	25a		Х
ŀ	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 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 person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		X
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ŧ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
(c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? 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	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		<u>X</u>
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		<u> </u>
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 Schedule R, Part V, line 2	35		Х
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		<u>x</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	<u>_X</u>	
AΑ		Form	990	(2009)

12 a J. T. L. L. West.

12b

Form **990** (2009) Part V 🌣 Statements Regarding Other IRS Filings and Tax Compliance 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 1a 0 1b b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X (gambling) winnings to prize winners? 10 કે**એ** ૧ 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 X 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b **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 3*a* Х this return? 3Ь b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? **b** If 'Yes,' enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5 b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Х solicit any contributions that were not tax deductible? 6a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not 6b deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7a Х provided to the payor? 7b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7 c Form 8282 d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7e benefit contract? **7**f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 g g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business 8 holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. X 9a a Did the organization make any taxable distributions under section 4966? Х 9Ь b Did the organization make any distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter. 10 a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter 11 a a Gross income from other members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)

Form 990 (2009) BAA

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

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

Part VI: Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A.	Governing Body and Management				
					Yes	No
1	a Enter the	number of voting members of the governing body	1a 11	# · · · · · · · · · · · · · · · · · · ·		· * " '\"
		number of voting members that are independent	1b 11	1 3 3 3 4 5 5		, , , ,
2	Did any o officer, d	officer, director, trustee, or key employee have a family relationship or a business retrector, trustee or key employee? See Schedule 0	elationship with any other	2	X	أننفذ
3	Did the o	rganization delegate control over management duties customarily performed by or s, directors or trustees, or key employees to a management company or other pers	under the direct supervision	3		х
4	Did the o	rganization make any significant changes to its organizational documents		4		X
		prior Form 990 was filed?				
5		rganization become aware during the year of a material diversion of the organization	on's assets?	5		<u> </u>
6	Does the	organization have members or stockholders?		6		X
7	a Does the governing	organization have members, stockholders, or other persons who may elect one or $\ensuremath{\text{\textbf{g}}}$ body?	more members of the	7a	<u>.</u>	х
	b Are any o	lecisions of the governing body subject to approval by members, stockholders, or o	ther persons?	7b		X
8	Did the or the follow	rganization contemporaneously document the meetings held or written actions undi ring	ertaken during the year by			
	a The gove	rning body?		8a	X	
- 1	b Each con	mittee with authority to act on behalf of the governing body?		8b	Х	
9	Is there a organizat	ny officer, director or trustee, or key employee listed in Part VII, Section A, who ca ion's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>	annot be reached at the	9		х
Sec		Policies (This Section B requests information about policies not	required by the Internal			
Rev	enue Code)				
					Yes	No
10	a Does the	organization have local chapters, branches, or affiliates?	•	10a		Х
1	b If 'Yes,' d and brand	oes the organization have written policies and procedures governing the activities of the organization?	of such chapters, affiliates,	10 b		
11	Has the o	rganization provided a copy of this Form 990 to all members of its governing body	before filing the form?	11	Х	
		in Schedule O the process, if any, used by the organization to review this Form 990		* 7, 3	£ 77.74	-27 [];
		organization have a written conflict of interest policy? If 'No,' go to line 13		12a	Х	
		rs, directors or trustees, and key employees required to disclose annually interests	that could give rise	12b	Х	
•	c Does the Schedule	organization regularly and consistently monitor and enforce compliance with the pool of how this is done See Schedule 0 .	olicy? If 'Yes,' describe in	12 c	Х	
13	Does the	organization have a written whistleblower policy?		13	X	
		organization have a written document retention and destruction policy?		14	X	
15	Did the pr	ocess for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and de	approval by independent			
		ization's CEO, Executive Director, or top management official		15a	X	
ŀ	b Other office	cers of key employees of the organization See Schedule 0 .		15b	X	
		line 15a or 15b, describe the process in Schedule O. (See instructions.)		7, S		
16	Did the or	ganization invest in, contribute assets to, or participate in a joint venture or similaring the year?	arrangement with a taxable	16a	kithesia.	X
t	olf 'Yes,' h	as the organization adopted a written policy or procedure requiring the organization nture arrangements under applicable federal tax law, and taken steps to safeguard	n to evaluate its participation I the organization's exempt	X		
	status with	respect to such arrangements?		16b		
		Disclosures	· · · · · · · · · · · · · · · · ·			
		ates with which a copy of this Form 990 is required to be filed $ ightharpoonup _ IL _ _ _ _$				
18	inspection	104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a . Indicate how you make these available Check all that apply	ind 990-T (501(c)(3)s only) a	/ailabi	e for p	public
		vebsite Another's website X Upon request				
		n Schedule O whether (and if so, how) the organization makes its governing docur s available to the public See Schedule O				incial
		name, physical address, and telephone number of the person who possesses the l tremsterfer 205 South Fifth St, Suite 930 Springfic	-			31

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. Report compensation for the calendar year ending with or within the organizations's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees.

 See instructions for definition of 'key employees.'
- 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 organization did no	Check this box if the organization did not compensate any current officer, director, or trustee									
(A)				(c)			(D)	(E)	(F)
Name and Title	Average hours	Pos	ition (k all i	hat app		Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099 MiSC)	amount of other compensation from the organization and related organizations
J. Michael Barker										
Director	8	Х			_			0.	0.	<u>0.</u>
Carolyn A. Blackwell								-		
Director	3	Х						0.	0.	0.
Erich J. Bloxdorf										
Treasurer	3	X		X				0.	0.	0.
Katherine S. Germeraad	į					}				
Director	3	X						0.	0.	0.
Saul J. Morse										_
Director	3	X						0.	0.	0.
Karen Pletsch	İ							_	_	_
Vice-Chair	3	X		X	<u> </u>			0.	0.	0.
J. Garth Elzea	_									•
Director	3	Х			<u> </u>			0.	0.	0.
John C. Slayton		١							_	•
Director	3	X		-			-	0.	0.	0.
Susan Fairfield		٠,,						0.	0.	0
Director	3	X			_			<u> </u>	<u> </u>	0.
Lisa Stone	_	.,		ι,				ا م	0.	0.
Secretary	3	Х		Х				0.		
Larry Johnson	6	Х		Х				0.	0.	0.
Chairman John G. Stremsterfer	- 6	_^		^	-			0.		
Executive Direc	40				х			79,041.	0.	0.
Executive bilec	30		\vdash	-			-	7,5,012.		
								,		
			_							
							 			
					-					
	l	<u> </u>	L	<u> </u>	Щ.,			<u>. </u>	,,	

Part VIII Section A. Officers, Directors, Trus	tees, k	(ey	En	ıplo	ye	es,	an	d Highest Con	npensated Em	oloyees (cont.)
(A)				(D)	(E)	(F)				
Name and Title	Average hours per week			Officer		Highest cor		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
		trustee	al trustee		yee	mpensated				organizations
			_							
					<u> </u>					
1 b Total							>	79,041.	0	. 0.
2 Total number of individuals (including but not limite from the organization ► 0	d to tho	se lı	stec	l abo	ove)) wh	o re	ceived more than	\$100,000 in repor	
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in										Yes No 3 X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater t individual	portable han \$15	e cor 60,00	npe 0?	nsai If 'Y	ion 'es'	and com	plet	er compensation e Schedule J for	such	4 X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sci	ompens hedule J	atio <i>I for</i>	n fro	om a h pe	any erso	unre n	elate	ed organization fo	r services	5 X
Section B. Independent Contractors 1 Complete this table for your five highest compensate	od indo	2000	dont		ntra/	ctors	tha	at received more	han \$100 000 of	
compensation from the organization	eu mue	penc								(C)
Name and business addres	s							Description	of Services	(C) Compensation
			_							
2 Total number of independent contractors (including	but not	lımı	ted	to th	nose	e list	ed a	above) who receiv		
\$100,000 in compensation from the organization	0					_)*¥	

Page 9

Part VIII Statement of Revenue (C) Unrelated (D) (B) (A) Related or Revenue Total revenue excluded from tax exempt business under sections 512, 513, or 514 function revenue revenue 1a Federated campaigns. 1 b **b** Membership dues c Fundraising events 1 c 1 d d Related organizations. e Government grants (contributions) 1 e f All other contributions, gifts, grants, and similar amounts not included above 2,980,305 1 f 59,821 q Noncash contribns included in Ins 1a-1f in ati 2,980,305 h Total. Add lines 1a-1f PROGRAM SERVICE REVENUE **Business Code** 2a f All other program service revenue g Total. Add lines 2a-2f 3 Investment income (including dividends, interest and 166,369 other similar amounts) 166,369. Income from investment of tax-exempt bond proceeds Royalties (ı) Real (ii) Personal 6a Gross Rents **b** Less rental expenses c Rental income or (loss) d Net rental income or (loss) (II) Other (i) Securities 7a Gross amount from sales of assets other than inventory 1,514,732. b Less cost or other basis 2,018,860 and sales expenses -504,128 c Gain or (loss) 877 (A. . -504,128 504,128 d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 **b** Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Business Code - 25 T A 1 Miscellaneous Revenue 1,214,286 1,214,286 11a Unrealized Loss on Invest 9,485. 9,485 **b** Other 6,337 6,337 c Administrative Fees d All other revenue 1,230,108. e Total. Add lines 11a-11d 892,349 0. 3,872,654 12 Total revenue. See instructions

Page 10

Form 990 (2009) Sangamon County Community

Part IX Statement of Functional Expenses

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

All other organizations must comp	ete column (A) but are not required to complete columns (B), (C), and (D).
ran other organizations must comp	to column (1) but all hot require to complete column (=), (), (=).

	All other organizations must com	Piete column (A) but an			
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	631,623.	631,623.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	50,396.	50,396.	Contract of the second	* * * * * * * * * * * * * * * * * * * *
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, trustees, and key employees	79,041.	23,712.	27,665.	27,664.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	108,494.	88,809.	3,591.	16,094.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	18,747.	11,248.	3,125.	4,374.
10	Payroll taxes .	14,067.	8,440.	2,345.	3,282.
11	Fees for services (non-employees)				
	a Management				
	o Legal				
	Accounting				
	Lobbying				
	Prof fundraising svcs. See Part IV, In 17			·特化。 · · · · · · · · · · · · · · · · · · ·	
	Investment management fees				
	Other .				
12	Advertising and promotion	3,281.	1,247.	1,214.	820.
13	Office expenses	3,449.	1,311.	1,276.	862.
14	Information technology				
15	Royalties				
16	Occupancy	14,074.	5,348.	5,207.	3,519.
17	Travel	13,211.	5,020.	4,888.	3,303.
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	9,885.	3,756.	3,657.	2,472.
20	Interest				
21	Payments to affiliates				255
22	Depreciation, depletion, and amortization	1,022.	388.	378.	256.
23	Insurance	5,337.	2,028.	1,975.	1,334.
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)				
i	Contributed Services	59,821.		59,821.	
	Fiduciary & Banking	43,243.		43,243.	
	Professional Fees	12,797.		12,797.	
	Printing and Publications	10,948.	4,160.	4,051.	2,737.
	Other	7,744.	2,943.	2,866.	1,935.
	All other expenses	16,962.	6,446.	6,275.	4,241.
	Total functional expenses. Add lines 1 through 24f	1,104,142.	846,875.	184,374.	72,893.
	Joint costs. Check here ►				
BAA					Form 990 (2009)

Part X **Balance Sheet** (A) Beginning of year (B) End of year 1 Cash - non-interest-bearing 2 2 Savings and temporary cash investments 232,028. 112,741 Pledges and grants receivable, net 80,442. 3 414,798. 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) 6 and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L Notes and loans receivable, net 7 8 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis 10a 26,177 Complete Part VI of Schedule D 15,217 3,352 **b** Less accumulated depreciation. 10 b 10 c 10,960 11 11 Investments - publicly-traded securities 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 7,963,802. 15 Other assets See Part IV, line 11 5,192,540. 15 5,508,362. 8,502,301. 16 Total assets Add lines 1 through 15 (must equal line 34) 16 5,285. 17 Accounts payable and accrued expenses 320. 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities. 21 Escrow or custodial account liability. Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 636,778 Other liabilities Complete Part X of Schedule D 416,316 25 416,636 26 642,063 Total liabilities. Add lines 17 through 25 37.00 Organizations that follow SFAS 117, check here X and complete lines 27 through 29 and lines 33 and 34. 3,642,958 373,143 27 Unrestricted net assets 715, 704,653 28 227 28 Temporarily restricted net assets 744,115. 29 868 Permanently restricted net assets Q R Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds BALANCES 31 Paid-in or capital surplus, or land, building, and equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 7,860,238. 5,091,726. 33 33 Total net assets or fund balances 8,502,301 5,508,362. 34 Total liabilities and net assets/fund balances.

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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Foundation, Inc.

Employer identification number 20-4191391

Part | Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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) 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) X An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts 9 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 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 Type II c | Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (i) 11 g (i) 11 g (ii) a family member of a person described in (i) above? 11 g (iii) a 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organizations (i) Name of Supported Organization (iii) Type of organization (described on lines 1-9 above or IRC section (iv) Is the rganization in col (i) listed in your (v) Did you notify the organization in col (i) of (vi) Is the (vii) Amount of Support (ii) EIN organization in col (i) organized in the your support? governing document? (see instructions)) Yes No Yes No Yes

14 14 BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

3

Schedule A (Form 990 or 990-EZ) 2009

70 A.

Sche	edule A (Form 990 or 990-EZ) 200)9 Sangamon	County Con	nmunity		20-4191	.391	Pag	e 2
	rt II Support Schedule for	Organizations	Described in	Sections 170	(b)(1)(A)(iv) an	d 170(b)(1)	(A)(vi	i)	_
Car	(Complete only if you check	ed the box on line	e 5, 7, or 8 of Par	tl)					
	tion A. Public Support	T		<u> </u>				<u> </u>	—
begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total	
	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')								
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf			:					
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge								
4	Total. Add lines 1-through 3								
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)								
6	Public support. Subtract line 5 from line 4								
Sec	tion B. Total Support								_
Calendar year (or fiscal year beginning in) ►				(c) 2007	(d) 2008	(e) 2009		(f) Total	
7	Amounts from line 4 .								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)								
11	Total support. Add lines 7 through 10						7 % 2 %		
12	Gross receipts from related activ	ities, etc. (see ins	structions)				12		
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth,	or fifth tax year a	s a section 50)1(c)(3) ———	•	П
	tion C. Computation of Pul								
	Public support percentage for 20 Public support percentage from 2	•	•	ne 11, column (f)			14		<u>%</u>
	33-1/3 support test - 2009. If the	e organization did	not check the bo	ox on line 13, and	the line 14 is 33	<u> </u>			\Box
b	and stop here. The organization 33-1/3 support test — 2008. If the and stop here. The organization	e organization did	not check a box	on line 13, or 16a	a, and line 15 is 3	3-1/3% or mo	ore, che	eck this box	
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	re. Explain in	Part IV	/ how	
b	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	re. Explain in	Part IN	5 is 10% / how the	

18 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) 2009 Sangamon County Community Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support

	tion to the state of the point			,		·	
	ndar year (or fiscal yr beginning in)►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')			4,319,794.	871.471	2,926,821.	8,118,086.
2	Gross receipts from			4,313,734.	0/1/4/11	2,320,022.	0,110,000.
_	admissions, merchandise sold or services performed, or						•
	facilities furnished in a activity						
	that is related to the organization's tax-exempt						_
_	purpose						0.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on						_
5	its behalf The value of services or		-				0.
,	facilities furnished by a						
	governmental unit to the organization without charge						0.
6	Total. Add lines 1 through 5	0.	0.	4,319,794.	871,471.	2,926,821.	8,118,086.
	Amounts included on lines 1.	<u>.</u> .		1,025,.511	<u> </u>		3,223,333
	2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2		<u>.</u>				
	and 3 received from other than disqualified persons that						
	exceed the greater of 1% of the amount on line 13 for the						
	year	0.	0.	0.	0.	0.	0.
С	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support (Subtract line			FA AVEN	家等等编数		
	7c from line 6)	自然磁气气操作		TO THE STATE OF TH	*************************************	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	8,118,086.
	tion B. Total Support			T			
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6 Gross income from interest,	0.	0.	4,319,794.	871,471.	2,926,821.	8,118,086.
iva	dividends, payments received						
	on securities loans, rents, royalties and income form						
	similar sources			148,246.	201,459.	166,369.	516,074.
b	Unrelated business taxable income (less section 511	-				,	
	taxes) from businesses						
_	acquired after June 30, 1975	0.	0.	148,246.	201,459.	166,369.	<u>0.</u> 516,074.
	Add lines 10a and 10b Net income from unrelated business	0.		140,240.	201,433.	100,303.	310,074.
••	activities not included inline 10b,						
	whether or not the business is regularly carried on						0.
12	Other income Do not include						
	gain or loss from the sale of capital assets (Explain in			21 050	21 042	69,306.	123,008.
12	Part IV) See Part IV Total support. (add Ins 9, 10c, 11, and 12)	SC. D.C. LANCOS T		31,859.	21,843.		8,757,168.
	First five years. If the Form 990						(3)
	organization, check this box and	stop here					<u>► X</u>
	tion C. Computation of Pul					1	
	Public support percentage for 20	-		ne 13, column (f))		15 16	% %
	Public support percentage from 2 tion D. Computation of Inv					10	
	Investment income percentage for				mn (fl)	17	%
	Investment income percentage fi				(177	. 18	%
	33-1/3 support tests - 2009. If the o	organization did not	check the box on	line 14, and line 15	is more than 33-1/3	3%, and line 17 is n	1
	more than 33-1/3%, check this b	ox and stop here .	The organization	n qualifies as a pi	ublicly supported (organization	• ⊔
b	33-1/3 support tests - 2008. If the is not more than 33-1/3%, check	ne organization di	d not check a box	x on line 14 or 19	a, and line 16 is r	nore than 33-1/39	%, and line 18
20	Private foundation. If the organization						
DAA	ioungadom ii die organi.			,			990 or 990-F7) 2009

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

TEEA0404L 02/05/10

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Schedule A (Form 990 or 990-EZ) 2009

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545-0047 2009

Open to Public Inspection Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization

Sa Fo	ngamon County Community undation, Inc.				20-4191391			
	art I Organizations Maintaining Dono	Advised Funds or Other Simila	r Fun			e if		
	the organization answered 'Yes' t	o Form 990, Part IV, line 6.			, , , , , , , , , , , , , , , , , , ,			
		(a) Donor advised funds		(b) Fu	nds and other acc	counts		
1	Total number at end of year		25					
2	Aggregate contributions to (during year)	174,	738.					
3	Aggregate grants from (during year) .	208, 238.						
4	Aggregate value at end of year	3,520,384.						
5	Did the organization inform all donors and dor funds are the organization's property, subject			onor advised	XYes	☐ No		
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	he benefit of the donor or donor advisor	ant fund or for	ds may be tany other	XYes	□No		
Do			'Voo'	to Form 000				
	rt II Conservation Easements Comple		res	to Form 990	, Part IV, line	<u>/. </u>		
•	Purpose(s) of conservation easements held by	_ ` ` _ `	4	-4 bt	li important land	2122		
	Preservation of land for public use (e g , r			of an historical of certified hist	ly important land	alea		
	Protection of natural habitat	Preserv	/ation (or cerunea msu	one structure			
-	Preservation of open space	na hald a sublified appearation contribu		the form of a	conservation easi	oment on the		
2	Complete lines 2a through 2d if the organization last day of the tax year	on neid a qualified conservation contribu	ition in	the form of a	conservation easi	ement on the		
				\(\display \)	Held at the End o	f the Year		
	a Total number of conservation easements			2 a				
	b Total acreage restricted by conservation easer	nents		2 b				
	c Number of conservation easements on a certif	ied historic structure included in (a)		2 c				
	d Number of conservation easements included ii	n (c) acquired after 8/17/06		2 d				
3	Number of conservation easements modified,	transferred, released, extinguished, or te	ermina	ted by the orga	anization during t	he tax		
	year ▶							
4	Number of states where property subject to co	nservation easement is located 🟲		_				
5	Does the organization have a written policy reand enforcement of the conservation easement	garding the periodic monitoring, inspecti t it holds?	on, ha	ndling of violat	ions, Yes	No		
6	Staff and volunteer hours devoted to monitoring the year		on ease	ements		ــــا		
7	Amount of expenses incurred in monitoring, in during the year ▶	specting, and enforcing conservation ea	semer	nts \$		<u> </u>		
8	Does each conservation easement reported or 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirement	s of se	ection	Yes	☐ No		
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote t conservation easements	conservation easements in its revenue and the organization's financial statements	d exper s that o	nse statement, a describes the o	and balance sheet, rganization's acc	and ounting for		
Pa	rt III Organizations Maintaining Collection Complete if the organization answers	ctions of Art, Historical Treasure vered 'Yes' to Form 990, Part IV	es, or , line	Other Simi 8.	lar Assets			
1:	a If the organization elected, as permitted under treasures, or other similar assets held for publ the text of the footnote to its financial stateme	ic exhibition, education, or research in fi	statem urthera	ent and baland ance of public s	ce sheet works of service, provide, i	art, historical n Part XIV,		
1	b If the organization elected, as permitted under treasures, or other similar assets held for publi amounts relating to these items	SFAS 116, to report in its revenue state c exhibition, education, or research in fi	ement urthera	and balance sl ance of public s	heet works of art, service, provide th	historical ne following		
	(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 a amounts required to be reported under SFAS	t, historical treasures, or other similar a 16 relating to these items:	issets 1	for financial ga	ın, provide the fo	llowing		
1	Revenues included in Form 990, Part VIII, line	1			- \$			
	Assets included in Form 990. Part X				⊳ \$			

Schedule D (Form 990) 2009 Sanga				20-419			Page 2	
Rart III Organizations Maintai	ning Collections	of Art, Histori	cal Treasures, o	r Other Similar Ass	sets (c	ontınu	ied)	
3 Using the organization's acquisitintems (check all that apply):	on accession and oth	ner records, check	any of the following	that are a significant us	se of its	collecti	on	
a Public exhibition		d Loan or	exchange programs					
b Scholarly research		e Other _						
c Preservation for future general								
4 Provide a description of the organ Part XIV					se in			
5 During the year, did the organizal assets to be sold to raise funds ra	tion solicit or receive ather than to be mail	donations of art, I ntained as part of	nistorical treasures, i the organization's co	or other similar bllection?	Yes	Γ	No	
Part IV Escrow and Custodial 9, or reported an amou	Arrangements (Complete if org	anization answe		90, Pa	rt IV,	line	
1a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian, or oth	ner intermediary fo	or contributions or ot	her assets not	Yes		No	
b If 'Yes,' explain the arrangement	in Part XIV and com	plete the following	table					
					Amoun	<u>t</u>		
c Beginning balance	•			_1c				
d Additions during the year				1 d				
e Distributions during the year 1 Ending hologope								
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No								
-	•	Part X, line 21?			Yes	L	No	
b If 'Yes,' explain the arrangement		 	N/ 11 E 0/	20 D 1 W 1 10	<u>-</u>			
Part V Endowment Funds Cor								
4.5	(a) Current year	(b) Prior year	(c) Two years bac	k (d) Three years back	(e)	Four year:	s Dack	
1 a Beginning of year balance	524,145.	607,153			# 0	38 1. 24 C	<u> </u>	
b Contributions	1,026,383.	122,000	2. Grand 10 10 10 10 10 10 10 10 10 10 10 10 10		3 22			
c Net Investment earnings, gains, and losses	143,636.	-189,424	7.7 0.9.000		233		- '9" ~ '	
d Grants or scholarships	14,000.	15,584	1. 39		17.000		. siden 91	
e Other expenditures for facilities and programs					43.40			
f Administrative expenses	21,515.		200 A 34 - F 100		** *** **: *****	T verselet	. 1889	
g End of year balance	1,658,649.	524,145	5.		177	18 18 18 18 18 18 18 18 18 18 18 18 18 1	4 14 A. S.	
2 Provide the estimated percentage	-							
a Board designated or quasi-endow		%						
b Permanent endowment ► c Term endowment ►	100.00 %							
3a Are there endowment funds not in organization by.	the possession of t	he organization th	at are held and adm	inistered for the		Yes	No	
(i) unrelated organizations					3a(i)		X	
(ii) related organizations					3a(ii)		X	
b If 'Yes' to 3a(II), are the related or	•	•			3b		<u> </u>	
4 Describe in Part XIV the intended				1 10				
Part VI Investments—Land, Bu								
Description of investment	(a) Cost	or other basis vestment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) i	Book Va	alue ———	
1a Land	<u> </u>							
b Buildings	<u> </u>							
c Leasehold improvements	<u> </u>		10 677	7,717.		10	960	
d Equipment	ļ	·· -	18,677.	7,717.	_	10,	<u>,960.</u> 0.	
e Other	(d) must savel Fam	m 000 Port V cat	7,500.	1,300.		10	, 960.	
Total. Add lines 1a through 1e (Column	(u) must equal Forn	n 330, ran ∧, coll	лии (<i>Б), ш</i> е то(<i>С))</i>	School	ا را ماريا		2009	

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Part XI Reconciliation of Change in Net Assets from Form 99		413133	Page 4
Part XI Reconciliation of Change in Net Assets from Form 99 1 Total revenue (Form 990, Part VIII, column (A), line 12)	ou to rinancial Statements		3 972 654
2 Total expenses (Form 990, Part IX, column (A), line 12)		 	3,872,654.
3 Excess or (deficit) for the year Subtract line 2 from line 1		<u> </u>	1,104,142. 2,768,512.
4 Net unrealized gains (losses) on investments		<u> </u>	2,700,312.
5 Donated services and use of facilities			
6 Investment expenses		<u> </u>	
7 Prior period adjustments			<u> </u>
8 Other (Describe in Part XIV)			- · ·
9 Total adjustments (net) Add lines 4 through 8			
10 Excess or (deficit) for the year per audited financial statements. Combine	lines 3 and 9	<u> </u>	2,768,512.
Part XII Reconciliation of Revenue per Audited Financial Stat		urn	27,00,012.
1 Total revenue, gains, and other support per audited financial statements		1	3,872,654.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	<u> </u>		
a Net unrealized gains on investments	2a 1	İ	
b Donated services and use of facilities	2h	,]	
c Recoveries of prior year grants.	2c	:- **	
d Other (Describe in Part XIV)	2d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	3,872,654.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		7.	
a Investments expenses not included on Form 990, Part VIII, line 7b	4a	·	
b Other (Describe in Part XIV)	4b	لتقت	
c Add lines 4a and 4b		4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 12)	5	3,872,654.
Part XIII Reconciliation of Expenses per Audited Financial St	atements With Expenses per R	eturn	
1 Total expenses and losses per audited financial statements.	<u> </u>	1	1,104,142.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		5	
a Donated services and use of facilities	1 2 a	335	
b Prior year adjustments	ZD k.:	: 1	
c Other losses	2c	i,	
d Other (Describe in Part XIV)	2d		
e Add lines 2a through 2d	<u> </u>	2e	
3 Subtract line 2e from line 1		3	1,104,142.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:) n	
a Investments expenses not included on Form 990, Part VIII, line 7b			
b Other (Describe in Part XIV)	4b		
c Add lines 4a and 4b	<u> </u>	4c	1 101 110
5 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, Iii	ne 18)	5	1,104,142.
Part XIV Supplemental Information			
Complete this part to provide the descriptions required for Part II, lines 3, 5, ar line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lin information Part X - FIN 48 Footnote	id 9, Part III, lines 1a and 4; Part IV, li ies 2d and 4b Also complete this part	nes 1b au to provid	nd 2b, Part V, e any additional
The Foundation has adopted the provisions of F	inancial Accounting Stan	 dards	 Board
The Foundation has adopted the provisions of F			
Interpretation No. 48, [](Accounting of Uncerta	inty in Income Taxes).		-
Management believes that the Association has n	o material uncertain tax	posit	ions,
and accordingly it will not recognize any liab	ility for unrecognized t	axes.	
		-	

TEEA3304L 02/02/10

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Schedule **D** (Form 990) 2009

Schedule D (Form 990) 2009 Sangamon County Community Part XIV, Supplemental Information (continued)	20-4191391	Page 5
Part XIV. Supplemental Information (continued)		
		
		
		
		
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Schedule **D** (Form 990) 2009

SCHEDULE I

Department of the Treasury Internal Revenue Service

Governments and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.

Attatch to Form 990.

OMB No 1545-0047 2009

Open to Public

Employer identification number 20-4191391 Sangamon County Community Name of the organization

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Part I deneral Information on Grants and Assistance

Part II Crants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to 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 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part IV and Schedule I-1 (Form 990) if additional space is needed

X Yes

							-
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
American Red Cross 1045 Outer Park Drive Springfield, IL 62704	53-0196605		16,000.	.0			Meals on Wheels Program
Central Illinois Foodbank 200 E. Moffatt Springfield, IL 62702	37-1106465		. 686,9	.0			Unrestricted
Chinese Bible Church of Springfi 716 N. AmosSpringfield, IL 62702	37-1283726		10,000.	0			Unrestricted
Contact Ministries 1100 E. Adams St. Springfield, IL 62703	37-1072627		16,000.	0			Emergency prescriptions
Sangamon_County_ROE 200_S9th_StRoom_303 Springfield, IL 62701	37-1204097		10,000.	0			Unrestricted
Senior Services of Central III	37-0895193		15,000.	0.			Provide Emergency Services
Springfield Parks Foundation	37-1292459		6,250.	0.			Southwind Park Project
<u>Springfield YMCA</u>	37-0661263	_	25,000.	0.0			New Building Fund
						4	•

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

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 3 Enter total number of other organizations

TEEA3901L 02/10/10

Schedule I (Form 990) 2009

Page 2 Schedule I (Form 990) 2009 Sangamon County Community

| Part III | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Scholarships Paid	49	50,396.			
Part IV Supplemental Information. Complete this part to provide the information required in Part I,	olete this part to p	rovide the informat	ion required in Pai	line 2,	and any other additional information.
	! ! ! !		 - -		
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		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 		
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

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Schedule I (Form 990) 2009

SCHEDULE 1-1 (Form 990)

Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

OMB No 1545 0047 2009 Open to Public

Prescriptions (h) Purpose of grant or Unrestricted assistance Schnirring Provide **Employer Identification number** Fund (Form 990), Part II.) (g) Description of non-cash assistance 20-4191391 Part les Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance (d) Amount of cash grant 105,916. 25,000. 10,000 (c) IRC section if applicable 37-6006007 101 (6) 37-0661126 36-2167910 (b) EIN (a) Name and address of organization or government Sangamon County Community 1 1 1 1 1800 S. Grand Avenue East UIS_Office_of_Development Springfield, IL 62703 Springfield, IL 62703 Springfield, IL 62702 St. Patrick's School The Salvation Army 530 N. Sixth Street #1 University Plaza 1 1 1 1 1 1 Name of the organization 1 1 1 1 1111 1111 1 ŀ

Schedule I-1 (Form 990) 2009

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990. OMB No 1545 0047

2009

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Sangamon County Community Foundation, Inc.

Employer identification number 20-4191391

Pa	rt I ₃ Types of Property						
		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	Meth	(d) od of determii revenues	ning
1 2 3 4 5 6 7 8 9	Art—Works of art Art—Historical treasures Art—Fractional interests Books and publications Clothing and household goods. Cars and other vehicles Boats and planes Intellectual property Securities—Publicly traded Securities—Closely held stock						
11 12	Securities—Partnership, LLC, or trust interests Securities—Miscellaneous.						
14 15 16 17 18	Qualified conservation contribution— Historic structures Qualified conservation contribution—Other Real estate—Residential Real estate—Commercial Real estate—Other Collectibles Food inventory Drugs and medical supplies Taxidermy Historical artifacts Scientific specimens Archeological artifacts Other ► (See Part II) Other ► ()						
28 29	Other ► () Number of Forms 8283 received by the organization organization completed Form 8283, Part IV, Done	on during the	e tax year for contributi	ions for which the	29		_
	During the year, did the organization receive by chold for at least three years from the date of the purposes for the entire holding period?					Yes 30 a	No X

b If 'Yes,' describe the arrangement in Part II

- 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
 - b If 'Yes,' describe in Part II
- 33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

		Yes	No
t ipt	,		
ipt :	30 a		Х
			1
	31		X
	32 a		Х
			2 222

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

Schedule M (Form 990) 2009

Schedu	ıle M	(Form 9	990) 2009	Sangam	on Co	unty	Communi	.ty			20-41913	91	Page 2
Part'	II S ar	uppler nd 33.	nental Ir Also cor	nformation plete th	n. Cor is part	nplete for ar	this part y addition	to provid	le the inform	mation require	d by Part I,	lines 30b,	32b,
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Schedule M (Form 990) 2009 Sangamon County Community

20-4191391

2009

Schedule M, Part II - Supplemental Information Sangamon County Community Foundation, Inc.

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Page 3

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Client 403

20-4191391

7/29/10

10 08AM

Sch M, Part I, Lines 25-28 **Other Non-Cash Contributions**

. . .

	Number of	Revenue on Form 990,	Method of
Description Appl?	Contr.	Part VIII	Deter. Rev
Discounted Rent	1	\$ 9,786.	FMV
Computer Serv.	1	5,075.	FMV
Legal Work	1	4,935.	FMV
Shredding	1	25.	FMV
Advertising	1	40,000.	FMV

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545 0047

2009

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Open to Public

Name of the organization Sangamon County Community	Employer Identification number				
Foundation, Inc.	20-4191391				
Form 990, Part VI, Line 2 - Business or Family Relationship of Officer	s <u>, Directors, Etc.</u>				
Board Members Michael Barker and Kathy Germeraad have a	a business relationship.				
Form 990, Part VI, Line 11 - Form 990 Review Process					
Form 990 is reviewed by the board of directors prior to	o filing either on paper or				
elecronically as each board member requests.					
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcem	ent of Conflicts				
All possible conflicts of interest are actively discuss	sed at board meetings as new				
situations arise that need to be reviewed.					
Form 990, Part VI, Line 15b - Compensation Review & Approval Process	for Officers & Key Employees				
The board of directors reviews the compensation of all	employees of the Foundation				
each year. Compensation paid to others in like position	ns in similar communities is				
one factor taken into account. Performance of the Executive Director and his staff					
as compared to goals established at the start of the re	eview period is also a factor				
in determining compensation.					
Form 990, Part VI, Line 19 - Other Organization Documents Publicly A	vailable				
All available upon request and website gives instruction	ons to make those requests.				
					
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Schedule O (Form	990) 2009			Page 2
Name of the organization	Sangamon	County	Community	Employer identification number
	Foundation	on, Inc.	<u> </u>	20-4191391
			-	
	- 			
				
				
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2009 Client 403	Federal Worksheets Sangamon County Community Foundation, Inc.				Page 1 20-4191391
7/29/10 Form 990, Part IX, Line 24 Other Expenses					10 ⁻ 08AM
		(A)Total	(B) Program Services	(C) Management & General	(D) <u>Fundraising</u>
Dues Postage and Shipping Supplies Telephone	Total	2,893. 4,631. 5,574. 3,864. \$ 16,962.	1,100. 1,760. 2,118. 1,468. \$ 6,446.	1,070. 1,713. 2,062. 1,430. \$ 6,275.	723. 1,158. 1,394. 966. \$ 4,241.

Schedule D, Part V Endownment Funds

	Current <u>Year</u>	Prior Year	Two Yrs. <u>Back</u>	Three Yrs. Back	Four Yrs. Back
Beginning of year balance	524,145.	607,153.	0.	0.	0.
Contributions	1,026,383.	122,000.			
Investment earnings (losses)	143,636.	-189,424.			
Grants or scholarships	14,000.	15,584.			
Expend. for facilities & progs					
Administrative expenses	21,515.				
End of year balance	1,658,649.	524,145.	0.	0.	0.

Schedule A, Part IV - Supplemental Information Sangamon County Community							
ent 403	Sangamon County Community Foundation, Inc.						
9/10						10 08	
Part III, Line 12 - Otl	ner Income						
Nature and Sour	ce	2009		2007	2006	2005	
Contributed Serv Other Fees and I	Income	59,821. 9,485.	20,467. 1,376.	26,434. 5,425.			
	Total 🖺	69,306.	21,843. \$	31,859.	0. \$	0.	