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A For the 2011 calendar year, or tax year beginning 01-01-2011, and ending 12-31-2011		
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization AUSTIN COMMUNITY SCHOLARSHIP COMMITTEE	<b>D</b> Employer identification number 41-6020807
	Number and street (or P O box, if mail is not delivered to street address) 807 WEST OAKLAND AVE	Room/suite
	City or town, state or country, and ZIP + 4 AUSTIN, MN 55912	
	<b>E</b> Telephone number (507) 433-3483	
		<b>F</b> Group Exemption Number 1

**G Accounting method** ☒ Cash ☐ Accrual Other (specify)

**H Check** ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I Website:**

**J Tax-Exempt status** (check only one) ☒ 501(c)(3) ☐ 501(c) ( ) (insert no ) ☐ 4947(a)(1) or ☐ 527

**K Check**  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 42,943**

<b>Part I</b>	<b>Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (See the instructions for Part I )
Check if the organization used Schedule O to respond to any question in this Part I <input type="checkbox"/> <input checked="" type="checkbox"/>	

Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .	1	40,730
	2	Program service revenue including government fees and contracts . . . . .	2	
	3	Membership dues and assessments . . . . .	3	
	4	Investment income . . . . .	4	2,213
	5a	Gross amount from sale of assets other than inventory . . . . .	5a	
	b	Less cost or other basis and sales expenses . . . . .	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ _of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	c	Less direct expenses from gaming and fundraising events . . . . .	6c	
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances . . . . .	7a	
	b	Less cost of goods sold . . . . .	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c		
8	Other revenue (describe in Schedule O) . . . . .	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	9	42,943	
Expenses	10	Grants and similar amounts paid (list in Schedule O) . . . . .	10	38,000
	11	Benefits paid to or for members . . . . .	11	
	12	Salaries, other compensation, and employee benefits . . . . .	12	
	13	Professional fees and other payments to independent contractors . . . . .	13	
	14	Occupancy, rent, utilities, and maintenance . . . . .	14	
	15	Printing, publications, postage, and shipping . . . . .	15	
	16	Other expenses (describe in Schedule O) . . . . .	16	256
	17	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	17	38,256
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	4,687
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19	247,777
	20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20	0
	21	Net assets or fund balances at end of year Combine lines 18 through 20 . . . . .	21	252,464

Part II

Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II )		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	247,777	22	252,464
23	Land and buildings		23	
24	Other assets (describe in Schedule O )		24	
25	Total assets	247,777	25	252,464
26	Total liabilities (describe in Schedule O )	0	26	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21 )	247,777	27	252,464

Part III

Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? SCHOLARSHIPS FOR HIGHER EDUCATION		Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )	
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28	PROVIDE SCHOLARSHIPS TO DESERVING STUDENTS TO ASSIST THEM IN PAYING THE EXPENSES OF HIGHER EDUCATION (19 STUDENTS) (Grants \$ 38,000) If this amount includes foreign grants, check here	28a	38,000
29	(Grants \$ ) If this amount includes foreign grants, check here	29a	
30	(Grants \$ ) If this amount includes foreign grants, check here	30a	
31	Other program services (describe in Schedule O ) (Grants \$ ) If this amount includes foreign grants, check here	31a	
32	Total program service expenses (add lines 28a through 31a)	32	38,000

Part IV

List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV )

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V

Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

☒

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T . . . . .		
a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes" to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If "No," provide an explanation in Schedule O . . . . .	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .	35c	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a 0		
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9 . . . . .	39a	
b	Gross receipts, included on line 9, for public use of club facilities . . . . .	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> 0, section 4912 <input type="checkbox"/> 0, section 4955 <input type="checkbox"/> 0		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	40b	No
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . .		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . .		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .	40e	No
41	List the states with which a copy of this return is filed <input type="checkbox"/> MN		
42a	The organization's books are in care of <input type="checkbox"/> MARY HUNTLEY Telephone no <input type="checkbox"/> (507) 433-3483 807 WEST OAKLAND AVE Located at <input type="checkbox"/> AUSTIN, MN ZIP + 4 <input type="checkbox"/> 55912		
b	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)? If "Yes," enter the name of the foreign country <input type="checkbox"/> See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country <input type="checkbox"/>	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . .	43	
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	No

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	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		No
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "				
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
f Total number of other employees paid over \$100,000				

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "		
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d	Total number of other independent contractors each receiving over \$100,000	
52	Did the organization complete Schedule A? <b>NOTE:</b> All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	<div>Signature of officer</div> *****	<div>Date</div> 2012-05-11		
	<div>Type or print name and title</div> LOWELL FOSTER, PRESIDENT			
Paid Preparer's Use Only	<div>Preparer's signature</div> <div>SHERRI WESSELS</div>	<div>Date</div>	<div>Check if self-employed</div> <input type="checkbox"/>	<div>Preparer's taxpayer identification number (See instructions)</div> P00888088
	<div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> CLIFTONLARSONALLEN LLP PO BOX 217 AUSTIN, MN 55912			<div>EIN</div> 41-0746749
				<div>Phone no</div> (507) 434-7000
May the IRS discuss this return with the preparer shown above? See instructions				
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization AUSTIN COMMUNITY SCHOLARSHIP COMMITTEE	Employer identification number 41-6020807
--	--

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

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).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )

10

☐

An organization organized and operated exclusively to test for public safety Se**section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the 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 the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	89,697	76,123	71,363	39,934	40,730	317,847
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	89,697	76,123	71,363	39,934	40,730	317,847
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						265,924
6 Public Support. Subtract line 5 from line 4						51,923

Section B. Total Support							
Calendar year (or fiscal year beginning in)		(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	89,697	76,123	71,363	39,934	40,730	317,847
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,326	8,314	3,840	783	2,213	24,476
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
11	Total support (Add lines 7 through 10)						342,323
12	Gross receipts from related activities, etc (See instructions )					12	
13	First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14 15 170 %
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15 13 250 %
16a	<b>33 1/3% support test—2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	
b	<b>33 1/3% support test—2010.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	
17a	<b>10%-facts-and-circumstances test—2011.</b> If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	
b	<b>10%-facts-and-circumstances test—2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	
18	<b>Private Foundation</b> If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions	

Part IIIPart III

Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6 )						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation
<p>SCHEDULE A, PART IV, SUPPLEMENTAL INFORMATION AUSTIN COMMUNITY SCHOLARSHIP COMMITTEE ATTACHMENT TO FORM 990EZ, SCHEDULE A SECTION C LINE 17A 10% FACTS-AND-CIRCUMSTANCES TEST ORGANIZATION HISTORY AUSTIN COMMUNITY SCHOLARSHIP COMMITTEE (ACSC) WAS ORGANIZED IN 1963 BY A GROUP OF AUSTIN MN COMMUNITY LEADERS INTERESTED IN PROMOTING SCHOLARSHIPS FOR COLLEGE STUDENTS THAT HAVE COMPLETED THEIR FIRST TWO YEARS OF COLLEGE THE ORGANIZATION CURRENTLY AWARDS SCHOLARSHIPS TO STUDENTS WHOSE RESIDENCE IS IN EITHER MOWER COUNTY MN OR IN LONDON TOWNSHIP IN FREEBORN COUNTY MN OR IN UNION OR OTRANTO TOWNSHIPS IN MITCHELL COUNTY IN IA THE AMOUNT OF THE SCHOLARSHIPS HAS RANGED FROM \$375/STUDENT IN THE EARLY YEARS OF THE ORGANIZATION UP TO \$2,000/STUDENT IN RECENT YEARS THE NUMBER OF STUDENTS RECEIVING SCHOLARSHIPS EACH YEAR HAS VARIED AS WELL RANGING FROM 3 IN THE INITIAL YEAR UP TO A HIGH OF 21 STUDENTS IN 2009 CUMULATIVELY THROUGH 2010, 583 SCHOLARSHIPS HAVE BEEN AWARDED TOTALING \$689,435 TO 392 DIFFERENT STUDENTS (SOME STUDENTS HAVE RECEIVED SCHOLARSHIPS IN MORE THAN ONE YEAR) SOURCES OF SUPPORT THE PHILOSOPHY OF ACSC SINCE INCEPTION HAS BEEN TO AWARD SCHOLARSHIPS TO STUDENTS WHO HAVE ALREADY COMPLETED THEIR SECOND YEAR OF COLLEGE TO ENABLE THEM TO CONTINUE THEIR HIGHER EDUCATION THEN UPON COMPLETION OF COLLEGE AND IN THE WORKFORCE, THEY ARE ENCOURAGED (BUT NOT REQUIRED) TO IN TURN MAKE CONTRIBUTIONS IN A LIKE AMOUNT BACK TO THE ORGANIZATION SO ADDITIONAL SCHOLARSHIPS CAN BE AWARDED TO FUTURE STUDENTS IN A LIKE MANNER THUS ONE PRIMARY SOURCE OF FUNDS WITH WHICH TO MAKE THE ANNUAL SCHOLARSHIPS IS THE ANTICIPATED CONTRIBUTIONS FROM THE BROAD NUMBER OF PAST RECIPIENTS ACSC ALSO RECEIVES CONTRIBUTIONS EACH YEAR FROM THE GENERAL PUBLIC, LOCAL BUSINESSES, AND FROM A 509(A)(3) SUPPORTING ORGANIZATION EACH YEAR SCHOLARSHIP APPLICANTS MUST COMPLETE AN APPLICATION TO BE CONSIDERED FOR A SCHOLARSHIP SCHOLARSHIPS ARE AWARDED TO QUALIFYING STUDENTS BASED ON VARIOUS CRITERIA INCLUDING GRADES, COLLEGE EDUCATION HISTORY, FINANCIAL NEED, EMPLOYMENT STATUS, ETC THE APPLICATION INCLUDES A NARRATIVE ENCOURAGING SUCCESSFUL APPLICANTS TO SUPPORT ACSC FINANCIALLY ONCE THEY HAVE COMPLETED THEIR SCHOOLING ACSC ISSUES A NEWS RELEASE IN TWO LOCAL NEWSPAPERS EACH YEAR INFORMING THE GENERAL PUBLIC ABOUT THE ORGANIZATION, ITS HISTORY, STRUCTURE AND PURPOSE THIS NEWS RELEASE IS ALSO ONE OF THE METHODS BY WHICH FINANCIAL SUPPORT FROM THE GENERAL PUBLIC IS SOLICITED AND AS A WAY OF NOTIFYING QUALIFYING STUDENTS OF THE APPLICATION PROCESS SINCE CONTRIBUTIONS FROM PAST RECIPIENTS AND THE GENERAL PUBLIC HAVE BEEN LESS THAN EXPECTED, THE ASCS HAS IMPLEMENTED A NUMBER OF PROACTIVE PLANS SEEKING EXPANDED PUBLIC SUPPORT IN 2009, THE DIRECTORS OF ACSC BEGAN A THOROUGH PROCESS OF REVIEWING STUDENT DIRECTORIES FOR PAST GRADUATES OF AUSTIN HIGH SCHOOL THE OBJECTIVE OF THIS REVIEW WAS TO DEVELOP AN ONGOING DATA BASE OF PAST STUDENTS AND THEIR CURRENT ADDRESSES FOR PURPOSES OF DIRECT MAILINGS THIS DATA BASE HAS BEEN UPDATED AND EXPANDED EACH YEAR A FULL COLOR TRI-FOLD BROCHURE HAS BEEN PREPARED ALONG WITH A COVER LETTER TELLING ABOUT THE HISTORY OF ACSC IN 2010 AND AGAIN IN 2011 THIS LETTER AND BROCHURE WERE MAILED TO WELL OVER 300 PAST SCHOLARSHIP RECIPIENTS AND THEIR PARENTS INCLUDED IN THIS DATA BASE, TO OTHER RESIDENTS OF THE COMMUNITY AND TO LOCAL SERVICE CLUBS TO SOLICIT DONATIONS FOR ACSC IT IS PLANNED TO CONTINUE THESE DIRECT MAILINGS ANNUALLY IN THE FUTURE TO FURTHER BROADEN THE PUBLIC SUPPORT OF THIS ORGANIZATION DURING THE PAST TWO YEARS ACSC BOARD MEMBERS MADE PRESENTATIONS TO LOCAL SERVICE CLUBS RESULTING IN DONATIONS FROM BOTH ORGANIZATIONS THESE PRESENTATIONS GIVE THE DIRECTORS OF ACSC AN OPPORTUNITY TO FURTHER EXPAND THE AWARENESS OF THE COMMUNITY ABOUT ITS HISTORY, PURPOSE, AND THE SCHOLARSHIPS AVAILABLE FOR QUALIFYING STUDENTS SINCE MANY OF THESE LOCAL SERVICE CLUBS ARE ORGANIZED TO SUPPORT YOUTH, THIS ALSO IS A WAY FOR ACSC TO EXPAND ITS DONOR BASE A PRESENTATION WAS ALSO GIVEN TO A COMMUNITY LANDLORD ASSOCIATION IN 2010 AGAIN, THIS FURTHER EXPANDED THE AWARENESS OF THE COMMUNITY ABOUT THE ACSC AND IT ALSO RESULTED IN A DONATION FROM THIS ORGANIZATION AS WELL, THUS BROADENING THE PUBLIC SUPPORT OF ACSC THE OBJECTIVE OF THE ANNUAL NEWS RELEASES, DIRECT MAILINGS AND PUBLIC SPEAKING ENGAGEMENTS IS TO FURTHER EXPAND THE BASE OF SUPPORT FOR ACSC THUS PROVIDING EVEN MORE FUNDING FOR ADDITIONAL SCHOLARSHIPS IN THE FUTURE GOVERNING BODY AUSTIN COMMUNITY SCHOLARSHIP COMMITTEE HAS NINE BOARD MEMBERS/DIRECTORS REPRESENTING A BROAD CROSS SECTION OF THE GENERAL PUBLIC THESE MEMBERS/DIRECTORS INCLUDE BUSINESS OWNERS, ATTORNEYS, EMPLOYEES, A TEACHER, HOMEMAKERS, A RETIREE, AND A CPA NONE OF THE MEMBERS/DIRECTORS ARE RELATED TO EACH OTHER OR HAVE ANY DIRECT AFFILIATION WITH ANY OF THE RECURRING DONORS TO ACSC REPLACEMENT BOARD MEMBERS/DIRECTORS ARE NOMINATED BASED ON THEIR COMMUNITY INVOLVEMENT AND ABILITY TO REPRESENT A BROAD CROSS-SECTION OF THE GENERAL PUBLIC AVAILABILITY OF SCHOLARSHIPS CURRENTLY, ALL STUDENTS WHO ARE RESIDENTS OF EITHER MOWER COUNTY MN OR LONDON TOWNSHIP IN FREEBORN COUNTY MN OR UNION OR OTRANTO TOWNSHIPS IN MITCHELL COUNTY IA THAT HAVE COMPLETED TWO YEARS OF COLLEGE ARE ELIGIBLE TO APPLY FOR SCHOLARSHIPS AS EXPLAINED ABOVE, EACH YEAR ACSC ISSUES A NEWS RELEASE IN THE LOCAL NEWSPAPER TO NOTIFY QUALIFYING STUDENTS ABOUT THE AVAILABILITY OF SCHOLARSHIPS AND THE APPLICATION PROCESS IN ADDITION, INFORMATION ABOUT THE SCHOLARSHIP PROGRAM IS ALSO PROVIDED TO AREA HIGH SCHOOL AND COLLEGE COUNCILORS THAT ADVISE STUDENTS PURSING A COLLEGE EDUCATION SCHOLARSHIP APPLICATIONS CAN ALSO BE ACCESSED THROUGH THE LOCAL RIVERLAND COMMUNITY COLLEGE WEBSITE FINALLY, THE SPEAKING ENGAGEMENTS AT LOCAL SERVICE CLUBS AND COMMUNITY ORGANIZATIONS ALSO ASSISTS IN EXPANDING THE AWARENESS OF THE SCHOLARSHIP OPPORTUNITIES PUBLICLY SUPPORTED ORGANIZATION BASED ON THE ACTUAL BROAD BASED OPERATIONS OF THE AUSTIN COMMUNITY SCHOLARSHIP COMMITTEE AS EXPLAINED ABOVE, THE ORGANIZATION BELIEVES THE FACTS-AND-CIRCUMSTANCES TEST IS MET THUS CONTINUING ITS QUALIFICATION AS A PUBLICLY SUPPORTED ORGANIZATION</p>

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization AUSTIN COMMUNITY SCHOLARSHIP COMMITTEE	Employer identification number 41-6020807
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Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INVESTMENT INCOME 2,213
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTS FOR SCHOLARSHIPS GRANTEE NAME INDIVIDUALS NOT OVER \$5,000/SCHOLARSHIP GRANT AMOUNT GIVEN 38,000
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION FILING FEES AMOUNT 25 DESCRIPTION PRINTING AMOUNT 86 DESCRIPTION POSTAGE AMOUNT 145 TOTAL TO FORM 990-EZ, LINE 16 256

**TY 2011 Transfers Personal Benefits  
Contracts Declaration**

**Name:** AUSTIN COMMUNITY SCHOLARSHIP COMMITTEE

**EIN:** 41-6020807

**Declaration:** THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Additional Data

Software ID:  
Software Version:  
EIN: 41-6020807  
Name: AUSTIN COMMUNITY SCHOLARSHIP COMMITTEE

Form 990-EZ, Special Condition Description:

Special Condition Description
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Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
MICHAEL RUZEK 1307 8TH AVENUE NW AUSTIN,MN 55912	DIRECTOR 0 10	0	0	0
CRAIG JOHNSON 807 WEST OAKLAND AVENUE AUSTIN,MN 55912	DIRECTOR & PRESIDENT 0 20	0	0	0
MARY HUNTLEY 807 WEST OAKLAND AVENUE AUSTIN,MN 55912	SECRETARY/TREASURER 1 00	0	0	0
PATRICIA STEVENS 500 NW 8TH AVENUE AUSTIN,MN 55912	DIRECTOR 0 10	0	0	0
ROBERT THATCHER 508 SW 5TH AVENUE AUSTIN,MN 55912	DIRECTOR 0 10	0	0	0
KATHRYN GREEN 1508 16TH AVENUE SW AUSTIN,MN 55912	DIRECTOR 0 10	0	0	0
THOMAS SHERMAN 1402 SW 19TH STREET AUSTIN,MN 55912	DIRECTOR 0 10	0	0	0
SCOTT RICHARDSON 132 NW 3RD AVENUE AUSTIN,MN 55912	DIRECTOR 0 10	0	0	0
LOWELL FOSTER 2102 9TH STREET SW AUSTIN,MN 55912	DIRECTOR & VICE PRESIDENT 0 50	0	0	0
ERIC VAUGHN 1700 4TH AVENUE SE AUSTIN,MN 55912	DIRECTOR 0 10	0	0	0