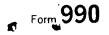


See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490





Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

| | r or the | 2009 cateno | dar year, | or tax year beginning //Ul | , 2009, and endin | ig 6/3 | 50 | , 2010 | | | | |
|---------------------------|-------------------|------------------------------|-------------------------|--|-------------------------------|----------------|---------------------------------------|--|----------------|--|--|--|
| В | Check if a | pplicable | | c | | | D Employer Iden | tification Number | | | | |
| | Addre | ess change | Please use IRS label | Hawkeye Community College | Foundation | i | 42-6123 | 782 | _ | | | |
| | Name | e change | or print or type. | P.O. Box 8015 | | ſ | E Telephone num | ber | | | | |
| | Initia | l return | See specific | Waterloo, IA 50704-8015 | | | (319) 2 | 96-4295 | | | | |
| | Term | nnation | instruc- tions. | | | | | | | | | |
| | Amer | nded return | | <u> </u> | | j | G Gross receipts | s 1,220, | 158. | | | |
| | Apple | cation pending | F Name a | and address of principal officer. Peg Brown | | H(a) Is this a | group return for aff | filiates? Yes | X No | | | |
| | <u></u> | | Same A | As C Above | | | affiliates included? | Yes | No | | | |
| ī | Tax-e | xempt statu | | | a)(1) or 527 | IT NO, 3 | attach a list (see in | structions) | | | | |
| J | | ite: N/ | | | | H(c) Group e | exemption number | > | | | | |
| ĸ | | f organization | X Corpora | ation Trust Association Other | L Year of Format | tion 1968 | M State of | legal domicile IA | | | | |
| Pa | rt l' | Summa | | | | | | | | | | |
| | | | | ganization's mission or most significant act | ıvıtıes. To provi | de fina | ancial ass | sistance_t | 0 | | | |
| 0 | | | | nding_Hawkeye_Community_Col | | | | | | | | |
| anc | | | | eeds | | . | | | | | | |
| Activities & Governance | _ | | - | | | . _ | - - | | | | | |
| 30 | | | | if the organization discontinued its operation | · | ore than 25 | 1 _ 1 | S | 1.0 | | | |
| ಹ | l . | | _ | nbers of the governing body (Part VI, line 1 | • | | 3 4 | | 19 19 | | | |
| ies | L | | | nt voting members of the governing body (F byees (Part V, line 2a) | rart vi, line ro) | | 5 | | 19 | | | |
| ₹ | | | | teers (estimate if necessary) | | | 6 | | $\frac{0}{13}$ | | | |
| Ac | | | | business revenue from Part VIII, column (C |). line 12 | | 7a | | 157. | | | |
| | l h N | | | s taxable income from Form 990 T. line 34 | | | . 7b | | 0. | | | |
| Û | 2 | | | | | P | rior Year | Current Y | ear | | | |
| <u> </u> | 8 c | ontributions | and gran | nts (Part VIII, line 1h) | S) | · · | 914,370. | | , 244. | | | |
| 5 | 9 P | | | nue (Part VIII, line 2g) NOV 1 6 | 2010 | | 6,633. | | ,702. | | | |
| 25 | 10 Ir | vestment in | | 64,516. | | -169. | | | | | | |
| Revenue CO | 11 0 | | | III, column (A), lines 5, 6d, 8c 9c, 10c, and | ine) | | 55,446. | 55 | ,222. | | | |
| | | | | nes 8 through 11 (must equal Part VIII col | | 1 | ,040,965. | 465 | ,999. | | | |
| ř | 13 G | irants and si | mılar amı | ounts paid (Part IX, column (A), lines 1-3) | | <u> </u> | 168,888. | 134 | ,513. | | | |
| - | 14 B | enefits paid | | | | | | | | | | |
| φ. Έ | 15 S | alaries, othe | | | | | | | | | | |
| use | 16a P | rofessional i | fundraisir | | | | | | | | | |
| Expenses | β • b τ | otal fundrais | sina expe | nses (Part IX, column (D), line 25) ► | | | · · · · · · · · · · · · · · · · · · · | 7 | | | | |
| Ű. | 17 O | | | IX, column (A), lines 11a-11d, 11f-24f) . | | | 372,877. | 276 | ,884. | | | |
| | | | | ines 13-17 (must equal Part IX, column (A) | line 25) | | 541,765. | | ,397. | | | |
| | | • | | es Subtract line 18 from line 12 | , | | 499,200. | | ,602. | | | |
| 8 8 | | | . спротос | | | Regin | ning of Year | End of Ye | | | | |
| 100 | t | otal assets (| (Part X lu | ine 16) | | | ,079,403. | 4,359 | | | | |
| A B | 1 | otal liabilitie | • | • | | - | 50,926. | | ,714. | | | |
| Net Assets Fund Beland | | | • | ances Subtract line 21 from line 20 | | | ,028,477. | 4,324 | | | | |
| | nt | | ure Blo | | | | ,020,477. | 4,524 | , 000. | | | |
| | | | | | manuage schodules and sta | tomonte and | to the best of my b | nowledge and belief | .1.15 | | | |
| | | true, correct, a | nd complete | I declare that I have examined this return, including according according to the property of t | all information of which prep | arer has any | knowledge | nowicoge and belief, | 1(13 | | | |
| Sig | n. | ► £ | Ilac | Brown | | 1 | 11/10/ | 2010 | | | | |
| He | | Signature | of officer | | | Da | te | | | | | |
| | | ► Pea E | Rrown | | | Execu | itive Dire | ·c | | | | |
| | | 1 | int name an | d title | | | 9270 220 | | | | | |
| | | | | 0 | Date | | neck if P | Preparer's identifying see instructions) | number | | | |
| Pa | id | D | , | | | se en | lf- nployed ► X | see mandenons, | | | | |
| Pr | | Preparer's signature | · à | Jullan E. Vonte | 11-9 | -10 | · · · · · · · · · · · · · · · · · · · | I/A | | | | |
| | rer's | Firm's name (c | or Car | ney, Alexander, Marold & Co | o., L.L.P. | | | | | | | |
| Us Or | | yours if self- employed), | ► P.0 | | | FI | EIN ► N/A | | | | | |
| U r | ııy | address, and ZIP + 4 | | erloo, IA 50704-1290 | | | none no • (31 | 9) 233-331 | 8 | | | |
| Ma | y the IR | | • | with the preparer shown above? (see instr | uctions) | | | X Yes | No | | | |
| | | | | rwork Reduction Act Notice, see the separ | | | TEEA0113L 12/2 | | 0 (2009) | | | |
| - | | . , | | | | | | | · · · · · · / | | | |

| Form 990 (2009) Hawkeye Community College Foundation | 42-6123782 | Page 2 |
|---|---|------------------|
| 記録問題 Statement of Program Service Accomplishments | | |
| Briefly describe the organization's mission | | |
| To provide financial assistance to students attending Have | wkeye Community College and | <u>1</u> |
| aid the college to meet growing and changing needs. | | |
| | | |
| | | |
| 2 Did the organization undertake any significant program services during the year which were | not listed on the prior | - |
| Form 990 or 990-EZ? | Yes X | No |
| • | | , 140 |
| If 'Yes,' describe these new services on Schedule O. | | |
| 3 Did the organization cease conducting, or make significant changes in how it conducts, an | y program services? Yes X | No |
| If 'Yes,' describe these changes on Schedule O | | |
| Describe the exempt purpose achievements for each of the organization's three largest pro and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amoun expenses, and revenue, if any, for each program service reported | gram services by expenses. Section 501(t of grants and allocations to others, the t | c)(3) otal |
| 4a (Code: \$ 372,883. including grants of \$ |) (Revenue \$ |) |
| The Foundation supports Hawkeye Community College by prov | | ips |
| to students of the College. The recipients are primarily | determined by the | #= |
| cobolarchip committee and department chains. The sund | determined by the | |
| scholarship committee and department chairs. The award a | mounts are determined by | ਜ਼ਾ <u>਼</u> – – |
| Foundation staff. | | |
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| Ab (Code) |) (Davis | |
| 4b (Code:) (Expenses \$ including grants of \$ |) (Revenue \$ | |
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| c (Code:) (Expenses \$ including grants of \$ |) (Revenue \$ |) |
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| 4d Other program services. (Describe in Schedule O.) | | |
| (Expenses \$ including grants of \$ | (Revenue \$) | |
| As Total program service expenses > 372 883 | V | |

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 | х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Χ | |
| 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 | | <u>X</u> |
| 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 | | х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III | 8 | | X |
| 9 | or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV | 9 | | Χ_ |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If Yes , Yes | 10 | Х | |
| 11 | Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable | 11 | X | |
| • | • Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI | , , | | |
| • | • Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII | , * | | |
| • | • Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII | | , | |
| | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX | | 1 | |
| | • Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X | 3 Veg | | |
| | • 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 | | | 76 31 S |
| 12 | Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII | 12 | Х | |
| 12/ | A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A X | | - 1- | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. | 13 | | X |
| | a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| ı | 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 | | Х |
| 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 | | х_ |
| 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 l | 17 | | x |
| 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 | | х |
| 20 | Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H | 20 | | <u> </u> |

Checklist of Required Schedules (continued) Yes No 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 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 Х 22 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 23 X Schedule J 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25 Х 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 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 Х 25a 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 Х 25b Schedule L, Part I 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 Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete X 27 Schedule L, Part III Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) Х 28 a a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete 28b X Schedule L. Part IV c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 28c X 29 Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M30 Х X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Schedule N. Part II 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I 33 Х 33 34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 Х line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2. 35 Х 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 36 Х 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 37 Х 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

BAA

Form 990 (2009)

38

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 U.S. Information Returns. Enter -0- if not applicable. 1 a 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1 b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 10 (gambling) winnings to prize winners? () 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the n calendar year ending with or within the year covered by this return 2Ł 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 this return 3*a* 3 b b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42 **b** If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? **5**a Χ 5b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Х solicit any contributions that were not tax deductible? 6a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not 6ь deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 72 provided to the payor? 7b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7 c Form 8282? d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 76 benefit contract? X 71 f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7 a h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a 9 b b Did the organization make any distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: 10 a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from other members or shareholders 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against 11 b amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a

BAA

Form 990 (2009)

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

12b

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 |
| | | number of voting members of the governing body . | 1a 19 | ~ | 2 | *** |
| | | number of voting members that are independent | <u>1b</u> <u>19</u> | | 'ট্রেন |] |
| 2 | Did any of officer, d | officer, director, trustee, or key employee have a family relationship or a business r irector, trustee or key employee? | elationship with any other | 2 | | X |
| 3 | Did the o | organization delegate control over management duties customarily performed by or s, directors or trustees, or key employees to a management company or other pers | under the direct supervision son? | 3 | | Х |
| 4 | Did the c | organization make any significant changes to its organizational documents | | 4 | Х | |
| | since the | prior Form 990 was filed? . See Sch 0 . | | | | |
| 5 | Did the c | organization become aware during the year of a material diversion of the organization | on's assets? | 5 | | X |
| 6 | Does the | organization have members or stockholders? | | 6 | | X |
| 7 a | Does the government | organization have members, stockholders, or other persons who may elect one or g body? | more members of the | 7a | Х | |
| b | Are any | decisions of the governing body subject to approval by members, stockholders, or o | other persons? | 7b | 7 | X |
| 8 | Did the o | organization contemporaneously document the meetings held or written actions und ving | ertaken during the year by | | | |
| а | The gove | erning body? | | 8 a | X | |
| b | Each cor | nmittee with authority to act on behalf of the governing body? | | 8ь | | Х |
| 9 | Is there a organiza | any officer, director or trustee, or key employee listed in Part VII, Section A, who cition's mailing address? If 'Yes,' provide the names and addresses in Schedule O | annot be reached at the | 9 | | Х |
| Sec | tion B. | Policies (This Section B requests information about policies not | required by the Internal | | | |
| Reve | nue Code | •) | | - 1 | | |
| 10 - | D H | | ſ | 10- | Yes | No X |
| | | organization have local chapters, branches, or affiliates? | | 10a | | |
| | and bran | does the organization have written policies and procedures governing the activities ches to ensure their operations are consistent with those of the organization? | | 10Ь | | |
| | | organization provided a copy of this Form 990 to all members of its governing body | | 11 | Х | L |
| | | in Schedule O the process, if any, used by the organization to review this Form 99 | O See Schedule O | 12a | Х | r ⁻ |
| | | organization have a written conflict of interest policy? If 'No,' go to line 13 ers, directors or trustees, and key employees required to disclose annually interest: | s that could give rise | 144 | _ | |
| | to conflic | ets? | | 12b | Х | <u> </u> |
| С | Does the Schedule | organization regularly and consistently monitor and enforce compliance with the performance of the second s | olicy/ If Yes, describe in | 12c | Х | <u> </u> |
| 13 | Does the | organization have a written whistleblower policy? | | 13 | Х | |
| 14 | Does the | organization have a written document retention and destruction policy? | | 14 | X | |
| 15 | Did the p | process for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and di | d approval by independent ecision? | | . ",* | |
| а | The orga | nization's CEO, Executive Director, or top management official | | 15a | | Х |
| b | Other off | icers of key employees of the organization | | 15b | | X |
| | If 'Yes' to | o line 15a or 15b, describe the process in Schedule O (See instructions) | | | | |
| 16 a | | organization invest in, contribute assets to, or participate in a joint venture or simila ring the year? | ir arrangement with a taxable | 16a | | <u>x</u> |
| b | in joint v | nas the organization adopted a written policy or procedure requiring the organization enture arrangements under applicable federal tax law, and taken steps to safeguar th respect to such arrangements? | n to evaluate its participation d the organization's exempt | 16b | | |
| Sec | tion C. | | | | | |
| 17 | List the s | states with which a copy of this Form 990 is required to be filed None | | | | |
| 18 | Section (| 5104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, in Indicate how you make these available. Check all that apply. | and 990-T (501(c)(3)s only) av | /aılab | le for | public |
| | Own | website Another's website X Upon request | | | | |
| 19 | Describe statemer | in Schedule O whether (and if so, how) the organization makes its governing documes available to the public See Schedule O | iments, conflict of interest pol | icy, ai | nd fin | ancıal |
| | | e name, physical address, and telephone number of the person who possesses the 1 Poppens 1501 E. Orange Road Waterloo, IA 50701 | books and records of the orga (319) 296-4002 | anızat | ion. | |
| | | | | | | |

Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees.

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

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

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

| (A) | (B) | (c) | | | | | | (D) | (E) | (F) |
|-------------------|------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|--|--|---|---|
| Name and Title | Average hours | | tion (| | | hat app | | Reportable | Reportable | Estimated |
| | per week | Individual trustee or director | institutional trustee | Officer | Key employee | Highest compensated employee | Former | compensation from the organization (W-2/1099 MISC) | compensation from related organizations (W-2/1099-MISC) | amount of other compensation from the organization and related organizations |
| Harold Brock | | | | | | | | | | |
| Director | 1 | Х | | | | | <u>. </u> | 0. | 0. | 0. |
| Jim Ingles | | | | | | | | | | |
| Director | 1 | Х | | | | | | 0. | 0. | 0. |
| John Rathjen | | | | | | | | | | |
| Director | 1 | Х | | | | | | 0. | 0. | 0. |
| Nancy Pinkston | | | | | | | | | | |
| Director | 11 | Х | L | | | | | 0. | 0. | 0. |
| Gretchen Syhre | | | ŀ | | | | | | | |
| Director | 1 | Х | <u> </u> | | | | | 0. | 0. | 0. |
| Dave Krejchi | | | | | | | | | | |
| Trustee | 1 | Х | | | | | | 0. | 0. | 0. |
| Casey McLaughlin | | | 1 | | | | | | | |
| Trustee | 1 | Х | | | | | | 0. | 0. | 0. |
| Dr. Greg Schmitz | | | 1 | | | | | | | |
| Director | 1 | Х | | | | | | 0. | 0. | 0. |
| Vicki Angove | | | | | | | | | | |
| Vice President | 1 | Х | | | _ | | | 0. | 0. | 0. |
| Joyce Coil | | | | | | | | | | |
| Director | 1 | Х | | | | | | 0. | 0. | 0. |
| Harlan Van Gerpen | | | | | | | | | | |
| Director | 1 | Х | | | | | | 0. | 0. | 0. |
| Kris Hansen | | | | | | U | | | | |
| President | 1 | Х | | | | | | 0. | 0. | 0. |
| Dr. Linda Allen | _ | | | | | | | | | |
| Director | 1 | Х | | | | | | 0. | 0. | 0. |
| Deb Lilly | | | | | | | | | | |
| Treasurer | 1 | Х | | | | | | 0. | 0. | 0. |
| Marv Schumacher | _ | | | | | | | | | |
| Director | 1 | Х | <u></u> | | | | | 0. | 0. | 0. |
| Kathy Flynn | 1 | | | | | | | | | |
| Director | 1 | Х | | | | | | 0. | 0. | 0. |
| Galen Howsare | 1 | | | | | | | | | - |
| Director | 1 | Х | | | | | L | 0. | 0. | 0. |
| RAA | | | | | | | | | | C 000 (2000) |

| Part VII Section A. Ufficers, Directors, Trust | | | | | | | | | | | | |
|--|-------------------|--|--|--------------|--------------|---------------------------------|----------|-------------------------------------|--|------------------------------|--|--|
| (A) | (B) | | | | c) | | | (D) | (E) | (F) | | |
| Name and Title | Average hours | | | | | _ | _ | Reportable compensation from | Reportable compensation from | Estimated amount of other | | |
| | hours per week | A DU | nstr | Officer | Key employee | Highest compensated employee | Former | the organization (W 2/1099-MISC) | related organizations (W-2/1099-MISC) | compensation from the | | |
| | | ecto | ğ | 4 | mp | est c | Ē | | | organization and related | | |
| | ; | , E | 함 | | oyee | g G | | | | organizations | | |
| | | e e | uste | | " | ensa | | | | | | |
| | | 1 | ů | | | ted | | | | | | |
| Mark Kittrell | | - | _ | _ | ⊢ | \vdash | \vdash | | | | | |
| Director | 1 | X | | | | | | 0. | 0 | . 0. | | |
| Tim Iugo | <u> </u> | <u> </u> | - | | H | ┢╌ | - | 0. | | | | |
| Director | 1 | x | | | 1 | | | 0. | 0 | . 0. | | |
| Pog Proup | _ | | | | | | | | | | | |
| Executive Direc | 55 | l x | | X | Ιx | | | 0. | 0 | . 0. | | |
| Frank Dowie III | | | \vdash | 1 | | | | | | | | |
| Director | 1 | X | | | | | | 0. | 0 | . 0. | | |
| Emile Leighty | | | | П | | | | | | | | |
| Secretary | 1 | Х | | | | | | 0. | 0 | . 0. | | |
| Ken Allbaugh | | | | | | | | | | | | |
| Director | 1 | X | | <u> </u> | | L | | 0. | 0 | . 0. | | |
| Jim Mudd Jr. | | | | l | | | | | | | | |
| Director | 1 | X | <u> </u> | _ | L | ╙ | | 0. | 0 | . 0. | | |
| | | | | | | Į. | ' | 1 | | | | |
| | | ₩ | <u> </u> | ļ | ┡ | ├- | <u> </u> | | | - | | |
| | | | | | | | | | | | | |
| | | \vdash | - | - | - | ļ | ⊢ | | | | | |
| | | 1 | | | 1 | | ļ | | | | | |
| | | + | ├ | - | H | | - | | | | | |
| | | | | | | | l | | | | | |
| | | +- | - | \vdash | \vdash | | \vdash | | | | | |
| | 1 | | | } | | | l | | | | | |
| | _ | ┢ | | \vdash | 1 | | | | | | | |
| | | Ì | ļ | | | ŀ | ŀ | | | | | |
| 1 b Total | | • | | | • | | > | 0. | 0 | . 0. | | |
| 2 Total number of individuals (including but not limite | d to the | se I | ıste | d ab | ove |) wh | o re | ceived more than | \$100,000 in repo | rtable compensation | | |
| from the organization 0 | | | | | | | | | | | | |
| | | | | | | | | | | Yes No | | |
| 3 Did the organization list any former officer, director | or trus | tee, | key | em | ploy | ee, | or h | ighest compensati | ed employee | # 24 X | | |
| on line 1a? If 'Yes,' complete Schedule J for such i | ndıvıdu | al | _ | | • | | | | | 3 X | | |
| 4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater t | portable | e co | mpe | ensa (') | ition | and | d oth | ner compensation | from such | 18 EF 27 | | |
| individual | nαn ψι. | 50,0 | | | | | ,p.c. | | 540.7 | 4 X | | |
| 5 Did any person listed on line 1a receive or accrue of | compen | satio | n fr | om | anv | unr | elate | ed organization fo | r services | 3 | | |
| rendered to the organization? If 'Yes,' complete Sc | hedule | J foi | suc | ch p | erśc | n. | | | | 5 X | | |
| Section B. Independent Contractors | | | 1 | | | -1 | - 41 | | h #100 000 of | | | |
| Complete this table for your five highest compensation from the organization | tea inae | epen | aen | t co | nıra | Ctor | s tna | at received more | man \$100,000 of | | | |
| (A) | | | | | | | | (E | <u>, </u> | (C) | | |
| Name and business addres | ss | | | | | | | Description | | Compensation | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | 1 | | | | |
| | | | | | | | | | | | | |
| 2. Takah mumban afundasi sahah sahara () bila | L | | .11 | 10.1 | . | _ ! | | | and mare there | <u>-</u> | | |
| 2 Total number of independent contractors (including | _ | ιıım | пеа | io t | 1105 | e 11\$ | ieo i | anove) who recei | veu more than | ; | | |
| \$100,000 in compensation from the organization > | U | | | | | | | | | | | |

Form 990 (2009) Hawkeye Community College Foundation

| Pa | rt VIII Statement of Revenue | | | | |
|--|--|----------------------|---------------------------------------|------------------------------|---|
| | | (A) Total revenue | (B) Related or exempt function | (C) Unrelated business | (D) Revenue excluded from tax under sections |
| , | | | revenue | revenue | 512, 513, or 514 |
| SS | 1a Federated campaigns 1a | | · | . 54 | |
| PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS | b Membership dues 1 b | | * '\$ | | - 1 |
| P. Š | c Fundraising events 1c | | + å | • | |
| FTS IRA | d Related organizations . 1d | | | | |
| 2 2 | e Government grants (contributions) 1 e | | 3 | * | 1 1 1 |
| NO E | | | - 1 | • | |
| HE | f All other contributions, gifts, grants, and similar amounts not included above 1 f 404, 244. | | آ د | | -7, |
| IN C | g Noncash contributs included in lins 1a-1f_ \$ | | ĺ | | |
| SA | h Total. Add lines 1a-1f | 404,244. | | | |
| - | Business Code | 404,244. | | | |
| EN | 2a Loan Interest 900004 | 6,702. | 6,702. | | |
| Ē | b | 0,102. | 0,702. | | |
| SE I | <u> </u> | | | | |
| Ϋ́ | <u></u> | | | | |
| A SE | <u> </u> | | | | |
| RA | e | | | | ļ |
| ő | f All other program service revenue | 6 700 | | | |
| - | <u> </u> | 6,702. | ···· | | |
| | 3 Investment income (including dividends, interest and | E7 607 | | | 57,607. |
| | other similar amounts) | 57,607. | | | 37,007. |
| | 4 Income from investment of tax-exempt bond proceeds | | | | <u></u> |
| | 5 Royalties | | · · · · · · · · · · · · · · · · · · · | · | |
| | (i) Real (ii) Personal | | | | |
| | 6a Gross Rents 17, 325. | | | | |
| | b Less rental expenses 1,939. | | | | |
| | c Rental income or (loss) 15, 386. | | | | lJ |
| | d Net rental income or (loss) | 15,386. | | | 15,386. |
| | 7a Gross amount from sales of (i) Securities (ii) Other | , | | | |
| | assets other than inventory 694, 206. 238. | | | | |
| | b Less cost or other basis | | | | |
| | and sales expenses 752, 220. | | | | |
| | c Gain or (loss) -58, 014. 238. | | and the second second second | | |
| | d Net gain or (loss) ▶ | -57,776. | , | | -57,776. |
| NUE | 8a Gross income from fundraising events (not including \$ | | | | |
| Š | of contributions reported on line 1c) | | | | |
| 2 | See Part IV, line 18 a | | | | |
| OTHER REVENU | b Less direct expenses b | | | | ļ |
| 0 | c Net income or (loss) from fundraising events | | | _ | |
| | 9a Gross income from gaming activities See Part IV, line 19 | | | | |
| | b Less: direct expenses b | | | | |
| | c Net income or (loss) from gaming activities | | | | |
| | 10a Gross sales of inventory, less returns and allowances a 157. | | | | |
| | b Less cost of goods sold b | | | | |
| | c Net income or (loss) from sales of inventory | 157. | | 157. | |
| | Miscellaneous Revenue Business Code | | | | 1 |
| | 11a Special Events 900004 | 29,658. | | | 29,658. |
| | b Miscellaeous 900004 | 10,021. | 10,021. | | |
| | c | | | | <u> </u> |
| | d All other revenue | | | | |
| | e Total. Add lines 11a-11d | 39,679. | | | |
| | 12 Total revenue. See instructions | 465,999. | 16,723. | 157. | 44,875. |
| | | | 10,723. | L1J/. | <u> </u> |

Page 10

Form 990 (2009)

Part IX Statement of Functional Expenses

BAA

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). (C) (D) (B) (A) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Fundraising Program service Management and Total expenses expenses general expenses expenses Grants and other assistance to governments 3, 1 and organizations in the U.S. See Part IV, , line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 ., 1 2 , 134,513 134,513 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 J. 4. Benefits paid to or for members Compensation of current officers, directors, 0. 0 0 0 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B) 0 0. 0 0 Other salaries and wages. Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits Payroll taxes 10 Fees for services (non-employees) a Management **b** Legal c Accounting 8,675 8,675 d Lobbying e Prof fundraising svcs See Part IV, In 17 f Investment management fees 14,693 14,693 g Other 23 23 12 Advertising and promotion 13 Office expenses 1,890 1,890 14 Information technology 15 Royalties 16 Occupancy 4,768 4,768 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 9,928 9,928 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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.) 146,825 146,825 a Collection & Loans Written Off 50,968. 50,968 b Program Costs 19,905. 19,905 c Departmental Activity 18,759. 18,759 d_Supplies_ 325. 325 e Permits/Fees 125 125 f All other expenses 25 Total functional expenses. Add lines 1 through 24f 411,397. 372,883 38,514 0. Joint costs. Check here ► | If 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

Part X Balance Sheet

(B) End of year (A) Beginning of year 865,837. 1,056,236 1 Cash - non-interest-bearing. 1 2 2 Savings and temporary cash investments 21,745. 24,750 3 3 Pledges and grants receivable, net 15,020 4 13,811. Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 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 6 60,001. 79,913 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a 375,841 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 375,841 10 c 375,841. 10b b Less, accumulated depreciation 11 11 Investments - publicly-traded securities 2,511,252 3,004,363. 12 12 Investments - other securities See Part IV, line 11 Investments - program-related See Part IV, line 11 13 13 14 14 Intangible assets 16,391 17,982. 15 Other assets See Part IV, line 11 15 4,359,580. 4,079,403 16 Total assets Add lines 1 through 15 (must equal line 34) 16 926 17 957. 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 33,757. 50,000 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities Complete Part X of Schedule D 50,926 26 34,714. 26 Total liabilities. Add lines 17 through 25. Organizations that follow SFAS 117, check here X and complete lines - 4 P. . . 27 through 29 and lines 33 and 34. 658,402 866,889. 27 27 Unrestricted net assets 426,973 307,926. 28 28 Temporarily restricted net assets 1,150,051 943,102 29 Permanently restricted net assets R 18 1. mg Organizations that do not follow SFAS 117, check here and complete FUZD lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, and equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 4,324,866. Total net assets or fund balances. 4,028,477 33 4,359,580 4,079,403 34 Total liabilities and net assets/fund balances 34 Form 990 (2009) BAA

| orm 990 (2009) Hawkeye Community College Foundation 42-612378 | 2 | Pa | ige 12 |
|--|------|-----|----------|
| Part XI Financial Statements and Reporting | | | |
| • | | Yes | No |
| 1 Accounting method used to prepare the Form 990: Cash X Accrual Other | | | |
| If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. | | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | <u>X</u> |
| b Were the organization's financial statements audited by an independent accountant? | 2b | Χ | |
| 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 | Х | |
| 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: | | ٠ | |
| X Separate basis Consolidated basis Both consolidated and separate basis | | | 1 |
| 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? | 3a | | х |
| 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 | t 3b | | |

SCHEDUŁE 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 Publication

| Name | ame of the organization Employer identification number 42-6123782 | | | | | | | | | | | | |
|-------|--|-------------------------------------|---|--|---------------------------------|---|--|----------------------|--|-------------|--------------|-----------|-------|
| Haw | ke | ye Community | College Found | ation | | | _ | | 42-61 | 23782 | <u> </u> | | |
| Pâr | | Reason for Pul | blic Charity Statu | s (All organizations | must c | omple | te this | part.) | See ir | nstructi | ions | | |
| The o | rga | nization is not a priv | vate foundation becau | se it is: (For lines 1 thro | ugh 11, | check o | nly one | box) | | | | | |
| 1 | | A church, convention | on of churches or asse | ociation of churches desc | cribed in | section | 170(b) | (1)(A)(i) | | | | | |
| 2 | Г | A school described | in section 170(b)(1)(| A)(ii). (Attach Schedule I | E) | | | | | | | | |
| 3 | Г | | | e organization described | | on 170(t | X1XAX | iii). | | | | | |
| 4 | | | • | d in conjunction with a h | | • | | | урх1ха | Xiii) En | ter the hos | soital's | |
| | _ | name, city, and sta | , | | | | | | - (- /(- /(| , , – | | | |
| 5 | | | erated for the benefit | of a college or university | owned | or opera | ated by | a gover | nmental | unit des | scribed in s | ection | 1 |
| 6 | Ц | | | governmental unit descri | | | | | | | | | |
| 7 | X | ın section 170(b)(1) | (A)(vi). (Complete P | | • • | 5 | vernmei | ntal uni | or from | the ger | neral public | descr | ribed |
| 8 | 느 | A community trust | described in section 1 | 170(b)(1)(A)(vi). (Comple | te Part I | I) | | | | | | | |
| 9 | 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 org | ganized and operated | exclusively to test for pu | ublic safe | ety See | section | 509(a) | (4). | | | | |
| 11 | H | | | | | | | | | | | | |
| | | a ∏Type I | b ∏Type II | <u> </u> | | - | | ed | | d \square | Type III- | Other | |
| е | 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) | | | | | | | | | | | | |
| f | | If the organization check this box | received a written det | ermination from the IRS | that is a | Type I | , Type II | or Typ | e III sup | porting (| organizatio | n, | |
| g | | Since August 17, 2 | 006, has the organiza | tion accepted any gift o | r contrib | ution fro | om any | of the fo | llowing | persons | 7 | | |
| | | | | | | | | | | | | Yes | No |
| | | (i) a person who below, the go | directly or indirectly overning body of the s | controls, either alone or upported organization? | together | with pe | rsons d | escribed | d in (ii) a | and (III) | 11 g (i) | | |
| | | (ii) a family mem | ber of a person desc | ribed in (i) above? | | | | | | | 11 g (ii) | | |
| | | (iii) a 35% contro | lled entity of a person | described in (i) or (ii) a | bove? | | | | | | 11g (iii) | لا | |
| h | | Provide the following | ng information about t | he supported organization | ons | | | | | | | | |
| | (|) Name of Supported Organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | organizat (i) lister gove | s the ion in col I in your irning ment? | (v) Did y the organ col your su | ization in (i) of | (vi) l organizati (i) organiz U S | on in col | (vii) Amoui | nt of Sup | port |
| | | | | | Yes | No | Yes | No | Yes | No | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | - | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | _ | | | | | | | | | | · | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | 4.50 | | | |] | | | | | | |
| Total | | | 133 | 44.24. | <u> </u> | <u> </u> | | L | | | | | |

Schedule A (Form 990 or 990 EZ) 2009 Hawkeye Community College Foundation 42-6123782

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(vi)

| | (Complete only if you check | ed the box on line | e 5, 7, or 8 of Part | :1) | | .4 | |
|------------|---|---|--|---|--|--|------------------------|
| <u>Sec</u> | tion A. Public Support | , | r | | | r | |
| begi | ndar year (or fiscal year nning in) ► | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 1 | Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') | 752,325. | 422,232. | 751,938. | 914,370. | 404,243. | 3,245,108. |
| 2 | Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf. | | | | | | 0. |
| 3 | The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. | | | | | | 0. |
| 4 | Total. Add lines 1-through 3 | 752,325. | 422,232. | 751,938. | 914,370. | 404,243. | 3,245,108. |
| 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 | | | | A STATE OF THE STA | | 407 120 |
| 6 | shown on line 11, column (f) Public support. Subtract line 5 | | | . ', | | <u>, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,</u> | 487,129. 2,757,979. |
| Sec | from line 4 tion B. Total Support | 1 173 | 3.13. | | <u> </u> | | 2,131,313. |
| | ndar year (or fiscal year | | | | | | |
| begi | nning in) ► | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 7 | Amounts from line 4 | 752,325. | 422,232. | 751,938. | 914,370. | 404,243. | 3,245,108. |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources | 90,830. | 97,817. | 128,021. | 79,065. | 72,993. | 468,726. |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | 239. | 130. | 720. | 246. | | 1,335. |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) See Part IV | 92,827. | 83,689. | 49,864. | 42,061. | 36,167. | 304,608. |
| 11 | Total support. Add lines 7 through 10 | 老小孩 | | | | | 4,019,777. |
| 12 | Gross receipts from related activ | | | | | 12 | 0. |
| 13 | First five years. If the Form 990 organization, check this box and | | ation's first, secoi | nd, third, fourth, | or fifth tax year as | a section 501(c) | (3) |
| | tion C. Computation of Pu | | | | | · · · · · · · · · · · · · · · · · · · | |
| | Public support percentage for 20 | • | `` | ne 11, column (f) | • | 14 | 68.6% |
| 15 | Public support percentage from | 2008 Schedule A, | Part II, fine 14 | • | • | 15 | 65.1% |
| 16 a | 33-1/3 support test — 2009. If the and stop here. The organization | e organization did qualifies as a pu | I not check the bo blicly supported o | ox on line 13, and rganization | d the line 14 is 33- | 1/3 % or more, c | heck this box ► X |
| t | 33-1/3 support test — 2008. If the and stop here. The organization | | | | a, and line 15 is 33 | 3-1/3% or more, o | check this box |
| 17 a | 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts | meets the 'facts- | and-circumstance | s' test, check this | box and stop her | e. Explain in Parl | t IV how |
| | 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an | meets the 'facts- d-circumstances' | and-circumstance test The organi | s' test, check this zation qualifies a | box and stop her s a publicly suppo | e. Explain in Part rted organization. | I IV how the |
| 18 | | zation did not che | eck a box on line, | 13, 16a, 16b, 17 | | | |
| BAA | | | | | Sch | nemile A (Form 9 | 90 or 990-EZ) 2009 |

Schedule A (Form 990 or 990-EZ) 2009 Hawkeye Community College Foundation Ratellia Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

| Sec | tion A. Public Support | | | | | | |
|------------------|--|--|--|--|---|---|-------------|
| Cale | ndar'year (or fiscal yr beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 1 | Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') | | • | | ,,,, | | |
| 2 | Gross receipts from | | | - | | - | |
| - | admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the | | | | | | |
| | organization's tax-exempt | | | | | | |
| 3 | purpose 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 | | | | | | |
| 7 a | Amounts included on lines 1, 2, 3 received from disqualified persons | | | | | | |
| t | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the | | | | | | |
| | year | | | | | | |
| | Add lines 7a and 7b | with the first the state of the | 2007 - 147 A 1886 | METERS. A NO. 53 C | Allen Strate of the Strate | | |
| 8 | Public support (Subtract line | 33-14-46-40-38 | | | | \$\$ 0 | |
| <u></u> | 7c from line 6) | 海教公共 市代表的 | 是自然(*) Y . 有 | Alex (2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2. | 行传掌证。 | 1 | |
| | tion B. Total Support | | | | - | | · |
| | ndar year (or fiscal yr beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| 11 | Add lines 10a and 10b Net income from unrelated business activities not included inline 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 Ins 9, 10c, 11, and 12) | | | | | 10 m 10 m | |
| 14 | organization, check this box and | stop nere . | | nd, third, fourth, | | | 3) ▶ □ |
| | tion C. Computation of Pul | | | | | | |
| | Public support percentage for 20 | | • | e 13, column (f)). | | 15 | % |
| | Public support percentage from | | | <u> </u> | | 16 | %% |
| | tion D. Computation of Inv | estment Incon | | | | | |
| | | | | | | 1 1 | |
| 17 | Investment income percentage for | | | | mn (f)) | 17 | |
| 17 18 | Investment income percentage for investment income percentage for | rom 2008 Schedul | le A, Part III, line | 17. | ,,, | 18 | % |
| 17 18 19 a | Investment income percentage for Investment income percentage for 33-1/3 support tests – 2009. If the comore than 33-1/3%, check this b | rom 2008 Schedul organization did not ox and stop here. | le A, Part III, line check the box on late. The organization | 17. ine 14, and line 15 i qualifies as a pu | is more than 33-1/3 iblicly supported o | %, and line 17 is not organization | % ► [] |
| 17 18 19 a | Investment income percentage for investment income percentage for 33-1/3 support tests – 2009. If the control is the control in the control is the control in the control i | rom 2008 Schedul organization did not ox and stop here, ne organization di this box and stop | le A, Part III, line check the box on late organization do not check a box bere. The organ | 17. ine 14, and line 15 i qualifies as a pu con line 14 or 19a ization qualifies a | is more than 33-1/3 iblicly supported of a, and line 16 is not is a publicly support | 18 %, and line 17 is not organization nore than 33-1/3%, orted organization | % ► [] |

| Schedule A | (Form | 990 or 9 | 990-EZ) | 2009 | Haw | keve | Com | nunit | y · | Colleg | e F | oundatio | on | 42-61 | 23782 | | Page 4 |
|------------|--------|----------|----------|----------|-------------|---------|------------|-----------|------------|----------|------|---------------------------------------|-----------|-------------|----------------|----------|--------------|
| PartelV | .Supp | lemen | tal Inf | ormat | ion. (| Compl | ete th | ns pa | rt to | provide | e th | e explana ner additio | tions rea | uired by | Part II | , line 1 | 0; |
| | Part I | l, line | 17a o | r 17b; | and l | Part II | I, line | 12. | Pro | vide any | oth | ner additio | nal infor | mation. | See in: | structio | ns. |
| | | | | <u>-</u> | | | · · | | | | | · · · · · · · · · · · · · · · · · · · | | | | | |
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SCHEDULE D (Form 990)

Supplemental Financial Statements

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

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ove Community College Foundation

Employer Identification number

| Ha | wkeye Community College Founda | ition | | 12- | 6123782 | |
|------------|--|---|---|--------------------------------|-------------------------------------|----------------------------|
| Pa | rt I Organizations Maintaining Dono | r Advised Funds or Othe | r Similar Funds o | | • | f |
| <u>, u</u> | the organization answered 'Yes' t | | | a Account | .s Complete | : 11 |
| | | (a) Donor advised f | ····· | (b) Funde | and other acc | ounts |
| 1 | Total number at end of year | (a) Denot advised t | uitus | (b) r unus | and other acc | ounts |
| _ | Aggregate contributions to (during year). | | | | | |
| 2 3 | Aggregate contributions to (during year). Aggregate grants from (during year) | | | | | |
| _ | • | | | | | |
| 4 | Aggregate value at end of year | | | | | |
| 5 | Did the organization inform all donors and do funds are the organization's property, subject | | | advised | Yes | No |
| 6 | Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private beni | the benefit of the donor or don | ng that grant funds ma or advisor or for any o | ay be other | ∏Yes | ∏No |
| Pa | rt II Conservation Easements Compl | | swared 'Vas' to F | orm 990 E | | |
| | Purpose(s) of conservation easements held b | • | | 01111 990, 1 | art iv, inte | /· |
| ' | | · · · · · · · · · · · · · · · · · · · | 一 ・・・・・ ・ | hiotorioothi ir | maartaat laad | 0.00 |
| | Preservation of land for public use (e g , i | ecreation of pleasure) | Preservation of an | - | | area |
| | Protection of natural habitat Preservation of open space | L | Preservation of cer | tilled historic | structure | |
| 2 | | and hald a smallfield assessment | | | | |
| 2 | Complete lines 2a through 2d if the organizations day of the tax year | on neid a qualified conservatio | n contribution in the t | | servation ease | |
| | a Total number of conservation easements | | - | 2a | at the End of | i the rear |
| | b Total acreage restricted by conservation ease | monto | - | 2b | | |
| | , | | (a) | | · · · · · · · · | |
| | c Number of conservation easements on a certi | | In (a) | 2c | | |
| | d Number of conservation easements included | ` ' ' | | 2d | | |
| 3 | Number of conservation easements modified, | transferred, released, extinguis | sned, or terminated by | y the organiz | ation during tr | ne tax |
| | year ► | | | | | |
| 4 | Number of states where property subject to co | onservation easement is locate | a • | | | |
| 5 | Does the organization have a written policy re and enforcement of the conservation easeme | nt it holds? | | _ | S, Yes | ☐ No |
| 6 | Staff and volunteer hours devoted to monitori during the year | | | ts | | |
| , | Amount of expenses incurred in monitoring, in during the year ▶ | nspecting, and enforcing conse | rvation easements | \$ | | _ |
| 8 | Does each conservation easement reported o 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? | n line 2(d) above satisfy the re- | quirements of section | | Yes | No No |
| 9 | In Part XIV, describe how the organization report include, if applicable, the text of the footnote conservation easements | s conservation easements in its roto the organization's financial s | evenue and expense st statements that descri | atement, and bes the orga | balance sheet, nization's acco | and ounting for |
| Pa | organizations Maintaining Colle Complete if the organization ans | ections of Art, Historical wered 'Yes' to Form 990, | Treasures, or Oth Part IV, line 8. | er Similar | Assets | |
| 1: | a If the organization elected, as permitted unde | r SEAS 116, not to report in its | revenue statement a | nd halance s | heet works of | art, historical |
| • | treasures, or other similar assets held for pub the text of the footnote to its financial statement | lic exhibition, education, or res | earch in furtherance of | | | |
| ١ | b If the organization elected, as permitted unde treasures, or other similar assets held for pub amounts relating to these items | r SFAS 116, to report in its rev lic exhibition, education, or res | renue statement and t learch in furtherance of | palance shee of public serv | t works of art, rice, provide th | historical ne following |
| | (i) Revenues included in Form 990, Part VIII | , line 1 | | | - \$ | |
| | (ii) Assets included in Form 990, Part X | | | | - \$ | |
| 2 | If the organization received or held works of a amounts required to be reported under SFAS | ort, historical treasures, or othe 116 relating to these items: | r sımılar assets for fır | iancial gain, | | |
| | a Revenues included in Form 990, Part VIII, line | e 1 . | | | ► \$ | |
| ı | b Assets included in Form 990, Part X | | • | | ►\$ | |

| Schedule D (Form 990) 2009 Hawke | | | | | | 42-6123 | | Page 2 |
|--|---------------------------------|--|-------------|--|--------------|--|--|---------------------------------------|
| Part III Organizations Maintai | ining Collections | s of Art, Histo | rica | l Treasures, or | <u>Other</u> | Similar Asse | ets (con | tınued) |
| 3 Using the organization's acquisitive items (check all that apply): | on accession and of | her records, chec | k an | y of the following th | at are a | a significant use | e of its col | llection |
| a Public exhibition | | d Loan o | or exc | change programs | | | | |
| b Scholarly research | | e Other | | | | | | |
| c Preservation for future gener | | | | | | | | |
| 4 Provide a description of the organ Part XIV | | | | | | | e in | |
| 5 During the year, did the organiza assets to be sold to raise funds r | ather than to be mai | ntained as part of | of the | organization's colle | ection? | - | Yes | No |
| Part IV Escrow and Custodia 9, or reported an amo | Arrangements unt on Form 990 | Complete if o , Part X, line | rgar 21. | nization answere | d 'Ye: | s' to Form 99 | 90, Part ——— | IV, line |
| 1 a is the organization an agent, trus included on Form 990, Part X? | | - | • | | r asset | s not . [| Yes | No |
| b If 'Yes,' explain the arrangement | in Part XIV and con | nplete the followi | ng ta | ble. | Γ | 1 | A | |
| | | | | | - | - | Amount | |
| c Beginning balance | | | | | 10 | | | |
| d Additions during the year | | • | | | 10 | | | |
| e Distributions during the year | | | ٠ | | 1 e | | | |
| f Ending balance | . 5 000 | 5 . V . 017 | | • | 11 | <u> </u> | | |
| 2a Did the organization include an a | | , Part X, line 21? | | • | | ٠ ا | Yes | ∐No |
| b If Yes, explain the arrangement | | | 1 1 | /aal ta Farm 000 | Dor | HIV line 10 | | |
| Part V Endowment Funds Co | | | | | | | (2) [0] | ır years back |
| | (a) Current year | (b) Prior year | | (c) Two years back | (0) | Three years back | (e) FOL | ir years back |
| 1 a Beginning of year balance | 943,102. | | 0. | | 1,50 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| b Contributions | 206,949. | | | 6 3 7 1 1 1 1 1 2 m | - 42 | ing the second s | • • • • • • • • • • • • • • • • • • • | * * * * * * * * * * * * * * * * * * * |
| c Net Investment earnings, gains, and losses | | | | | | | * | |
| d Grants or scholarships | | | | 17.500 2000 11.00 | <u> </u> | gr yager ja | ļ., | <u> </u> |
| Other expenditures for facilities and programs | · | | | | y Sign | | <u>'</u> . | |
| f Administrative expenses | | | | 1 | | PRIME | <u> </u> | |
| g End of year balance | 1,150,051. | <u> </u> | 0. | 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ***. | <u> </u> | <u></u> | |
| 2 Provide the estimated percentag | e of the year end ba | lance held as | | | | | | |
| a Board designated or quasi-endowment | | | | | | | | |
| b Permanent endowment ▶ | 100.00% | | | | | | | |
| c Term endowment ► | % | | | | | | | |
| 3a Are there endowment funds not organization by | in the possession of | the organization | that | are held and admir | ustered | for the | | Yes No |
| (i) unrelated organizations | | | | | | | 3a(i) | X |
| (ii) related organizations . | | | | | | | 3a(ii) | X |
| b If 'Yes' to 3a(II), are the related of | organizations listed a | as required on So | chedu | ıle R? | | | 3b | |
| 4 Describe in Part XIV the intende | | | | | | | art XI | [V |
| Part VI Investments-Land, B | | | e Fo | <u>rm 990, Part X,</u> | | | | |
| Description of investment | | st or other basis nvestment) | (b |) Cost or other basis (other) | Dej | ccumulated preciation | | ok Value |
| 1 a Land | | | | 375,841. | 1. 1 | contribution of | | <u>375,841.</u> |
| b Buildings . | | | | | | | | |
| c Leasehold improvements | | | | | | | | |
| d Equipment | | | | | | | | |
| e Other | | | | | | | | |
| Total. Add lines la through le (Colum | ın (d) must equal Fo | rm 990, Part X, e | colun | nn (B), line 10(c).) | | <u>-</u> | | 375,841. |
| BAA | | | | | | Sched | lule D (Fo | rm 990) 2009 |

| Schedule D (Form 990) 2009 Hawkeye Community | | | 123782 Page 3 |
|--|---------------------------------------|--|---------------------------------------|
| Part VII Investments-Other Securities See Fo | | | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of val Cost or end-of-year m | uation arket value |
| Financial derivatives | | | |
| Closely-held equity interests | | | |
| Other Community National Bank ST | | End of Year Market Val | |
| Community National Bank LT | 2,742,997. | End of Year Market Val | ue |
| | | | |
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| Total. (Column (b) must equal Form 990 Part X, col (B) line 12.) | 3,004,363. | | |
| Part VIII Investments-Program Related (See I | orm 990, Part X, | line 13) N/A | |
| (a) Description of investment type | (b) Book value | (c) Method of va | luation |
| | | Cost or end-of-year n | narket value |
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| Total (Column (b) must equal Form 990, Part X, Col (B) line 13) | <u> </u> | <u> </u> | · · · · · · · · · · · · · · · · · · · |
| Part IX Other Assets (See Form 990, Part X, | line 15) N/A | 1 | |
| (a) De | scription | | (b) Book value |
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| Total. (Column (b) must equal Form 990, Part X, col (B), I | | | <u> </u> |
| Part X Other Liabilities (See Form 990, Part | X, line 25) | | |
| (a) Description of Liability | (b) Amount | | |
| Federal Income Taxes | | | |
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| 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 foo | | n's francial statements that reports | the organization's liability |
| for uncertain tax positions under FIN 48. | inote to the organizatio | in s linanciai statements that reports | the organization's hability |

| | dule D (Form 990) 2009 Hawkeye Community College Foundation | 42-6123782 | Page 4 |
|------------------|--|---|---------------------------------|
| Par | t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements | S | · · · · · · · · · · · · · · · · |
| 1 | Total revenue (Form 990, Part VIII,column (A), line 12) | | 465,999. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | | 411,397. |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | | 54,602. |
| 4 | Net unrealized gains (losses) on investments | | 241,787. |
| 5 | Donated services and use of facilities | | |
| 6 | Investment expenses | | |
| 7 | Prior period adjustments | | |
| 8 | Other (Describe in Part XIV) | | |
| 9 | Total adjustments (net). Add lines 4 through 8 | | 241,787. |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | · | 296, 389. |
| | t:XIII Reconciliation of Revenue per Audited Financial Statements With Revenue pe | r Return | 230,303. |
| | | 1 1 1 | 709,725. |
| 1 | Total revenue, gains, and other support per audited financial statements | | 109,123. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| | Net unrealized gains on investments 2a 241,78 | 87. | |
| | Donated services and use of facilities 2b | | |
| | Recoveries of prior year grants . 2c | | |
| | Other (Describe in Part XIV) See Part XIV . 2d 1,93 | 39. | |
| е | Add lines 2a through 2d | 2e | 243,726. |
| 3 | Subtract line 2e from line 1 | 3 | 465,999. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| а | Investments expenses not included on Form 990, Part VIII, line 7b 4a | 34. | |
| b | Other (Describe in Part XIV). | | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | 5 | 465,999. |
| | t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses | per Return | |
| 1 | Total expenses and losses per audited financial statements | 1 | 413,336. |
| | Amounts included on line 1 but not on Form 990, Part IX, line 25 | 8328 | |
| | Donated services and use of facilities 2a | | |
| | Prior year adjustments . 2b | | |
| | Other losses 2c | | |
| | Other (Describe in Part XIV) See Part XIV 2d 1,9 | 20 | |
| | | | 1 020 |
| ٠, | Add lines 2a through 2d | 2e | 1,939. |
| 3 | Subtract line 2e from line 1 | 3 | 411,397. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| | Investments expenses not included on Form 990, Part VIII, line 7b | | |
| b | Other (Describe in Part XIV). | | |
| c | Add lines 4a and 4b | 4c | |
| | Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18) | 5 | 411,397 <u>.</u> |
| Par | t XIV Supplemental Information | | |
| line 4 infori | Polete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pat II, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete the mation Part V, Line 4 - Intended Uses Of Endowment Fund | rt IV, lines 1b and is part to provide a | 2b, Part V, iny additional |
| | The endowment funds are invested to generate earnings for scholars | ships and otl | ner |
| | projects to benefit the College. | | |
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| ocueding in (Form 330) 5003 Hawkeke Community College Foundation | 42-0123/02 | Page 5 |
|--|------------|--------|
| RartXIV Supplemental Information (continued) | | |
| Wantana - Appliantends mornidator (opininood) | - | .,, |
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| SCHEDIII FI | | Srante and Oth | Ar Accistance + | Organization | · | | OMB No 1545 0047 |
|---|--|---------------------------------|--|--|---|---|------------------------------------|
| (Form 990) | , ÿ | overnments an | Governments and Individuals in the United States | the United Sta | s, tes | | 2009 |
| Department of the Treasury Internal Revenue Service | Comp | lete if the organizatior | Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990. | rm 990, Part IV, lines 2). | :1 or 22. | l | Open to Public > |
| inity | College Foundation | | | | | Employer identification number 42-6123782 | ation number |
| Part I General Informa | 11751 | stance | | | | | |
| 1 Does the organization m the selection criteria use | Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant finds in the United States. | the amount of the grar ance? | nts or assistance, the gi | rantees' eligibility for the grants | ne grants or assistance | e, and | X Yes No |
| 121 | Grants and Other Assistance to Governments and Organizations 990, Part IV, line 21 for any recipient that received more than \$5,000 and \$2,000 | nents and Organis | Organizations in the United States. Complete if the organization answered 'Yes' to Form more than \$5,000 Check this box if no one recipient received more than \$5,000. Use | ed States. Completing box if no one re | te if the organizati | ion answered 'Ye nore than \$5,000 | is' to Form). Use |
| 1 (a) Name and address of organization or government | inization (b) EIN | (c) IRC section | (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 |
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| | | | | | | | |
| 2 Enter total number of se | Enter total number of section 501(c)(3) and government organizations | t organizations | - | | | | 0 |
| | her organizations | , | | | • | A | 0 |
| BAA For Privacy Act and Pal | n Act Notice | see the Instructions for | ructions for Form 990. | TEEA3901L 02/10/10 | 02/10/10 | Sched | Schedule I (Form 990) 2009 |

Page 2 Partill 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. (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 42-6123782 (e) Method of valuation (book, FMV, appraisal, other) __Director._ In addition, an annual report detailing the use of the funds is required _by_the_grantor._Further, all Foundation disbursemnts are submitted to the Finance __Each grant_has_its_own_fund._All_disbursements_are_approved_by_the_Executive_ (d) Amount of non-cash assistance 134,513 (c) Amount of cash grant Hawkeye Community College Foundation ____Part_I, Line 2. Grantmaker's Description of How Grants are Used __ 199 Committee to review on a quarterly basis. (b) Number of recipients (a) Type of grant or assistance Schedule 1 (Form 990) 2009 Scholarships & Grants

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SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

or 990-EZ.

Transactions with Interested Persons

► Complete if the organization answered

'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047



Schedule L (Form 990 or 990-EZ) 2009

| Name of the organization | | | | | | Em | ployer | dentifica | tion nu | mber | | |
|---|------------------------------|--|---------------------------|-------------------------------|--------------------------|--------------------------|------------------|--------------|-------------|------------|----------------|-------------------------------|
| Hawkeye Community College Fo | | | | | | | 2-612 | | | | | |
| Excess Benefit Transaction Complete if the organization answ | ns (sect ered 'Yes | tion 50 on Forr | 1 (c) (3) a m 990, Par | and section t IV, line 25a | 501(c)(4 or 25b, or F |) organiz orm 990-EZ, | ations Part V | only, line | '). 40b. | | | |
| 1 (a) Name of disqualified person | | | | | (b) Description | of transaction | | | | | (c) Cor | rected? |
|) (a) Name of disqualities person | | | | | (b) Description | 1 DI DAISACTION | | _ | | _ | Yes | No |
| | | | | | | | | | | | | |
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| 2 Enter the amount of tax imposed on the section 4958 | organiza | ition mai | nagers or | disqualified p | ersons dur | ing the year | under | ► \$ | | | | |
| 3 Enter the amount of tax, if any, on line : | | | | | | | | ► \$ | | | | |
| Loans to and/or From Inter Complete if the organization answ | ested F | erson | s. | | | -EZ, Part V, I | ine 38a | ì. | | | | |
| (a) Name of interested person and purpose | (b) Loan the orga | to or from anization? | | Original pal amount | (d) Ba | lance due | (e) in a | lefault? | by boo | ard or | (g) W agree | ritten ment? |
| | То | From | | | | | Yes | No | Yes | No | Yes | No |
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| | | L | <u></u> | | <u>L</u> | | | -XV-400-3100 | Marry ave | SCHOOLSTIC | sont les a | and a later of |
| Grants or Assistance Bene Complete if the organizatio | efitting I | nteres | ted Pers | ► \$ sons. orm 990. F | Part IV. li | ne 27. | | | | | | |
| (a) Name of interested person | | | | interested person | | | :) Amoun | t and ty | pe of as | sistanc | e | - |
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| Rankwa Business Transactions Inv Complete if the organizatio | | | | | art IV, Iir | ne 28a, 28 | b, or | 28c. | | | | |
| (a) Name of interested person | | lelationship ested perso organizat | on and the | (c) Amou transacti | nt of on \$ | (d) De: | scription | of transa | ection | | organi | aring of zation's nues? |
| | | | | | | | | | | | Yes | No |
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BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990

| | | | | | | OMB No 1545-0047 |
|---|--|--|---|-----------------------------|--|-------------------------------|
| SCHEDULE R (Form 990) | Related C | Related Organizations and Unrelated Partnerships | Inrelated Partne | rships | | 5003 |
| Department of the Treasury Internal Revenue Service | ▼ Complete if the orga | Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37. Attach to Form 990. See separate instructions. | orm 990, Part IV, lines separate instructions. | 33, 34, 35, 36, or 37. | | Open to Public Inspection |
| Name of the organization Hawkeye Community | cy College Foundation | | | | Employer identification number 42-6123782 | cation number 8.2 |
| Part I Identification | | f the organization answered 'Yes' to | rered 'Yes' to Form 990, | Part IV, line | 33.) | |
| (A) Name, address, and EIN | (A) ss, and EIN of disregarded entity | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Total income | (E) End-of-year assets | (F) Direct controlling entity |
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| Part II Identificatio | Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during | 10+ | Complete if the organization answered he tax year.) | 'Yes' to Form 990 | 'Yes' to Form 990, Part IV, line 34 because it had | ecause it had |
| Name, addres | (A) Name, address, and EIN of related organization | 1 | (C) Legal domicile (state or foreign country) | (D) Exempt Code section | (E) Public charity status (if section 501(c)(3)) | (F) Direct controlling entity |
| Hawkeye Community C | ty_College | Provide | | | | |
| i Oilo | 50704 | education for students | IA | | | N/A |
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| BAA For Privacy Act an | BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. | structions for Form 990. | 15 | TEEA5001L 02/05/10 | Schedu | Schedule R (Form 990) (2009) |

Schedule R (Form 990) 2009 Hawkeye Community College Foundation

Part III. Identification of Related Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 per use of the part of the organizations freated as a partnership during the tax year.)

| Name, address, and EIN of Pi | á | 9 | Ę | Œ | و | 9 | ξ | € | = |
|--------------------------------|---------|------------|--------------------|--------------------------------------|--|----------------------|-------------------------|---------------------------------|----------------------|
| | ctivity | Legal | Legal Direct | Predominant | Share of total income Share of end-of-year | Share of end-of-year | Dispropor- | Code V-UBI | General or |
| ation | | domicile (| controlling entity | income (related, unrelated, excluded | | assets | tionate allocations? | amount in box 20 of Schedule | managing partner? |
| | | foreign | | from tax under | | | | χ | |
| | | country) | | sections 512-514) | | | Yes No | (Form 1065) | Yes No |
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| Partally Identification of Related Organizations Taxable as a Corporation or Trust (Complete of the organization answered 'Yes' to Form 990, Part IV, Inc. 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) | axable as a Cord organizations | rporation or Trust (treated as a corpor | Complete if | the organizations | ation answered 'Ye tax year.) | s' to Form 990, Pa | t ≷, |
|--|--------------------------------|---|-------------------------------------|--|-------------------------------|--|--------------------------------|
| (A) Name, address, and EIN of related organization | (B) Primary Activity | (B) (C) (D) Type of entity (F) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C | (D) Direct olling entity (C | (E) ype of entity corp, S corp, or trust) | (F) Share of total income | (G) Share of end-of-year assets | (H) Percentage ownership |
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| ВАА | | TEEA5002L 02/05/10 | | | | Schedule R (Form 990) (2009) | (2003) |

Page 3

42-6123782

Schedule R (Form 990) 2009 Hawkeye Community College Foundation

4

Schedule R (Form 990) 2009 Hawkeye Community College Foundation

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

Schedule R (Form 990) (2009) (H) General or managing partner? ş 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 asset or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships Yes Code V-UBI amount in box 20 of Schedule K-1 Form (1065) Dispropor-tionate allocations? ŝ E Yes (**E)** Share of end-of-year assets (D)
Are all partners section 501(c)(3) organizations? Yes No (C) Legal domicile (state or foreign country) (B) Primary activity 1 1 1 (A)
Name, address, and EIN of entity 1 Í İ 1 1 i 1111 1 1 1 1 1 1 1 1 1 11111 1 | | | 1 1 1 I 1 1 1 1 1 1 1111 1 1 1 1 1 1 1 1 1 1 1 BAA ł

TEEA5004L 02/05/10

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545 0047

Employer identification number

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

► Attach to Form 990.

Inspection

| Hawkeye Community College Foundation 42-6123782 | |
|--|----------|
| Form 990, Part VI, Line 4 - Significant Changes to Organizational Documents | |
| The organization made two changes to their by-laws. The Executive Director now has | |
| the authority to execute operating agreements and the board meetings will now be | |
| held quarterly in the months of January, April, July and October. Previously it wa | <u>s</u> |
| every_other_month | |
| Form 990, Part VI, Line 11 - Form 990 Review Process | |
| No review was or will be conducted. | |
| Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts | |
| The Foundation's policy requires disclosure any time a conflict arises. Conflicts | |
| must be disclosed to the Executive Committee immediately upon identification of suc | <u>h</u> |
| conflict to allow for discussion and resolution. Foundation staff are responsible | |
| to monitor all disbursements to ensure there are no conflicts of interest. The | |
| Finance Committee receives copies of the cash receipt and disbursement journals for | |
| review. Discussion of these journals is included on the agendas of committee | |
| meetings. Further, all journal entries are approved by the Executive Director. | |
| Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available | |
| All policies and procedures are approved by the Board of Directors annually and are | |
| available upon public request. Financial statements are presented and approved at | |
| each board meeting and are available upon request. | |
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| Schedule (Form 990) 2009 Name of the organization | Page 2 |
|--|--------------------------------|
| Name of the organization | Employer identification number |
| Hawkeye Community College Foundation | 42-6123782 |
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2009 Schedule D, Part XIV - Supplemental Information Page 6 **Client 45920 Hawkeye Community College Foundation** 42-6123782 Schedule D, Part XII, Line 2d Other Revenue Included In F/S But Not Included On Form 990 Rent revenue related expenses. Total \$ Schedule D, Part XIII, Line 2d Other Expenses And Losses Per Audited F/S Rent revenue related expenses Total \$

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|------|---|
| 2009 | |
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Schedule A, Part IV - Supplemental Information

Page 5

Client 45920

Hawkeye Community College Foundation

42-6123782

Part II, Line 10 - Other Income

| Nature and Source | 2009 | 2008 | 2007 | 2006 | 2005 |
|---|--|--|---|--|--|
| Program Service Revenue Special Events Income Other Total | 6,702. 19,444. 10,021. \$ 36,167. | 6,633. 22,821. 12,607. \$ 42,061. | 7,892. 32,240. 9,732. \$ 49,864. | 4,393. 67,870. 11,426. \$ 83,689. | 3,312. 66,710. 22,805. \$ 92,827. |