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Department of the Treasury Internal Revenue Service

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)

OMB No 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

	<u> </u>	or the 2	2009 calendar year, or tax year beginning JUL 1, 2009 and ending	JUN 30, 2010	
	B c	heck if pplicable	Please use IRS	D Employer identifica	tion number
		Address change	label or CEDAR FALLS COMMUNITY SCHOOLS FOUNDATION	v	
		Name change	type Doing Business As	20-42	87931
		Initial return	See Number and street (or P 0 box if mail is not delivered to street address) Room/su		
		Termin- ated	Instruc- DUZ MAIN STREET		68-0334
	<u>_</u>	Amended	City or town, state or country, and ZIP + 4	G Gross receipts \$	4,486.
	L	Applica- tion pending	CEDAR FALLS, IA 50613	H(a) Is this a group retu	
		P ***	F Name and address of principal officer: FLOYD WINTER	for affiliates?	Yes X No
			The state of the s	H(b) Are all affiliates inclu	
			npt status: X 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527		t. (see instructions)
			; ▶ n/a rganization X Corporation Trust Association Other ▶ L Ye	H(c) Group exemption ear of formation 2005 M s	
			Summary	sat of formation 2005 let	state of legal dofffiche 111
			nefly describe the organization's mission or most significant activities: SEE FOOTI	NOTE	
	& Governance		accorded to organization of mission of most organizative activities.		
	rna	2 C	heck this box if the organization discontinued its operations or disposed of m	ore than 25% of its net ass	ets.
0	ove		umber of voting members of the governing body (Part VI, line 1a)	3	16
2010	Ğ	4 N	umber of independent voting members of the governing body (Part VI, line 1b)	4	16
~		5 To	otal number of employees (Part V, line 2a)	5	0
-	viţi	6 To	otal number of volunteers (estimate if necessary)	6	0
>	Activities	7a To	otal gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
N0 V	_	b N	et unrelated business taxable income from Form 990-T, line 34 CEIVED	7b	0.
Ω				Prior Year	Current Year
当	e		ontributions and grants (Part VIII, line 1h)	24,983.	4,094.
Ź	Revenue	1	rogram service revenue (Part VIII, line 2g)	320.	392.
SCANNED	æ	10 In	ontributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g) vestment income (Part VIII, column (A), lines 3, 4, and 7d) ther revenue (Part VIII, column (A) lines 5, 6d, 8c, 9c, 100 and	12.	392.
လ		11 O	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 190 and 11e)	25,315.	4,486.
	_		rants and similar amounts paid (Part IX, column (A) lines 1-3)	23/0100	9,236.
		i	enefits paid to or for members (Part IX, column (A), line 4)		
	s	l	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	
	Expenses	l	rofessional fundraising fees (Part IX, column (A), line 11e)		
	Ģ	l	otal fundraising expenses (Part IX, column (D), line 25)		
	û	1	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	5,018.	10,536.
		18 To	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,018.	19,772.
		19 R	evenue less expenses. Subtract line 18 from line 12	20,297.	<15,286.>
	Net Assets or Fund Balances			Beginning of Current Year	End of Year
	sset		otal assets (Part X, line 16)	107,175.	91,889.
	귷	1	otal liabilities (Part X, line 26)	107 175	91,889.
			et assets or fund balances. Subtract line 21 from line 20 Signature Block	107,175.	91,009.
	Pē		<u> </u>	ents, and to the best of my knowledge	and belief, it is true, correct.
		Ž	Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and stateme and complete. Declaration of preparer (other than office) is based of all information of which preparer has any knowle	edge ,	
	Sig	. 1	mland I With	10/37	2010
	Her	- 11	Signature of office	Date	
		Ĭ	FLOYD WINTER, PRESIDENT		
			Type or print name and title		
	Paic	, I	Preparer's Date	Check If Preparer (see inst	's identifying number ructions)
	_	.a.o., L	signature V Way Dernard 10/27/10	employed >	
		Only 5	BERGAN, PAULSEN & COMPANY, P.C.	EIN ►	
		1 9	P.O. BOX 489 address, and		0 260 1715
			ZIP+4 CEDAR FALLS, IA 50613	Phone no ► 3	9-268-1715 X Yes
	May	the IRS	S discuss this return with the preparer shown above? (see instructions)	<u> </u>	X Yes No

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes;" complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		1
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	<u> </u>		
0	Schedule D, Part III	8		X
•	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	<u> </u>		
9	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	İ	Х
40		<u> </u>		
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	10		Х
	If "Yes," complete Schedule D, Part V			
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X	11	1	Х
	as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	 '''		
•				
_	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	l		
_	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	ļ		
•				
_	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.	l		
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. Did the organization obtain separate, independent audited financial statements for the tax year? If Yes, complete]		
12		12	Ì	X
404	Schedule D, Parts XI, XII, and XIII. Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			1
12A	V	1		
12	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	†	X
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a	 	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1	 	
b	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	1	Х
45	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			1
15	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
46	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	··		
16	located outside the United States? If "Yes," complete Schedule F, Part III	16	1	X
47	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	"		+
17		17		Х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	<u> </u>	 	+
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18		X
40	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	''	 	
19		19		X
00	complete Schedule G, Part III	20	\dagger	X
20_	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	1 20		

Pa	rt 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		X
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
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 lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			ŀ
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			l
	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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			v
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
_	Instructions for applicable filing thresholds, conditions, and exceptions):	000	•	Y
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
b		200		
·	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		Х
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 more than \$25,000 in non-cash continuous in the respect to the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	1		<u> </u>
00	contributions? If "Yes," complete Schedule M	30	Ì	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	-		T -
•	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	ļ		
	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	<u> </u>	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	1	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1		
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	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 VI	37	1	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			1
	Note. All Form 990 filers are required to complete Schedule O.	38	X	<u> </u>

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				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	0,			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	le gamıng			
	(gambling) winnings to prize winners?	Į	1c		
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	0			
b	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 instruc	tions)	·		Ċ
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by th	ıs return?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authori	ty over, a			1
	financial account in a foreign country (such as a bank account, securities account, or other financial account	t)?	4a		X
Ь	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 as	nd			
	Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding F	Prohibited			
	Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	nızatıon solıcıt			
	any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	gifts			ŀ
	were not tax deductible?		6b	ļ,	ļ
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	and services			۱
	provided to the payor?		7a	-	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	1	-
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was requ	ured			, ,
	to file Form 8282?		7 <u>c</u>	-	X
đ	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	al		ĺ	
	benefit contract?		7e	1	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g	 	X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as re-		7 <u>h.</u>	·	X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations				
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess bu	siness holdings	١.		
	at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				1
a	•		9a	+	
b			9b	- 	┼-
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 Cross research yielded as Form 900. Part VIII, line 13 for public use of plub facilities.		1		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]		1		
11	Section 501(c)(12) organizations. Enter:				
_	Gross income from members or shareholders		1		
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				
10-)	12a		1
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041'		120	' 	+-

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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.

<u>Sec</u>	tion A. Governing Body and Management			
	·		Yes	No
1a	Enter the number of voting members of the governing body 1a 16			
b	Enter the number of voting members that are independent 1b 16		. 1	
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	Х	
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision			17
	of officers, directors or trustees, or key employees to a management company or other person?	3		$\frac{x}{x}$
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		
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 of the	l _		v
	governing body?	7a	-	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following.	- <u>_</u> -	v	-
a	The governing body?	8a	X	—
b	Each committee with authority to act on behalf of the governing body?	8b	<u> </u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	١,		х
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<u> </u>	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		V	Na
40-	December of the control of the contr	10a	Yes	No X
	Does the organization have local chapters, branches, or affiliates?	IUa	 	
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b		
	and branches to ensure their operations are consistent with those of the organization?	11	-	X
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		_	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	-	X
12a	• , , •	124	\vdash	
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
C	In Schedule O how this is done	12c		
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	<u> </u>	<u> </u>	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	1	Х
h	Other officers or key employees of the organization	15b	 	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)			一
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		1	Į.
	taxable entity during the year?	16a	-	Х
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			İ
	exempt status with respect to such arrangements?	16b		
Sec	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 Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	e 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 fin	ancial	
	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	ation:	▶	
	FLOYD WINTER - 319-266-5825			
	602 MAIN STREET, CEDAR FALLS, IA 50613			

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 organization'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 employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average			(C Posi	tion			(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual frustee or director	Institutional frustee	all t		Highest compensated Co employee		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
FLOYD WINTER	15.00									•
PRESIDENT	15.00			<u> </u>		<u> </u>	_	0.	0.	0.
DEE SENCHINA	1									_
VICE PRESIDENT	1.00	_	_			ļ	_	0.	0.	0.
DAVE DEAVER	2 22									_
SECRETARY/TREASURER	2.00	_	_		ļ			0.	0.	0.
DAVE STOAKES	1 00					1			0.	^
EX-OFFICIO	1.00	<u> </u>	├		-		_	0.	0.	0.
DOUG NEFZGER	1 00	l						0	0.	0.
EX-OFFICIO	1.00	╁	⊢	<u> </u>	-		 	0.	·	
MARLENE BEHN	1.00		İ					0.	0.	0
DIRECTOR LARRY BOCKES	1.00	┢	┢	-	 	╁	├	0.	0.	
DIRECTOR	1.00			1			1	0.	0.	0
DAN CONRAD	1.00	\vdash	╁	╁	┝	┼─	╁─			
DIRECTOR	1.00							0.	0.	0
DANA DEINES	1.00	╁	+	┢	\vdash	┢╌				
DIRECTOR	1.00							0.	0.	0
CINDI MCDONALD	1 2000	t	1	1	-	\vdash	H			
DIRECTOR	1.00			Ì				0.	0.	0
GREG HANKINS	1	\vdash	T		1		<u> </u>			
DIRECTOR	1.00		1				1	0.	0.	0
KIM CROSS				\top			T			
DIRECTOR	1.00				l			0.	0.	. 0
SHERRY HESTER			ļ.,				Т			
DIRECTOR	1.00						l	0.	0.	. 0
SUSAN LANTZ		1			Т					
DIRECTOR	1.00							0.	0.	. 0
JOHN LARSON										
DIRECTOR	1.00							0.	. 0.	. 0
DORIS MAUER										
DIRECTOR	1.00	1	1	1	1	1	1	0.	. 0 .	.] 0

	T VIII Section A. Officers, Directors, Tru (A) Name and title	(B) Average			(C Pos	C)			(D) Reportable	(E) Reportable	(F) Estimated		
	•	hours per week	Individual frustee or director	nectronional trustee	all	Key employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC) (amount other ompens from the organization and relation	ation ne tion ted
1b 2	Total Total number of individuals (including but recompensation from the organization	not limited to th	nose	liste	ed a	bov	e) w	ho r	0 a eceived more than \$100		0.		0.
3 4 5	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si and related organizations greater than \$15 Did any person listed on line 1a receive or the organization? If "Yes," complete Schedule Schedule Schedule Schedule 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1	such individual um of reportab 0,000? If "Yes, accrue compe	ole co ," co nsat	omp ompl	ens ete	atıo Sch	n an edui	d ot	her compensation from for such individual	the organization		3 4 5	X X X
Sec 1	tion B. Independent Contractors Complete this table for your five highest or				ent (conf	ract	ore	that received more than	\$100,000 of comp	ensati	on from	
	the organization. NONE (A) Name and business								(B) Description of			(C) npensat	lon
2	Total number of independent contractors (\$100,000 in compensation from the organ		not I	lımıte	ed to	o the	ose I	iste	d above) who received	more than		000	1 (2222)

Part IX Statement of Functional Expenses

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

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	4,636.	4,636.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	4,600.	4,600.		·····
3	Grants and other assistance to governments,	Т			
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16 .			<u>, , , , , , , , , , , , , , , , , , , </u>	-
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				
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)				
9	Other employee benefits				.
10	Payroll taxes				
11	Fees for services (non-employees):				
a b	Management Legal				
_	Accounting	826.		826.	
c d	Lobbying	323.			
u e	Professional fundraising services. See Part IV, line 17		· · · · · · · · · · · · · · · · · · ·		
f	Investment management fees				
g	Other				
12	Advertising and promotion	903.			903.
13	Office expenses	502.	251.	251.	
14	Information technology				
15	Royalties				
16	Occupancy	1,800.	900.	900.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				· · · · · · · · · · · · · · · · · · ·
22	Depreciation, depletion, and amortization		· · · · · · · · · · · · · · · · · · ·		
23	Insurance		······································		
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
_	expenses shown on line 25 below) GRANT WRITING FEES	6,000.	6,000.		
a b	INSURANCE	345.	0,000.	345.	
_	DUES	60.	····	60.	
c d	P.O. BOX EXPENSE	56.		56.	
a e	POSTAGE	44.		22.	22.
e f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	19,772.	16,387.	2,460.	925.
<u>25</u> 26	Jaint costs. Check here Inf 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	•]	

91,889. Form **990** (2009)

91,889.

107,175.

33

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

Form	990 (2009) CEDAR FALLS COMMUNITY SCHOOLS FOUNDATION 20-4	287931	Pa	ge 12
Par	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	-		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	. 2a		X
ь	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		-	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both:	ļ		
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audi	t	1	
	Act and OMB Circular A-133?	3a	ļ	X
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	t		1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3ь	1	

Form **990** (2009)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(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.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

CEDAR FALLS COMMUNITY SCHOOLS FOUNDATION

Employer identification number 20-4287931

Part 1	Reason	tor Public Chari	ity Status (All organiz	ations mus	t complete	e this part	.) See inst	ructions.		<u> </u>		
The orga	nization is not a	a private foundation l	because it is: (For lines 1	through 1	1, check c	only one b	ox.)					_
1		·	s, or association of churc	_		•	•					
2	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Scl	hedule E.)								
3			tal service organization of		n section	170(ь)(1)(A)(iii).					
4	•		operated in conjunction				• • •	b)(1)(A)(iii). Enter the	hospital'	s name	е.
•	city, and stat		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					,	•	•		
5			benefit of a college or ur	iversity ov	vned or on	erated by	a governo	nental unit	described	l in		
•	_	(b)(1)(A)(iv). (Comple	_			,	- go					
<u> </u>			ent or governmental unit	docaribac	lun continu	a 170/b\/1	1/41/44					
6 <u> </u>	1							r from the	general pu	iblic desci	ahad ir	•
,	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.)											
•			ection 170(b)(1)(A)(vi). ((Camplata	Dort II \							
8 <u>X</u>	1							omb orobir	a food and	l aroos ros	ointo f	from
9 LA	X 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											
			axable income (less sect	ion 511 ta.	x) Ironi bu:	sinesses a	icquired by	y trie orga	mzanon an	ter Julie 3	0, 197	J.
40 [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	•								, out the n		f ana	~r
11			perated exclusively for the									וכ
			ations described in section). See Sec	ilion sosta	a)(S). Chec	k the box	mai	
		· · · · · ·	organization and comple	_	re through e III - Func				٠ [] ،	Type III • C)thar	
Γ	a ∐ Type		_ ••			-	•					_
e L			t the organization is not									111
			han one or more publicly						n(a)(1) or se	ection 509	(a)(z).	
f			ten determination from t	ine IHS tha	ititisa iy	ре і, туре	ii, or type	: 111				
		organization, check th					- f 45 - f - II.		0			ш
g	_		organization accepted ar			-						NI.
		•	lirectly controls, either al	one or tog	etner with	persons c	iescribed i	n (II) and (I	iii) below,	44.6	Yes	No
	-		upported organization?							11g(i)		
	• • • • •	•	n described in (i) above?							11g(ii)	-	
			person described in (i)							11g(iii)	Ь	L
h	Provide the f	following information	about the supported or	ganization	(s).							
/i) Nam	e of supported	(ii) EIN	(iii) Type of	(iv) is the o	rganization	(v) Did voi	u notify the	(vi) Is	the	(vii) An	nount o	ıf
	ganization	(11) E.11	organization	in col (i) li	sted in your			organizátic (I) organiz	on in collined in the		port	•
•	3	1	(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	\'`` [*] US	2	•	•	
			(see instructions))	Yes	No	Yes	No	Yes	No			
				<u> </u>				_				
				-								
]				L				
		-		ļ <u></u>								
					-							
		I	1	1	!	į.	E	ì	3			

					1		l l	
	assets (Explain in Part IV.)				<u> </u>			
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities,	etc. (see instruction	s)			12		
13	First five years. If the Form 990 is for	the organization's fi	rst, second, thir	d, fourth, or fifth t	tax year as a sectio	n 501(c)(3)		
	organization, check this box and stop	here	•		•			
Se	ction C. Computation of Publ	ic Support Perc	entage					
14	Public support percentage for 2009 (ine 6, column (f) divi	ded by line 11, c	olumn (f))		14		%
15	Public support percentage from 2008	Schedule A, Part II,	line 14			15		%
16	a 33 1/3% support test - 2009.If the o	rganization did not c	heck the box on	line 13, and line	14 is 33 1/3% or m	ore, check t	this box and	
	stop here. The organization qualifies	as a publicly suppor	ted organization	ı				
1	b 33 1/3% support test - 2008.If the o	rganization did not c	heck a box on li	ne 13 or 16a, and	d line 15 is 33 1/3%	or more, ch	neck this box	
	and stop here. The organization qual	ifies as a publicly su	pported organiza	ation				ightharpoons
17	a 10% -facts-and-circumstances tes	t - 2009.If the organ	zation did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is	s 10% or more) ,
	and if the organization meets the "fac	ts-and-circumstance	s" test, check ti	nis box and stop	here. Explain in Pa	rt IV how the	e organization	
	meets the "facts-and-circumstances"	test. The organization	on qualifies as a	publicly supporte	ed organization			ightharpoons
1	b 10% -facts-and-circumstances tes	t - 2008.If the organ	zation did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line	15 is 10% or	
	more, and if the organization meets tl	ne "facts-and-circum	stances" test, cl	neck this box and	d stop here. Explair	n in Part IV h	ow the	
	organization meets the "facts-and-circ							▶□

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 CEDAR FALLS COMMUNITY SCHOOLS FOUNDATION 20-4287931 Page 3 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 Calendar year (or fiscal year beginning in)▶ (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 4,094. 124,287. 84,649 24,983 10,561 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 busmess 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 24,983. 4,094. 124,287. 84,649 10,561 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 0. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 0. c Add lines 7a and 7b 124,287. 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in)▶ (a) 2005 **(b)** 2006 (c) 2007(d) 2008 (e) 2009 (f) Total 84,649 10,561. 24,983. 4,094 124,287. 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 129 392 9 601. 71 and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 392. 9 . 71. 129. 601. 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 carned on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 10,632. 25,112. 4,486. 124,888. 84,658. 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, ►X check this box and stop here Section C. Computation of Public Support Percentage 15 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f) % 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 % 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 18 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and

line 18 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization

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

Schedule D

(Form 990)

Department of the Treasury, Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization

CEDAR FALLS COMMUNITY SCHOOLS FOUNDATION

Employer identification number 20-4287931

Pa	Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	1	
2	Aggregate contributions to (during year)	550.	
3	Aggregate grants from (during year)	<1,000.	>
4	Aggregate value at end of year	4,993.	
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's		X Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of		
	Impermissible private benefit?		X Yes No
Pa		ganization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or		storically important land area
	Protection of natural habitat		rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		
	,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic sti	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	• •	2d
3	Number of conservation easements modified, transferred, re		ne organization during the tax
	year ▶	,	
4	Number of states where property subject to conservation ea	asement is located	
5	Does the organization have a written policy regarding the pe		· f
	violations, and enforcement of the conservation easements	- ·	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, and enforcing conservation easements	during the year ►
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abo		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat	tion easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza		_
	conservation easements.		
Pa	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, no	ot to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of p	public service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these	items.	
ь	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and bala	ance sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education,	or research in furtherance of public servi	ce, 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		► \$ ► \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financ	
	the following amounts required to be reported under SFAS	116 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		► \$ ► \$

		ALLS COMMU							Page Z
Par	t #I Organizations Maintaining C								
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items								
	(check all that apply):								
а	Public exhibition	d	Loan or	exchange progra	ıms				
b	Scholarly research	е	Other						
C	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they furthe	er the organization	on's exe	mpt purpo:	se in Part	XIV.	
5	During the year, did the organization solicit o	r receive donations o	of art, historical t	easures, or othe	er sımılar	assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's	collection?		<u> </u>		Yes	No_
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if organization	answered "Yes	to For	m 990, Par	t IV, line 9	9, or	
	reported an amount on Form 990, Par	rt X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribu	ions or other as	sets not	ıncluded			
	on Form 990, Part X?					No No			
ь	if "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table:			•			
_			y					Amount	
c	Beginning balance					1c			
	Additions during the year	•••	•		•				
	Distributions during the year	• •		•	•	1d 1e			
f	Ending balance					1f			
	Did the organization include an amount on Fe	orm 000 Part Y line	212		••	L-:L		Yes	No
	If "Yes," explain the arrangement in Part XIV.		211					_ 103	
Par			swered "Yes" to	Form 990 Part	IV line 1	in.			
1 (2)	Endownient i unus. Complete	(a) Current year	(b) Prior year	(c) Two year		(d) Three ye	are hack	(e) Four	years back
4	Decision of view belongs	(a) Current year	(b) Filor year	(C) I WO Year	13 Dack	(d) Tillee y	Jaij Duck	(0) 1 001	yours buok
1a	Beginning of year balance			- 	[****************	 ' 	 	+'-#
b	Contributions								
C	Net investment earnings, gains, and losses					· · · · · · · · · · · · · · · · · · ·	** ***		
	Grants or scholarships								
е	Other expenditures for facilities								
	and programs							<u> </u>	
	Administrative expenses						 ′ ′ ′	 	++
_	End of year balance				l			<u> </u>	
2	Provide the estimated percentage of the year end balance held as:								
а	Board designated or quasi-endowment	<u></u>	%						
P	Permanent endowment >%								
		%							
3a	Are there endowment funds not in the possession of the organization that are held and administered for the organization						- I		
	ph.							(- /	Yes No
	(i) unrelated organizations .							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ii), are the related organization:							_3ь	
4	Describe in Part XIV the intended uses of the								
Pai	t VI Investments - Land, Building	 							
	Description of investment	(a) Cost or obasis (investi	1	ost or other sis (other)		ccumulate preciation	ed	(d) Boo	k value
1a	Land								<u></u>
b	Buildings								
c	Leasehold improvements								
đ	Equipment								
	Other								
	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B), I	ne 10(c))			>		0.

	S COMMUNITY S		ATION	20-4287931	Page 3
Part VII Investments - Other Securities.	See Form 990, Part X, line 1		c) Method of v		
(a) Description of security or category (including name of security)	(b) Book value		valuation: r market value		
Financial detivatives					
Closely-held equity interests	<u> </u>				
Other					
			-		
					
					
Total. (Col (b) must equal Form 990, Part X, col (B) line 12)					
Part VIII Investments - Program Related.	See Form 990, Part X, line				
(a) Description of investment type	(b) Book value		(c) Method of or end-of-year	valuation: r market value	
			. 		
				· · · · · · · · · · · · · · · · · · ·	
		- 			
		-		<u> </u>	
Total. (Col (b) must equal Form 990, Part X, col (B) line 13)					
Part IX Other Assets. See Form 990, Part X, In	ne 15.		<u></u>		
	a) Description			(b) Book v	alue
					
					
					
					
		 			
Total. (Column (b) must equal Form 990, Part X, col (B)		<u></u>		<u> </u>	
Part X Other Liabilities. See Form 990, Part	X, line 25.	·			
1. (a) Description of liability		(b) Amount			
Federal income taxes					
Total. (Column (b) must equal Form 990, Part X, col (B)					didi . C ·
2. FIN 48 Footnote. In Part XIV, provide the text of the	footnote to the organizatio	n's financial statements	tnat reports t	ine organization's liab	uity tor
uncertain tax positions under FIN 48. 932053 02-01-10		***		Schedule D (Form	990) 200

	dule D (Form 990) 2009 CEDAR FALLS COMMUNITY SCHO						287931	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 t	o Auc	ited Finan	ciai S	taten	nents		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1				
2	Total expenses (Form 990, Part IX, column (A), line 25)		••	2				
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3			<u>. </u>	
4	Net unrealized gains (losses) on investments			4				
5	Donated services and use of facilities	•••		5				
6	Investment expenses			6				
7	Prior period adjustments			7				
8	Other (Describe in Part XIV.)			8				
9	Total adjustments (net). Add lines 4 through 8			9				
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3			10				
Par	t XII Reconciliation of Revenue per Audited Financial Staten	nents	With Reve	nue p	er Re	turn		
1	Total revenue, gains, and other support per audited financial statements				.	1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains on investments	26	•			1		
b	Donated services and use of facilities	<u> 2</u> 1	<u> </u>					
c	Recoveries of prior year grants	20	-			l		
d	Other (Describe in Part XIV.)	20	d					
e	Add lines 2a through 2d				L	2e		
3	Subtract line 2e from line 1		•			3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	,						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4	а					
b	Other (Describe in Part XIV.)	4	b					
С	Add lines 4a and 4b				-	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		14.C. =			5		
Pa	t XIII Reconciliation of Expenses per Audited Financial State	ments	With Expe	enses	per l	Retur	n	
1	Total expenses and losses per audited financial statements	•	•		-	1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		1		1			
а	Donated services and use of facilities	2						
b	Prior year adjustments	2						
C	Other losses	2				1		
d	Other (Describe in Part XIV.)	2	d					
e	Add lines 2a through 2d	•			-	2e		
3	Subtract line 2e from line 1				-	3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.	1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4						
	Other (Describe in Part XIV.)	4	b					
C	Add lines 4a and 4b				-	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)					5		 -
11.	t XIV Supplemental Information		- d d 4 - D			0	b. Dod V. ha	. 4. David
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Par							4, Part
λ, ιιι	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also co	mpiere	inis part to pr	ovide a	iny auu	ilionari	mormation.	
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SCHEDULE 0

(Form 990)

Supplemental Information to Form 990

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.

2009 Open to Public Inspection

Name of the organization

CEDAR FALLS COMMUNITY SCHOOLS FOUNDATION

Employer identification number 20-4287931

Form 990, Part I, Line 1, Description of Organization Mission:				
THE ORGANIZATION IS A NONPROFIT CORPORATION EXTABLISHED TO ENHANCE A				
TRADITION OF EXCELLENCE AND SUPPORT THE CEDAR FALLS COMMUNITY SCHOOL				
DISTRICT BY GENERATING RESOURCES AND ADVOCATING FOR QUALITY PUBLIC				
EDUCATION.				
Form 990, Part VI, Section A, line 2: THESE ARE ALL PEOPLE ON THE SCHOOL				
BOARD OR ARE SCHOOL SYSTEM EMPLOYEES:				
DEE SENCHINA				
DAVE STOAKES				
DOUG NEFZGER				
LARRY BOCKES				
DAN CONRAD				
DANA DEINES				
CINDI MCDONALD				
GREG HANKINS				
KIM CROSS				
SUSAN LANTZ				
Form 990, Part VI, Section B, line 11: FORM 990 WAS PROVIDED TO THE				
TREASURER PRIOR TO FILING. BOARD MEMBERS ARE GIVEN THE OPPORTUNITY TO				
OBTAIN A COPY OF THE FORM 990.				
Form 990, Part VI, Section C, Line 19: ALL GOVERNING DOCUMENTS AND				
FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.				