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990 Form

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

2010 Open to Publica

Department of the Treasury

For Paperwork Reduction Act Notice, see the separate instructions.

: Inspection: ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service 09-01 08-31 . 20 11 2010, and ending For the 2010 calendar year, or tax year beginning COMMUNITY EDUCATION FOUNDATION, D Employer identification no. Check if applicable C Name of organization 42-1374146 Address change Doing Business As Room/suite E Telephone number Name change Number and street (or P O box if mail is not delivered to street address) (712) 322-8800 212 300 WEST BROADWAY Initial return 1,266,484 City or town, state or country, and ZIP + 4 COUNCIL BLUFFS, IA 51503 G Gross receipts \$ Amended return Name and address of principal officer FERNANDO LECUONA Application pending H(a) Is this a group return for affiliates? SAME AS C ABOVE Yes X No Are all affiliates included? Ye if "No," attach a list (see instructions) 501(c) ((insert no) Tax-exempt status X 501(c)(3) WWW.COMMEDFOUNDATION.ORG Website: Group exemption number 1991 X Corporation Trust Association Form of organization M State of legal domicile Part I Summary TO PROVIDE SUPPORT TO INDIVIDUALS AND Briefly describe the organization's mission or most significant activities FAMILIES IN WAYS THAT CONTRIBUTE TO THEIR ABILITY TO LEARN. WE ACCOMPLISH OUR MISSION THROUGH COOPERATION WITH THE COUNCIL BLUFFS COMMUNITY SCHOOLS AND OTHER ORGANIZATIONS. Ac t i v i G 0 V Check this box ▶ If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) · · · · · · · · 11 11 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2010 (Part V, line 2a) 57 7a Total unrelated business revenue from Part VIII, column (C), line 12 · · · · · 0 0 Net unrelated business taxable income from Form 990-T, line 34 · · · · · · · **Current Year** 617,732 415,754 Program service revenue (Part VIII, line 2g) · · · · · · · · 797,085 783.722 Investment income (Part VIII, column (A), lines 3, 4, and 7dRECEIVED. 16,938 22,954 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 14,893 20,794 11 Total revenue - add lines 8 through 11 (must equal Plant VIII, column (A), line (12) 1,243,224 1,446,648 12 Grants and similar amounts paid (Part IX, column (A), fines 1-3) 191,025 207,977 13 Benefits paid to or for members (Part IX, column (A) line 4). 14 Salaries, other compensation, employee benefits (Part IX, column A Lines 510) 736,689 733,954 Professional fundraising fees (Part IX, column (A), line 11e) · · · · · · · · · · · · THE STATE STATE OF THE STATE OF Total fundraising expenses (Part IX, column (D), line 25) 313,330 370,730 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 17 1,241,044 1,312,661 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 18 (69,437) 205,604 19 Beginning of Current Year Net Asse 20 Total assets (Part X. line 16) · · · · · · 1,744,240 1,281,540 Total liabilities (Part X, line 26) 95.158 129,568 Fund 21 1,649,082 1,151,972 22 Net assets or fund balances Subtract line 21 from line 20 · · · · Signature Block have examined this reto otum, including accompanying schedules and statements, and to the best of my knowledge arer (other than officer) is based on all information of which preparer has any knowledge Under penalties of penury, I declare that and belief, it is true, correct, and complete. Declaration of preunando cumall Sign Signature of officer FERNANDO LECUQNA EXECUTIVE Here Type or print name and title Check X rf PTIN Print/Type preparer's name 01-09-2012 BRAD YODER self-employed Paid Axcess **Preparer** Firm's name Firm's EIN 12925 West Dodge Road Ste 108 402-515-0860 **Use Only** Firm's address Omaha NE 68154

Form 990 (2010)

42-1374146

Page 2

Form 990 (2010)

COMMUNITY EDUCATION FOUNDATION, INC.

Partify Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A · · · · · · · · · · · · · · · · · ·	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		İ	
	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 98-197 If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I · · · · · · · · · · · · · · · · · ·	6		_X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II • • • • • • • • • • • • • • • • • •	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III · · · · · · · · · · · · · · · · ·	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		Х
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	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	* ***	-9-3	A conf
	VII, VIII, IX, or X as applicable			e de la constante de la consta
а	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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	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	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 Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X - · · · ·	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII · · · · · · · · · · · · · · · · ·	12a	x	
b	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
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, 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, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	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
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	AND THE PARTY OF T			
	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20ь		

Form	1 990 (2010) COMMUNITY EDUCATION FOUNDATION, INC. 42-13741	L 4 6	P	age 4
Pa	Checklist of Required Schedules (continued)			
<u></u>			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	ł		
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II · · · · · · · · · · · · · · · · · ·	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III · · · · · · · · · · · · · · · · ·	22	Х	İ
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		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
Ū	to defease any tax-exempt bonds? • • • • • • • • • • • • • • • • • • •	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? • • • • • • • • • • • • • • • • • • •	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
200	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	200	-	_^
D	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		\ _V
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	230	-	X
26	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		17
27		20	 	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III • • • • • • • • • • • • • • • • •	27	1	.,
~~	·	21	2 . 5	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	X 34	200	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	20-		1
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV • • • • • • • • • • • • • • • • • •	28a	<u> </u>	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	201		.,
	Schedule L, Part IV · · · · · · · · · · · · · · · · · ·	28b	-	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			١
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	١		
	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	ļ	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	İ		ŀ
	Schedule N, Part II	32	ļ	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	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			1
	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
а	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? If "Yes," complete Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	36		Х
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,		1	
	Part VI	37	_	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	102 Note All Form 990 filers are required to complete Schedule O	38	Ιv	1

1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 59	Yes	No
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable • • • • • • • • • • • • • • • • • • •		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		
	gaming (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 calendar year ending with or within the year covered by this return • • • • • 2a 57	3.	20.5
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	1	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? • • • • • • • • • • • • • • • • • • •	ļ	<u>X</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O · · · · · · · · · · · · · · · · · ·		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		
ь	account)? • • • • • • • • • • • • • • • • • • •		X
D	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	*	*
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? • • • • • • • • • • • • • • • • • • •	\$3. s	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? • • • • • • • 5b	 	X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c	 	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	1	
	organization solicit any contributions that were not tax deductible?		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		
	gifts were not tax deductible? • • • • • • • • • • • • • • • • • • •		
7	Organizations that may receive deductible contributions under section 170(c).		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		9
	and services provided to the payor?	ļ	<u>X</u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? • • • • • • • • • • • • • • • • • • •		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		
	required to file Form 8282? · · · · · · · · · · · · · · · · · · ·		X
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? •••••• 7e	NATE:	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? • • • • • • • • • • • • • • • • • • •	 	X
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g	 	
h	If the organization received a contribution of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C?	 	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	100	2.3
	organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		\$
а	Did the organization make any taxable distributions under section 4966? • • • • • • • • • • • • • • • • • •		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
а	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		F = 1
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders	1.3	
a	Gross income from members or shareholders · · · · · · · · · · · · · · · · · · ·		
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	(4) (A)	
b	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.		.3
а	Is the organization licensed to issue qualified health plans in more than one state? • • • • • • • • • • • • • • • • • • •		
	Note. See the instructions for additional information the organization must report on Schedule O		7.42
b	Enter the amount of reserves the organization is required to maintain by the states in which		٠.
	the organization is licensed to issue qualified health plans · · · · · · · · · · · · · · · · · · ·		
C	Enter the amount of reserves on hand · · · · · · · · · · · · · · · · · · ·		1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	+	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		<u> </u>

	Commontal and Bioches For each "Voe" response to lines 2 through 7h below and	
<u> Par</u>	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 Charlest Schedule O contains a response to any question in this Bott VI	1
		X
Sec	tion A. Governing Body and Management	
		No IRCAL
1a	Enter the number of voting members of the governing body at the end of the tax year · · · · · · · · · · 1a	2 300
ь	2.11.07 the first of the first	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	
_		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	37
		<u>X</u> X
4		
5		<u>X</u>
6	Does the organization have members, stockholders, or other persons who may elect one or more members	
7a		X
h		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	
0	the year by the following	
2	The governing body? • • • • • • • • • • • • • • • • • • •	لعص
b	Each committee with authority to act on behalf of the governing body? • • • • • • • • • • • • • • • • • • •	—
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	
•		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	
<u> </u>		No
10a	Does the organization have local chapters, branches, or affiliates? • • • • • • • • • • • • • • • • • • •	X
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	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	
	form? 11a X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 · · · · · · · · · · · · · · · · · ·	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	
		<u>X</u>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	
	describe in Schedule O how this is done	
13	Does the organization have a written whistleblower policy?	
14	Does the organization have a written document retention and destruction policy?	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1
	macportating persons, comparability data, and contemporationed debota interest of the debotation and debotation	أنشا
a	The organization's CEO, Executive Director, or top management official • • • • • • • • • • • • • • • • • • •	—
b		
40-		
16a		
.		X
b	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	
	the organization's exempt status with respect to such arrangements? • • • • • • • • • • • • • • • • • • •	للحدد
900	ction C. Disclosure	—
<u>3ec</u>	List the states with which a copy of this Form 990 is required to be filed	—
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)	
. •	available for public inspection. Indicate how you make these available. Check all that apply	
	Own website Another's website X Upon request	
19	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	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	
-	organization BRENDA CHRISTENSEN (712)322-8800	

300 WEST BROADWAY STE 212 COUNCIL BLUFFS, IA 51503

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

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

(A)	(B)	(B) (C)						(D)	(E)	(F)	
Name and Title	Average hours per week (describe hours for related organizations in Schedule	Posit I t d n r i u s e v t c i e t d e o u r a o	l t n r s u t s	Off ce	All th Key employee	H c e I o m g mp h p I e e o s n y t s e t e d	F	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations	
(1) BILL BALLENGER								:			
DIRECTOR	1.00	X						C	0	0	
(2) BOBBETTE BEHRENS							l				
DIRECTOR	1.00	Х						j	0	0	
(3) CRAIG DREISMEIER JUDGE									-		
VICE PRESIDENT	2.00	Х	L	X	_			C	0	0	
(4) DIANE OSTROWSKI											
DIRECTOR	1.00	Х		1				c	0	0	
(5) DOREEN KNUTH											
DIRECTOR	1.00	Х						0	0	o	
(6) DR MARTHA BRUCKNER											
DIRECTOR	1.00	Х						0	0	o	
(7) GINA PRIMMER					İ						
TREASURER	2.00	X		x	}			(0	0	
(8) JOHN FLOERCHINGER							Г				
DIRECTOR	1.00	X						· .	0	0	
(9) LUCINDA KLEIN-LOMBARDO			İ	İ	İ						
SECRETARY	2.00	Х		l x	}				0	0	
(10)MATT WALSH		<u> </u>			\vdash	†					
PRESIDENT	2.00	Х		X	}			(0	o	
(11)ROGER R WILLIAMS	The state of the s	1	<u> </u>	-			ļ	-	-		
DIRECTOR	1.00	X							o	o	
(12)FERNANDO LECUONA		<u> </u>	T		\top	+	t	1			
EXECUTIVE DIRECTOR	40.00			X	d			50,045	o	13,897	
(13)				† <u>*</u>	1			·			
(14)											
(15)		-									
(16)				\vdash	\vdash	<u> </u>					

Section A. Unicers, Directors, Trustee		oyees,	and			it Con	nper			$\overline{}$	
(A) Name and Title	(B)	(B) (C) Average Position (check all that apply)						(D) Reportable	(E) Reportable		(F)
realle and tibe	hours per week (describe hours for related organizations in Schedule O)	I t d nrı dur ı se vt c ı e t de o u r a o	l t n r s u t s ı t	O f f c e	K e y e m p l o y e	H c e I o m g m p h p l e e o t s e t e d	F	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC	c) c	Estimated amount of other compensation from the organization and related organizations
(17)											
(18)											
(19)		1								+	
(20)										+	
(21)										- 	
(22)	_	 		-							
(23)											<u></u>
(24)											
(25)					\vdash		_				<u> </u>
(26)		 									
(27)											
(28)											
1b Sub-total · · · · · · · · · · · · · · · · · · ·		• • •	• •	•••	•••	• • •	•				
c Total from continuation sheets to Part VII, Section Total (add lines 1b and 1c)			• •	• •	• •			50,045		0	13,897
2 Total number of individuals (including but not limite					rece	eived n	nore			<u> </u>	
reportable compensation from the organization										0	Yes No
3 Did the organization list any former officer, director			-		_						
employee on line 1a? If "Yes," complete Schedule 4 For any individual listed on line 1a, is the sum of re									• • • • • • •	• • 3	<u> </u>
the organization and related organizations greater t	han \$150,000	۶ If "Yo	es,"	com	plet	e Sche	edule	J for such			
Individual									• • • • • • •	• 4	_ 48
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If "Yes,"	•		•			_				. 5	
Section B. Independent Contractors											
Complete this table for your five highest compensal compensation from the organization	ted independe	ent con	tract	tors	that	receiv	ed n	nore than \$100,00	0 of		
(A) Name and business addre								(B)		0	(C)
Name and business addit	:55							Description of s	ervices	Cor	mpensation
						-					
				-						-	
Total number of independent contractors (including	but not limits	d to th	000	heto	d ah	ove)	the :	ecowed		1 (6, 46, 3)	
more than \$100,000 in compensation from the organic		u 10 111	U3C 1		u dD	ove) w	riiU [eceived			

Part V	/ <u>/ </u>	Statement of Revenu			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contri- butions, gifts, grants and other similar amounts	b c d e f	Membership dues • • • • • Fundraising events • • • • • Related organizations • • • Government grants (contribut All other contributions, gifts, g and similar amounts not include Noncash contributions include	1b 1c 1c 1d 1ons) 1e 1e 1ded above 1f 1f 1sed in lines 1a-1f					
		PARENT PAY BAD DEBT RECOVERY	Business Code 624410 624410	415,754 739,917 5,756		# 1 4 4 15 # 2 4 5 5 5 5	\$ 4\2\1	
Program Service Revenue	С	FOOD PROGRAM FISCAL AGENT FEES		624410 611710	25,256 12,793	25,256		
		All other program service rever Total. Add lines 2a-2f · · ·		•••••	783,722	A Service Services		
	3 4	Investment income (including other similar amounts) • • • • Income from investment of tax	exempt bond pro	ceeds · · · >	21,218			21,218
	b	Gross Rents · · · · · · · · · · · · · · · · · · ·	(i) Real 20,494 20,494	(II) Personal	20,494	20,494		
_	7a	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses	(i) Secunties 24,996 23,260	(II) Other				
t h e	d	Gain or (loss) · · · · · · · · · · · · · · · · · ·	1,736		1,736			1,736
R e v e n		events (not including \$ of contributions reported on lin See Part IV, line 18 · · · · Less direct expenses · · · Net income or (loss) from fund	a					
u e	9a b	Gross income from gaming ac See Part IV, line 19 · · · · · Less direct expenses · · · ·	tivitiesa					
	10a b	Net income or (loss) from gam Gross sales of inventory, less returns and allowances • • • Less cost of goods sold • •	· · · · · · · · a					
		Net income or (loss) from sale Miscellaneous Revenue OTHER	s of inventory • •	Business Code 900099	300	300	West State of the	22 7 350
	-	All other revenue · · · · · · · Total. Add lines 11a-11d ·			300			
	12	Total revenue. See instruction	ns	• • • • • • •	1,243,224	804,516		22,954

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)									
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)				
7b,	, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses				
1	Grants and other assistance to governments and			SECTION AND ASSESSMENT	3 A				
	organizations in the U.S. See Part IV, line 21 · · · · ·								
2	Grants and other assistance to individuals in			AN OWNER OF SEC.	34 3				
	the U.S. See Part IV, line 22 · · · · · · · · · · · · · · · ·	207,977	207,977	医皮肤					
3	Grants and other assistance to governments,			5-845	GSNF SSNF SSNF				
	organizations, and individuals outside the								
	U.S. See Part IV, lines 15 and 16 · · · · · · · · · ·			- A					
4	Benefits paid to or for members · · · · · · · · · · · · · · · · · · ·								
5	Compensation of current officers, directors,			Vicinity of the second second					
·	trustees, and key employees • • • • • • • • • • • • • • • • • •	69,840		69,840					
6	- · ·	03,040		09,040	 _				
0	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and								
_	persons described in section 4958(c)(3)(B) · · · · ·			122 722					
7	Other salaries and wages	619,356	456,028	133,799	29,529				
8	Pension plan contributions (include section 401(k)								
	and section 403(b) employer contributions) · · · · ·								
9	Other employee benefits								
10	Payroll taxes · · · · · · · · · · · · · · · · · · ·	44,758	30,188	12,601	1,969				
11	Fees for services (non-employees)								
а	Management · · · · · · · · · · · · · · · · · · ·								
b	Legal	10,251		10,251					
C	Accounting · · · · · · · · · · · · · · · · · · ·	11,350		11,350					
d	Lobbying · · · · · · · · · · · · · · · · · · ·								
е	Professional fundraising services See Part IV, line 17 •			建					
f	Investment management fees · · · · · · · · · · ·	5,201	5,201						
g	Other • • • • • • • • • • • • • • • • • • •		·	·					
12	Advertising and promotion	23,199	18,252	4,447	500				
13	Office expenses · · · · · · · · · · · · · · · · · ·	35,855	16,952	18,579	324				
14	Information technology • • • • • • • • • • • • • • • • • • •			,					
15	Royalties								
16	Occupancy · · · · · · · · · · · · · · · · · · ·	40,000		40,000					
17	Travel · · · · · · · · · · · · · · · · · · ·	3,320	2,555	698	67				
18	Payments of travel or entertainment expenses	3,320	2,333	- 050	- 0,				
	for any federal, state, or local public officials · · · · ·								
19									
	Conferences, conventions, and meetings · · · · · ·	050		050					
20	Interest · · · · · · · · · · · · · · · · · · ·	959		959					
21	Payments to affiliates • • • • • • • • • • • • • • • • • • •	4 600		4 600					
22	Depreciation, depletion, and amortization	4,699		4,699					
23	Insurance · · · · · · · · · · · · · · · · · · ·	27,947	576	26,129	1,242				
24	Other expenses Itemize expenses not covered								
	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)								
a	STATUE	43,075	43,075						
b	FOOD	41,522	41,522						
C	GRANT EXPENSES	56,351	56,326	25					
d	FUNDRAISING	17,598			17,598				
е	BAD DEBT AND COLLECTION	15,284	11,943	3,341					
f	All other expenses · · · · · · · · · · · · · · · · · ·	34,119	18,630	14,695	794				
25	Total functional expenses. Add lines 1 through 24f · ·	1,312,661	909,225	351,413	52,023				
26	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 • • • • • • • •								
				L	Farm 000 (2010)				

Part	X	Balance Sheet			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing · · · · · · · · · · · · · · · · · · ·	411,824	1	257,467
	2	Savings and temporary cash investments $\cdots \cdots	120,217	2	
	3	Pledges and grants receivable, net • • • • • • • • • • • • • • • • • • •	600,062	3	226,928
	4	Accounts receivable, net	12,815	4	22,761
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of	ARR 24 14 14 14	100	
		Schedule L \cdots		5	
	6	Receivables from other disqualified persons (as defined under section	是		
Α		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			Section 1
s s e t		employers and sponsoring organizations of section 501(c)(9) voluntary	3 6 4	1 74	
		employees' beneficiary organizations (see instructions)	_	6	
	7	Notes and loans receivable, net		7	
s	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges · · · · · · · · · · · · · · · · · · ·		9	
	10a	Land, buildings, and equipment cost or	操 型 点基线	1.42	Br & State
		other basis Complete Part VI of Schedule D · · · · · 10a 38,482			
	b	Less accumulated depreciation · · · · · · · · · · · 10b 14,984	8,744	10c	23,498
	11	Investments - publicly traded securities · · · · · · · · · · · · · · · · · · ·		11	
	12	Investments - other securities See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		12	
	13	Investments - program-related See Part IV, line 11 · · · · · · · · · · · · · · · · · ·	590,578	13	743,192
	14	Intangible assets • • • • • • • • • • • • • • • • • • •		14	
	15	Other assets See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		15	7,694
	16	Total assets. Add lines 1 through 15 (must equal line 34) · · · · · · · · · · · · · · · · · · ·		16	1,281,540
	17	Accounts payable and accrued expenses	76,447	17	65,218
	18	Grants payable • • • • • • • • • • • • • • • • • • •	<u> </u>	18	
L	19	Deferred revenue · · · · · · · · · · · · · · · · · · ·	18,041	19	23,753
i	20	Tax-exempt bond liabilities · · · · · · · · · · · · · · · · · · ·		20	
b	21	Escrow or custodial account liability Complete Part IV of Schedule D · · · · · ·	Comparing the Comparing Co	21	returnes esta e 200 Romanos 14
į	22	Payables to current and former officers, directors, trustees, key			
i		employees, highest compensated employees, and disqualified	1: 3:5: H*		
ţ		persons Complete Part II of Schedule L		22	15 242
ı e	23	Secured mortgages and notes payable to unrelated third parties · · · · · · · · · · · · · · · · · · ·		23	15,343
s	24	Unsecured notes and loans payable to unrelated third parties	670	24	25 254
	25	Other liabilities Complete Part X of Schedule D	95,158	25	25,254 129,568
	26	Total liabilities. Add lines 17 through 25	95,156	26	129,566
N F	ŀ	Organizations that follow SFAS 117, check here X and 24		47	
e u	27	complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	256,164	27	260,962
t n	27	Temporarily restricted net assets	922,842	28	405,410
A d	28	Permanently restricted net assets • • • • • • • • • • • • • • • • • • •	470,076	29	485,600
s B	29	Organizations that do not follow SFAS 117, check here ▶	470,070	512-80	400,000
s a e l		and complete lines 30 through 34.	LINE TO THE REST OF THE		
t a	30	Capital stock or trust principal, or current funds		30	
s n	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
c o e r s	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	1,649,082	33	1,151,972
	34	Total liabilities and net assets/fund balances	1,744,240	34	1,281,540
	34	Total liabilities and fiet assets/fully palatices	1,744,240	34	France 000 (2040)

Pa	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI	•••		·X
1	Total revenue (must equal Part VIII, column (A), line 12) · · · · · · · · · · · · · · · · · · ·	1,2	43,2	224
2	Total expenses (must equal Part IX, column (A), line 25)	1,3	12,6	661
3	Revenue less expenses Subtract line 2 from line 1 · · · · · · · · · · · · · · · · · ·		(69,	437)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	1,6	49,0	82
5	Other changes in net assets or fund balances (explain in Schedule O)	(4	127,	673)
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,			
•	column (B))	1,1	51,9	72
Pá	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			• 🗆
1	Accounting method used to prepare the Form 990		Yes	2
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
С	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 separate basis, consolidated basis, or both	44.7	7	
	X Separate basis	N. T	37.31	7.0
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		X
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	3b		
	EEA.	Form	ggn (2010

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

▶ Attach to Form 990 or Form 990-EZ.

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

See separate instructions.

2010 Open to Public

Inspection

OMB No 1545-0047

Name of the organization Employer identification number 42-1374146 COMMUNITY EDUCATION FOUNDATION, INC. Reason for Public Charity Status (All organizations must complete this part) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type III-Other a Type I c Type III-Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h (vii) Amount of (iv) is the organization (i) Name of supported (ii) EIN (III) Type of organization (v) Did you notify (vi) Is the organization organization in col (described on lines 1-9 in col (i) listed in your the organization in support (i) organized in the above or IRC section governing document? col (i) of your (see instructions)) support? US? Yes No Yes Yes (A) (B) (C) (D) (E)

Total

Partill

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I 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)

<u>Sec</u>	tion A. Public Support						
Caler	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 include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3 · · · · · ·						
5	The portion of total contributions by each	73 3		F 38 1			
	person (other than a governmental unit or						
	publicly supported organization) included	114: 124			ور الله به		
	on line 1 that exceeds 2% of the amount	1964 SA		* 200			
	shown on line 11, column (f) · · · · ·	781740			es.W	<i>V</i>	
6	Public support. Subtract line 5 from ln 4	136 43		£ 1942 1	1		
	tion B. Total Support	(-) 200C	#-> 2007	(-) 2000	1:1) 2000	(1) 2010	(D. T1-1
	ndar year (or fiscal year beginning in) Amounts from line 4 · · · · · · · · · · · · · · · · · ·	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 8	Gross income from interest, dividends, payments received on 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 · · · · · · · · · · ·						
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 •				4	₩ 1 > *	
12	Gross receipts from related activities, etc	(see instructions)			• • • • • • • • •	12	
13	First five years. If the Form 990 is for the organization, check this box and stop here						• • • • • □
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2010 (line 6					14	%
15	Public support percentage from 2009 Scho		•			15	%
16a	33 1/3% support test - 2010. If the organi				•		
	and stop here. The organization qualifies						· · · · · • •
D	33 1/3% support test - 2009. If the organic box and stop here. The organization quali						▶□
17a	10%-facts-and-circumstances test - 201						
	more, and if the organization meets the "fa	•		•	•		
	organization meets the "facts-and-circums		•	•	•		▶□
b	10%-facts-and-circumstances test - 200 more, and if the organization meets the "fa	9. If the organizati	on did not check a	box on line 13, 16	Sa, 16b, or 17a, an	d line 15 is 10% or	,
18	organization meets the "facts-and-circums Private foundation. If the organization did	stances" test. The	organization qualif	es as a publicly s	upported organizat	ion • • • • • • •	=

Part III

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)

	tion A. Public Support						
Cale	endar 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") • • • • • • • • • •	344,026	773,274	149,326	617,732	415,754	2,300,112
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	647,235	965,086	855,145	797,085	783,722	4,048,273
3	Gross receipts from activities that are not an unrelated trade or bus under sec 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 · · · · · ·	991,261	1,738,360	1,004,471	1,414,817	1,199,476	6,348,385
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons • • • •						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b · · · · · · · · ·						
8	Public support (Subtract line 7c from line 6) · · · · · · · · · · · · · · · · · ·						6,348,385
	ction B. Total Support	(=) 2006	45) 2007	(-) 2008	(4) 2000	(=) 2040	(D. Total
Gan	endar year (or fiscal year beginning in)	(a) 2006 991,261	(b) 2007 1,738,360	(c) 2008 1,004,471	(d) 2009 1,414,817	(e) 2010 1,199,476	(f) Total 6,348,385
-	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	332,232	2,,,,,,,,	2,000,000			
	sources · · · · · · · · · · · · · · · ·	62,482	49,759	22,691	16,938	22,954	174,824
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				,		
С	Add lines 10a and 10b · · · · · · · · ·	62,482	49,759	22,691	16,938	22,954	174,824
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	15,118	15,272	14,420	14,893	20,794	80,497
13	Total support. (Add lines 9, 10c, 11, and 12) · · · · · · · · · · · · · · · · · · ·	1,068,861	1,803,391	1,041,582	1,446,648	1,243,224	6,603,706
	First five years. If the Form 990 is for the organization, check this box and stop here	<u> </u>		rth, or fifth tax year	as a section 501(c)(3)	· · · · ▶ 🔲
	ction C. Computation of Public Su			(6)		46	96 12 0
15	Public support percentage for 2010 (line 8, Public support percentage from 2009 Schero	* * *	•			15	96.13 % 96.38 %
16 Se	ction D. Computation of Investme					10	30.30 %
17	Investment income percentage for 2010 (lin			column (f)) · · ·		17	2.65 %
18	Investment income percentage from 2009 S		•			18	2.71 %
19a	33 1/3% support tests - 2010. If the organi 17 is not more than 33 1/3%, check this box	zation did not che x and stop here. T	ck the box on line The organization qu	14, and line 15 is r ualifies as a public	nore than 33 1/3% ly supported organ	, and line ization	· · · · • 🗓
b	33 1/3% support tests - 2009. If the organi line 18 is not more than 33 1/3%, check this	zation did not che s box and stop he	ck a box on line 14 re. The organization	l or line 19a, and li on qualifies as a pu	ne 16 is more thar iblicly supported o	n 33 1/3%, and rganization	• • • • • □
20	Private Foundation: If the organization did	I not check a box o	on line 14, 19a, or	19b, check this box	x and see instructi	ons	▶ 🗍

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name	e of the organization	Employer identification number
COI	MMUNITY EDUCATION FOUNDATION, INC.	42-1374146
	Organizations Maintaining Donor Advised Funds or Other Similar Fu	
	the organization answered "Yes" to Form 990, Part IV, line 6	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year · · · · · · · · · · ·	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year · · · · · · · ·	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor ad	lvised
	funds are the organization's property, subject to the organization's exclusive legal control? • • • •	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can	
	used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any of	
	purpose conferring impermissible private benefit?	
(Da	Conservation Easements. Complete if the organization answered "Yes" to Form 9	
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
•		nistorically important land area
		ertified historic structure
	Preservation of open space	Timed motorio structuro
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the for	rm of a conservation
-	easement on the last day of the tax year	in or a conscivation
	Case mont on the last day of the tax year	Held at the End of the Tax Year
а	Total number of conservation easements	ROOGS.
b		I
c		The state of the s
d		20
u	structure listed in the National Register	· · · · 2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by	
3	the tax year	the organization during
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling	of
•	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements	
		s daming the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements dur	ing the year
•	S	ing the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
•	170(h)(4)(B)(i) and section $170(h)(4)(B)(ii)$?	· · · · · · · · · · · · · · · · · · ·
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expe	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial state	· · · · · · · · · · · · · · · · · · ·
	the organization's accounting for conservation easements	
Đ۶	Organizations Maintaining Collections of Art, Historical Treasures,	or Other Similar Assets
(11444	Complete if the organization answered "Yes" to Form 990, Part IV, line 8	or other onliner Addeto.
1a		atement and balance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in f	
	provide, in Part XIV, the text of the footnote to its financial statements that describes these items	,
b		nent and balance sheet works of art.
-	historical treasures, or other similar assets held for public exhibition, education, or research in furth	
	provide the following amounts relating to these items	F,
	(i) Revenues included in Form 990, Part VIII, line 1 · · · · · · · · · · · · · · · · · ·	> \$
	(ii) Assets included in Form 990, Part X · · · · · · · · · · · · · · · · · ·	
2	If the organization received or held works of art, historical treasures, or other similar assets for final	
-	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	·············
а		> \$
b		

C	Term endowment ▶ %			
За	Are there endowment funds not in the possession of the organization that are held and administered for the			
	organization by		Yes	1
	(i) unrelated organizations · · · · · · · · · · · · · · · · · · ·	3a(i)		
	(ii) related organizations · · · · · · · · · · · · · · · · · · ·	3a(ii)		

Describe in Part XIV the intended uses of the organization's endowment funds

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

Par	t VI Land, Buildings, and Equipmen	t. See Form 990, Part	X, line 10		
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land			A SAW S.C.	
b	Buildings				
C	Leasehold improvements · · · · · · · · · · · · · · · · · · ·	, , <u></u>			
d	Equipment · · · · · · · · · · · · · · · · · · ·		38,482	14,984	23,498
е	Other · · · · · · · · · · · · · · · · · · ·				
Total	. Add lines 1a through 1e (Column (d) must equal Fo	orm 990, Part X, column	(B), line 10(c)) · ·	• • • • • • • •	23,498

	
e Form 990, Part X, line 12	·
(b) Book value	(c) Method of valuation Cost or end-of-year market value
(b) Book value	(c) Method of valuation
257.500	Cost or end-of-year market value
	FMV
485,600	FMV
15	
escription	(b) Book value
, ,	
ne 25	
(b) Amount	
ne 25	
(b) Amount	
	ee Form 990, Part X, line 13 (b) Book value 257,592 485,600

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

25,254

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Open to Public OMB No 1545-0047 2010 Yes X Employer identification number 42-1374146 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 recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000 Part II 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 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. 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States the selection criteria used to award the grants or assistance? Part 13 General Information on Grants and Assistance COMMUNITY EDUCATION FOUNDATION, INC. Department of the Treasury Internal Revenue Service Name of the organization SCHEDULEI (Form 990) PartII

1 (a) Name and address of organization	(p) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-cash	(f) Method of valuation (book, FMV, appraisal.	(g) Description of	(h) Purpose of grant
or government		ıf applıcable	grant	assistance	other)	IIOI Pedali dasialdi lee	or assistance
(1)	:						
(2)							
(3)							
(4)							
(5)							
(9)							
(1)							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations	nd government organ	zations				A .	
3 Enter total number of other organizations						• :::::	

42-1374146 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 COMMUNITY EDUCATION FOUNDATION, INC. Part III can be duplicated if additional space is needed Schedule I (Form 990) (2010)

Partilli

Page 2

STARS SCHOLARSHIPS PART III LINE 2 - SCHOLARSHIPS TO ASSIST STUDENTS TO BE ABLE TO ATTEND AND REMAIN IN SCHOOL, PAYMENTS FOR TUITION, BOOM (f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (e) Method of valuation (book, FMV, appraisal, other) ALL GRANTEES COMPLETE AN APPLICATION INCLUDING ELIGIBILITY REQUIREMENTS FOR INCOME AND HOUSEHOLD non-cash assistance (d) Amount of 53,935 154,043 (c) Amount of CHILDCARE, TRANSPORTATION, TECHNOLOGY, AND LIVING EXPENSES. cash grant 105 72 (b) Number of recipients additional) Monitoring procedures (Part I, line 2) Supplemental information (Part IV, 1 SCHOLARSHIPS FOR CB RESIDENTS (a) Type of grant or assistance 2 STAR SCHOLARSHIPS Partiv FEES, 2 က 9

Schedule I (Form 990) (2010)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization COMMUNITY EDUCATION FOUNDATION, INC.

Employer identification number 42-1374146

01. Form 990 governing body review (Part VI, line 11)
A COPY OF THE 990 IS ROUTED TO BOARD MEMBERS ELECTRONICALLY AND APPROVAL PROVIDED BY
ELECTRONIC BALLET
02. Conflict of interest policy compliance (Part VI, line 12c)
THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY BY THE EXECUTIVE BOARD COMMITTEE
<u> </u>
03. CEO, executive director, top management comp (Part VI, line 15a)
THE EXECUTIVE COMMITTEE IS AN INDEPENDENT COMMITTEE THAT REVIEWS THE SALARY OF THE
EXECUTIVE DIRECTOR AND DETERMINES ANY INCREASE IN WAGES OR BENEFITS. IF A DIFFERENT
PERSON FILLS THE POSITION, APPLICANT QUALIFICATIONS AND MIDWEST SALARY DATA IS TAKEN INTO
ACCOUNT.
04. Other officer or key employee compensation (Part VI, line 15b
IF THERE WERE KEY EMPLOYEES OR OTHER PAID OFFICERS THE EXECUTIVE COMMITTEE IS AN
INDEPENDENT COMMITTEE THAT WOULD REVIEW QUALIFICATION AND MIDWEST SALARY DATA AND
DETERMINES ANY SALARY OR INCREASE IN WAGES OR BENEFITS.
05. Governing documents, etc, available to public (Part VI, line 19)
THESE ITEMS ARE AVAILABLE UPON REQUEST
06. Explanation of other changes in net assets or fund balances (Part XI, line 5)
OTHER CHANGES EQUALS \$39,767 OF CURRENT YEAR UNREALIZED GAINS AND (\$467,440) OF PRIOR
PERIOD ADJUSTMENTS IN WHICH THE FOUNDATION RE-EVALUATED CERTAIN GRANTS AND DETERMINED THAT
THESE GRANTS WERE CONDITIONAL IN NATURE, AS A RESULT THE FOUNDATION HAS REDUCED THE PRIOR