

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)

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

OMB No 1545-0047 2009 Open to Public

-			07/01/00 06/20/1			1 mspection				
			ear, or tax year beginning 07/01/09, and ending 06/30/10	,						
В	Check if applica	ble Please use IRS	C Name of organization CLEVELAND STATE COMMUNITY COLLEGE		D Employ	yer identification number				
Lj	Address change	label or	FOUNDATION		l					
\Box	Name change	print or	Doing Business As		23-	7148122				
\equiv		type.	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telepho	one number				
닏	Initial return	See	ADKISSON DRIVE							
Ш	Termination	Specific Instruc-	City or town, state or country, and ZIP + 4		G Gross receip	pts\$ 7,382,848				
\Box	Amended return		CLEVELAND TN 37320-3570			7 7				
믐		E Nor	e and address of principal officer		H(a) In this o	arous roturn for				
	Application pen	ding Naii	e and address of principal officer		H(a) Is this a group return for affiliates? Yes X No					
		İ			H(b) Are all a	affiliates 🖂 🖂				
					included	j? tes No				
					If "No,"	attach a list (see instructions)				
1	Tax-exempt		501(c) (3) ◀ (insert no)							
J	Website:		ELANDSTATECC.EDU		H(c) Group e	exemption number				
<u>K_</u>	Type of organi	zation X Co	rporation Trust Association Other ▶ L Y	ear of formation		M State of legal domicile				
F	art i	Summa	ry							
	1 Brief	fly describe	the organization's mission or most significant activities							
•			DE INCOME FOR DISTRIBUTION IN THE FORM OF TUIT	ON.						
ĕ	1		HIPS AND AWARDS FOR EDUCATIONAL PURPOSES.	,						
'n		····								
Š	2 01-	المحملة مالك الم	If the organization discontinued its operations or disposed of more than 25	0/ -6 44						
ၓ	1			176 OF Its Het as:	1 1	10				
త	L		g members of the governing body (Part VI, line 1a)		_3					
. š			pendent voting members of the governing body (Part VI, line 1b)		4	10				
Activities & Governance			employees (Part V, line 2a)		5	0				
Ä	6 Tota	ıl number of	volunteers (estimate if necessary)		6					
,	7a Tota	ıl gross unre	lated business revenue from Part VIII, column (C), line 12		7a					
	b Net	unrelated bi	ısıness taxable ıncome from Form 990-T, line 34		7b	0				
)			-	Prior Ye		Current Year				
و `	8 Con	tributions ar	d grants (Part VIII, line 1h)	22	4,856	287,639				
Revenue	9 Prog	gram service	revenue (Part VIII, line 2g)							
} &	10 Inve	stment inco	me (Part VIII, column (A), lines 3, 4, and 7d)	-11	4,147	225,059				
	11 Oth	er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							
20 02	12 Tota	ıl revenue –	add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11	0,709	512,698				
-			lar amounts paid (Partiti Coulmn (A) lines 1-3)		3,861	756,812				
• /			or for members (Part IX, column (A), line 4)(0)							
	45 0-1-		compensation comployee benefits many (A), lines 5–10)							
ses	46a Drof	inco, other t	draising fees (Part IX, column (A), line 11e							
ē	h T-4-				-					
Expenses	D 100		g expenses (Part IIX_column (D) Tine 25)		0 406	41,783				
	17 000	•	(Part IX, column (A) new 1/14-241)		0,406					
	1	•	Add lines 13 (must equal Part IX, column (A), line 25)		4,267	798,595				
	19 Rev	enue less e	kpenses Subtract line 18 from line 12		3,558	-285,897				
Net Assets or	20 -	dans de Co		Beginning of Cu	2,608	End of Year				
SSe	20 Tota	,	rt X, line 16)			5,473,856				
E .	21 Tota	•	Part X, line 26)		9,255	4,186				
			nd balances Subtract line 21 from line 20	5,45	<u>3,353</u>	5,469,670				
_ #	Part II	Signatu	re Block	 						
			Ities of perjury, I declare that I have examined this return, including accompanying schedules							
		and benefit	tys true, correct, and complete Declaration of preparer (other than officer) is based on all info	rmation of which	preparer nas	any knowledge				
Si	gn	<u> </u>	10, / mg	·	9	1/27/10				
He	ere	Signat	ure of officer ()		Date	1 1				
		· /v	latt D. Bentley, President							
		Type o	r print name and title							
		Dec	Ma I A I a CPA Date	Check	ıf	Preparer's identifying number				
Pa	iid	Preparer's signature	I While A. Cory, Clar	l colf	. \square	(see instructions)				
	eparer's	Signature	MARK A. LAY, CPA 09/2'		<u> </u>	P00152618				
	se Only	Firm's nam	ARNETT, KIRKSEY, KIMSEY, SULLIVAN, I	AY, PLL	C EIN D	62-0798554				
		ıf self-empl			Phone					
_		address, ar			no 🕨	423-476-5581				
			eturn with the preparer shown above? (see instructions)		·	Yes No				
		ct and Pap	erwork Reduction Act Notice, see the separate instructions.	\sim	177	Form 990 (2009)				
DΑ	Α			ι .	T T					

(Expenses \$

4d Other program services (Describe in Schedule O)

4e Total program service expenses ▶

including grants of \$

756,812

Pa	art 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	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		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		X
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 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 related 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			
	Schedule D, Parts XI, XII, and XIII	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	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		<u> </u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	_17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		,	
	If "Yes," complete Schedule G, Part III	19	<u> </u>	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	L	X

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	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	1		
	\$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		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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	l		
~~	990-EZ? If "Yes," complete Schedule L, Part I	25b		<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			v
27	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u> </u>
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,	27		Α
	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	200		
-	Schedule L, Part IV	28b		x
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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32_		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35_		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			v
27	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	27		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	37		
55	19? Note. All Form 990 filers are required to complete Schedule O	38	x	
	The state of the s			

Statements Regarding Other IRS Filings and Tax Compliance No Yes 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 0 U.S. Information Returns Enter -0- if not applicable 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable X gaming (gambling) winnings to prize winners? 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a 0 Statements, filed for the calendar year ending with or within the year covered by this return 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by X 3a this return? If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X 4a 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 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible? 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods X and services provided to the payor? 7a 7b b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was X 7с required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7e benefit contract? X 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? X For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as X 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? 9b b 10 Section 501(c)(7) organizations. Enter 10a Initiation fees and capital contributions included on Part VIII, line 12 10b h Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter 11 Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

00901 09/27/2010 2 15 PM Form 990 (2009) 'CLEVELAND STATE COMMUNITY COLLEGE 23-7148122 Page 6 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. Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body Enter the number of voting members that are independent b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 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? 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a material diversion of the organization's assets? 5 6 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a þ Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? X 8a X Each committee with authority to act on behalf of the governing body? 8b 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Does the organization have local chapters, branches, or affiliates? 10a 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 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the X 11 Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c 13 Does the organization have a written whistleblower policy? 13 X X Does the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b 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

Sectio	n C.	Disc	losure
--------	------	------	--------

17	List the states with which a copy of this Form 990 is required to be filed	NON

the organization's exempt status with respect to such arrangements?

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply

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

- Own website Another's website X Upon request
- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ BEIRNE' BEATY ADKISSON DR

CLEVELAND

with a taxable entity during the year?

TN 37311

423-472-7141

16a

16b

X

STEVE ROBINSON

HARRY TREWHITT

COLEMAN FOSS

VICE-PRES

TREASURER

SECRETARY

DAA

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."

K Check this box if the organization did not compensate any current officer, director, or trustee

2.00

2.00

2.00

X

X

X

- 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

(E) (F) Reportable Reportable Estimated Name and Title Average Position (check all that apply) compensation compensation amount of hours per Individual to director Institutional trustee from related from other week organizations compensation employee the (W-2/1099-MISC) organization from the (W-2/1099-MISC) organization l trustee and related organizations CARL HITE 0 0 0 EX-OFFICIO 2.00 RON BRAAM 0 0 2.00 X 0 CHAIR DEVE DON LORTON 0 0 X 0 2.00 CHAIR SCHOLA DEBRA MILLER 0 0 X 0 2.00 CHAIR PROJEC JEFF MORELOCK 0 0 X 0 CHAIR MEMBER 2.00 AMY CARD-LILLIOS 2.00 X 0 0 0 PAST PRES BARBARA BAXTER 0 0 0 2.00 X AT-LARGE MIKE CALLAWAY 0 0 2.00 X 0 AT-LARGE MATT BENTLEY 0 0 2.00 X 0 PRESIDENT

Form **990** (2009)

0

0

0

0

0

0

0

0

<u></u>	It Will Section A. Officers	, Directors, Tru		3, 110	, L	пріс	yce	, ai	id riigilest Compensated	Linployees (continued)	1						
	(A) Name and Title	(B) Average hours per week	├		chec	-	that a		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other						
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	com fr org and	pensati om the anizatio d relate inizatio	on ed				
												-					
											_						
							-										
							-										
	· · · · · · · · · · · · · · · · · · ·			_													
		•											, ,				
]															
_1b	Total							▶									
2	Total number of individuals (in reportable compensation from	_			thos	e lis	ted a	bov	e) who received more than	\$100,000 in							
	reportable compensation from	r the organization		<u> </u>								Y	es	No			
3	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on lin	" complete Sche	dule -	J for	suc	h inc	dividu	ıal				3		x			
5	the organization and related or individual Did any person listed on line	organizations gre	ater t	than	\$15	0,00	0? If	"Ye	s," complete Schedule J fo	r such		4		<u>x</u>			
	services rendered to the orga	nization? If "Yes,										5		X			
Sec 1	ction B. Independent Contract Complete this table for your fit compensation from the organ	ve highest comp	ensa	ited i	nder	pend	lent o	cont	ractors that received more	than \$100,000 of			_				
	Name and	(A) I business address							Descrip	(B) otion of services		Compe	C) ensatio	n			
												<u>-</u>					
								-									
												_					
	T-1-1																
2 DAA	Total number of independent more than \$100,000 in compe		_				ed to	τηο	se listed above) who receiv	/ea	F	0 orm 9	90 (2	2009)			

Pa	rt VI	III Stater	nent of Reve	nue						
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
និន	1a	Federated car	npaigns	1a						0.2, 0.0, 0.0, 1
Contributions, gifts, grants and other similar amounts		Membership d		1b						
ള		Fundraising e		1c						
Eg		Related organ		1d						
얦		_		\vdash						
ë ë		Government grants		1e						
돌칠	Т	All other contribution and similar amounts		ا ا		287,639				
	_			1f		201,033				
aug	_		ns included in lines 1a-	11 3	5		207 620			
	<u>n</u>	Total. Add line	es ra-ir				287,639			
ğ	٥-					Busn. Code				
Š	2a									
, e	b									
اڲٙ	C .									
Š	d									<u> </u>
ᇤ	e	A.11 .11								
Program Service Revenue		-	am service reve	nue				:		
\exists		Total. Add line								
	3		come (including	aiviaen	as, intere	est, and	106 506			106 506
		other similar a	•				126,506			126,506
	4		nvestment of tax	r-exem	pt bona p	roceeas >				
	5	Royalties				<u> </u>				
:	_		(ı) Real		(11) F	Personal				
	-	Gross Rents		1						
	b	Less rental exps								
	C	Rental inc or (loss)		!						
	d 7a	Net rental inco Gross amount from			Ι ,	<u> </u>				
		sales of assets	(i) Securities		(11)	Other				
		other than inventory	6,968	, 703						
	b	Less cost or other								
		basis & sales exps	6,870							
		Gain or (loss)		, 553						
		Net gain or (lo		ſ			98,553	98,553		
ne	8a		om fundraising eve	nts						
eni		(not including \$.						
Zev			reported on line 1c)						
Other Reven		See Part IV, line		а						
St.		Less direct ex	•	b[
			r (loss) from fund	r	events					
	9a		om gaming activitie	es						
		See Part IV, line		а			,			
		Less direct ex	-	b					-	
			r (loss) from gam	ning act	tivities					
	10a		f inventory, less	ľ						
		returns and al		а						
		Less cost of		þ						
	Ç		r (loss) from sale		ventory	<u> </u>				
		Misc	ellaneous Revenue	•		Busn Code				
	11a									
	b					-				
	C							-		
	d	All other rever								
	е	Total. Add line				•	F10 CCC	^^ ===		
	12	<u>rotal Revenu</u>	e. See instruction	ns		<u> </u>	512,698	98,553	0	126,506

Part IX Statement of Functional Expenses

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

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

Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
_7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	555,654	555,654		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	201,158	201,158		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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)				
а	Management				
b	Legal				
С	Accounting	- ·			
d	Lobbying				
	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology		<u></u>		<u> </u>
15	Royalties				
16	Occupancy				
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				
_0	mourantee		_		
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	TRUST ADMINISTRATION	31,181		31,181	
b	AUDIT FEES	6,200		6,200	
С	MISCELLANEOUS	4,402		4,402	
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	798,595	756,812	41,783	
26	Joint costs. Check here I if following				
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs	•			
	from a combined educational campaign and				
DAA	fundraising solicitation				- 000
D/4					Form 990 (2009)

Part 1	X Balance Sheet		(A)		(B)			
			Beginning of year		End of year			
1	Cash—non-interest bearing			1				
2	Savings and temporary cash investments		209,041	2	162,728			
3	Pledges and grants receivable, net		153,738	3	8,952			
4	Accounts receivable, net		14,659	4	5,056			
5	Receivables from current and former officers, director	s, trustees, key						
	employees, and highest compensated employees. Co	· · · · · · · · · · · · · · · · · · ·						
Ì	Schedule L	,	İ	5				
6	Receivables from other disqualified persons (as defin	ed under section						
	4958(f)(1)) and persons described in section 4958(c)(
- [Part II of Schedule L	, , , , , , , , , , , , , , , , , , , ,		6				
왕 7	Notes and loans receivable, net			7				
Assets	Inventories for sale or use			8				
و الم	Prepaid expenses and deferred charges			9				
į.	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	5,095,170	11	5,297,120				
12	Investments—other securities See Part IV, line 11		12	<u> </u>				
13	Investments—program-related. See Part IV, line 11		13	-				
14	Intangible assets		14					
15	Other assets See Part IV, line 11			15				
16	Total assets. Add lines 1 through 15 (must equal line	34)	5,472,608	16	5,473,856			
17	Accounts payable and accrued expenses	19,255	17	4,186				
18	Grants payable		18					
19	Deferred revenue			19				
20	Tax-exempt bond liabilities			20				
တ္က 21	Escrow or custodial account liability Complete Part IV	V of Schedule D		21				
≟ 22	Payables to current and former officers, directors, true	stees, key			 			
Liabilities 22	employees, highest compensated employees, and dis	squalified						
<u> [2</u>	persons Complete Part II of Schedule L			22				
23	Secured mortgages and notes payable to unrelated the	nird parties		23				
24	Unsecured notes and loans payable to unrelated third	l parties		24				
25	Other liabilities Complete Part X of Schedule D			25				
26	Total liabilities. Add lines 17 through 25		19,255	26	4,186			
Se	Organizations that follow SFAS 117, check here ▶	X and						
Net Assets or Fund Balances 22 30 31 33 34	complete lines 27 through 29, and lines 33 and 34.							
<u>e</u> 27	Unrestricted net assets		-73,282		225,583			
Ö 28	Temporarily restricted net assets		794,554 4,732,081	28	413,656 4,830,431			
일 29	Permanently restricted net assets	Permanently restricted net assets						
로	Organizations that do not follow SFAS 117, check	here ▶						
ة	and complete lines 30 through 34.							
<u>හ</u> 30				30	<u> </u>			
8 31				31				
8 32		, or other funds		32				
<u>등</u> 33	Total net assets or fund balances		5,453,353	33	5,469,670			
Z 34	Total liabilities and net assets/fund balances		5,472,608	34	5,473,856			

,473,856 Form 990 (2009)

orm	990 (2009)	CLEVELAN	D STATE	COMMUNITY	COLLEGE	23-7148122		Pa	ge 12
Pa	rt XI F	inancial State	ments and	Reporting					
			.	-				Yes	No
1	Accounting	method used to p	repare the For	m 990 Cash	X Accrual	Other			
	If the organ	nization changed its	s method of ac	counting from a prior	year or checked "C	Other," explain in			
	Schedule C			-					
2a	Were the o	rganization's finan	cial statements	s compiled or reviewe	ed by an independer	nt accountant?	2a		X
b	Were the o	rganization's finan	cial statements	s audited by an indep	endent accountant?	>	2b	х	
С	If "Yes" to I	ine 2a or 2b, does	the organization	on have a committee	that assumes respond	onsibility for oversight of			
	the audit, i	review, or compilat	ion of its finan	cial statements and s	selection of an indep	pendent accountant?	2c	х	
	If the organ	nization changed ei	ther its oversig	tht process or selecti	on process during t	he tax year, explain in			
	Schedule C)	•	•					
d	If "Yes" to I	line 2a or 2b, checl	k a box below	to indicate whether th	ne financial stateme	nts for the year were			
	issued on a	a consolidated basi	is, separate ba	isis, or both		•			
	X Separa	ite basis Co	nsolidated bas	s Both consol	idated and separate	basis			
3a	As a result	of a federal award	, was the orga	nization required to u	indergo an audit or a	audits as set forth in			
	the Single	Audit Act and OME	3 Circular A-13	37	-		3a		X
b	If "Yes," did	d the organization i	undergo the re	quired audit or audits	? If the organization	did not undergo the			
	required au	ıdıt <u>or audıts, expla</u>	in why in Sche	edule O and describe	any steps taken to	undergo such audits	3b		
							Forn	1 990	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CLEVELAND STATE COMMUNITY COLLEGE FOUNDATION

Employer identification number 23-7148122

Pa	rt i	Reas	on for Public Charity	Status (All organizations	must c	omplet	e this	part.)	See ır	struct	tions.			
he o	orgai	nization is not	a private foundation becaus	e it is (For lines 1 through 11, c	heck only	one box)		_			-		
1		A church, cor	nvention of churches, or asse	ociation of churches described i	n section	170(b)(1)(A)(i).							
2	П		cribed in section 170(b)(1)(/			• • • •								
3	П			ce organization described in sec	ction 170	(b)(1)(A)(i	iii).							
4	Ħ			d in conjunction with a hospital of				(1)(A)(i	ii). Ente	r the ho	ospital's	name		
	ш	city, and state						, , ,	,. =		op.u.c	,,		
5	X	•		of a college or university owned	or operate	ed hv a n	overnme	ental uni	t descri	hed in				
•			b)(1)(A)(iv). (Complete Part		or operat	ou by a g	o vermine	intai uiii	t descii	bea iii				
6	П			'' / overnmental unit described in si	action 17	0/b\/4\/A	1/1/1							
7	H							rom tha		مراطريمان				
•	Ш	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)												
8					шх									
9	H	-		70(b)(1)(A)(vi). (Complete Part	•				ın faas					
3		-	•) more than 33 1/3 % of its sup	•		•			•				
				npt functions—subject to certain										
			-	nd unrelated business taxable in	•) from E	usines	ses				
40	П		•	0, 1975 See section 509(a)(2).			•							
10	H	-	-	exclusively to test for public safe	•				41					
11	Ш	•	•	exclusively for the benefit of, to p	•			•						
		-		ed organizations described in se he type of supporting organization					•	section)			
							ا دی ا	一 						
_	\Box			c Type III–Functions			u l		e III–Ot					
е	Ш			anization is not controlled direct	-									
				and other than one or more pub	oliciy supp	orted org	anizatio	iis desc	iibeu iii	Section	ı			
			section 509(a)(2)	rmination from the IDS that it is	a Type I	Tuno II a	or Tuno	III aunna	-d					
f		_	check this box	rmination from the IRS that it is	a Type I,	i ype ii, i	oi type	iii suppi	Jitily					
_		-		tion accepted any gift or contrib	ution from	any of th	10							Ш
g		following per	· ·	tion accepted any gift of contribi	ution non	any or u	ie							
				ontrols, either alone or together v	with nere	ne descr	ibed in (ıιλ				٢	Yes	No
				f the supported organization?	with beist	nis uesci	ibed iii ('' <i>)</i>				117(1)	165	NO
		, ,	member of a person describ	• • •								11g(i)		
		-	controlled entity of a person of									11g(ii) 11g(iii)		
h			• •	he supported organization(s)								(118(111)	1	
	Name	of supported	(ii) EIN	(iii) Type of organization	(iv) is the r	rganization	(v) Did v	ou notify	(vi)	s the	7	viı) Amo	unt of	
۱٠,		anization	(, =	(described on lines 1–9	1 ' '	sted in your		ization in	organizat		,	suppo		
				above or IRC section	governing	document?		of your cort?		zed in the S ?				
				(see instructions))	Yes	No	Yes	No	Yes					
_														
												_		
	-				<u> </u>					_				
					1	-								
			t l			:			1 :	: 1				

14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	41.04%
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	45.68%

33 1/3 % support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or 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

10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or 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

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

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

800	(Complete only if you che	cked the box	on line 9 of Pa	<u>aπ I.)</u>			
	tion A. Public Support endar year (or fiscal year beginning in) ▶	(a) 200E	(h) 2000	(=) 2007	(4) 2000	(-) 2000	(D.T.)
Cai	endar year (or fiscal year beginning iii)	(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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	_					
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge			_			
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the	,					
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support						
Ca	lendar 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						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)]				<u></u>
14	First five years. If the Form 990 is for the organization, check this box and stop here	•	t, second, third, fo	urth, or fifth tax ye	ar as a section 50°	1(c)(3)	▶ □
Sec	tion C. Computation of Public Su		tage				
15	Public support percentage for 2009 (line 8			n (f)		15	%
16	Public support percentage from 2008 Sche		-	(1))		16	
	tion D. Computation of Investme			<u>-</u>	_		7 76
<u> </u>	Investment income percentage for 2009 (II			3. column (fl)		17	%
18	Investment income percentage from 2008			.,		18	
19a	33 1/3 % support tests—2009. If the orga			e 14, and line 15 is	s more than 33 1/3		/0
	17 is not more than 33 1/3 %, check this b						▶ □
ь	33 1/3 % support tests—2008. If the orga						,
-	line 18 is not more than 33 1/3 %, check the						▶ □
20	Private foundation. If the organization did					-	

Schedule A (Form 990 or 990-EZ) 2009 CLEVELAND STATE COMMUNITY COLLEGE

23-7148122

Page 4

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

SCHEDULE D .

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 2009

Open to Public Inspection

Name of the organization Employer identification number CLEVELAND STATE COMMUNITY COLLEGE FOUNDATION 23-7148122 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts, Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sche		STATE COMMU			.48122	Page 2
Pa	rt III Organizations Maintaining	Collections of Art	, Historical Trea	sures, or Other	Similar Assets	(continued)
3	Using the organization's acquisition, accession collection items (check all that apply)	on, and other records, ch	eck any of the follow	ng that are a signific	ant use of its	
а	Public exhibition	d Loar	or exchange program	ms		
b	Scholarly research	e Othe				
С	Preservation for future generations					
4	Provide a description of the organization's co	llections and explain how	v they further the orga	anızatıon's exempt pı	urpose in	
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to					☐ Yes ☐ No
Pa	rt IV Escrow and Custodial Arra IV, line 9, or reported an ar	angements. Compl	ete if the organiz		"Yes" to Form 9	
1a	Is the organization an agent, trustee, custodia	· · · · · · · · · · · · · · · · · · ·		her assets not		-
	included on Form 990, Part X?	an or other intermediary		nor absolution		Yes No
h	If "Yes," explain the arrangement in Part XIV	and complete the follow	na table			
	11 Tos, explain the unangement in Fait XIV	and complete the following	ng table			Amount
_	Beginning balance				1c	
	Additions during the year				1d	
					1e	
_	Distributions during the year Ending balance				1f	
f		000 Dad V Ivaa 010				
	Did the organization include an amount on Fo If "Yes," explain the arrangement in Part XIV	orm 990, Part X, line 217				☐ Yes ☐ No
	rt V Endowment Funds. Comp	lete if organization	answered "Ves"	to Form 990 Pr	ort IV line 10	
F.a	tt v Endowment Funds. Comp	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
		(a) Current year	(b) Filor year	(C) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
С	Net investment earnings, gains,					
	and losses					
d	Grants or scholarships					
е	Other expenditures for facilities					
	and programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the year	end balance held as				
а	Board designated or quasi-endowment ▶ _	%				
b	Permanent endowment ▶ %					
С	Term endowment ▶ %					
3a	Are there endowment funds not in the posses	ssion of the organization	that are held and adr	ministered for the		
	organization by					Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
b	If "Yes" to 3a(ii), are the related organizations	s listed as required on So	chedule R?			3b
4	Describe in Part XIV the intended uses of the					
Pa	rt VI Investments—Land, Build			0. Part X. line 1	0	
	Description of investment	(a) Cost or other basis			cumulated	(d) Book value
	·	(investment)	basis (othe	1 ''	reciation	•
12	Land					
	Buildings					
	Leasehold improvements					
	Equipment					
	Other				 	
	l. Add lines 1a through 1e (Column (d) must e	gual Form 990 Part Y o	column (R) line 10/o)	<u> </u>	•	
Judi		quari omi ooo, ran A, t	~:ann (D), mic 10(C)	,	~	

Schedule D (Form 990) 2009 CLEVELAND STATE COMMO		23-7148122	Page 3
Part VII Investments—Other Securities. See Form 99		_	,
(a) Description of security or category	(b) Book value	(c) Method o	
(including name of security)		Cost or end-of-year	ar market value
Financial derivatives			
Closely-held equity interests			
Other			<u> </u>
			
			
	·-· - · · · · ·		
 			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See Form 9	90, Part X, line 13.	L	
(a) Description of investment type	(b) Book value	(c) Method o Cost or end-of-ye	
	· 	Cost of elia-of-yea	ai illaiket value
	· ,		
			-
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, line 15			
(a) Description			(b) Book value
<u> </u>			
		 	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)			
Part X Other Liabilities. See Form 990, Part X, line 2	25.	•	
1 (a) Description of liability	(b) Amount		
Federal income taxes		1	
		1	
]	
		1	
		4	
		4	
		4	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)			
2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization of the footnote in Part XIV.	anization's financial stateme	ents that reports the	
organization's liability for uncertain tax positions under FIN 48			

Sche	dule D (Form 990) 2009 CLEVELAND STATE COMMUNITY COL				Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audi	ted Financial Staten	nents	1
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	512,698
2	Total expenses (Form 990, Part IX, column (A), line 25)			2_	798,595
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	-285,897
4	Net unrealized gains (losses) on investments			4	302,214
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	302,214
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			10	16,317
<u>Pa</u>	rt XII Reconciliation of Revenue per Audited Financial Stateme	nts V	lith Revenue per Re	turn	
1	Total revenue, gains, and other support per audited financial statements			1	814,912
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	,			
а	Net unrealized gains on investments	2a	302,214		
b	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			200 011
е	Add lines 2a through 2d			2e	302,214
3	Subtract line 2e from line 1	ľ	1	3	512,698
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	4a		4	
b	Other (Describe in Part XIV)	4b	<u> </u>	┨. :	
_	Add lines 4a and 4b			4c	F10 C00
<u>5</u>	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		Mith Everyone per	5	512,698
	rt XIII Reconciliation of Expenses per Audited Financial Statem	ems	with Expenses per	Retur	798,595
1 2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25				190,393
•	Donated services and use of facilities	2a	1		
a h	Prior year adjustments	2b		1	
c	Other losses	2c		1	
4	Other (Describe in Part XIV)	2d		1	
e	Add lines 2a through 2d		I	2e	
3	Subtract line 2e from line 1			3	798,595
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		Ì	
b	Other (Describe in Part XIV)	4b		1	
	Add lines 4a and 4b		•	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	798,595
Pa	rt XIV Supplemental Information				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, Ii	nes 1a	and 4, Part IV, lines 1b		
and 3	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lii	nes 2d	and 4b Also complete		
this p	part to provide any additional information				
	- -		. – – – – –		
	. 				.
			· -		
					
			_		

Sche	edul	e D	(Fo	rm'9	90) 2	2009	C	LE	VE:	LAI	ND	SI	ATE	C	OM	MU	NI:	ΓY	CC	LL	EGE	G	2	3-7	148	312	22				Pag	ıe 5
Pa	ırt	ΧÏ	Ì	Su	pple	me	ntal	Info	orm	atio	on i	cor	'ATE	ed)																		
					27.3							(00.																			 	—
	_	_	_	_			· –	_	_	_	_	_		_	_	_	_	_				_			_	_	_	_	_		 –	_
		_	_	_				_	_	_	_			_			_	_								_	_	_	_		 	_
				_		_																							_			
	_	_		_			_	_	_			_		_				_			_	_			_			_			_	
	_	_	_	_			· –	_	_	_	_	_		_	_	_	_	_				_			_	_	-	_	_		 	_
	-	_	-	_			-	_	_	_	_	_		_	_	-	-	_				_			_	-	_	_	_		 -	_
	_	_	_	_			. —	_	_	_	_	_		_	_	_	_	_				_					_	_	_		 · — ·	
	_	_	_	_				_	_		_			_	_	_	_	_							_	_	_	_	_		 	_
	_	_	_	_			•		_	_	_			_	_	_	_	_				_			_	_	_	_	_		 	_
	-	_	_	_			. –	_	_	_	_	_		_	_	_	_	_				_	-		_	_	_	_	_		 · - ·	_
	-	-	-	_			-	_	_	_	_	_		_	_	_	_	_				_			_	_	_	_	_		 –	_
	_	_	_	_				_	_	_	_	_		_	_	_	_	_				_			_	_	_		_		 	
			_				_	_	_	_	_	_	_	_		_						_			_	_	_	_	_		 	
	_	_	_	_			_	_	_	_	_	_		_	_	_	_	_				_	_		_	_	_	_	_		 	_
	_	_		_			-	_	_	_	_	_		_	_	_	_	-				_	_		_		_		_		 –	-
	_	_	_	_				_	_	_	_	_		_	_	_	_	_				_	_		_	_	_	_	_		 . .	
		_	_	_			. —		_	_	_	_		_	_	_	_	_				_	_		_	_		_	_		 . <u> </u>	_
		_	_	_				_	_					_		_		_				_			_	_		_	_			_
	_	-	_	_			-	_	_	_	_	_			_	_	_	_	_			_	_		_	_	_	_			 · — ·	_
	_	_		_				_	_	_	_	_		_	_	_	_	_			- –	_	_		_	_	_	_	_	- ·	 –	_
	_	_	_	_				_	_	_	_	_		_	_	_	_	_			- –	_	_		_	_	_	_	_		 _	_
	_	_		_			_	_	_	_	_	_			_	_	_					_	_		_	_	_	_			 	_
	_	_	_	_			-	_	_	_	_	_		_	_	_	_	_	_ '			_	_		_	_		_	_		 	_
	_	_	_	_			- –	_	_	_	_	_		· —	-	_	_	_				_	_		_	_	_	_	_	- ·	 · — ·	_
	_		_	_				_	_	_		_		_	_	_	_	_	_		- —	_	_		_	_	_	_	_		 · - ·	_
	_	_	_	_				_	_	_	_	_		_	_	_	_	_				_	_		_	_	_	_	_		 	_
		_	_		_				_	_	_	_	_ =			_	_	_	_				_			_	_	_	_	_	 	_
	_	_	_				_	_	_	_	_	_		_	_	_		_								_	_	_			 	_
_	_	_	_	_			-	_	_	_	_	_		_	_	_	_	_	_			_	_		_	_	_	_	_	- ·	 · - ·	_

00901 09/27/2010 2 15 PM	
10901 09/27/2010 2 1	2
0901 09/27/2010	
0901 09/27/20	_
0901 09/2	ĭ
0901	2
ĕ	Ξ
	ĕ

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

CLEVELAND STATE COMMUNITY COLLEGE

Name of the organization

Part

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

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. ▶ Attach to Form 990. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

General Information on Grants and Assistance

FOUNDATION

Open to Public OMB No 1545-0047 2009 Inspection

Employer identification number

23-7148122

ž SPECIAL DESIGNATION X Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (h) Purpose of grant or assistance ☐ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to non-cash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance (c) IRC section if applicable 555,654 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part IV and Schedule I-1 (Form 990) if additional space is needed (b) EIN Enter total number of section 501(c)(3) and government organizations the selection criteria used to award the grants or assistance? CLEVELAND STATE COMMUNITY COLLEGE TN 37320 (a) Name and address of organization or government ADKISSON DRIVE CLEVELAND

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

3 Enter total number of other organizations

Schedule I (Form 990) 2009

Ω,
15
2
0
Ξ
20
\simeq
7
60
Ö
τ-
0
000
ĕ
0

Schedule I (Fo	Schedule I (Form 990) 2009 CLEVELAND STATE COMMUNITY COLLEGE 23-7148122	PATE COMMUNITY	Y COLLEGE 2	3-7148122		Page 2
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	to Individuals in the (Form 990) if additio	e United States. Com onal space is needed.	nplete if the organiza	tion answered "Yes" to Forn	m 990, Part IV, line 22.
<u>ت</u>	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, Poscription of non-cash assistance FMV, appraisal, other)
TULTION	N	220	201,158			
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	complete this part to p	provide the informatic	on required in Part I,	line 2, and any other additic	onal information.

SCHEDULE O (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.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CLEVELAND STATE COMMUNITY COLLEGE FOUNDATION

Employer identification number 23-7148122

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 REVIEWED BY OFFICER'S KNOWLEDGABLE ABOUT THE FOUNDATION'S FINANCIAL INFORMATION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION DOCUMENTS ARE AVAILABLE ONLINE