

# 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



# Form **990**.

**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)

2009

Open to Public

Department of the Treasury Internal Revenue Service

benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

		cocco - land construction in the construction	TIDI 20 2010	Hispection
<u>A</u> F	or the		<u>JUN 30, 2010</u>	
В	Check if pplicabl	Please use IRS IOWA WESTERN COMMUNITY COLLEGE	D Employer identific	cation number
Γ-	Addre	ss label or IEOTTATE A RET CAL		
F	_Jchang Name	type	<sup>-</sup> // // // // // // // // // // // // //	224333
$\vdash$	_lchang _lnitial	Doing Business As		
	_]return ∏Termir	Number and street (or P.O. box if mail is not delivered to street address) Room/suit		
H	Jated Amen	Instruc- Instruct-		325-3200
느	_iretum	City or town, state or country, and ZIP + 4	G Gross receipts \$	4,597,346.
L	Application pendic	COUNCIL BEOFFS, IA 51505	H(a) Is this a group re	
	para	F Name and address of principal officer:	for affiliates?	Yes X No
		_ <u></u>	H(b) Are all affiliates inc	luded? Yes Mo
		empt status <b>X</b> 501(c) ( 3 ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527	If "No," attach a	list (see instructions)
<u>J \</u>	<b>V</b> ebsi	e: > HTTP://IWCC.CC.IA.US/FOUNDATION/	H(c) Group exemption	n number 🕨
KF	orm of	organization: X Corporation	ar of formation: 1983 N	State of legal domicile: IA
	art I	Summary		
-	1	Bnefly describe the organization's mission or most significant activities: IOWA WEST	ERN COMMUNIT	Y COLLEGE
ဦ		FOUNDATION IS ORGANIZED TO FACILITATE THE ADV		
па		Check this box   if the organization discontinued its operations or disposed of mo		
& Governance		-		17
Ĝ	1	Number of voting members of the governing body (Part VI, line 1a)	3	17
•გ	Į.	Number of independent voting members of the governing body (Part VI, line 1b)	. 4	
ies.	1	Total number of employees (Part V, line 2a)	5	0
Ž		Total number of volunteers (estimate if necessary)	6	60
Activities	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	<u> </u>
_	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
		<u> </u>	Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)	4,583,472.	2,558,060.
Š	9	Program service revenue (Part XIIII rline 2g)	15,866.	16,824.
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-347,421.	82,909.
ď		Other revenue (Part VIII, column (A), line 63, 6d, 8c, 9c, 10c, and 11e)	33,414.	41,138.
1	12	Total revenue - add/lines 8through 11 (must equal Part VIII, column (A), line 12)	4,285,331.	2,698,931.
		Grants and similar amounts paid (Part I Scolumn (A), lines 1-3)	1,543,171.	1,641,850.
	1	,, , , , , , , , , , , , , , , , , , ,	<u> </u>	T/04T/030.
,	14	Benefits paid to or for members (Part X, column (A), line 4) Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
Expenses				
en	1	Professional fundraising fees (Part IX, column (A), line 11e)	V A 2	25
×	1			13 - 4 13 242, 12 12 13
) Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,719,438.	404,323.
]	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,262,609.	2,046,173.
3		Revenue less expenses Subtract line 18 from line 12	22,722.	652,758.
es			Beginning of Current Year	End of Year
<b>agg</b>	20	Total assets (Part X, line 16)	18,078,560.	19,396,233.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	836,993.	812,199.
Net	22	Net assets or fund balances. Subtract line 21 from line 20	17,241,567.	18,584,034.
P	art-II	Signature Block	,	
ٺٺ		Under penalties of perjuly, I declare than have examined this return, including accompanying schedules and statement	s, and to the best of my knowled	be and belief, it is true correct.
		and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	ge ,	
٠.		1 Home Ithe	1 5/16	/,,
Sig		Signature of officer	Date	111
Her	e	l'	Dalt	
		THOWAS JOHNSON & TREASURER		<del></del>
		Type or print name and title		II
Paid			Check if Prepare	er's identifying number (*) structions)
			employed >	
	parer's	Furn's name (or DENMAN & COMPANY, LLP	EIN ▶	
Use	Only	self-employed). 1601 22ND STREET. SUITE 400		
		address, and ZIP+4 WEST DES MOINES, IA 50266-1453	Phone no L	515)225-8400
Mar	v tha !		11 HONG HO.	
ivia	y trie i	RS discuss this return with the preparer shown above? (see instructions)	· · · · · · · · · · · · · · · · · · ·	X Yes No

932001 02-04-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

1	tric III Statement of Program Service Accomplishments  Briefly describe the organization's mission. NONE	
2	Did the organization undertake any significant program services during the year which were not listed on	
2	the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule O	Yes X No
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code ) (Expenses \$ 1,641,850. including grants of \$ 1,641,850.) (Revenue \$ PROVIDE GRANTS, SCHOLARSHIPS AND OTHER ASSISTANCE TO STUDENTS WESTERN COMMUNITY COLLEGE.	57,962.) OF IOWA
4b	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$	)
4c	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$	)
4d	Other program services. (Describe in Schedule O ) (Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ▶\$ 1,641,850.	Form <b>990</b> (2009)

Form 990 (2009) FOUNDATION
Part 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_1	Х	
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		<u>X</u>
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?	1		
	If "Yes," complete Schedule D, Part V	10		<u>X</u>
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	1		
	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,	, a 1		1
	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.	1		ا مُعَالِ
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1,335		1990: 1
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	35	*	39, 1
•	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	199	1 25%	
	Part X, line 16? If "Yes," complete Schedule D, Part IX.		हिंग जुल्ली । ।	計…
•	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	1.2	, F	
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		1 (3)	्य <sup>्र</sup> , न्य
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	ىدۇ دىسا		kil
404	Schedule D, Parts XI, XII, and XIII.	12	_ <b>∧</b> _	£ 4
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No  12A  Yes No	, ∰ -, ~::	111	iii i
40	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	. ,	<u>X</u>
13	Did the organization maintain an office, employees, or agents outside of the United States?			X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
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		X
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		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		Form	<b>990</b> (	2009)

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		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		<u>X</u>
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		
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		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u> </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, Part IV		1985	
	instructions for applicable filing thresholds, conditions, and exceptions)	-doubleson		السيدسا
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 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		<u> X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
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		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1		
	If "Yes," complete Schedule R, Part V, line 2	_36_	<b></b> -	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		X
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_	X	
		Form	AAN (	2009)

609) FOUNDATION
Statements Regarding Other IRS Filings and Tax Compliance 42-1224333

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				
	U.S. Information Returns. Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gaming		_	,
	(gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a	_0		,
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?	2b	<u></u>	<u> </u>
	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	ed by this return?	3a	<u> </u>	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, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a	<u></u>	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	رَيْءَ	1	5.
	Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action?	5b	<u> </u>	X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega	arding Prohibited			
	Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	he organization solicit			ŀ
	any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	tions or gifts			
	were not tax deductible?		6b		ļ.,
7	Organizations that may receive deductible contributions under section 170(c).		-535-55- -535-55- 35-55-	المراجعة المراجعة	أساستألفا
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods and services			
	provided to the payor?		_7a_		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		├
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required	_		.,,
	to file Form 8282?	1 1	7c	李耀	X
	If "Yes," indicate the number of Forms 8282 filed during the year	[ 7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a penefit contract?	Dersonal			3875 K.L.
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	root?	7e		$\vdash$
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	•	7f		$\vdash$
g	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0		7 <u>g</u> 7h		$\vdash$
R.	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or		4		₹-, ·
•	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc	-	7		, ·
	at any time during the year?	<u></u>	8	سسلت هم آ.	لسمعتناهد
9	Sponsoring organizations maintaining donor advised funds.				أننانا
а	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter			*;	27 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	1,1959	5 (1 5-1	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			3.
11	Section 501(c)(12) organizations. Enter				
а	Gross income from members or shareholders	11a			,- -
b	Gross income from other sources (Do not net amounts due or paid to other sources against				.
	amounts due or received from them.)	11b	1345		30° 7'1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	• 954 - 35		,

Form 990 (2009)

FOUNDATION

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

Sec	tion A. Governing Body and Management				
				Yes	No
1a		17			
b	Enter the number of voting members that are independent	17			
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?	L	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		_X_
6	Does the organization have members or stockholders?	.  !	6		_X_
7a	,				
	governing body?		'a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	<u>  7</u>	ъ		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	١.	,		, 1
	by the following:	يد ا	سقائد		4.44.444
а	The governing body?	8	3a	X	
b	Each committee with authority to act on behalf of the governing body?	. 8	3b	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> X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)				
		_	4	Yes	<u>No</u>
	Does the organization have local chapters, branches, or affiliates?	10	0a		<u> </u>
þ	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?		0b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		1	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	10 m	67 <b>3</b> 3	eda	173 7 3 19 de la 1800
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12	2a		<u> X</u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise				
	to conflicts?	12	2b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe				
	In Schedule O how this is done		2c		
13	Does the organization have a written whistleblower policy?		3	-	<u> </u>
14	Does the organization have a written document retention and destruction policy?	1	4 ****** 1	1 5-	X
15	Did the process for determining compensation of the following persons include a review and approval by independent	1.4			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		. 1257		
а	The organization's CEO, Executive Director, or top management official		5a		<u>X</u>
D	Other officers or key employees of the organization	_1:	5b		X
16.	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		;	•	7
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?				ئئىيىــ
<b>.</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	11	6a		X
D	In joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's		1.	- 1	
	exempt status with respect to such arrangements?				
Sac	tion C. Disclosure		<u>6</u> b ⊥		
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed NONE				
18		bla fa			
10	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available check all that apply.	DIE (OI			
	Own website Another's website X Upon request				
10		ويسا	c		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy	, and 1	ınan	cial	
20	statements available to the public.  State the name physical address, and telephone number of the name who personed the backs and records of the arrangement.	:	🕨		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organ <b>EDDIE HOLTZ</b> – 712-325-3200	ization	1: 📂		
	2700 COLLEGE ROAD BOX 4C, COUNCIL BLUFFS, IA 51503				
	2:00 COLLEGE MONE DON 4C, COORCIN DHOLLD, IN JIJOS				

Form 990 (2009)

6

# 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)				C)			(D)	(E)	(F)	
Name and Title	Average	Position (check all that apply)					I. A	Reportable	Reportable	Estimated amount of	
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated complete compensated complete compensated comp		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
MR. TOM WHITSON		t	t	<u> </u>	m	t		<u> </u>			
PRESIDENT	1.00	X		Х				0.	0.	0.	
MR. RANDY PASH											
VICE PRESIDENT	1.00	X		Х	ĺ			0.	0.	0.	
MR. BOB LAUBENTHAL				Г		Π					
MEMBER	1.00	Х						0.	0.	0.	
MR. JOHN NELSON											
MEMBER	1.00	Х						0.	0.	0.	
MR. LARRY WINUM		İ									
MEMBER	1.00	X						0.	0.	0.	
MR. KURT HENSTORF											
MEMBER	1.00	X				<u> </u>		0.	0.	0.	
MR. JOHN ALLEN											
MEMBER	1.00	Х						0.	0.		
MS. EVELYN RANK											
MEMBER	1.00	X				<u> </u>		0.	0.	0.	
MS. DONNA BARRY		l	i				1				
MEMBER	1.00	X		L		L		0.	0.	0.	
DR. WARD CHAMBERS		{	ļ	ļ	ļ		ļ				
MEMBER	1.00	X	<u> </u>	L			_	0.	0.	0.	
DR. DAN KINNEY							l				
MEMBER-PRESIDENT IWCC	1.00	X		<u>L</u>	ᆫ	L		0.	0.	0.	
MR. THOMAS JOHNSON	1	\ 	1	۱ <u></u>	1	Ì	1	<u> </u>		<u> </u>	
TREASURER	1.00	X	L	X	L.	<u> </u>	L	. 0.	0.	0.	
MS. RENEE COUGHLIN	40.00	l	l	l			ŀ				
DIRECTOR OF FOUNDATION	40.00	X	_	Х	_	<u> </u>	L_	0.	85,767.	0.	
MS. TINA MACKLAND	1 1 00	١,,	ŀ	١,,							
SECRETARY	1.00	X		X	_	┝	<u> </u>	0.	0.	0.	
DR. DON FENSTER MEMBER	1.00	x	ĺ		l				_		
MR. RON MAHONEY	1.00	┝	├	$\vdash$	-	⊢	$\vdash$	0.	0.	0.	
MEMBER	1.00	x						0.	0.	_	
DR. EUGENE LLOYD	1.00	┢	$\vdash$	<del> </del>	$\vdash$	├	-	<del> </del>	0.	0.	
MEMBER	1.00	١.,	Į.	l	l	l	l	0.	0.	0.	

932007 02-04-10

IOWA	WESTERN	COMMUNITY	COLLEGE
FOUNI	DATION		

Par	VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, a	nd ŀ	ligh	est	Compensated Employ	ees (continued)			
	(A)	(B)	1		(0	•			(D)	(E)	1 _	(F)	
	' Name and title	Average	١,,		Pos			1. A	Reportable -	Reportable	Estimated amount of		
		hours per	m	1eck	all	ınat	app	iy)	compensation from	compensation from related	اته	other	O1
		week	Individual trustee or director						the	organizations		pensa	
		]	e or d	ite tee			sated		organization	(W-2/1099-MISC)		om th	
		[ ]	truste	Institutional trustee		) ke	Highest compensated employee		(W-2/1099-MISC)		٠ -	anızat d relat	
			vidua	tutio	je j	Key employee	nest co	Former				anızatı	
			Ē	E SE	Officer	<u>ş</u>	품	ᅙ					
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		<del> </del>	╁╾	├╌	⊢	┢	1	┝	<del> </del>		+		
				1	İ								
1b	Total		<u>L</u>				┢	_	0.	85,767			0.
2	Total number of individuals (including but r	ot limited to th	nose	liste	ed a	bov	e) wl	no r	eceived more than \$100	),000 in reportable	<u> </u>		
	compensation from the organization												0
												Yes	No
3	Did the organization list any former officer,			, ke	y en	olqr	yee,	or t	nighest compensated er	nployee on			.,
	line 1a? If "Yes," complete Schedule J for s										3		X
4	For any individual listed on line 1a, is the si									the organization	١.		х
5	and related organizations greater than \$15 Did any person listed on line 1a receive or a									icae randarad ta	4		A .
Ū	the organization? If "Yes," complete Sched				II OII	1 411	y ui ii	Cial	ted organization for serv	ices relidered to	5	:	x
Sec	tion B. Independent Contractors											<u> </u>	
1	Complete this table for your five highest co	mpensated in	dep	ende	ent c	ont	racto	ors 1	that received more than	\$100,000 of comper	sation	from	
	the organization. NONE	·					_						
	(A)							١	(B)			C)	
	Name and business	address						_	Description of s	services	Compe	nsatio	n 
								ŀ					
								$\dashv$					
				_				$\dashv$					
							•						
<del></del>									· · · · · · · · · · · · · · · · · · ·				
2	Total number of independent contractors (	_	not li	mite	d to		se li O	stec	d above) who received n	nore than			
	\$100,000 in compensation from the organi	zation		-			<u> </u>		<del>-</del>		Fa	990 (	3000
											LOUD	(	とししらり

2,698,931

41,138

e Total. Add lines 11a-11d

Total revenue. See instructions.

d All other revenue

932009 02-04-10

82,909.

# Part IX Statement of Functional Expenses

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

	All other organizations must comp	olete column (A) but are	e not required to compl	lete columns (B), (C), an	d (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		1	,	
	organizations in the U.S. See Part IV, line 21	1,641,850.	1,641,850.		
2	Grants and other assistance to individuals in				
	the U.S See Part IV, line 22				
3	Grants and other assistance to governments,			j ,	,
	organizations, and individuals outside the U.S.				,
	See Part IV, lines 15 and 16			,	
4	Benefits paid to or for members			A	**
5	Compensation of current officers, directors,				
_	trustees, and key employees			-	
6	Compensation not included above, to disqualified	- 4			
_	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages	<del></del> -			
8	Pension plan contributions (include section 401(k)	<del></del>			
•	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)	,			
'' a	Management				
b	Legal				
	Accounting				
c d	Lobbying				
u	Professional fundraising services. See Part IV, line 17		, , , , , , , , , , , , , , , , , , ,	The state of the s	
•			40. (158993-5-1)	and the second of the second o	
f	Investment management fees Other				
g 40	• • • • • • • • • • • • • • • • • • • •				
12	Advertising and promotion				
13	Information technology				
14					
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				<del></del>
19	Conferences, conventions, and meetings				
20	Interest		<del>-</del>		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance .	sub.	a 1 1 1994 5 5 5 1	in the second	ALL STATE
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled		1 190 4 th ( , ) 1	The special section of the special section is a section of the special section of the special section is a section of the special section of the special section is a section of the special section of the sp	, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,
	miscellaneous may not exceed 5% of total	in the second se	- 1	•	1. The second se
	expenses shown on line 25 below.)  OPERATIONS AND PROGRAM	404 222	r	404 202	ي ما الما الما الما الما الما الما الما
a	OPERATIONS AND PROGRAM	404,323.		404,323.	<del></del>
b					
C					
d					
e					
f	Ali other expenses	0.046.455	1 (11 050	404 202	
25	Total functional expenses. Add lines 1 through 24f	2,046,173.	1,641,850.	404,323.	0.
26	Joint costs. Check here Lift following			[	
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation			į j	

932010 02-04-10

FOUNDATION

Part X | Balance Sheet (A) Beginning of year End of year 1 Cash · non-interest-bearing 599,264 1 190,331. 2 Savings and temporary cash investments 2 1,463,776. 1,404,779. Pledges and grants receivable, net 3 3 9,250. Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key 5 employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 7 Notes and loans receivable, net Inventories for sale or use 8 299,080 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 10,748,430 basis. Complete Part VI of Schedule D 10a 10,748,430. 10,748,430. b Less: accumulated depreciation 10b 10c 616,524. 1,010,107. Investments - publicly traded securities 11 4,096,888. 12 5,026,318. 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 254,598. 574,064. 15 Other assets See Part IV, line 11 15 19,396,233. 16 Total assets. Add lines 1 through 15 (must equal line 34) 18,078,560. 16 Accounts payable and accrued expenses 1,409. 8,786. 17 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 835,584. 803,413. 25 Other liabilities. Complete Part X of Schedule D 25 836,993. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here X and complete 345 45 2 lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances -171,823. 27 Unrestricted net assets 27 -65,945. 16,206,717. 16,752,944. 28 Temporanly restricted net assets 28 1,206,673. 1,897,035. 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 17,241,567. 18,584,034. 33 Total net assets or fund balances 33 18,078,560. 19,396,233. Total liabilities and net assets/fund balances

Form 990 (2009) FOUNDATION 42-1224333 Page 12 Part XI Financial Statements and Reporting Yes No Accounting method used to prepare the Form 990. 

Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a b Were the organization's financial statements audited by an independent accountant? 2b c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? X За b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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3b

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **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.

2009
Open to Public Inspection

Name of the organization

IOWA WESTERN COMMUNITY COLLEGE

Employer identification number

FOUNDATION 42-1224333 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 X An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I b Type II c \_\_\_\_ Type III · Functionally integrated d \_\_\_\_ Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	(iv) Is the o in col. (i) lis governing o	sted in your	organiza	u notify the tion in col. r support?	(vi) Is organizatio (i) organize U.S.	the n in col. ed in the ?	(vii) Amount of support
		(see instructions))	Yes	No	Yes	No	Yes	No	
		_			•				
			1						
ital	The state of the s	La Septime	\$ 150 150 150 150 150 150 150 150 150 150		. *		13 35 13 35 14 15 36 36 20	# 1 m 1 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m	

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

Schedule A (Form 990 or 990-EZ) 2009

m4

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (f) Total (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 1 Gifts, grants, contributions, and membership fees received. (Do not 2083724.12890211. include any "unusual grants") 1577229. 4583472. 2558060.23692696. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 1577229. 2083724.12890211. 4 Total, Add lines 1 through 3 4583472. 2558060.23692696. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 12919196. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (e) 2009 (d) 2008 (f) Total 1577229. 2083724.12890211 7 Amounts from line 4 4583472. 2558060.23692696. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 151,558. 217,324. 263,218. 187,979. 220,125. and income from similar sources 1040204. Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 24732900. 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 52.23 14 % 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 35.05 16a 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  $\triangleright \mathbf{X}$ b 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 b 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

Schedule A (Form 990 or 990-EZ) 2009

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

	<b>-</b>			
Schedule	A (Form	.990 or	990 FZ	1 2009

Page 3

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and	10/2000	12/2000	10,200,	10,2000	(0, 2000	17.10.00
membership fees received (Do not						
include any "unusual grants ")						
· · · · · · ·						
2 Gross receipts from admissions, merchandise sold or services per-				1		
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-						1
iness under section 513						
4 Tax revenues levied for the organ-						
ızatıon's benefit and either paid to						
or expended on its behalf						
				<del>-</del>		
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5			<del> </del>		_	
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</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						
c Add lines 7a and 7b		· ·				
	ar Min		1999-94		- 1854 45 % cd _ 1855 55 55 55 55 55 55 55 55 55 55 55 55	
ection B. Total Support	, 1783 43	Clearer and Artic	123u38 14-ra\$8u.*	14832 148244 14	atted co abbitantiti	1
	(-) 2005	(F) 2006	(-) 2007	(4) 2000	(-) 2000	(6) Total
alendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6		-		+	<del>                                     </del>	<del>                                     </del>
Oa Gross income from interest, dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
1 Net income from unrelated business		<del></del>		†		
activities not included in line 10b,						İ
whether or not the business is						
regularly carned on	<del></del>				<del>-</del>	ļ <u>.</u>
2 Other income. Do not include gain or loss from the sale of capital		İ			i	
assets (Explain in Part IV)						
3 Total support (Add lines 9, 10c, 11, and 12)				<u> </u>	<u> </u>	
4 First five years. If the Form 990 is for t	he organization	i's first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3) organı	zation,
check this box and stop here						►□
ection C. Computation of Public	Support Po	ercentage				
5 Public support percentage for 2009 (lin			column (fl)		15	
6 Public support percentage from 2008 S		•	00.0 (.)/		16	
ection D. Computation of Invest			· ·	· · · · · · · · · · · · · · · · · · ·	110 1	
<del></del>					1 1	
7 Investment income percentage for 200			ine 13, column (f))		17	
8 Investment income percentage from 20					18	
9a 33 1/3% support tests - 2009. If the o	rganızatıon dıd	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box and	stop here. Th	e organization qua	lifies as a publicly	supported organiz	ation	▶□
b 33 1/3% support tests - 2008. If the o	=					and
line 18 is not more than 33 1/3%, chec						F
O Private foundation. If the organization	did not check	a box on line 14 10	a or 19h chack	his hoy and see ii	netrijictione	

# 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.

2009
Open to Public Inspection

Name of	fthe	organ	nizatio
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IOWA WESTERN COMMUNITY COLLEGE

Employer identification number
A 2 - 1 2 2 A 3 3 3

Pai	t I Organizations Maintaining Donor Advise	ad Funds or Other Similar Fund	s or Accounts Complete 4 the
rai			s of Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	(a) Donor advised funds	(h) Funda and other accounts
_		(a) Donor 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		
5	Did the organization inform all donors and donor advisors in	•	
	are the organization's property, subject to the organization's		L Yes No
6	Did the organization inform all grantees, donors, and donor a	• •	
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	
D=	impermissible private benefit?		Yes No
	till. Conservation Easements. Complete if the or		Part IV, line /
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or public use)	· —	stoncally important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year		e e e e e e
	T 4-1		Held at the End of the Tax Year
a	Total number of conservation easements		2a
Ь	Total acreage restricted by conservation easements		2b
C.	Number of conservation easements on a certified historic st	` ,	.   2c
d	Number of conservation easements included in (c) acquired	•	2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	e organization during the tax
	year	soment is leasted	
4	Number of states where property subject to conservation ea	<del></del>	
5	Does the organization have a written policy regarding the pe	<u> </u>	Yes No
_	violations, and enforcement of the conservation easements Staff and volunteer hours devoted to monitoring, inspecting.	•	
6			
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) about and section 170(h)(4)(B)(ii)?	ve satisfy the requirements of section 170	Yes No
•	In Part XIV, describe how the organization reports conservat	con escements in its revenue and expens	
9	include, if applicable, the text of the footnote to the organization		
	conservation easements.	mon s iniancial statements that describes	s the organization's accounting to
Pai	t III Organizations Maintaining Collections of	of Art. Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	·	
		<u> </u>	
1a	If the organization elected, as permitted under SFAS 116, no	ot to report in its revenue statement and b	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	the footnote to its financial statements that describes these	•	
ь	If the organization elected, as permitted under SFAS 116, to		nce sheet works of art, historical treasures.
-	or other similar assets held for public exhibition, education,		
	these items	The second secon	o, promoc and remembry amounts realizing to
	(j) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	mo Assistantial del Especial Control Control		• \$
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under SFAS		g, F
а	Revenues included in Form 990, Part VIII, line 1	•	<b>&gt;</b> \$
þ	Assets included in Form 990, Part X		. \$
_		•• ••• •	· · ·

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

Schedule D (Form 990) 2009

	dule D (Form 990) 2009 FOUNDAT							42-12	-		
Par	t III Organizations Maintaining C	collections of A	rt, Historic	al Treas	sures, c	or Oth	er Sim	ilar Asse	ts (conti	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, check any	of the follo	owing tha	t are a s	significan	t use of its	collection	ı ıtem	s
	(check all that apply)										
а	Public exhibition	C	l Loan	or exchan	nge progra	ams					
b	Scholarly research	6									
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how they fu	irther the o	organizati	on's exe	empt pur	pose in Pai	t XIV.		
5	During the year, did the organization solicit of	r receive donations	of art, historic	al treasure	es, or other	er sımıla	r assets				
	to be sold to raise funds rather than to be ma	aintained as part of	the organizati	on's collec	ction?				Yes		No
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if organiza	ation answ	rered "Yes	to For	rm 990, F	art IV, line	9, or		
	reported an amount on Form 990, Pa		_								
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for conti	ibutions o	r other as	sets not	t include	d			
	on Form 990, Part X?							$\square$	Yes		No
ь	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing table								
									Amount	:	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance	_	_				1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	217						Yes		No
	If "Yes," explain the arrangement in Part XIV.				·						
Par			nswered "Yes	to Form 9	990, Part	IV, line	10				
		(a) Current year	(b) Prior y	ear (c	c) Two year	s back	(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance				, ; ;		_ a'	'-¸ '	74		. 43
b	Contributions				`- <del>-</del> -		king.	, , , , ,			i
С	Net investment earnings, gains, and losses			ξ.	· . ~	🤅	1967.45	hard to Nation 1	્રાન્ડિં, લુકે	çı - ¦e'ı,	ار الم
d	Grants or scholarships	-		ļ	4,755, 546		- A	1. 12-41B	34.4	5 17,	, 1, 3
е	Other expenditures for facilities	·			1821 2821	<del>,</del>		77	13 4	4: /	7.4
	and programs			Į	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	*					1
f	Administrative expenses			r × 4	· · · · · · · · · · · · · · · · · · ·	# Pink	推奪":"		TX III	40-600	
q	End of year balance			رني.		a 香味.				g., g.,	, 4
2	Provide the estimated percentage of the year	r end balance held a	as:	*					***************************************		
а	Board designated or quasi-endowment		%								
	Permanent endowment	%									
С	Term endowment	<del>~~~~~</del>									
За	Are there endowment funds not in the posse	ssion of the organiz	ation that are	held and	admıniste	red for t	the organ	nization			
	by:	J					·			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 o	 on Schedule F	۲۶				•	3b		
4	Describe in Part XIV the intended uses of the	•			•						
Par	t VI Investments - Land, Building	gs, and Equipm	ent. See Fo	m 990, Pa	art X, line	10.		•			
	Description of investment	(a) Cost or o	other (I	) Cost or	other	(c) A	ccumula	ted	(d) Bool	c value	e
	·	basis (investi	ment)	basis (oth	ner)		preciatio		` '		
1a	Land	10,748,	430.			ê. ;	<b>熱性'</b>	· • • • 1	0,748	8,4	30.
b	Buildings .										
С	Leasehold improvements										
	Equipment										
e											
	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, column (B	), line 10(c	:).)			. > 1	0,748	8,4	30.

Schedule D (Form 990) 2009

FO	TIND	ΔΨ	TO

Part VII Investments - Other Securities. Se	e Form 990, Part X, line 12	2		
(a) Description of security or category (including name of security)	(b) Book value	Co	(c) Method of valua est or end-of-year man	
Financial derivatives				
Closely-held equity interests				
Other				
MONEY MARKET	506,006.		EAR MARKET	
EQUITY FUNDS	3,995,141.		EAR MARKET	
BOND FUNDS	525,171.	END-OF-Y	EAR MARKET	VALUE
Tatal (Col/h) must equal Form 000 Part V col/D) inc 12 \	5,026,318.			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ► Part VIII Investments - Program Related. Set	ee Form 990 Part Y line 1	3	41175-439888999899-51-44-12245-55898988	dans on the day attending the state of the s
(a) Description of investment type	(b) Book value		(c) Method of valua st or end-of-year mark	
Total (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line				<u></u> -
(a)	Description			(b) Book value
				<del></del>
	<del></del>	·····		<del></del>
		<del></del>		
Total. (Column (b) must equal Form 990, Part X, col (B) line		<del></del>		
Part X Other Liabilities. See Form 990, Part X,	line 25.	(h) Amount	F 348-189-90-4857-11 19-19-1	1800set 14, 3 e 14 14 1 2 2 2 2 3 3 2 2 3 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1 (a) Description of liability		(b) Amount		
DEPOSITS HELD FOR OTHERS		245,921.		
DUE TO IWCC		557,492.	19 43 48 48 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
			1497 A 1793	
			989914991394 19899147 1989 18899147 1989	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
***************************************			1300	33777 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
				25 30 20 20 20 20 20 20 20 20 20 20 20 20 20
Total. (Column (b) must equal Form 990, Part X, col (B) line	25)	803,413.		
2. FIN 48 Footpote in Part XIV provide the text of the foo			Takes-dedectors, at seed	anization's liability for

uncertain tax positions under FIN 48

932053 02-01-10

Schedule D (Form 990) 2009

_	dule D (Form 990) 2009 FOUNDATION			<u> </u>		<u> 1224333</u>	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	Audi	ted Finan	cial State	ement	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		_	1		2,698,	931.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		2,046	173.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3			758.
4	Net unrealized gains (losses) on investments			4			709.
5	Donated services and use of facilities		•••	5		005,	,,,,,
	•		• •				
6	Investment expenses			6			
7	Pnor period adjustments			7			
8	Other (Describe in Part XIV)			8		600	700
9	Total adjustments (net) Add lines 4 through 8			9			709.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		=	10		1,342,	467.
Par	t XII Reconciliation of Revenue per Audited Financial Statemer	its W	ith Rever	nue per H	letum		
1	Total revenue, gains, and other support per audited financial statements				1_1_	<u>3,388,</u>	640.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				1		
а	Net unrealized gains on investments	2a	68	<u>9,709.</u>	]		
b	Donated services and use of facilities	2b			] -		
С	Recovenes of pnor year grants	2c			] [		
d	Other (Describe in Part XIV.)	2d			100		
е	Add lines 2a through 2d				2e	689.	709.
3	Subtract line 2e from line 1				3	2,698,	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		•				
-	Investment expenses not included on Form 990, Part VIII, line 7b	40	]		_		
a	Other (Describe in Part XIV.)	4a 4b					
b	· ·	40					0
_C	Add lines 4a and 4b				4c	2,698,	0.21
Do	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  t XIII Reconciliation of Expenses per Audited Financial Stateme	nto l	Vith Evac	7000 700	Dot:	<u> </u>	331.
		1115	viui Expe	ilses per	netu		172
1	Total expenses and losses per audited financial statements			•	1-1-	2,046,	1/3.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ı	1		Ş.,		
а	Donated services and use of facilities	2a			45.		
b	Pnor year adjustments	2b			ر د در		
С	Other losses	2c					
d	Other (Describe in Part XIV)	2d			4444		
е	Add lines 2a through 2d				2e		<u> </u>
3	Subtract line 2e from line 1		-		3	2,046,	<u> 173.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				3193		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV.)	4b					
С	Add lines 4a and 4b				4c		0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)				5	2,046,	173.
Pai	t XIV Supplemental Information						
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	lines	1a and 4: Pa	rt IV. lines 1	b and 2	2b. Part V. line	4. Part
	e 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comple						.,
	RT X: THE FOUNDATION IS EXEMPT FROM INCOME			_			
SEC	CTION 501(C)(3) OF THE INTERNAL REVENUE COD	E.	EFFEC	TVE .	Y.TIT	1, 2009	)
<u> </u>	JION SOLVEN OF THE INTERNET REPORTED COR			1110	<u> </u>	1, 2002	
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KE	QUIREMENTS AS REQUIRED BY THE INCOME TAXES	TOP	IC OF	THE FA	12B 1	ACCOUNT	LING
~~				<b></b>			
STA	ANDARDS CODIFICATION. THE FOUNDATION HAS E	VAL	UATED	THEIR	MAT	ERIAL TA	AX
<u>POS</u>	SITIONS AND DETERMINED NO INCOME TAX EFFECT	, MI	TH RES	PECT I	O TI	HE	
FI	NANCIAL STATEMENTS. THE FOUNDATION IS NO L	ONG	ER SUB	JECT I	ט סי	S FEDERA	<u>/</u> T
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OR	STATE INCOME TAX EXAMINATIONS BY TAX AUTHO	RIT	IES FO	R THE	YEA	RS BEFOR	RE
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Sche	dule D	Form 99	00) 2009 <mark>emental Info</mark> ri	FOUNI	OATIO	<u>N</u>						<u>42-1224333 Page 5</u>
Pai	τχιν	Suppl	emental Infori	mation (	continued	1)						
200	6.	тне	FOINDATE	ом нас	ייי או	BEEN	N∩TT	משדש	OF	λNV	TMDENDING	EXAMINATIONS
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

		1 <sup>5</sup> , 2 <sup>5</sup> ,
OMB No 1545-0047	2009	Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Name of the organization IOWA WESTERN COMMUNITY FOUNDATION	EKN COMM	NATE COLLEGE	된				Employer identification number $42-1224333$	nber 333
Part 🎼 General Information on Grants and Assistance	nd Assistance							
<ul> <li>Does the organization maintain records to substantiate the amount of the grants or assistance, the grantee criteria used to award the grants or assistance?</li> <li>Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States</li> </ul>	to substantiate th stance? ocedures for moni	e amount of the grants toring the use of grant	s or assistance, the funds in the Unite	grantees' eligibility d States	/ for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection e of grant funds in the United States	Yes	°¥ ⊠
<u>                                   </u>	Governments an \$5,000 Check the	d Organizations in the s box if no one recipier	e United States. C	Complete if the organa \$5,000. Use Pa	anization answered ">	/es" to Form 990, Part (Form 990) if addition	IV, line 21, for any	
1 (a) Name and address of organization or government	( <b>b</b> ) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	1
IOWA WESTERN COMMUNITY COLLEGE 2700 COLLEGE ROAD, BOX 4-C COUNCIL BLUFFS. IA 51502			1 641 850.	0			IWCC SCHOLARSHIPS	•
						:		ľ
<ul> <li>Enter total number of section 501(c)(3) and government organizations</li> <li>Enter total number of other organizations</li> </ul>	nd government or	ganizations						-
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ction Act Notice,	see the Instructions	for Form 990.				Schedule I (Form 990) 2009	5003

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Page 2

42-1224333

FOUNDATION

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 (Form 990) 2009

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	de the information	required in Part I, I	ine 2, and any other	additional information	
932102 02-02-10		26			Schedule I (Form 990) 2009

### **SCHEDULE O**

(Form 990)

Department of the Treasury Internal Revenue Service

# **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

Name of the organization IOWA WESTERN COMMUNITY COLLEGE **Employer identification number** FOUNDATION 42-1224333 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE IOWA WESTERN COMMUNITY COLLEGE. FORM 990, PART VI, SECTION B, LINE 11: THE FOUNDATION REVIEWS AND APPROVES THE FORM 990 BEFORE IT IS FILED. FORM 990, PART VI, SECTION C, LINE 19: THE FOUNDATION WILL MAKE THE FORM 990 AVAILABLE TO THE PUBLIC UPON REQUEST.

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ See separate instructions. Related Organizations and Unrelated Partnerships ▶ Attach to Form 990.

2009 Open to Public Inspection

OMB No 1545-0047

FOUNDATION Name of the organization

Employer identification number 42-1224333

IOWA WESTERN COMMUNITY COLLEGE

Direct controlling 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 **e** Total income ਉ | Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33 Legal domicile (state or foreign country) Primary activity Name, address, and EIN of disregarded entity Part

Direct controlling entity status (if section Public charity 501(c)(3)) LINE 2 Exempt Code section 501(C)(3) Legal domicile (state or foreign country) IOWA Primary activity COMMUNITY COLLEGE IOWA WESTERN COMMUNITY COLLEGE - 42-0925013 Name, address, and EIN of related organization 2700 COLLEGE ROAD, BOX 4C COUNCIL BLUFFS, IA 51503

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

Schedule R (Form 990) 2009

FOUNDATION Schedule R (Form 990) 2009

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.) 42-1224333 Parm

Page 2

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	1	(f) Share of total income		(g) Share of the end-of-year a assets	(h) Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing Beneral or partner? (S) Yes No
						1					
Dart W 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.)	anizations Taxable as a Corp poration or trust during the tax	oration or 1 year.)	<b>Irust</b> (Complete if t	he organizati	on answered "`	res" to Fo	rm 990, Part I	IV, line 34 t	oecause it	had one or mor	e related
(a) Name, address, and EIN of related organization	<b>Z</b> -	Prin	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income		(g) Share of end-of-year assets	(h) Percentage ownership
											:
932162 07-21-10			29						Sch	Schedule R (Form 990) 2009	990) 2009

# Schedule R (Form 990) 2009 FOUNDATION

Fart V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36)

42-1224333 Page 3 v.

<b>Note.</b> Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annurties (iii) royalties or (iv) rent from a controlled entity		1a
<b>b</b> Gift, grant, or capital contribution to other organization(s)		db X
c Gift, grant, or capital contribution from other organization(s)		1c X
d Loans or loan guarantees to or for other organization(s)		Td X
e Loans or loan guarantees by other organization(s)		1e X
f Sale of assets to other organization(s)		# X
g Purchase of assets from other organization(s)		Tg X
h Exchange of assets		th X
i Lease of facilities, equipment, or other assets to other organization(s)		i. X
		1
j Lease of facilities, equipment, or other assets from other organization(s)		
k Performance of services or membership or fundraising solicitations for other organization(s)		
Performance of services or membership or fundraising solicitations by other organization(s)		
_		
n Sharing of paid employees		The state of the s
• Dempurcement and to other arranization for expanses		
		+
p Heimbursement paid by other organization for expenses		Tp A
Chhor transfer of oneh or property to other property (e)		>
q onlier transfer of cash or property from other organization(s)		Q ×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ansaction thresholds	
(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
SET TOO VITUALITY COLUMN AND THE	ρ	641 8EO
TITUDITION COLUMNIA I	3	7 50 7
(2) IOWA WESTERN COMMUNITY COLLEGE	Н	67,731.
TOWN WESTERN COMMITTEE COLLEGE	ر	1 330 786
	,	J
(4)		
(5)		
(9)		
932183 02-04-10	Sch	Schedule R (Form 990) 2009

IOWA WESTERN COMMUNITY COLLEGE FOUNDATION

Schedule R (Form 990) 2009

42-1224333 Page 4 🖛

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Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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.

(a)	(a)	(၁)	<u></u>	(e)		(6)	£
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all partners section 501(c)(3) organizations?	Share of end-of- year assets	Oispropor- tionate allocations?	amount in box 20	General or managing partner?
		country)	Yes		1 1	(Form 1065)	1 -
							-
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Schedule R (Form 990) 2009