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Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No_1545-0047 Open to Public

The organization may have to use a copy of this return to satisfy state reporting requirements Inspection For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, C Name of organization Check if applicable D Employer identification number use IRS label or Address change CARL SANDBURG COLLEGE FOUNDATION print or Name 23-7098820 Doing Business As. Number and street (or P.O. box if mail is not delivered to street address) See Room/suite E Telephone number Termin-ated 400 TOM L WILSON BLVD 309-341-5282 Amende return 552,319. City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-GALESBURG, IL 61401 H(a) Is this a group return pending F Name and address of principal officer CAROL STOMBAUGH Yes X No for affiliates? 2400 TOM L WILSON BLVD, GALESBURG, IL61401 H(b) Are all affiliates included? Yes Tax-exempt status X 501(c) (3 If "No," attach a list. (see instructions) J Website: ▶ WWW.CSCFOUNDATION.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1969 M State of legal domicile: IL Part I Summary Briefly describe the organization's mission or most significant activities. TO SUPPORT THE EDUCATIONAL **IU** Activities & Governance ENDEAVORS OF THE STUDENTS AND TO ENHANCE THE COLLEGE'S EFFORTS TO oxdot if the organization discontinued its operations or disposed of more than 25% of its net assets 16 Number of voting members of the governing body (Part VI, line 1a) 16 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 5 Total number of employees (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) 6 0. Total gross unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 0. 7h **Prior Year Current Year** SCANNED DEC 2 1 nses Contributions and grants (Part VIII, line 1h) 435,791. 381,912. Program service revenue (Part VIII, line 2g) Investment income (Part VIII) column (A), lines 3, 4, and 7d)
Other revenue (Part VIII, Column (A) lines D6d, 8c, 9c, 10c, and 11e) 160,653. 148,870. 45,873. 11,125. Total revenue - add Ines 8 through 11 (must equal Part VIII, column (A), line 12) 642,317 541,907. Grants and similar mourits daids (Part IX, column 2A), lines 1-3)
Benefits paid to pr for members (Part IX, column (A), line 4) 503,010 758,854. Salaries, other compensation, employee-benefits Part IX, column (A), lines 5-10) 16a Professional fundraising fees (PartiX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 81,852 109,522. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 584,862 868,376. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 57,455 Revenue less expenses Subtract line 18 from line 12 <326,469.> Assets or Balances **Beginning of Current Year** End of Year 3,049,056 3,118,137. 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 41,016 135,618. Piet, 008,040 982,519 Net assets or fund balances Subtract line 21 from line 20 Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and competes. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 71-11-13 Sign Signature of officer agan Here CAROL STOMBAUGH PRESIDENT Type or print name and title Check if Preparer's identifying number (see instructions) Preparer's Paid self-employed ▶ signature 11/11/10 P00302847 Preparer's Firm's name (or WIPFLT LLP 39-<u>0758449</u> EIN ▶ yours if self-employed), Use Only ро вох 898 STERLING, IL 61081 Phone no. \triangleright (815)626-1277

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

May the IRS discuss this return with the preparer shown above? (see instructions)

Form 990 (2009)

Yes

0

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	_X_	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4_	_Section_501(c)(3) organizations. Did the organization_engage in lobbying activities?_If_"Yes, " complete Schedule-C,-Part-II = -	_4_		X -
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any 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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		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		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
••	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			
•	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.			
•	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 statements for the tax year? If "Yes," complete			
12	Schedule D, Parts XI, XII, and XIII	12	х	
124	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
124	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	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,	1-70		41
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	עדו		_21
13	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	-13		
	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,	0		
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- 17		-21
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10	- 43	
	complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	-	X
20	Did the organization operate one or more hospitals. II Tes, complete ochedule H		aan <i>i</i>	

Fórm 990 (2009) CARL SANDBURG COLLEGE FOUNDATION
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		Х
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	<u> </u>	
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			
	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			
	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		х
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			
	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	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		Х
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		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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		х
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	х	
		Form		2009)

Fôrm 990 (2009) CARL SANDBURG COLLEGE FOUNDATION
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	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gain	ning			
	(gambling) winnings to prize winners?	L	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	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 instructions)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this retu	urn?	3a		_X_
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over	r,a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		_X_
b	If "Yes," enter the name of the foreign country				
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and				
	Financial Accounts.				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	1	5a		<u>X</u>
			_5b		_X_
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohib	ited			
	Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	on solicit		v	
	any contributions that were not tax deductible?	ŀ	6a	X	
Ь			Ch.	x	
7	were not tax deductible?	ŀ	6b_	Λ	
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and s	enuces			
а	provided to the payor?	51 VICES	7a	X	
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	-	7b	X	
	Data to the second of the seco		, 0		
·	to file Form 8282?		7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year				
	Date to the second of the seco				
	benefit contract?		7e	ľ	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required	?	7h		X
8	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	holdings			
	at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
	·	-	9a_		
	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter				
	Initiation fees and capital contributions included on Part VIII, line 12 Orace recently included on Form 900, Part VIII, line 13 for public use of club facilities.				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]				
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders				1
	Gross income from other sources (Do not net amounts due or paid to other sources against	-			
D	amounts due or received from them)				
12-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		u_		
	1 - 100 circo and amount of the groups into 500 country of decided during the year		Form	aan	(2000)

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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
ь	Enter the number of voting members that are independent 1b 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	-officer, director, trustee, or key-employee? — —————————————————————————————————	2 -		- X-
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
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			
	governing body?	7a		_X_
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		_X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		<u> </u>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		<u> </u>
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	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			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			l <u></u>
а		15a		X
b	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)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			7,5
	taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's		İ	Ì
500	exempt status with respect to such arrangements?	16b		Ь
	<u> </u>			
17	List the states with which a copy of this Form 990 is required to be filed L	for		
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	iur		
	public inspection. Indicate how you make these available. Check all that apply Own website Another's website X Upon request			
40	·	ad for-	noral	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, at	iu iina	uicial	
~	statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion -		
20	GENA ALCORN - 309-341-5282	uon 🏓		
		401		

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)	(B)	ensate any current officer, direc (B) (C)						(D)	(E)	(F)
Name and Title	Average		Position					Reportable	Reportable	Estimated
	hours	(cl	heck	all t	ll that apply)		ly)	compensation	compensation	amount of
	per	à						from	from related	other
	week	individual trustee or director	a.			ited		the organization	organizations (W-2/1099-MISC)	compensation from the
		ustee	truste		_ پو	suadi		(W-2/1099-MISC)	(11 27 1000 111100)	organization
		d land	Institutional trustee		Key employee	st corr yee	<u></u>			and related
		Indiv	Institu	Officer	Key er	Highest compensated employee	Former			organizations
CAROL STOMBAUGH		ļ			-					
PRESIDENT	2.00	Х		X		$oxed{oxed}$		0.	0.	0.
GREG DAVIS										
VICE PRESIDENT	2.00	X		X	<u> </u>	<u> </u>		0.	0.	0.
DEBBIE HESSLER									_	_
SEC/TREAS.	2.00	Х		X		_	<u> </u>	0.	0.	0.
MARCIA BULLIS	0.50		-				1			
DIRECTOR	0.50	X	ļ		<u> </u>	-		0.	0.	0.
KARNA FOSTER	0.50	٦,							_	
DIRECTOR	0.50	X	-			├		0.	0.	0.
GARY BANER DIRECTOR	0.50	Į.,						0.	0.	0.
TRAVIS HIEL	0.50	┢	├		-	┢╌	 	0.	<u>U•</u>	
DIRECTOR	0.50	x						0.	0.	0.
DON FISK	0.30	1					\vdash	· ·	•	•
DIRECTOR	0.50	$ \mathbf{x} $						0.	0.	0.
WAYNE GREEN		T	t	 					<u>_</u>	
DIRECTOR	0.50	x						0.	0.	0.
TOM MALONEY	1									
DIRECTOR	0.50	X		ŀ				0.	0.	0.
MICHELLE HOFFMAN										
DIRECTOR	0.50	X						0.	0.	0.
GAYLA PACHECO					1					
DIRECTOR	0.50	X	ļ			_	ļ	0.	0.	0.
HAMSA JAGANNATHAN										
DIRECTOR	0.50	X	<u> </u>	<u> </u>		_		0.	0.	0.
CAROL HAGAN								_	_	
DIRECTOR	0.50	X	<u> </u>	<u> </u>		ļ	_	0.	0.	0.
MARY MICHALEK		l								
DIRECTOR	0.50	X	<u> </u>	-	-	1		0.	0.	0.
MARK STANSELL	0.50								_	
PAST PRESIDENT	0.50	X	-		-	├-	\vdash	0.	0.	0.
GENA ALCORN	40.00		1	.				_	_	_
FOUNDATION DIRECTOR	40.00			X		<u> </u>		0.	0.	0.

Part VII Section A. Officers, Direct (A) Name and title	(B) Average	(C) Position						(D) Reportable	(E) Reportable		For	(F) timate	\d
ivanie and the	hours per week		neck		hat	арр		compensation from the organization	compensation from related organizations (W-2/1099-MISC)		am com	ount other bensa	of ition
		Individual trustee or director	Institutional trustee		oloyee	Highest compensated employee		(W-2/1099-MISC)			orga	anızat İrelat	ion
		npwipul	Institutio	Officer	Key employee	Highest employe	Former					nızatı	
		\vdash											
		-											
		_											
		\vdash										-	
		-											
1b Total		<u></u>	<u> </u>					0.		0.			0.
Total number of individuals (including compensation from the organization)	=	nose	liste	d al	oove	e) wh	o re	eceived more than \$100),000 in reportabl	е	Т		0
3 Did the organization list any former			, ke	em (ploy	yee,	or h	nighest compensated er	nployee on	[Yes	No
line 1a? If "Yes," complete Schedul For any individual listed on line 1a,	is the sum of reportab	le co							the organization		3		X
and related organizations greater th Did any person listed on line 1a rec	eive or accrue compe	nsat	ion f						ices rendered to		4		X
the organization? If "Yes," complete Section B. Independent Contractors	e Schedule J for such	pers	on							!	5		X
Complete this table for your five high the organization NONE	phest compensated in	depe	ende	nt c	ontr	acto	rs t	hat received more than	\$100,000 of com	ipens	ation fi	om	
Name and b	(A) usiness address							(B) Description of s	ervices	С	(Comper		n
					-			<u>. </u>					
											-		
							_						
							_						
2 Total number of independent contr	actors (including but r		mite	d to	the	se lie	sted	l ahove) who received m	ore than				
\$100,000 in compensation from the)	,,,,,		10.10 triair		Form 9	200 /	

	990 (PWINDROKE	COPPERE	FOUNDATIO	IN	43-7098	820 Page 9
Pa	rt VIII	Statement of Reven	ue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Fundraising events Related organizations Government grants (contribute All other contributions, gifts, grant similar amounts not included above	ons) 1e s, and ve 1f	3,797. 378,115. 6,264.	381,912.		-	
Program Service Revenue	2 a b c	Total. Add lines, ra-11		Business Code	301,712.			
Progra Re		All other program service reve	nue					
	3 4 5	Investment income (including other similar amounts) Income from investment of tax Royalties	k-exempt bond p	proceeds	148,870.			148,870.
	b	Less rental expenses Rental income or (loss)	(i) Real	(ii) Personal				
	7 a b c	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses	(i) Securities	(ii) Other				
Other Revenue	8 a	Gross income from fundraising including \$	97. of	21,537. 10,412.				
Ŏ	с 9 а b	Net income or (loss) from fund Gross income from gaming ac Part IV, line 19 Less. direct expenses Net income or (loss) from gam	etivities. See a b		11,125.			11,125.
	10 a b	Gross sales of inventory, less and allowances Less cost of goods sold Net income or (loss) from sale	returns a b s of inventory					
	11 a b c	Miscellaneous Revenu		Business Code				
	e 12	Total. Add lines 11a-11d Total revenue See instructions.		>	541,907.	0.	0.	159,995.

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

	'All other organizations must compl	ete column (A) but are			(D).
	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	758,854.	758,854.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
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		· <u>-</u> .		<u> </u>
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				<u> </u>
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)				
а	Management				
b	Legal				
	Accounting	13,215.		13,215.	·
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	37,998.		37,998.	
12	Advertising and promotion				
13	Office expenses	11,850.		11,850.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	867.		867.	
18	Payments of travel or entertainment expenses				_
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,689.	-	2,689.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	MEGGET E BURGITA	30,546.		30,546.	
a b	ALUMNI ASSOC. EXPENSE	8,226.		30,3400	8,226.
C	DE MINAS DONOR GIFTS	4,131.			4,131.
d	22 HIMID DONOR GIFTD	=/1310			=/1710
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	868,376.	758,854.	97,165.	12,357.
<u>25</u>	Joint costs. Check here	000,0,0	, 30, 0341		
20	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	coocanonal campaign and runuraling solicitation				- 000

		-	
Form	990 ((2009)	
Pai	rt X	Balance Shee)t
	1	Cash - non-interes	st.
	2	Savings and temp	oc
	3	Pledges and gran	ts
	4	Accounts receiva	bl
	5	_ Receivables.from	.c
		employees, and h	ııç
		of Schedule L	
	6	Receivables from	o
	l	4050(6(4))	

Par	tΧ	Balance Sheet				
		•		(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing		61,856.	1	115,030.
	2	Savings and temporary cash investments			2_	
	3	Pledges and grants receivable, net			3	16,200.
	4	Accounts receivable, net			4	
	5	Receivables.from.current and.former.officers,-dii	rectors,-trustees,-key			
		employees, and highest compensated employee	es Complete Part II			
		of Schedule L			5	
	6	Receivables from other disqualified persons (as	defined under section			
		4958(f)(1)) and persons described in section 495	58(c)(3)(B) Complete			
		Part II of Schedule L			6	
ş	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
۱ ۲	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D	10a			
	b	Less accumulated depreciation	10b		10c	
	11	Investments · publicly traded securities		2,987,200.	11	<u>2,986,907.</u>
	12	Investments - other securities See Part IV, line 1	1		12	
	13	Investments - program-related See Part IV, line	11		13	
	14	Intangible assets			14	-
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	3,049,056.	16	3,118,137.
	17	Accounts payable and accrued expenses		6,246.	17	17,868.
	18	Grants payable		34,770.	18	117,750.
	19	Deferred revenue			19_	
	20	Tax-exempt bond liabilities			20	
Liabilities	21	Escrow or custodial account liability Complete F			_21	· · · · · · · · · · · · · · · · · · ·
ij	22	Payables to current and former officers, director				
Lial		highest compensated employees, and disqualifications and disqualifications.	ed persons. Complete Part II		}	
_		of Schedule L	And Married and a		22	
	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated Other liabilities. Complete Part X of Schedule D	i miro parties		24	
	25 26	Total liabilities. Add lines 17 through 25		41,016.	25 26	135,618.
	20	Organizations that follow SFAS 117, check he	are X and complete	31,010.	20	133,010.
S		lines 27 through 29, and lines 33 and 34.	and complete			
Ce	27	Unrestricted net assets		321,047.	27	<94,793.>
alar	28	Temporarily restricted net assets		1,362,929.	28	1,402,544.
d B	29	Permanently restricted net assets		1,324,064.		1,674,768.
ج		Organizations that do not follow SFAS 117, cl	heck here			
P.		complete lines 30 through 34.	, — : :			
ts	30	Capital stock or trust principal, or current funds			30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or eq	upment fund		31	
et A	32	Retained earnings, endowment, accumulated in	•		32	
ž	33	Total net assets or fund balances		3,008,040.	33	2,982,519.
	34	Total liabilities and net assets/fund balances		3,049,056.	34	3,118,137.

<u>Fórm</u>	rm 990 (2009) CARL SANDBURG COLLEGE FOUNDATION	<u> </u>	<u> 0 F</u>	Page 12
Pa	art XI Financial Statements and Reporting			-
		•	Ye	s 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?	2	a	X_
b	b Were the organization's financial statements audited by an independent accountant?	2	b X	
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	sight of the audit,		
	review,.or.compilation.of its-financial statements and-selection of-an-independent-accountant?— —		c X	<u>- </u>
	If the organization changed either its oversight process or selection process during the tax year, expl	aın ın Schedule O.		
d	d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year was a second of the sec	vere issued on a		
	consolidated basis, separate basis, or both			
	X Separate basis Consolidated basis Both consolidated and separate basis			
За	a As a result of a federal award, was the organization required to undergo an audit or audits as set fortl	n in the Single Audit		1
	Act and OMB Circular A-133?	_ 3	a	X
b	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	o the required audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3	b	
		Fo	rm 99 (0 (2009)

932012 02-04-10

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

| 2009

Schedule A (Form 990 or 990-EZ) 2009

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Inspection
Employer identification number

		CARL SA	NDBURG COLLE	GE FO	UNDAT	ION			23	<u> -7098</u>	820
Part I	Reason	for Public Char	ity Status (All organız	ations mus	st complet	e this part	t) See inst	ructions			
he_organ	ization_is_not a	private_foundation_	because.it is(Eor.lines.1	through 1	1,-check	only-one-b	ox)				
1	A church, cor	nvention of churches	s, or association of churc	ches desci	ribed in se	ction 170	(b)(1)(A)(i)				
2	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Scl	hedule E)							
з 🔲	A hospital or	a cooperative hospi	tal service organization o	described i	n section	170(b)(1)((A)(m).				
4 🗔	A medical res	earch organization of	operated in conjunction	with a hos	pital desci	ibed in se	ction 170	(b)(1)(A)(ii	i). Enter th	ne hospital'	's name,
	city, and stat	e								,	
5 X	-	*	benefit of a college or un	niversity ov	vned or op	erated by	a governr	mental uni	t describe	d in	
. \Box		(b)(1)(A)(iv). (Comple				- 470(h)(4	D/AV-A				
<u>6</u>			ent or governmental unit					r from the	gonorol n	مممله مناطب	ribad in
7 🗀	-	-	eives a substantial part (oi its supp	ort from a	governine	intai unit u	ii iioni tiie	general p	ublic desci	iibeu ii i
. \Box		b)(1)(A)(vi). (Comple		Complete	Dart II \						
8 9			ection 170(b)(1)(A)(vi). (eives (1) more than 33 1			rom contri	butions m	aomharchi	n foos an	d gross roc	counte from
9	_		nctions - subject to certa								
		•	axable income (less sect	•	•	•				_	
		509(a)(2). (Complete	•	ion o i i ta	,	311103303 6	icquired b	y the orga	inization a	itei odile o	0, 10/0
10			perated exclusively to tes	st for publi	c safety S	See sectio	n 509(a)(4	I).			
11 🗔	-	· ·	perated exclusively for th		-			-	v out the i	ourposes o	of one or
—	•	•	ations described in section		•					•	
			organization and comple		-		,	•	, ,		
	a Type I	· · · · · -	¬ -	: 🔲 Тур	_		egrated		d 🔲	Type III - C	Other
е 🔲	By checking	this box, I certify tha	it the organization is not	controlled	directly o	r indirectly	by one or	r more disc	qualified p	ersons oth	er than
	foundation m	anagers and other t	han one or more publicly	supporte	d organiza	itions desi	cribed in s	ection 509	9(a)(1) or s	ection 509	(a)(2)
f	If the organiz	ation received a writ	ten determination from t	he IRS tha	at it is a Ty	pe I, Type	II, or Type	e III			
	supporting of	rganization, check th	nis box								
g	Since August	t 17, 2006, has the o	organization accepted an	ny gift or co	ontribution	from any	of the follo	owing per	sons?		
	(i) A perso	n who directly or ind	irectly controls, either al	one or tog	ether with	persons c	lescribed i	ın (ıı) and (III) below,		Yes No
	the gove	erning body of the si	upported organization?							11g(i)	
	(ii) A family	member of a persor	n described in (i) above?							11g(ii)	\vdash
		•	person described in (i) o							11g(iii)	
h	Provide the f	ollowing information	about the supported org	ganizationi	(s)						
		т	(111) T	1				1	- I		
	of supported	(ii) EIN	(iii) Type of organization		organization sted in your		u notify the ion in col.	(vi) ls organizatio	on in col.		nount of
org	anization		(described on lines 1-9	. , ,	document?			(i) organiz U.S	ed in the	sup	port
			above or IRC section (see instructions))	Yes		Yes	No	Yes	No		
			(see instructions))	165	140	163	140	165	140		
							1				
	_										
				-							
							_				
				ļ							
Total											

Form 990 or 990-EZ.

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

Schedule A (Form 990 or 990-EZ) 2009

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

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

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.

Pa	rt III Support Schedule for C	Organizations	Described in	Section 509(a	(Complete only	ıf you checked th	e box on line 9 of Part I.)
Se	ction A. Public Support						
Cal	endar 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						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
_	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose			-	-		
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513	-					
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf	-		_			
5	The value of services or facilities						
	furnished by a governmental unit to	il					
_	the organization without charge					-	
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
,	3 received from disqualified persons Amounts included on lines 2 and 3 received						
•	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the			1			
	amount on line 13 for the year Add lines 7a and 7b			-	 		
	Public support (Subtract line 7c from line 6)				 		
	ction B. Total Support				1		<u></u>
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975				ļ		
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b.						
	whether or not the business is						
	regularly carried on						
12	Other income Do not include gain or loss from the sale of capital]			
	assets (Explain in Part IV)		_				
	Total support (Add lines 9, 10c, 11, and 12)			1			
14	First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	n 501(c)(3) orga	anization,
<u>-</u>	check this box and stop here	ia Cunnart Da	roomtogo				<u> </u>
_	ction C. Computation of Publ			(f)		45	
	Public support percentage for 2009 (Public support percentage from 2008		•	column (I))		16	<u>%</u> %
16 Se	ction D. Computation of Inves				•	10	
	Investment income percentage for 20			•		17	<u> </u>
18				ne 15, column (I))		18	
_	a 33 1/3% support tests - 2009. If the			on line 14, and line	e 15 is more than 3		
190	more than 33 1/3%, check this box a						▶
	33 1/3% support tests - 2008. If the	•					~
•	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization		-				
							990 or 990-FZ) 2009

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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

CARL SANDBURG COLLEGE FOUNDATION

Employer identification number 23-7098820

Par			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 —
	Total number at and of year	(a) Donot advised funds	(b) funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year Did the organization inform all donors and donor advisors in	Lusting that the assets held in donor adjust	and funds
5	_		Yes No
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	or denot advisor, or for any other purpose	Yes No
Pai		ganization answered "Ves" to Form 990. I	
	Purpose(s) of conservation easements held by the organizat		artiv, mie /
1	Preservation of land for public use (e.g., recreation or p		storically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space	Freservation of a cer	tilled historic structure
2	Complete lines 2a through 2d if the organization held a quali	fied conseniation contribution in the form	of a conservation easement on the last
2	day of the tax year.	med conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
_	Total number of conservation easements		2a
h	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ructure included in (a)	2c
ď	Number of conservation easements included in (c) acquired	* *	2d
3	Number of conservation easements modified, transferred, re		
•	year >		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
-	violations, and enforcement of the conservation easements	- ,	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		during the year
7	Amount of expenses incurred in monitoring, inspecting, and		· · · · · · · · · · · · · · · · · · ·
8	Does each conservation easement reported on line 2(d) abor		
	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	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	ition's financial statements that describes	the organization's accounting for
	conservation easements		
Pa	t III Organizations Maintaining Collections of	•	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116, no	•	
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pu	ublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these		
þ	If the organization elected, as permitted under SFAS 116, to	·	
	or other similar assets held for public exhibition, education, of	or research in furtherance of public servic	e, 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		al gaın, provide
	the following amounts required to be reported under SFAS 1	116 relating to these items.	
а	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X		▶ \$

		NDBURG COL							<u>98820</u>	
Par										
3	Using the organization's acquisition, access (check all that apply)	on, and other record	ds, check	any of the	following that a	are a sign	ificant (use of its	collection	tems
а	Public exhibition	c	ו 🛄 ב	oan or exc	hange program	ıs				
b	Scholarly research	E	• 🗆 c	Other						
С	Preservation for future generations							_		
4	Provide a description of the organization's c	ollections and expla	in how the	ey further t	he organization	's exemp	t purpo	se in Pari	t XIV	
5	During-the-year,-did-the-organization solicit-	r-receive donations	of-art,-his	torical-trea	sures, or other	sımılar as	sets-			
	to be sold to raise funds rather than to be m	aintained as part of	the organ	ization's co	ollection?				Yes _	No_
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if orga	anization ar	nswered "Yes"	to Form 9	990, Pa	rt IV, line	9, or	_
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for c	ontribution	s or other asse	ts not inc	cluded			
	on Form 990, Part X?		•						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing ta	able:						
-		•	· ·						Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year						1e			
1	Ending balance						1f		_	
2a	Did the organization include an amount on F	orm 990, Part X, line	21?						Yes	□ No
	If "Yes," explain the arrangement in Part XIV									
Par			nswered "	Yes" to Fo	rm 990, Part IV	, line 10.				
		(a) Current year	(b) Pr	or year	(c) Two years	back (d)	Three v	ears back	(e) Four y	ears back
1a	Beginning of year balance	3,008,040.			1 2 2 2					
b	Contributions	475,058.		3,322.						
c	Net investment earnings, gains, and losses	449,818.		2,195.	>					
d	Grants or scholarships									
e	Other expenditures for facilities									
_	and programs	950,397.	656	5,520.						
f	Administrative expenses									
a		2,982,519.	3,008	3,040.						
2	Provide the estimated percentage of the year									
а	Board designated or quasi-endowment	<3.00>	%							
b	Permanent endowment ► 56.00	%	_							
c		 %								
За	Are there endowment funds not in the posse	ession of the organiz	ation that	are held a	nd administere	d for the	organız	ation		
	by	ū					Ū		ſγ	es No
	(i) unrelated organizations								3a(i)	Х
	(ii) related organizations								3a(ii)	X
b	If "Yes" to 3a(ii), are the related organization	s listed as required o	on Sched	ule R?					3b	
4	Describe in Part XIV the intended uses of the	•								
Par	t VI Investments - Land, Buildin				, Part X, line 10					
	Description of investment	(a) Cost or o	other	(b) Cost	or other	(c) Acci	ımulate	d T	(d) Book	value
	·	basis (investi		basis	(other)	depre	ciation			
1a	Land									
	Buildings						-			
	Leasehold improvements									
	Equipment									
	Other						_	$\neg \uparrow$		
	. Add lines 1a through 1e (Column (d) must e	equal Form 990. Part	X, colum	n (B), line 1	10(c))			D		0.

Schedule D (Form 990) 2009

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

_	edule D (Form 990) 2009 CARL SANDBUR	G COLLEGE 1	FOUNDATION		23-7	098820	Page 4
Par	rt XI Reconciliation of Change in Net Ass	sets from Form	990 to Audited Fina	ncial Stat	ements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1			<u>907.</u>
2	Total expenses (Form 990, Part IX, column (A), line 25)			2			<u>376.</u>
3	Excess or (deficit) for the year Subtract line 2 from line	2 1		3			469.
4	Net unrealized gains (losses) on investments			4		<u> </u>	948.
5	Donated services and use of facilities			5	_		
6	Investment expenses			6			
7	_Prior period adjustments			7			
8	Other (Describe in Part XIV)			_8		222	2.42
9	Total adjustments (net) Add lines 4 through 8			9			948.
10	Excess or (deficit) for the year per audited financial sta			10	Datum	<25,	521.
	rt XII Reconciliation of Revenue per Audi		atements with neve	nue per		004	076
1	Total revenue, gains, and other support per audited fir				1-1	924,	876.
2	Amounts included on line 1 but not on Form 990, Part	VIII, line 12 ⁻	و ا دا	00 040			
	Net unrealized gains on investments			<u>00,948</u>			
b				<u>71,609</u>	4		
C	Recoveries of prior year grants		2c	10 410	-		
d	,		2d	10,412	_	202	0.00
е					2e		969.
3	Subtract line 2e from line 1				3	541,	907.
4	Amounts included on Form 990, Part VIII, line 12, but i		1.1				
a	•	VIII, line 7b	4a		-		
b	,		4b		4.1		•
_					4c	E 4.1	0.
5 D2	Total revenue Add lines 3 and 4c. (This must equal Fort XIII) Reconciliation of Expenses per Aud			oneoe no	5 Dotur		907.
			tatements with Exp	elises he			397.
1	Total expenses and losses per audited financial staten				1-1-	950,	391.
2	Amounts included on line 1 but not on Form 990, Part	IX, line 25		71 600			
a				<u>71,609</u>	-		
b	•		2b		-		
C	Other losses		2c	10,412	\dashv		
d	,		_2d	10,412		0.0	001
_	Add lines 2a through 2d				2e		021.
3	Subtract line 2e from line 1				3	000,	<u>376.</u>
4	Amounts included on Form 990, Part IX, line 25, but no		1.1				
	Investment expenses not included on Form 990, Part	VIII, line /b	4a		\dashv \mid		
	Other (Describe in Part XIV)			_	-		0
_	Add lines 4a and 4b		(0.)		4c	0.60	0.
	Total expenses. Add lines 3 and 4c. (This must equal f	orm 990, Part I, line	18)		5	808,	<u>376.</u>
	rt XIV Supplemental Information	haud II lun 0 5 10) Dowl III have 4 4 - 5	10.4 IV 2	1h 0'	- Dord V. C.	4 D
	plete this part to provide the descriptions required for P						4, Part
	ne 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XII RT V, LINE 4: THE INTENDED U						
PAI	KI V, DINE 4; THE INTENDED O	SE OF THE	ENDOWMENT FUN	<u> пр</u>	OK SI	ODENI	
פרז	HOLARSHIPS.						
<u>3C1</u>	HODARBHIFS.						
		-					
DΔI	RT X: ACCOUNTING PRINCIPLES	GENERALLY	ארכיהסייהו דאן יי	тип ян	תעט		
<u>r m</u>	KI A: ACCOMITING INTRETIBED	ODNIGABILI A	ACCELLED IN I.	III OHI	100		
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<u></u>	TILD OF THIMITOIN THOUTHDED DE				<u></u>	HITT	-414
REC	COGNITION, MEASUREMENT AND D	ISCLOSURE (OF UNCERTAIN	TAX PO	SITTO	NS	
<u> </u>	COLITITOR, HARDONDRIBET THE D	-DODOUM (- CIOLITAIN		<u></u>		
REC	COGNIZED IN AN ENTERPRISE⊘S	FINANCIAL :	STATEMENTS.	GENERA	LLY A	CCEPTEI)
700	COINMENC DETNICIDITE DECITE	ANI ENIMENU I	TO PECOCNIZE		NIA NICIT	λT	

STATEMENT IMPACT OF A TAX POSITION WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION. DIRECT FUNDRAISING EXPENSE ADJUSTMENT FOR \$10,412 IN SCHEDULE D PART XII, LINE 2D AND PART XIII, LINE 2D
DIRECT FUNDRAISING EXPENSE ADJUSTMENT FOR \$10,412 IN SCHEDULE D PART XII,
DIRECT FUNDRAISING EXPENSE ADJUSTMENT FOR \$10,412 IN SCHEDULE D PART XII,
DIRECT FUNDRAISING EXPENSE ADJUSTMENT FOR \$10,412 IN SCHEDULE D PART XII,
LINE 2D AND PART XIII, LINE 2D

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Open To Public Inspection

Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Name of the organization **Employer identification number** CARL SANDBURG COLLEGE FOUNDATION 23-7098820 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants h Phone solicitations С Special fundraising events

In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes _ No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name of individual (iv) Gross receipts to (or retained by) to (or retained by) (ii) Activity or entity (fundraiser) fundraiser from activity organization listed in col (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

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

Schedule G (Form 990 or 990-EZ) 2009

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000 (b) Event #2 (a) Event #1 (c) Other events (d) Total events RAIL ROAD ALUMNI GOLF NONE (add col (a) through DAYS OUTING col (c)) (event type) (event type) (total number) 17,128. 8_, 206 25,334. _1_ _Gross.receipts 3,797 <u>3,797.</u> 2 Less. Charitable contributions 3 Gross income (line 1 minus line 2) 13,331. 8,206 21,537. Cash prizes 5 Noncash prizes 6 Rent/facility costs Food and beverages 8 Entertainment 5,554 4,858 9 Other direct expenses 10,412. 10 Direct expense summary Add lines 4 through 9 in column (d) 10,412) 11,125. 11 Net income summary. Combine line 3, column (d), and line 10 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes **Direct Expenses** 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine line 1, column (d), and line 7 Yes Νo Enter the state(s) in which the organization operates gaming activities. a is the organization licensed to operate gaming activities in each of these states? 9a b If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a b If "Yes," explain: 11 Does the organization operate gaming activities with nonmembers? 11 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to

administer charitable gaming?

Schedule G (Form 990 or 990 EZ) 2009 CARL SANDBURG COLLEGE FOUNDATION 23-709	<u>882</u>	<u>0 Ра</u>	<u> 3 age</u>
		Yes	No
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility 13a %			
b An outside facility <u>13b</u> %			
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
Name ►			
Address >			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount			
of gaming revenue retained by the third party ▶\$			
c If "Yes," enter name and address of the third party			
Name ▶			
Address ▶			
16 Gaming manager information			
Name			
Gaming manager compensation ▶ \$			
Description of services provided ▶			
			
Director/officer Employee Independent contractor			
17 Mandatory distributions:			
a is the organization required under state law to make charitable distributions from the gaming proceeds to	_ =		
retain the state gaming license?	17a		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$			

Schedule G (Form 990 or 990-EZ) 2009

2 | Schedule I (Form 990) 2009 Employer identification number 23-7098820 FINANCIAL NEEDS IN ORDER TO PROVIDE SCHOLARSHIPS Open to Public OMB No 1545-0047 OR STUDENTS TO ATTEND Inspection (h) Purpose of grant or assistance FOR STUDENTS WITH X Yes recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, Inle 21, for any 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, o (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▶ Attach to Form 990. SEE PART IV FOR COLUMN (H) DESCRIPTIONS (d) Amount of cash grant 758,854 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. CARL SANDBURG COLLEGE FOUNDATION (c) IRC section if applicable 37-0896983 501(C)(3) Enter total number of section 501(c)(3) and government organizations General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization or government 2400 TOM L WILSON BLVD CARL SANDBURG COLLEGE Name of the organization GALESBURG, IL 61401 Department of the Treasury Internal Revenue Service SCHEDULE 932101 02-02-10 (Form 990) Part I

Schedule I (Form 990) 2009 (f) Description of non-cash assistance (book, FMV, appraisal, other) 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 SCHEDULE I, PART I, LINE 2: THE FOUNDATION DIRECTOR REGULARLY COMMUNICATES Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information THE MANNER INDICATED IN THE GRANT GUIDELINES. ALL GRANT FUNDS ARE HELD IN WITH THE RECORDING TREASURER TO ENSURE GRANT FUNDS ARE BEING UTILIZED IN OVERSEEN BY THE BUSINESS OFFICE AND CFO. ALLOCATION OF GRANT DOLLARS ARE TRACKED IN THE COLLEGE'S ACCOUNTING SOFTWARE AND REPORTS ARE PROVIDED TO THE CARL SANDBURG COLLEGE BUSINESS OFFICE AND DISTRIBUTION OF FUNDS ARE (d) Amount of non-cash assistance 27 (c) Amount of cash grant (b) Number of recipients COLUMN (H): (a) Type of grant or assistance THE FOUNDATION OFFICE. LINE 1, PART II 932102 02-02-10

Page 2

23-7098820

CARL SANDBURG COLLEGE FOUNDATION

Schedule I (Form 990) 2009

Part III

Schedu Part	le I (Fo	orm 990 Suppl	0) 2009 emen	tal Inforn	<u>CA</u> nation	RL SANI	DBURG	COLI	LEGE	FOUI	NDATIC	N	23	-7098	320	Page 2
NAME	OF	OR	<u>GANI</u>	ZATION	OR	_GOVER1	MENT:	CAI	RL SA	NDBI	URG CC	LLEGE	}			
(H)	PUR	POS	E OF	GRANT	OR	ASSIST	PANCE:	то	PROV	IDE	SCHOL	<u>A</u> RSH1	PS FO	R STU	DENT	s
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SCHEDULE 0

(Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

QMB No 1545-0047
2009
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

CARL SANDBURG COLLEGE FOUNDATION

Employer identification number 23-7098820

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
BENEFIT COMMUNITIES OF THE COLLEGE DISTRICT.
FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS REVIEWED BY THE
RECORDING TREASURER AND FOUNDATION DIRECTOR PRIOR TO REQUESTING THE
PRESIDENT & TREASURER'S SIGNATURES.
FORM 990, PAGE 6, QUESTIONS 15A AND
15B - N/A THE FOUNDATION DOES NOT HAVE ANY EMPLOYEES AND THE BOARD OF
DIRECTORS DO NOT GET COMPENSATED.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS & FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON
REQUEST DURING NORMAL OPERATING HOURS.
FORM 990, PART XI, LINE 2C
THE PROCESS HAS NOT CHANGED SINCE PRIOR YEAR.
FORM 990, PG 10, LINE 11G, OTHER PROFESSIONAL SERVICES
CONTRACTUAL SERVICES

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

Schedule R (Form 990) 2009 2009 Open to Public Employer identification number 23-7098820 Inspection Direct controlling Direct controlling entity entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year) End-of-year assets status (if section Public charity 501(c)(3)) .70(B)(1) <u>e</u> (A)(VI) ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. **Exempt Code** Total income section 501(C)(3) € ► See separate instructions. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Legal domicile (state or Legal domicile (state or foreign country) foreign country) TLINOIS LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. CARL SANDBURG COLLEGE FOUNDATION ► Attach to Form 990. DUALITY EDUCATION IN A TO PROVIDE ACCESSIBLE CARING ENVIRONMENT BY Primary activity Primary activity CARL SANDBURG COLLEGE - 37-0896983 Name, address, and EIN Name, address, and EIN of related organization of disregarded entity 2400 TOM L WILSON BLVD Name of the organization GALESBURG, IL 61401 Part Part

30

23-7098820 Schedule R (Form 990) 2009 CARL SANDBURG COLLEGE FOUNDATION

Page 2

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V·UBI amount in box 20 of Schedule K·1 (Form 1065)	(j) General or managing partner? Yes No
Part IV Identification of Related Orgonizations treated as a cor	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	ooration or '	Trust (Complete if t	he organization	on answered "Ye	s" to Form 990), Part IV, line 3	14 because It I	had one or more i	elated
(a) Name, address, and EIN of related organization	≥ د	P. I	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	g Type of entity (C corp. S corp. or trust)		(f) Share of total income	(g) Share of Peend-of-year ov	(h) Percentage ownership
										<u> </u>
932162 07-21-10			31					Sch	Schedule R (Form 990) 2009	90) 2009

23-7098820

CARL SANDBURG COLLEGE FOUNDATION

Schedule R (Form 990) 2009

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Schedule R (Form 990) 2009 CARL SANDBURG COLLEGE FOUNDATION

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)	mplete if the organization answered	d "Yes" to Form 990, I	Part IV, line 3	(2			
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships	hip through which the organization sion for certain investment partners	conducted more thar ships	five percent	of its activities (me	asured by tota	al assets or gross re	(anue)
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?	(e) Share of end-of- year assets) opor- ate ions?	(g) Code V-UBI amount in box 20 of Schedule K-1	
		5	2				S

Schedule R (Form 990) 2009