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SCANNED FEB 1 6 2012

Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0047

A F	or the	2010 calendar year, or tax year beginning $$ JUL 1 , $$ 2010 $$ and	ending J	UN 30, 2011						
Вс	heck if pplicable:	C Name of organization		D Employer identific	cation number					
	Address	CASPER COLLEGE FOUNDATION								
	Name change	Doing Business As		83-6003050						
]initial _return	,	Room/sulte	E Telephone number						
	Termin- ated	125 COLLEGE DRIVE		(307						
	Amende			G Gross receipts \$	5,433,988.					
	Applica- tion pending			H(a) Is this a group re						
	penung	F Name and address of principal officer: PAULANN DUANE		for affiliates?	Yes X No					
		SAME AS C ABOVE		H(b) Are all affiliates inc						
		mpt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) (or 527	•	ilst. (see instructions)					
		E ► WWW.CASPERCOLLEGE.EDU/FOUNDATION		H(c) Group exemption						
		organization: X Corporation	L. Year	of formation: 1962 N	State of legal domicile: WY					
P	ert I	Summary	DOUTE	CUDDODE FO	O CACDED					
Activities & Governance		Priefly describe the organization's mission or most significant activities: ${\color{blue} { m TO}}$ ${\color{blue} { m PI}}$	KOVIDE	SUPPORT FO	R CASPER					
Ě	2 0	Check this box If the organization discontinued its operations or dispose	sed of more	than 25% of its net as	sets.					
ş		lumber of voting members of the governing body (Part VI, line 1a)		1	17					
Ğ		lumber of independent voting members of the governing body (Part VI, line 1b)			17					
8		otal number of individuals employed in calendar year 2010 (Part V, line 2a)			0					
ŧ	6 T	otal number of volunteers (estimate if necessary)		6	0					
ŧ	7a 1	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.					
_	14	let unrelated business taxable income from Form 990-T, line 34		7ь	0.					
			_	Prior Year	Current Year					
•	8 (Contributions and grants (Part VIII, line H)		3,600,934.	1,779,964.					
2	9 F	Contributions and grants (Part VIII, line P) ETVED Program service revenue (Part VIII, line 2g)		69,215.	94,868.					
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		935,315.	2,258,131.					
<u></u>		Other revenue (Part VIII, column (A), lines 5, 6d/8c, 9c/10c and 11e)		642,610.	689,905.					
	12 7	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,248,074.	4,822,868.					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		936,292.	1,153,569.					
		Senefits paid to or for members (Part 1X, column (A), line 4)		0.	222 566					
8	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		319,000.	323,566.					
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>		0.					
8	ь	otal fundralsing expenses (Part IX, column (D), line 25)	09•	20,697,518.	1,184,501.					
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)			2,661,636.					
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		21,952,810. -16,704,736.	2,161,232.					
<u>_ 6</u>	19 F	Revenue less expenses. Subtract line 18 from line 12								
Net Assets or Fund Balances			B6	ginning of Current Year 67,663,704.	End of Year 78,846,146.					
SS6 Bata	20 1	Total assets (Part X, line 16)	······	29,610,781.	30,431,097.					
草草	21 7	Total liabilities (Part X, line 26)		38,052,923.	48,415,049.					
計	22	Net assets or fund balances. Subtract line 21 from line 20		30/032/3231	10/110/015.					
		ties of perjury, I declare that I have examined this return, including accompanying schedule	c and ctater	ents and to the best of m	knowledge and belief it is					
		ues of perjury, I declare that I have examined this feturn, including accompanying schedule , and complete. Deplaration of preparer (other than officer) is based on all information of wi			y kilowiougo allo bollot, it is					
true	COTTECT	, and complete. Department of preparer (other than order) is based on an information of wi	non properor	2-2-1	<u>′</u> 2					
8ig	.	Signature of officer		Date						
Her	l l	PAULANN DOANE, EXECUTIVE DIRECTOR								
1101	٠	Type or print name and title			 					
		Print/Type preparer's name Preparet's signature		Date / / / Check	PTIN					
Paid	, 1	Print/Type preparer's name JOHN SMITH Firm's name TENHART, MASON & ASSOCIATES, LL		2/3/// self-employe	d					
_	-	Firm's name LENHART, MASON & ASSOCIATES, LL	C	Firm's EIN						
		Firm's address 135 NORTH ASH STREET								
	•	CASPER, WY 82601		Phone no.	307) 234-7800					
Mar	/ the IR	S discuss this return with the preparer shown above? (see instructions)			. X Yes No					
7714		1 HA For Penerusit Reduction Act Notice see the sensite instruction	one		Form 990 (2010)					

Form **990** (2010)

Form 990 (2010)

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
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, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? 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			l
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
•	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X		٠,	
	as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total			٠,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	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			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
•	Did the organization report an amount for other liabilities in Part X, line 257 if "Yes," complete Schedule D, Part X	110	_	-
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	444		X
_	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	X	
	Schedule D, Parts XI, XII, and XIII	120		
Þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		x
40	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
14a b	The state of the s			1
•	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	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, Parts II and IV	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, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			İ
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u></u>	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,"		1	
	complete Schedule G, Part III	19	<u> </u>	X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	<u> </u>	X
ь	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	<u> </u>	Ь

	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	248		X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ť	any tax-exempt bonds?	24c	1	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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>	Х
h	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
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	l	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	Instructions for applicable filing thresholds, conditions, and exceptions):			1
a	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
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
•	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30_		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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?	1	ľ	
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35	is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
_	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
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	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	990	(2010)

Form 990 (2010) CASPER COLLEGE FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	·	<u></u>					
				Yes	No			
1a	Enter the number reported in Box 3 of Form 1098. Enter -0- if not applicable	32			-			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		``	~ ~ ~			
¢	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamin	19		- 4	20			
	(gambling) winnings to prize winners?		1c	X				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return	0		~ *				
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X			
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3ь					
	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	X				
Ь	If "Yes," enter the name of the foreign country: ► CAYMAN ISLANDS							
-	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.							
бa	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	· · · ·	X			
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X			
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization							
-	any contributions that were not tax deductible?		6a		X			
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
-	were not tax deductible?		6ь					
7	Organizations that may receive deductible contributions under section 170(c).							
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to	the payor?	78		x .			
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?							
_	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
•	to file Form 8282?		7c		Х			
d	7.4							
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	<u> </u>	X			
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as rec		7g					
h	the state of the s		7h					
8	Sponsoring organizations maintaining donor advised funds and section 609(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	he year?	8		İ _			
9	Sponsoring organizations maintaining donor advised funds.	·						
	Did the organization make any taxable distributions under section 4966?		9a					
ь	Did the organization make a distribution to a donor, donor advisor, or related person?		9b					
10	Section 501(c)(7) organizations. Enter:				7			
a	40-				ŀ			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		. :		ŀ			
11	Section 501(c)(12) organizations. Enter:							
a	Gross income from members or shareholders		ŀ .∀		,			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against				•			
	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					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			,	,			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
	is the organization licensed to issue qualified health plans in more than one state?		13a					
_	Note. See the instructions for additional information the organization must report on Schedule O.							
Ь	Enter the amount of reserves the organization is required to maintain by the states in which the							
_	organization is licensed to issue qualified health plans							
c	Enter the amount of reserves on hand			<u> </u>	1			
14a			14a		X			
	if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b					

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. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 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 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X 9 organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests Information about policies not required by the Internal Revenue Code.) No Yes 10a Does the organization have local chapters, branches, or affiliates? 10a b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 11a X 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filling the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise X 12b to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this is done Does the organization have a written whistleblower policy? 13 13 14 Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a a The organization's CEO, Executive Director, or top management official X 15b b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website ___ Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **DENISE BRESSLER - (307) 268-2215**

82601

125 COLLEGE DRIVE, CASPER, WY

E	$\alpha \alpha \alpha$	(2010)	
-o m	MMII	12010	

CASPER COLLEGE FOUNDATION

83-6003050

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

Check if Schedule O contains a response to any question in this Part VII	
	_

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.
- 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, if any. 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
	week (describe hours for related organizations in Schedule O)	nistee or director	Institutional eustee	Оптоят		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
CHARLES CHAPIN											
MEMBER	1.00	Х	lacksquare	$oxed{oxed}$			 	0.	0.	0.	
KATHY DOLAN MEMBER	1.00	x						0.	0.	0.	
BILL HAMBRICK											
NEMBER	1.00	x						0.	0.	0.	
TIM KUGLER											
MEMBER	1.00	X						0.	0.	0.	
GIGI LENAN											
NEMBER	1.00	X						0.	0.	0.	
TON LOCKHART											
NCENCE ER	1.00	X						0.	0.	0.	
DR. WALT NOLTE			ŀ					_	_	_	
NEKBER	1.00	X	<u> </u>				L_	0.	0.	0.	
W. THOMAS SULLINS			ļ								
MEMBER	1.00	Х	_		L		_	0.	0.	0.	
BOB SUTTER		۱۱									
MEMBER	1.00	X				-	ļ	0.	0.	0.	
Marialyce Tobin Member	1.00	x						0.	0.	0.	
RICHARD WHEELER		-	┢			\vdash	\vdash				
MEMBER	1.00	X						0.	0.	0.	
MIKE HUSTON											
MEMBER	1.00	X					<u> </u>	0.	0.	0	
BECKY MACDONALD	`										
MEMBER	1.00	X	<u></u>	L	<u> </u>	<u> </u>	L	0.	0.	0.	
MARK ZABACK							ĺ			_	
MEMBER	1.00	X	_	L_	 	<u> </u>	<u> </u>	0.	0.	0.	
PAUL HALLOCK									100 011	00 455	
EXECUTIVE DIRECTOR	40.00	$ldsymbol{ldsymbol{eta}}$	L	X	<u> </u>	├-	<u> </u>	0.	102,314.	30,477	
JOHN JORGENSEN				١			1			_	
PRESIDENT	1.00	 	_	X	<u> </u>	⊢	—	0.	0.	0.	
GEORGE BRYCE	1 00			,				_	0.	^	
VICE-PRESIDENT	1.00	Ц_		X	L	<u> </u>		0.	·	0 . Form 990 (2010	

3

Name and title Average hours per week (describe hours for related organizations in Schedule O) Average hours per week (describe hours for related organizations in Schedule O) Average hours per week (describe hours for related organizations in Schedule O) Average hours per (check all that apply) Beggin and title Reportable compensation from the organization (W-2/1099-MISC) Reportable compensation from related organization (W-2/1099-MISC) Reportable compensation from the organization (W-2/1099-MISC)	Officers, Directors, Inc		mpic	руес			High	est				
Check all that apply Compensation from mission or related organizations Compensation from mission or related organizations Compensation Compensat							(D)	(E)		(F)		
Compensation from the companization of the compa	Name and title		(c						, ,	•		
organization in Schodule S			├ `	•		Г	Τ̈́	"	· '.	,	`	
organization in Schodule S			텵						the	_		
Did the organization is the fact of piece of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization. A) Name and business address A A A A A A			8	8			2			(W⋅2/1099-MIS	C)	
Did the organization is the fact of piece of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization. A) Name and business address A A A A A A			1	를		異	B _		(44-5) 1088-WISC)			•
Did the organization is the fact of piece of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization. A) Name and business address A A A A A A			hdyda	rettuto	Officer	(a) emp	Hohest	Damer Commercial Comme				
1b Sub-total. C Total from continuation sheets to Part VII, Section A	LYNNDE COLLING	•										
c Total from continuation sheets to Part VII, Section A	SECRETARY/TREASURER	5.00			X		├	_	0.		0.	0
c Total from continuation sheets to Part VII, Section A			_			_		_				· · · · · · · · · · · · · · · · · · ·
c Total from continuation sheets to Part VII, Section A	· · · · · · · · · · · · · · · · · · ·						_					
c Total from continuation sheets to Part VII, Section A												
c Total from continuation sheets to Part VII, Section A												
c Total from continuation sheets to Part VII, Section A												
c Total from continuation sheets to Part VII, Section A						 !						
c Total from continuation sheets to Part VII, Section A												
c Total from continuation sheets to Part VII, Section A	· · · · · · · · · · · · · · · · · · ·		-			_						
c Total from continuation sheets to Part VII, Section A			<u> </u>	<u> </u>			Ļ	<u> </u>	0	102 21	4	30 477
Total (add lines 1b and 1c)							-			102,31		
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization Yes No										102,31		•
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? /f "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? /f "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? /f "Yes," complete Schedule J for such person 8-ection B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. NONE (A) (B) (C) Compensation 1 Nome and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 0	2 Total number of individuals (including but n							no re	eceived more than \$100	0,000 in reportable)	
line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 6 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. NONE (A) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 0	compensation from the organization								•			
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual	3 Did the organization list any former officer,	director or tru	stee	, ke	y em	plo	yee,	or h	ighest compensated er	mployee on		. 19%
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual	line 1a? If "Yes," complete Schedule J for s	uch individual										3 X
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. NONE (A) Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization O				-						_	-	_ _
rendered to the organization? If "Yes," complete Schedule J for such person											····	4 X
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. NONE (A) (B) (C) Compensation Description of services 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 0											ŀ	5 X
the organization. NONE (A) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization		Dieta Gerieduk		0/ 34	Jerr	9673						
Name and business address Description of services Compensation Description of services Compensation Independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization		mpensated inc	depe	ende	nt c	onti	racto	ers t	hat received more than	\$100,000 of com	pensati	on from
\$100,000 in compensation from the organization 0		address								ervices	Cor	
\$100,000 in compensation from the organization 0							•					
\$100,000 in compensation from the organization 0		<u></u>						+			·	
\$100,000 in compensation from the organization 0								+				
\$100,000 in compensation from the organization 0								\dashv				
\$100,000 in compensation from the organization 0		**						\dashv				
\$100,000 in compensation from the organization 0	2 Total number of independent contractors (in	ncludina but n	ot li	mite	d to	tho	se li:	sted	above) who received n	nore than		· .
	•	-					_				<u>-</u>	000

	٠	I Statement of Reve			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts, grants amounts	1 a	Federated campaigns	1a		, , ,	100	. , .	7
8.5	þ							
ar am	C	Fundraising events					` .	
	d	Related organizations		055 100	. /	, ,		
Contributions, and other simi	•	Government grants (contribut		255,122.			`	
音を	f	All other contributions, gifts, gran		1504040			4 7 7 8 9	
全등		similar amounts not included abo		1524842.		7 77 8	15.	
ξE	9	Noncash contributions included in lines			1770064	, , , , , ,		" "
0 -	<u>h</u>	Total. Add lines 1a-1f		1	1779964.			
	_	MICEUM GIER GUG	D CATEC	Business Code	76 105		Secret	76 105
<u>.</u> 8	2 a	MUSEUM GIFT SHO	OP SALES	453220	76,185.	-		76,185.
Program Service Revenue	Ь	APARTMENT RENT		531110	18,683.		 	18,683.
E 6	C		······					
<u> </u>	d			-			· ·	
፮	•							
•	1	All other program service reve			04 969		,	, , , , , , , , , , , , , , , , , , , ,
-		Total. Add lines 2a-2f			94,868.			<u> </u>
	3	Investment Income (including			1493179.			
	_	other similar amounts)		_	14931/9.			1,493,179.
- 1	4	Income from investment of ta			689,905.			689,905.
	5	Royalties			009,903.			009,303.
	_		(i) Real	(ii) Personal	1 44			
	6 a	Gross Rents		1	٠	27 37 3	11 6	
	Ь		-	 			, ` ` ` `	7 3 1 3
- 1	C			<u> </u>			,	
	_ d _			T				· · · · · · · · · · · · · · · · · · ·
1	7 a		(i) Securities	(ii) Other				
- 1		assets other than inventory	1,376,072	-	[(6.5		,
	D	Less: cost or other basis	611120.			N 60, 30	, ""	
		and sales expenses	764952			1/2 1111	() , , ,	
	C	Gain or (loss)			764,952.	w/ 1 V/ 1 C// 1	\$ W. 27 \$	764,952.
	a -	Net gain or (loss)			704,732.	, ,	7.5	70473320
2	0 8	Gross income from fundraisin				`.	`, ^	· .
Other Revenu		including \$			1		` ,	
2		contributions reported on line	-		100 / 1	`, ^		
<u> </u>	_	Part IV, line 18				,',	,	
٥	0							·
	0 - 0	Net income or (loss) from fund Gross income from gaming ad	_					
	9 a	Part IV, line 19		J		, ,		Í
	L	Less: direct expenses				` ;	,	· .
		Net income or (loss) from garr		·	· · · · · · · · · · · · · · · · · · ·			· · · ·
_		Gross sales of inventory, less	_				• •	, *
'	. d	and allowances		.1				
	5-	Less: cost of goods sold			!		(
		Net income or (loss) from sale			1	· · · · · · · · · · · · · · · · · · ·		Ī ,
	<u> </u>	Miscellaneous Revenu		Business Code			,	
	1 a			Indoniosa COO6	1 ~ ~ ~ ~ ~ ~			Ī. , , , , , , , , , , , , , , , , , , ,
'	. e b							
	_							
	ن	All other revenue		<u> </u>				
	d -	Total. Add lines 11a-11d						
.	2	Total revenue. See instructions.			4822868.	0.	0.	3,042,904.
032009 12-21-10		TOTAL 16461180. See HISTOCHORIS.		·····	10220001			Form 990 (20

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (D) Fundralsing (A) Do not include amounts reported on lines 6b. Management and general expenses Total expenses Program service 7b. 8b. 9b. and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 388,456. 388,456. Grants and other assistance to individuals in the U.S. See Part IV, line 22 765,113. 765,113 Grants and other assistance to governments. organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 18,213. 161,528. 143,315. 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) 80,207. 102,827. 22,620. 7 Other salaries and wages Pension plan contributions (include section 401(k) 2,826. and section 403(b) employer contributions) 13,820 10,994 Other employee benefits 45,391. 43,360. 2,031. 10 Payroll taxes 11 Fees for services (non-employees): Management 8,766. 8,766. Legal 28,651. 28,651. Accounting Lobbying Professional fundraising services. See Part IV, line 17 80,178. 80,178 43,067. 15,000. 58,067. Other Advertising and promotion 12 4,907. 14,014. 9,107. 13 Office expenses Information technology 14 15 Royalties 16 Occupancy 18,395. 15,314. 33,709. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 6,124. 153,058 125,409. 21,525. Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates 320,383. 320,383 22 Depreciation, depletion, and amortization 23 Other expenses, Itemize expenses not covered 3 above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) 207,926. 207,926. REIMBURSEMENTS TO COLLE 134,555. 15,931. **MISCELLANEOUS** 150,486. EDUCATIONAL MATERIALS & 64,647. 64,647. 59,208. TRANSFER OF FIXED ASSET 59,208. 3,000. 3,000. FACULTY AWARDS 2,408. 2,408. All other expenses 1,821,291. 611,876. 228,469. 2,661,636. 25 Total functional expenses. Add lines 1 through 24f Joint costs. Check here > ____ If following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...

Form 990 (2010)
Part X Balance Sheet

	·]	(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing				1	
2	Savings and temporary cash investments			2,236,719.	2	3,008,122.
3	-1 .			100,000.		100,500
4	Accounts receivable, net			1,102,500.	4	508,543
5	Receivables from current and former officers, d	irectors.	trustees, kev		,	
	employees, and highest compensated employe of Schedule L		 5			
6	Receivables from other disqualified persons (as		P7	, , , , , , , , , , , , , , , , , , ,	,	
	4958(f)(1)), persons described in section 4958(c	c)(3)(B),	and contributing	, :		
	employers and sponsoring organizations of sec	tion 501	(c)(9) voluntary			
	employees' beneficiary organizations (see instru				6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges				9	
10a	Land, buildings, and equipment: cost or other	<u> </u>			- ,,	
	basis. Complete Part VI of Schedule D	10a	11,941,405			
ь	Less: accumulated depreciation			^ 7,139,830.	10c	6,852,711
11	Investments - publicly traded securities			54,719,646.	11	
12	Investments - other securities. See Part IV, line			187,833.		187,833
13	Investments - program-related. See Part IV, line				13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11			2,177,176.	15	2,372,630
16	Total assets. Add lines 1 through 15 (must equ			67,663,704.	16	78,846,146
17	Accounts payable and accrued expenses			160,388.	17	17,970
18	Grants payable			200/3000	18	2,73,0
19	Deferred revenue				19	
20					20	
	Tax-exempt bond liabilities				21	
21	Escrow or custodial account liability. Complete		F-		-21	· · · · · · · · · · · · · · · · · · ·
22	Payables to current and former officers, directo		F	,		
	highest compensated employees, and disqualif	-	· ·	1 X47 /	22	'. ' · · . · ·
	of Schedule L				23	
23	Secured mortgages and notes payable to unrel				23	
24	Unsecured notes and loans payable to unrelate		, r	29,450,393.		30,413,127
25	Other liabilities. Complete Part X of Schedule D			29,610,781.		30,431,097
<u> 26 </u>	Total liabilities. Add lines 17 through 25				20	30/431/03/
	Organizations that follow SFAS 117, check h	ore -	TVT and combiete	, , , , , , , , , , , , , , , , , , ,		
	lines 27 through 29, and lines 33 and 34.		Ţ.	15,604,222.	27	21,804,264
27	Unrestricted net assets			8,280,562.	28	12,487,378
28	Temporarily restricted net assets	14,168,139.		14,123,407		
29				14,100,139.	29	14,123,407
	Organizations that do not follow SFAS 117, c	heck h	ere P L and	: .	1	
	complete lines 30 through 34.		ŧ	· // // //		
30	Capital stock or trust principal, or current funds				30	
31	Paid-in or capital surplus, or land, building, or ed				31	
32	Retained earnings, endowment, accumulated in			20 052 022	32	40 415 040
33	Total net assets or fund balances			38,052,923. 67,663,704.		48,415,049 78,846,146
34	Total liabilities and net assets/fund balances			/ /////		1/6

Form 990 (2010)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treesury 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.

OMB No. 1545-0047

Open to Public Inspection

Name of 1	the organizati								Employer id			nber
Part I	Reason		COLLEGE FOUN ity Status (All organization)			e this ner) See ing	tructions		<u>-6003</u>	050	
			because it is: (For lines					tructions.				
1 🔲		-	s, or association of chur	-		•	-	\				
2 🗔			' 0(b)(1)(A)(ii). (Attach Sc			••.	(-)(-)4-4(-)					
3 🗔			tal service organization	•		170(Б)(1)	(A)(ii).					
			operated in conjunction					(ъ)(1)(А)(iii). Enter th	e hospital	's nam	e .
	city, and stat	-			, , , , , , , , , , , , , , , , , , ,			(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(- 1		-,
5	•		benefit of a college or u	niversity o	wned or or	perated by	a govern	mental ur	it describe	d in		
		(b)(1)(A)(iv). (Comple	_	,								
6			ent or governmental uni	it describe	d in sectio	ກ 170(b)(1	D(A)(v).					
7 🗂	•		eives a substantial part					or from th	e deneral p	ublic desc	ribed i	n
- 	=	b)(1)(A)(vi). (Comple	•			•						
8 🔲	•		ection 170(b)(1)(A)(vi).	(Complete	Part (I.)							
9 🔲	•		eives: (1) more than 33		-	rom contri	butions, n	nembersh	ilp fees, and	gross rec	eipts	from
			nctions - subject to certi									
			axable income (less sec									
		509(a)(2). (Complete										
10 🔲	An organizati	on organized and o	perated exclusively to te	est for publ	ic safety. S	ee sectio	n 509(a)(4	4) .				
11 🛣	An organizati	on organized and o	perated exclusively for t	he benefit (of, to perfo	rm the fu	nctions of,	or to car	ry out the p	urposes o	f one	or
	more publicly	supported organiza	ations described in secti	ion 509(a)(1) or sectio	on 509(a)(2	2). See se c	ction 509	(a)(3). Chec	k the box	that	
	describes the	type of supporting	organization and comp									
	a Type		_ ,,,	с 📉 Тур		-	-			Type III - C		
• X			at the organization is not									n
			han one or more public						19(a)(1) or se	ection 509	(a)(2).	
f	If the organiz	ation received a wri	ten determination from	the IRS the	at It is a Ty	pe I, Type	II, or Type	9 ! !!				
		•	nis box								• • • • • • • • • • • • • • • • • • • •	. L
9			organization accepted a									
			lirectly controls, either a								Yes	No
			upported organization?									X
		•	n described in (i) above?									X
		=	person described in (i)							11g(iii)	L	X
h	Provide the f	ollowing information	about the supported or	rganization	(3).							
			(III) Type of	that to the	organization	(w) Did vo	u potify the	(vi)	is the	4 113 4		
	of supported	(ii) EIN	organization		sted in your			organizat	ion in col.	(vII) Am	nount o port	T
org	anization		(described on lines 1-9 above or IRC section		document?				ized in the S.?	auh	poit	
			(see instructions))	Yes	No	Yes	No	Yes	No			
CASPE		•			-							
COMMU	NITY CO	83-6001132	6	X		Х		X_		<u> </u>	<u>672</u>	<u>90.</u>
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	- ".		 	 	<u> </u>	 		<u> </u>	+		<u> </u>	
		1	1	}	ł	ł	ļ	}	1			
			7	 	 		<u> </u>	 	┪╗╌┪			
		Ex. C. C. S.	*. · · · · · · · · · · · · · · · · · · ·	*	I	Į.	± '	2 (3 7 1			

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

Schedule A (Form 990 or 990-EZ) 2010

1,667,290.

Schedule A (Form 990 or 990-EZ) 2010

Part # Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

and the second and th
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization
fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not					1	
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to					<u> </u>	
	the organization without charge					i	
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a	. 1	^^	<u> </u>	27.75	' '	
	governmental unit or publicly					*	
	supported organization) included			<i>.</i> .]		
	on line 1 that exceeds 2% of the	` ` .	•				
	amount shown on line 11,	`	,				
	column (f)	•	,	4	1	<i>'</i>	
6	Public support. Subtract line 5 from line 4.		***************************************				
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on					Ì	
	securities loans, rents, royalties	}					
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	1					
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	1	<i>'</i>	, , ,	,	`	·
12	Gross receipts from related activities	, etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	
	organization, check this box and sto	here	··· <u>··</u> · ·····				<u></u> ▶
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2010 (line 6, column (f) d	ivided by line 11,	column (f))		14	%
15						15	%
16ε	33 1/3% support test - 2010.If the c	organization did no	t check the box o	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies						▶□
t	33 1/3% support test - 2009.if the c						.
	and stop here. The organization qua	•					
176	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
ŧ	10% -facts-and-circumstances tes						
	more, and if the organization meets t	he "facts-and-circu	ımstances" test, c	heck this box and	stop here. Explain	in Part IV how the	. —
	organization meets the "facts-and-cir		-				. —
<u>18</u>	Private foundation. If the organization	on did not check a	box on line 13, 16	3a, 16b, 17a, or 17			
					0-6-	while A /Earm 000	non E71 0040

Schedule A (Form 990 or 990-EZ) 2010 Part 報 Support Schedule for Organizations Described in Section 509(a)(2)

· (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to
qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not		}	}			
include any "unusual grants.")				<u> </u>		
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that				<u> </u>		
are not an unrelated trade or bus-			į			
Iness under section 513]		
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf		ļ			1	
5 The value of services or facilities						
furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and		1				
3 received from disqualified persons		}		1	1	1
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						
8 Public support Subtract line 7c from the 6)	₹	,				
Section B. Total Support						
alendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975				<u> </u>	<u> </u>	
c Add lines 10a and 10b						
I1 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital					İ	L
assets (Explain in Part IV.)						
14 First five years. If the Form 990 is for t	he organization	s first, second, thir	d. fourth, or fifth t	ax vear as a section	on 501(c)(3) oro	anization.
	_					
Section C. Computation of Public					· · · · · · · · · · · · · · · · · · ·	
15 Public support percentage for 2010 (lir			column (fl)		15	
16 Public support percentage from 2009	• ••	•			16	
Section D. Computation of Invest			<u> </u>		<u> </u>	
17 Investment income percentage for 201			ne 13. column (f))		17	
18 Investment income percentage from 20	•					 -
19a 33 1/3% support tests - 2010. If the c						
more than 33 1/3%, check this box and						
b 33 1/3% support tests - 2009. If the c						
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization	ala not check a	DOX ON LINE 14, 19	R. OF IND, CUSCK (HIS DOX SING SEE IN	BUTUCTIONS	

SCHEDULE D (Form 990)

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

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

► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service Name of the organization

CASPER COLLEGE FOUNDATION

Employer identification number 83-6003050

Pa	Organizations Maintaining Donor Advised Funds o		Accounts. Complete If the
	organization answered "Yes" to Form 990, Part IV, line 6.		
	(a) Do	onor 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 writing that th	e assets held in donor advised t	funds
_	are the organization's property, subject to the organization's exclusive legi		
6	Did the organization inform all grantees, donors, and donor advisors in write		
•	for charitable purposes and not for the benefit of the donor or donor advis		
	impermissible private benefit?		
Pa	Conservation Easements. Complete if the organization ans		
1	Purpose(s) of conservation easements held by the organization (check all		
-	Preservation of land for public use (e.g., recreation or education)	Preservation of an historic	cally important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space	. 100017401. 0, 2 00100	
2	Complete lines 2a through 2d if the organization held a qualified conservation	tion contribution in the form of a	conservation essement on the last
_	day of the tax year.		oblibol validit dabbillott bit life hat
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
b			
c	Number of conservation easements on a certified historic structure include		·
d	Number of conservation easements included in (c) acquired after 8/17/06,		" "
•	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, exting		· ·
•	year	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
4	Number of states where property subject to conservation easement is local	eted >	
5	Does the organization have a written policy regarding the periodic monitor		
•	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing con	servation easements during the	vear ▶ \$
8	Does each conservation easement reported on line 2(d) above satisfy the		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservation easement		
•	include, if applicable, the text of the footnote to the organization's financia		
	conservation easements.		
Pa	rt 祖 Organizations Maintaining Collections of Art, Histo	orical Treasures, or Othe	er Similar Assets.
سينسن	Complete if the organization answered "Yes" to Form 990, Part IV,		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to		t and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, educ-		
	the text of the footnote to its financial statements that describes these ite		•
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to re		d balance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, education, or n		
	relating to these items:	,	
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$ 0.
	(ii) Assets included in Form 990, Part X		****
2	if the organization received or held works of art, historical treasures, or other	ner similar assets for financial ca	
-	the following amounts required to be reported under SFAS 116 (ASC 958)		and the same
_	Revenues included in Form 990, Part VIII, line 1		▶ s
Ь			
-			····

Sche	dule D (Form 990) 2010 CASPER	COLLEGE FOU	JNDATION		83-	<u>-6003</u>	050	Page 2
Par	(訓:Organizations Maintaining C	Collections of Ar	t, Historical Tr	easures, or Oth	er Similar A	Assets (d	ontinue	<i>d</i>)
3	Using the organization's acquisition, access	ion, and other records	s, check any of the	following that are a	significant use	of its colle	ction Ite	ms
	(check all that apply):							
ā	X Public exhibition	d	Loan or exc	hange programs				
Ь	Scholarly research	•	Other					
¢	X Preservation for future generations							
4	Provide a description of the organization's c	ollections and explain	how they further to	he organization's ex	empt purpose i	n Part XIV	•	
5	During the year, did the organization solicit of	•	-					
	to be sold to raise funds rather than to be m					🔲 Ye	s []	X No
Por	* IV Escrow and Custodial Arran							
	reported an amount on Form 990, Pa	rt X, line 21.						
1a	Is the organization an agent, trustee, custod	ian or other intermed	ary for contribution	s or other assets no	t included			
	on Form 990, Part X?		•			🔲 Ye	s [No
ь	If "Yes," explain the arrangement in Part XIV					——		
						Am	ount	
c	Beginning balance				1c			
d	Additions during the year							
	Distributions during the year							
ŧ	Ending balance							
2a	Did the organization include an amount on F					Ye	s	No
	If "Yes," explain the arrangement in Part XIV	•					_	
	Endowment Funds. Complete		wered "Yes" to Fo	rm 990, Part IV, line	10.			
		(a) Current year	(b) Prior year		(d) Three years	back (e)	Four vear	rs back
1a	Beginning of year balance	14,953,850.	10,991,388.			1-1	· · ·	
b	Contributions	73,017.	2,533,601.		***************************************		**********	***************************************
	Net investment earnings, gains, and losses	2,925,601.	1,595,680.				·····	·
d	Grants or scholarships	343,910.	166,819.		***************************************	<u>-</u>	*****************	***************************************
	Other expenditures for facilities	23,220						
•	and programs				1 1 1	í. 1		
•	Administrative expenses							
,	End of year balance	17,608,558.	14,953,850.	10,991,388.			••••••	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2	Provide the estimated percentage of the year				<u> </u>			
-	Board designated or quasi-endowment	.00	%					
	Permanent endowment ► 100.00	%	_/*					
•		^ %						
3-	Are there endowment funds not in the posse	• -	tion that are held a	nd administered for	the omanizatio	n		
98	by:	sssion of the organiza	MON MAL AIG NOIG A		ino organizatio	••	Yes	No No
	(i) unrelated organizations					3	0	X
	(ii) related organizations						(i)	X
_	If "Yes" to 3a(ii), are the related organizations						b	+==
<i>A</i> D	Describe in Part XIV the intended uses of the	•						
Par				 				
		(a) Cost or ot		or other (c) A	\ccumulated	(4)	Book va	
	Description of investment	basis (investm			epreciation	(4)	JOOK VA	.00
	land			(0.1101)	,	1	772	949.
	Land	44466			086,764		046,	
b	Buildings	***	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		007704		/	
C	Leasehold Improvements		710.		1,930	 	3 -	780.
d						`		354.
	Other			L		6	352,	711
I OLA	I. Add lines 1a through 1e. (Column (d) must e	ryuai romi 990, Part i	<u>, column (8), line 1</u>	U(C)-)				<u> •</u>

CASPER COLLEGE FOUNDATION

	dule D (Form 990) 2010 CASPER COLLEGE FOUNDATION	_		<u>83-</u>	6003050	Page 4
Par	Reconciliation of Change in Net Assets from Form 990 to Audited Fire	nancial	State	ment	8	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1_	L	_	4,822,	868.
2	Total expenses (Form 990, Part IX, column (A), line 25)				2,661,	636.
3	Excess or (deficit) for the year. Subtract line 2 from line 1				2,161,	232.
4	Net unrealized gains (losses) on investments				8,200,	894.
5	Donated services and use of facilities					
6	investment expenses		İ			
7	Prior period adjustments					
8	Other (Describe in Part XIV.)					
9	Total adjustments (net). Add lines 4 through 8	. 9	ļ		8,200,	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		<u> </u>		10,362,	<u>126.</u>
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Re	venue	oer R	etum		
1	Total revenue, gains, and other support per audited financial statements			1	13,772,	762.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
8	***************************************	200,8	94.			
Ь	Donated services and use of facilities	749,0	00.			
C	Recoveries of prior year grants	_				
d	Other (Describe in Part XIV.)					
•	Add lines 2a through 2d			2e	8,949,	
3	Subtract line 2e from line 1			3	4,822,	868.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			:		
8	Investment expenses not included on Form 990, Part VIII, line 7b	-,		: 1		
ъ	Other (Describe in Part XIV.)					•
C	Add lines 4a and 4b			4c	4 000	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<u> </u>	<u></u>	5	4,822,	868.
F.O.	t XIII Reconciliation of Expenses per Audited Financial Statements With E				m 3,410,	626
1	Total expenses and losses per audited financial statements			-1	3,410,	030.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	749 0				
	Donated services and use of facilities	749,0		- 4		
Þ	Prior year adjustments 2b					
C	Other losses					
đ	Other (Describe in Part XIV.)				749	000.
_	Add lines 2s through 2d			20	2,661,	
3	Subtract line 2e from line 1	•••••		-	2/001/	030.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
	Investment expenses not included on Form 990, Part VIII, line 7b			:		
	Other (Describe in Part XIV.)			40		0.
	Add lines 4s and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		•••••	4c	2,661,	
	TXIV Supplemental Information			0	2/001/	030.
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	I · Dort IV	linee 11	and S	h: Part V line	A · Dort
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to					7,1 0.1
PAI	RT III, LINE 4: THE FOUNDATION'S COLLECTION OF ASS	ETS H	ELD	FOI	R DISPLA	λY
	12 22 7 22 10 21 21 21 21 21 21 21 21 21 21 21 21 21				·	
PUE	RPOSES INCLUDES ARTWORK, TAXIDERMY, GEMS AND MINER	ALS.	COI	NS.		
COI	LLECTIBLE MAPS AND POSTAGE STAMPS AND OTHER MISCEL	LANEC	US	ITE	MS. THE	E
COI	LLECTIONS ARE DISPLAYED THROUGHOUT THE FACILITIES	OF CA	SPE	R C	OMMUNITY	<u>r</u>
COI	LEGE DISTRICT TO PROMOTE THE SPIRIT AND HISTORY	OF TH	E C	OLL	EGE AND	
SUI	RROUNDING REGION AND TO SUPPLEMENT AND ENHANCE EDU	CATIC	NAL	PRO	GRAMS C)F
фці	E COLLEGE.					
	- VVIIIVI I					

Schedule D (Fo	orm 990) 2010	CASPER (COLLEGE FO	DUNDATION		<u>83-60030</u>)50 Page 5
Part XIV S	upplemental Infor	mation (contin	ued)				
•	LINE 4: THE			OF THE ORG	GANIZATION A	ARE INTENDE	FOR A
VARIETY	OF DONOR-RE	STRICTED	PURPOSES	INCLUDING	G EDUCATIONA	AL SCHOLARSH	HIPS,
	OUTLAY, AND						
COLLEGE	DISTRICT.						
							<u></u>
PART X:	THE FOUNDAT	ION HAS I	NO LIABIL	ITY FOR U	NCERTAIN TAX	K POSITIONS	UNDER
FIN 48.			····			······································	 -:
							
				· · · · · · ·			·
						<u> </u>	
							
		·		· · · · · · · · · · · · · · · · · · ·	···	···	
		<u></u>			· · · · · · · · · · · · · · · · · · ·		
						·	
			·			· · · · · · · · · · · · · · · · · · ·	
	·						
		·				· · · · · · · · · · · · · · · · · · ·	
					, , , , , , , , , , , , , , , , , , ,		
							
							

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ► Attach to Form 990. Department of the Treesury nternal Revenue Service SCHEDULE (Form 990)

OMB No. 1545-0047	2010	Open to Public

Schedule I (Form 990) (2010) Employer identification number **2** 83-6003050 CASPER COMMUNITY COLLEGE TO PROVIDE SUPPORT FOR **Enspecial** (h) Purpose of grant or assistance X Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any)ISTRICT reciplent that received more than \$5,000. Check this box if no one reciplent received more than \$5,000. Part II can be duplicated if additional space is needed ame and address of organization

(c) IRC section

(d) Amount of non-cash and received more than \$5,000. Part II can be duplicated if additional space is needed (d) Method of valuation (book, if applicable cash grant assistance other) 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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 388,456 3 Enter total number of other organizations
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. CASPER COLLEGE FOUNDATION Enter total number of section 501(c)(3) and government organizations criteria used to award the grants or assistance? 83-6001132 Part | General Information on Grants and Assistance 1 (a) Name and address of organization CASPER COMMITY COLLEGE DISTRICT Name of the organization 125 COLLEGE DRIVE CASPER, WY 82601 Part#

Page 2

83-6003050

Schedule | (Form 990) (2010) CASPER COLLEGE FOUNDATION

Schedule | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of reciplents	(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
DUCATIONAL SCHOLARSHIPS AWARDED TO MULTIPLE	6	765 113	o	∀/ ₩.0	Y/8
**************************************	de the informatic	on required in Part I,	line 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: GRANT FUNDS	FUNDS AR	ARE AWARDED TO	TO CASPER	CASPER COMMUNITY	
COLLEGE DISTRICT AND STUDENTS OF THE	HE COLLEGE.	THE	FOUNDATION IS	S IN	
CONTINUAL CONTACT WITH THE COLLEGE TO	TO MONITOR	TOR THE USE	E OF GRANT	FUNDS.	

Schedule I (Form 990) (2010)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or 990-EZ.

2010 Open to Public Impaction

Name of the organization

CASPER COLLEGE FOUNDATION

Employer Identification number

CASPER COLLEGE FOUNDATION	83-6003050
FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS PRESEN	ITED AT THE BOARD
MEETING. IF NO BOARD MEETING IS BEING HELD BEFORE A FILI	NG DEADLINE, EACH
MEMBER OF THE BOARD IS NOTIFIED THAT THE FORM 990 IS AVAI	LABLE FOR THEIR
REVIEW FOR A GIVEN PERIOD OF TIME PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C: WHEN A CONFLICT C	F INTEREST
ARISES, THE FOUNDATION PRESIDENT EXCUSES THE INTERESTED D	IRECTOR FROM
PARTICIPATION IN THE DISCUSSION AND VOTING BY THE DISINTE	RESTED DIRECTORS.
DISCLOSURE OF CONFLICTS OF INTEREST ARE DOCUMENTED APPROP	RIATELY IN THE
MINUTES OF THE MEETING.	
FORM 990, PART VI, SECTION B, LINE 15: THE FOUNDATION'S B	OARD REVIEWS AND
APPROVES SALARY FOR THE EXECUTIVE DIRECTOR OF THE FOUNDAT	ION. THE
EXECUTIVE DIRECTOR AND EXECUTIVE COMMITTEE OF THE BOARD A	APPROVE SALARY FOR
THE FOUNDATION ACCOUNTANT.	
FORM 990, PART VI, SECTION C, LINE 19: INFORMATION IS AVA	ILABLE TO THE
PUBLIC UPON REQUEST BY CONTACTING THE FOUNDATION AT 125 C	COLLEGE DRIVE,
CASPER, WYOMING.	
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED GAINS ON INVESTMENTS:	8,200,894.

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

Related Organizations and Unrelated Partnerships

	•	
2000	Open to Public	Inspection

OMB No. 1545-0047

Employer identification number 83-6003050

entity

Direct controlling Part it ine 34 because it had one or more 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 Ē Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 38, or 37. Total income ▶ See separate instructions. Legal domicile (state or foreign country) ▶ Attach to Form 990. Primary activity CASPER COLLEGE FOUNDATION Name, address, and EIN of disregarded entity Name of the organization

מולקשווקפונתום כתווויל ווום ופע לפשיי							
(a)	(2)	9	ছ	•	£	3	2
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code		Direct controlling	le nombe Journes	(c) (d)
of related organization		foreign country)	section		entity	e e	~
				501(c)(3))		Yes	2
CASPER COMMUNITY COLLEGE DISTRICT -							
83-6001132, 125 COLLEGE DRIVE, CASPER, WY	SECONDARY EDUCATIONAL						;
82601	INSTITUTION	HYOHING	115	N/A	H/A		×
					i		
	, ,						

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

Page 2 83-6003050

Schedule R (Form 990) 2010 CASPER COLLEGE FOUNDATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	(g) Share of end-of-year assets	(h) Disproportionate atle ellocations? Yes No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	Concert or Percentage managing ownership partner?
** 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	genizations Texable as	a Corpo	ration or Trust (Co	mplete if the organi	zation answered "Yes	* to Form 990, Pa	rt IV, line 34	because it had or	ne or mor	s related
(a) Name, address, and EIN of related organization	NII NII		(b) Primary activity	(c) Legal domicile (state or (state or (state or (state))	Controlling entity	(e) Type of entity (C corp., S corp., or trust)	Share of total income	(g) I total Share of end-of-year assets	e of Syear ets	(h) Percentage ownership
032162 12-21-10								Schedule	R (Form	Schedule R (Form 990) 2010

Page 3

Schedule R (Form 990) 2010 CASPER COLLEGE FOUNDATION

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

Note. Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.				Yes	No
•	with one or more re	sactions with one or more related organizations listed in Parts II-IV7	in Parts II-IV?		****
Receipt of M interest III annuities IIII mostiles or I'v rent from a controlled entity		•		1e X	
h Ciff creat or ceottel contribution to other organization(s)				₽ X	
Gift and a contact and the four other analysis (s)				10	×
				P	×
Loans or loan custantees by other onautration(s)				÷	×
f Sale of assets to other organization(s)				=	×
g Purchase of assets from other organization(s)				19	×
Exchange of assets				ŧ	×
긎				Ŧ	×
				ì	<u> </u>
j Lease of facilities, equipment, or other assets from other organization(s)				\dashv	K
k Performance of services or membership or fundraising solicitations for other organization(s)	ation(s)			×	
I Performance of services or membership or fundraising solicitations by other organization(s)	ation(s)			=	×
m Sharing of facilities, equipment, mailing lists, or other assets				T X	
				-T	×
					2
o Reimbursement paid to other organization for expenses				t X	
				1р	×
q Other transfer of cash or property to other organization(s)				19	×
r Other transfer of cash or property from other organization(s)				-	×
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	no must complete the	nis line, including covered	relationships and transaction thresholds.		
(B)	ê	9	§		
Name of other organization	Transaction type (a-r)	Amount involved	Method of determining amount involved		
CASPER COMMUNITY COLLEGE DISTRICT (RENT OF	A	18,683.			
CASPER COMMUNITY COLLEGE DISTRICT (TOTAL SUPPORT)	æ	2,391,290.			
CASPER COMMUNITY COLLEGE DISTRICT (3) (PROMOTED COLLEGE)	×				
(4) CASPER COMMUNITY COLLEGE DISTRICT	Æ	0			:
CASPER COMMUNITY COLLEGE DISTRICT (WAGES 5) AND BENEFITS)	0	319,710.			

83-6003050

Page 4

Schedule R (Form 990) 2010 CASPER COLLEGE FOUNDATION

學報報報 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.

triat was not a regard organization. Odd matrochors regarding exclusions	<u> </u>		•		9	17	16
(e)	(g)		<u>B</u>	0		<u>B</u>	
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	Disproportionate tionate allocations?	Remount in box 20	General or managing partner?
			Yes No			(Form 1065)	
							-
							-
							-
						,	
							_

schedule R	(Form 990) 2010	CASPER COLLEGE FOU	NDATION	83-6003050 Page 5
Part VII	(Form 990) 2010 Supplemental Info	mation		
	Complete this part to pr	vide additional information for respons	ses to questions on Schedule R (see ins	structions).
				
				
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ASSET DEPRECIATION SHORT REPORT

Casper College Foundation Jun. 30, 2011

Sorted ASSET A/C#

Method: 1-BOOK-Std Conv Applied

Range 12100 - 14600 include. All assets

Date Acq	Description	Admitted the	Cost	Caluman Value	Done Beels	Beg A/Depr	ludes Section 179	End A Da
	Description : 12100 - CASPER MTN LAND	Meth/Life	Cost	Salvage Value	Depr Basis	Beg Avuepr	Curr Depr	End A/Depr
01/01/75	CASPER MOUNTAIN LAND	LAND/ 0 00	34,970.00	0 00	34,970.00	0.00	0 00	0.00
	12100 - CASPER MTN LAND (1 assets)	LAND/ 0 00		0.00		0.00	0 00	
		:	34,970.00	0.00	34,970 00	0.00	0 00	0.00
	: 12200 - CIVIC TRUST LAND	1.4 ND/ 0.00	40 007 50	0.00	40 007 50	0.00	0.00	0.00
01/01/75	CIVIC TRUST LAND	LAND/ 0.00	43,307.50	0 00	43,307.50	0.00	0.00	0 00
	12200 - CIVIC TRUST LAND (1 assets)		43,307.50	0.00	43,307.50	0.00	0 00	0.00
	: 12300 - MURANE LAND							
11/20/88	MURANE LAND	LAND/ 0.00	588,450 02	0.00	588,450.02	0.00	0.00	0.00
Grand totals:	12300 - MURANE LAND (1 assets)		588,450.02	0 00	588,450.02	0.00	0.00	0.00
	: 12310 - MURANE HOUSE	_						
11/20/88	MURANE HOUSE	SL/28 00	191,836.00	0 00	191,836.00	148,485.06	6,851.29	155,336.35
07/11/89	MURANE HOUSE - FENCE	SL/10.00	791.00	0.00	791.00	791 00	0 00	791 00
12/01/90	MURANE HOUSE - SPA	SL/10.00	5,104.00	0.00	5,104.00	5,104 00	0.00	5,104.00
10/15/91	MURANE HOUSE - FURNACE	SL/10 00	8,598 00	0 00	8,596.00	8,596 00	0.00	8,596.00
05/01/93 10/17/93	MURANE HOUSE - WASHER & DRYER	SL/10.00	850.00	0.00	850.00	850.00 4 571.08	0 00	850.00 4 845.35
08/14/95	MURANE HOUSE - PAVING MURANE HOUSE - CONCRETE PATIO	SL/35 00 SL/10.00	9,800.00	0.00 0 00	9,600.00 9,458.00	4,571.06 9,458 00	274.29 0.00	4,845.35 9,458.00
09/09/95	MURANE HOUSE - CONCRETE PATIO	SL/15.00	9,458 00 10,870.21	0.00	10,870 21	10,749.52	120.69	10,870.21
07/14/04	MURANE HOUSE- APPLIANCES	SLP/10.00	3,973.28	0.00	3,973.28	2,383.98	397.33	2,781.31
07/19/04	MURANE HOUSE- CARPET AND WINDOW		12,232.34	0 00	12,232.34	10,484.88	1,747.46	12,232 34
09/07/04	MURANE HOUSE- REMODEL	SLP/28.00	73,418 29	0 00	73,418.29	15,295.47	2,822 08	17,917.55
08/27/05	MURANE HOUSE- SECURITY SYSTEM	SLP/15 00	2,799.92	0 00	2,799 92	948 86	188.66	1,135.52
06/09/06	NEW ROOF	SLP/28.00	33,450 00	0.00	33,450.00	4,878.11	1,194 64	6,072.75
Grand totals	12310 - MURANE HOUSE (13 assets)	•	382,979.04	0 00	362,979.04	222,595.94	13,394 44	235,990.38
ASSET A/C#	: 13300 - COMPUTER EQUIPMENT			+				
08/01/99	COMPUTER	SLP/ 5 00	1,800.00	0.00	1,800 00	1,800.00	0.00	1,800.00
05/03/11 A	4 IPADS AND KEYBOARDS	SLP/ 5.00	3,909.60	0.00	3,909.60	0 00	130.32	130 32
Grand totals	13300 - COMPUTER EQUIPMENT (2 assets)	•	5,709.60	0.00	5,709.60	1,800 00	130.32	1,930.32
	: 13330 - SOFTWARE	 '				_ 		
09/09/10 A	FUNDRAISING/ SALES SOFTWARE	NONE/ 7.00	29,354.43	0 00	29,354.43	0.00	0.00	0.00
	13330 - SOFTWARE (1 assets)		29,354 43	0 00	29,354.43	0.00	0.00	0.00
		 '	20,004 10					
01/01/86	: 13600 - INTRAMURAL FIELD INTRAMURAL FIELD	LAND/ 0.00	3,916.00	0.00	3,916 00	0.00	0 00	0.00
01/01/87	INTRAMURAL FIELD	LAND/ 0.00	4,489.00	0.00	4,489.00	0 00	0.00	0.00
01/01/87	INTRAMURAL FIELD	LAND/ 0.00	5,000.00	0.00	5,000.00	0.00	0 00	0 00
01/01/88	INTRAMURAL FIELD	LAND/ 0 00	84,511.76	0.00	84,511.76	0.00	0.00	0.00
01/01/89	INTRAMURAL FIELD	LAND/ 0.00	8,325.00	0.00	8,325 00	0.00	0 00	0 00
Grand totals	13600 - INTRAMURAL FIELD (5 assets)	•	106,221 76	0.00	106,221.76	0.00	0 00	0.00
ASSET AICH	: 13700 - KRAMPERT THEATER				·			
07/17/85	KRAMPERT THEATER - SYNTHESIZER	SL/10.00	11,390.00	0.00	11,390 00	11,390.00	0.00	11,390 00
01/01/86	KRAMPERT THEATER	SL/35.00	2,084,589.37	0 00	2,064,589.37	1,469,788 78	58,988.27	1,528,777.05
01/01/86	KRAMPERT THEATER - FURNITURE & FIXT		39,199 00	0.00	39,199.00	39,199.00	0.00	39,199 00
05/01/87	KRAMPERT THEATER - CENTER	SL/10 00	357.00	0.00	357 00	357.00	0 00	357.00
06/01/87	KRAMPERT THEATER - SOUND	SL/10.00	3,343 00	0.00	3,343.00	3,343.00	0.00	3,343.00
05/01/90	KRAMPERT THEATER - LUMBER CABINET	SSL/10 00	570 00	0 00	570 00	570.00	0 00	570.00
08/31/03	KRAMPERT THEATER ADDITION	SLP/35.00	6,185,501.31	0.00	6,185,501.31	1,222,372.88	176,728 61	1,399,101 49
Grand totals:	13700 - KRAMPERT THEATER (7 assets)	•	8,304,949.68	0 00	8,304,949 68	2,747,020 66	235,716.88	2,982,737.54
ASSET A/C#	: 14100 - THORSON STUDENT HOUSING							
01/01/83	STUDENT HOUSING	SL/35.00	441,583.00	0 00	441,583.00	340,653.24	12,616.66	353,269.90
07/15/83	STUDENT HOUSING - ARCHITECT FEE	SL/10 00	329.01	0 00	329.01	329.01	0.00	329 01
05/31/08	REMODELING	SLP/30.00	96,142.74	0.00	96,142 74	13,353.17	3,204.76	16,557.93
06/29/06	APPLIANCES	SLP/ 5.00	2,466.00	0.00	2,466.00	2,013.90	452.10	2,468.00
06/30/07	RENOVATION	SLP/30 00	23,433.24	0.00	23,433.24	2,343.33	781.11	3,124.44
Grand totals:	14100 - THORSON STUDENT HOUSING (5 as	sets)	563,953.99	0.00	563,953.99	358,692 65	17,054 63	375,747.28



ASSET DEPRECIATION SHORT REPORT Casper College Foundation Jun. 30, 2011

Sorted ASSET A/C#

Method: 1-BOOK-Std Conv Applied

Range. 12100 - 14600 Include: All assets

Date Acq	Description	Meth/Life	Cost	Salvage Value	Depr Basis	Beg A/Dep	includes Section 179 r Curr Depr	End A/Depr
ASSET A/C#	: 14200 - TATE MUSEUM							
07/01/80	TATE MINERAL MUSEUM	SL/35 00	880,686.00	0.00	880,686.00	754,866 4	4 25,162.46	780,028.90
06/30/82	TATE MINERAL MUSEUM DISPLAY	SL/10.00	1,285 00	0 00	1,285.00	1,285 0	0.00	1,285.00
06/01/93	TATE MINERAL MUSEUM - REMODELING	SL/35.00	22,319.00	0.00	22,319.00	10,894.60	8 637.69	11,532.35
06/01/93	TATE MUSEUM EQUIPMENT	SL/10 00	6,289.00	0.00	6,289 00	6,289 0	0 00	6,289 00
07/01/95	TATE MUSEUM - REMODELING	SL/10.00	914 18	0.00	914 18	914 1	8 0.00	914.18
Grand totals	14200 - TATE MUSEUM (5 assets)		911,493.18	0.00	911,493.18	774,249.20	3 25,800 15	800,049.43
ASSET A/CH	: 14400 - WERNER AG ADDITION		The state of the s					
06/01/85	WERNER AG IMPROVMENTS	SL/35.00	250,820.00	0.00	250,820.00	179,154.00	7,166.29	186,320.35
12/01/85	WERNER AG IMPROVEMENTS	SL/35.00	12,666 11	0 00	12,666.11	8,867.46	381.89	9,229 35
Grand totals	14400 - WERNER AG ADDITION (2 assets)		263,486 11	0.00	263,486.11	188,021.52	7,528 18	195,549 70
ASSET A/CH	: 14600 - WERNER AG PAVILION							
09/01/80	WERNER AG PAVILLION	SL/35.00	508,904.74	0.00	506,904 74	432,528 86	14,482.99	447,011 85
Grand totals:	14500 - WERNER AG PAVILION (1 assets)		506,904.74	0 00	506,904.74	432,528 86	14,482.99	447,011.85
ASSET A/C	: 14600 - LIVESTOCK HLDG FACILITY							
08/31/03	LIVESTOCK HOLDING FACILITY	SLP/35.00	219,624.92	0 00	219,624.92	43,402.08	6,275 00	49,677.08
Grand totals	14800 - LIVESTOCK HLDG FACILITY (1 asset	3)	219,624.92	0.00	219,624 92	43,402.08	6,275.00	49,677.08
Grand to	otals for all accounts: (45 assets)		11,941,404.97	0 00	11,941,404.97	4,768,310 99	320,382 59	5,088,693.58

Codes that may appear next to the date acquired include: A - Addition, D - Disposal, T - Traded, MQ - Mid Quarter Applied

		•						
Additional Summary Statistics:	Cost	Curr Yr Salv	Prior Yr Salv	Depr Basis	Beg A/Depr	Curr Depr	Ending A/Depr	Net Book Val
Grand Totals for All Assets	11,941,404.97	0 00	0 00	11,941,404.97	4,768,310 99	320,382.59	5,088,693.58	6,852,711.39
Less. Inactive Assets	0.00	0 00	0 00	0.00	0.00	0.00	0.00	0.00
Disposed Assets	0 00	0.00	0 00	0 00	0 00	0.00	0 00	0 00
Traded Assets	000	0 00	0 00	0 00	0 00	0 00	0 00	0.00
Net Totals (Active Assets)	11,941,404.97	0.00	0.00	11,941,404 97	4,768,310 99	320,382 59	5,088,693 58	6,852,711.39

Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

If you a	re filing for an Automatic 3-Month Extension, complete	te only Pa	art I and check this box			X
If you a	re filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of this	form).		
Do not co	emplete Part II unless you have already been granted a	an automa	itic 3-month extension on a previously fi	led For	m 8868.	
Electroni	c filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of time t	o file (6	months for a corp	oration
required t	o file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically file F	orm 88	368 to request an e	xtension
of time to	file any of the forms listed in Part I or Part II with the ex-	ception of	Form 8870, Information Return for Tran	sfers /	Associated With Ce	rtain
Personal I	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details on t	he elec	tronic filing of this f	orm,
visit www.	irs.gov/efile and click on e-file for Charities & Nonprofits	<u>.</u>				
Part	Automatic 3-Month Extension of Time	Only su	bmit original (no copies needed).			
A corpora	tion required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and con	rplete		
Part I only	**** *** *********** **** ******* ******		• • • • • • • • • • • • • • • • • • • •		▶	
	corporations (including 1120-C filers), partnerships, REM nime tax returns.	ICs, and t	rusts must use Form 7004 to request ar	exten	sion of time	
Type or	Name of exempt organization			Empl	oyer identification	number
print	CACRED COLLEGE FOUNDAMION			۰	2 6002050	
File by the	CASPER COLLEGE FOUNDATION			0	3-6003050	
due date for filing your	Number, street, and room or suite no. If a P.O. box, so 125 COLLEGE DRIVE	ee instruc	tions.			
return. See instructions.	City, town or post office, state, and ZIP code. For a fo	oreign add	Iress, see instructions.			
	CASPER, WY 82601					
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			0 1
Application	on	Return	Application			Return
ls For		Code	Is For			Code
Form 990		01	Form 990-T (corporation)			07
Form 990	·BL	02	Form 1041-A			08
Form 990	·EZ	03	Form 4720			09
Form 990	-PF	04	Form 5227			10
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	-T (trust other than above)	06	Form 8870			12
	DENISE BRESSLE					
	oks are in the care of ► 125 COLLEGE DR	IVE -	CASPER, WY 82601			<u> </u>
	one No. ► (307) 268-2215		FAX No. ► (307) 268-26			
	organization does not have an office or place of business					
_	s for a Group Return, enter the organization's four digit					
box ▶					ers the extension is	for.
1 Ire	quest an automatic 3-month (6 months for a corporation	-				
	FEBRUARY 15, 2012 , to file the exemp	t organiza	tion return for the organization named a	DOVe.	ine extension	
18 TC	or the organization's return for:					
	calendar year or X tax year beginning JUL 1, 2010		d ending JUN 30, 2011			
	A tax year beginning OOL 1, 2010	, an	dending Son So, 2011		- ·	
2 If th	e tax year entered in line 1 is for less than 12 months, c	hack rose	on: Initial return Fina	d retur	•	
4 11 (1)		HOCK HOUS	OII IIIII A TOLOM FINE	101011	•	
L	_I Change in accounting period					
3a If th	is application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069. e	nter the tentative tax. less any	\Box	· · · · · · · · · · · · · · · · · · ·	
	refundable credits. See instructions.	J, 0000, 0	mor mo tomativo tan, 1000 any	3a	\$	0.
	is application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and	 	T	
	mated tax payments made. Include any prior year overp			3ь	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pa					
	using EFTPS (Electronic Federal Tax Payment System).	•		3c	\$	0.
Caution.	If you are going to make an electronic fund withdrawal v	vith this F	orm 8868, see Form 8453-EO and Form	8879-E	O for payment inst	ructions.