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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)

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning, 2011, and ending

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending. C ALGONA COMMUNITY SCHOOL FOUNDATION, 111 N. DODGE ST., ALGONA, IA 50511. D Employer Identification Number 42-1240404. E Telephone number 515 295 3565. F Name and address of principal officer Same As C Above. G Gross receipts \$ 3,012,228. H(a) Is this a group return for affiliates? Yes No. H(b) Are all affiliates included? Yes No. I Tax-exempt status 501(c)(3). J Website: N/A. K Form of organization: Corporation. L Year of Formation: 1984. M State of legal domicile IA.

Part I Summary

Table with columns: Activities & Governance, Revenue, Expenses, Net Assets or Fund Balances. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3 Number of voting members... 4 Number of independent voting members... 5 Total number of individuals employed... 6 Total number of volunteers... 7a Total unrelated business revenue... 7b Net unrelated business taxable income... 8 Contributions and grants... 9 Program service revenue... 10 Investment income... 11 Other revenue... 12 Total revenue... 13 Grants and similar amounts paid... 14 Benefits paid... 15 Salaries, other compensation... 16a Professional fundraising fees... 16b Total fundraising expenses... 17 Other expenses... 18 Total expenses... 19 Revenue less expenses... 20 Total assets... 21 Total liabilities... 22 Net assets or fund balances.

Part II Signature Block

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: Signature of officer: ELISABETH STOWATER, President. Date: 05.14.12.

Paid Preparer Use Only: Print/Type preparer's name: Gregg A. Buchanan. Preparer's signature: Gregg A. Buchanan. Date: 5/10/12. Check self-employed: [X]. PTIN: P00313415. Firm's name: Buchanan Law Offices. Firm's address: 111 North Dodge St, Algona, IA 50511. Firm's EIN: 42-0940126. Phone no: (515) 295-3565.

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

6-17-15

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

FINANCIAL SUPPORT TO THE ALGONA COMMUNITY SCHOOL SYSTEM AND POST HIGH SCHOOL SCHOLARSHIP SUPPORT TO GRADUATES OF THE SCHOOL

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 213,097. including grants of \$ 207,927.) (Revenue \$) SCHOLARSHIP SUPPORT GRANTED ONLY TO GRADUATES OF ALGONA COMMUNITY SCHOOL DISTRICT. SEE ATTACHED LISTING OF GRANTS.

4b (Code:) (Expenses \$ 10,977. including grants of \$ 10,977.) (Revenue \$) SUPPORT OF VARIOUS PROGRAMS CONDUCTED BY ALGONA COMMUNITY SCHOOL DISTRICT THROUGH ADMINISTRATION OF THE DISTRICT. SEE ATTACHED LISTING OF GRANTS.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 224,074.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>	X	
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		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? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

BAA

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	0	
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	0	
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3 b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		
4 a	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)?		X
4 b	If 'Yes,' enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6 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).		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year.		
7 e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7 g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7 h	If the organization received a contribution of cars, boats, airplanes, or 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 organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9 a	Did the organization make any taxable distributions under section 4966?		
9 b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10 a	Initiation fees and capital contributions included on Part VIII, line 12		
10 b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11 a	Gross income from members or shareholders		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13 a	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.			
13 b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13 c	Enter the amount of reserves on hand.		
14 a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14 b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		

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

Check if Schedule O contains a response to any question in this Part VI.

Section A. Governing Body and Management

		Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year	1 a 13		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1 b 13		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7 a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7 b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8 a	X	
b Each committee with authority to act on behalf of the governing body?	8 b		X
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10 a Did the organization have local chapters, branches, or affiliates?	10 a		X
b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O			
12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	X	
b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done See Schedule O	12 c	X	
13 Did the organization have a written whistleblower policy?	13		X
14 Did the organization have a written document retention and destruction policy?	14		X
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?			
a The organization's CEO, Executive Director, or top management official	15 a		X
b Other officers of key employees of the organization	15 b		X
If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		X
b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16 b		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ None
- 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 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 during the tax year. See Schedule O
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 ▶ KRISTIE BROWN 5 EAST CALL ST. ALGONA IA 50511 515-295-3595

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

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

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

1 a 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.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SIRI HARTSFIELD Director	1						0.	0.	0.	
(2) ELIZABETH STOWATER President	2	X		X			0.	0.	0.	
(3) GREGG A BUCHANAN Vice President	2	X		X			0.	0.	0.	
(4) DALE TEETER Director	2	X					0.	0.	0.	
(5) ALLISON VANOTTERLOO Director	1	X		X			0.	0.	0.	
(6) KIRK HAYES Director	1	X					0.	0.	0.	
(7) BRUCE HACKBARTH Director	1	X					0.	0.	0.	
(8) WILLIAM FARNHAM Director	1	X					0.	0.	0.	
(9) MARTY FONLEY Director	1	X					0.	0.	0.	
(10) THOMAS LARSON Director	1	X					0.	0.	0.	
(11) DAVE SHUMWAY Director	4	X					0.	0.	0.	
(12) JARED CECIL Director	1	X					0.	0.	0.	
(13) JOHN SCUFFHAM Director	1	X					0.	0.	0.	
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O) or director	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----										
(16) -----										
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
1 b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1 b and 1 c)							0.	0.	0.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 0**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes' complete Schedule J for such individual.</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i>	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE ,		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶ 0**

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns.....	1 a				
	b Membership dues.....	1 b				
	c Fundraising events.....	1 c				
	d Related organizations.....	1 d				
	e Government grants (contributions).....	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above...	1 f 310,534.				
	g Noncash contributions included in lns 1a-1f: \$					
h Total. Add lines 1a-1f		310,534.				
PROGRAM SERVICE REVENUE	2 a Business Code					
	b					
	c					
	d					
	e					
	f All other program service revenue...					
	g Total. Add lines 2a-2f					
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		57,614.		57,614.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	2,644,080.			
		(ii) Other				
	b Less: cost or other basis and sales expenses		2,605,013.			
	c Gain or (loss)		39,067.			
	d Net gain or (loss)		39,067.	39,067.		
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses				
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions		407,215.	39,067.	0.	57,614.	

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).

Check if Schedule O contains a response to any question in this Part IX.

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	10,977.	10,977.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	207,927.	207,927.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management	6,866.	1,000.	1,000.	4,866.
b Legal				
c Accounting	14,800.	3,000.	10,000.	1,800.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	4,608.			4,608.
g Other				
12 Advertising and promotion	8,755.			8,755.
13 Office expenses	2,207.	750.	1,457.	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	216.		216.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FUNDRAISING SUPPLIES	3,870.			3,870.
b FOREIGN TAX ON DIVIDENDS	586.			586.
c DUES	420.	420.		
d GARRIGAN REIMBURSEMENT	73.			73.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	261,305.	224,074.	12,673.	24,558.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
ASSETS	1	Cash — non-interest-bearing		1	
	2	Savings and temporary cash investments	863,938.	2	153,731.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
b	Less: accumulated depreciation	10b	10c		
11	Investments — publicly traded securities	2,304,668.	11	3,015,203.	
12	Investments — other securities See Part IV, line 11.		12		
13	Investments — program-related. See Part IV, line 11.		13		
14	Intangible assets		14		
15	Other assets See Part IV, line 11	1.	15		
16	Total assets. Add lines 1 through 15 (must equal line 34)	3,168,607.	16	3,168,934.	
LIABILITIES	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties.		23	
	24	Unsecured notes and loans payable to unrelated third parties.		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.				
	27	Unrestricted net assets	251,448.	27	246,726.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets	2,917,159.	29	2,922,208.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances.	3,168,607.	33	3,168,934.
	34	Total liabilities and net assets/fund balances	3,168,607.	34	3,168,934.

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Form 990 (2011)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	407,215.
2	Total expenses (must equal Part IX, column (A), line 25)	2	261,305.
3	Revenue less expenses. Subtract line 2 from line 1	3	145,910.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,168,607.
5	Other changes in net assets or fund balances (explain in Schedule O). See Schedule O	5	-145,583.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	3,168,934.

Part XII 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: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- 2b Were the organization's financial statements audited by an independent accountant?
- c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

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SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

ALGONA COMMUNITY SCHOOL FOUNDATION

Employer identification number

42-1240404

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 described in 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. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 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?

	Yes	No
(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?		X
(ii) A family member of a person described in (i) above?		X
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		X

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
ALGONA COMMUNITY SCHOOL DISTRICT									
(A) ALGONA COMMUNITY SCHOOL DISTRICT	42-6020126	PUBLIC SCHOOL			X		X		0.
(B)									
(C)									
(D)									
(E)									
Total									0.

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Schedule A (Form 990 or 990-EZ) 2011

Part II 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.)

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 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 person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

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						
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						
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 section 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 Public support percentage from 2010 Schedule A, Part II, line 14	15	%

16a 33-1/3% support test – 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization.

b 33-1/3% support test – 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization.

17a 10%-facts-and-circumstances test – 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

b 10%-facts-and-circumstances test – 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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.)

Section A. Public Support

Calendar year (or fiscal yr 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 yr 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 lns 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 section 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.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2011



Name of the organization

ALGONA COMMUNITY SCHOOL FOUNDATION

Part I General Information on Grants and Assistance

Employer identification number

42-1240404

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. See Part IV

Part II 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 can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ALGONA COMMUNITY SCHOOL DISTRICT 200 NORTH PHILLIPS ST ALGONA, IA 50511	42-6020126		10,977.	0.			SUPPORT FOR VARIOUS PROGRAMS -- SEE ATTACHED
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							
(8) -----							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1

3 Enter total number of other organizations listed in the line 1 table 0

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TEEA3901L 06/01/11

Schedule I (Form 990) (2011)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 POST-HIGH SCHOOL SCHOLARSHIPS	133	207,927.			
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.

FOUNDATION, IN CONJUNCTION WITH SCHOOL DISTRICT ADMINISTRATORS AND TEACHERS, MONITOR THE USE OF FUNDS GRANTED FOR SPECIFIC PROJECTS. GRANTS APPLICATIONS ARE IN WRITING AND MUST BE VOTED UPON BY THE FOUNDATION BOARD. TYPICALLY, SCHOOL ADMINISTRATION IS ASKED FOR ITS INPUT INTO ALL GRANT REQUESTS.

2011



SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization

ALGONA COMMUNITY SCHOOL FOUNDATION

Employer identification number

42-1240404

Part I Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec. 512(b)(13) controlled entity?	
						Yes	No
(1) ALGONA COMMUNITY SCHOOL DISTRICT 200 N PHILLIPS STREET ALGONA, IA 50511	COMMUNITY SCHOOL DISTRICT	IA	170 (b) (1)		N/A		X
(2) -----							
(3) -----							
(4) -----							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(2) -----							
(3) -----							

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
1	During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	X
b	Gift, grant, or capital contribution to related organization(s)	1b	X
c	Gift, grant, or capital contribution from related organization(s)	1c	X
d	Loans or loan guarantees to or for related organization(s)	1d	X
e	Loans or loan guarantees by related organization(s)	1e	X
f	Sale of assets to related organization(s)	1f	X
g	Purchase of assets from related organization(s)	1g	X
h	Exchange of assets with related organization(s)	1h	X
i	Lease of facilities, equipment, or other assets to related organization(s)	1i	X
j	Lease of facilities, equipment, or other assets from related organization(s)	1j	X
k	Performance of services or membership or fundraising solicitations for related organization(s)	1k	X
l	Performance of services or membership or fundraising solicitations by related organization(s)	1l	X
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	X
n	Sharing of paid employees with related organization(s)	1n	X
o	Reimbursement paid to related organization(s) for expenses	1o	X
p	Reimbursement paid by related organization(s) for expenses	1p	X
q	Other transfer of cash or property to related organization(s)	1q	X
r	Other transfer of cash or property from related organization(s)	1r	X

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													

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 990-EZ 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

ALGONA COMMUNITY SCHOOL FOUNDATION

Employer identification number

42-1240404

Form 990, Part VI, Line 11b - Form 990 Review Process

A COPY OF THE FORM 990 IS PROVIDED TO THE PRESIDENT, VICE PRESIDENT AND TREASURER
PRIOR TO FILING OF THE RETURN FOR THEIR REVIEW. A COPY IS THEN MAINTAINED IN THE
CORPORATE RECORDS FOR REVIEW BY ANY OTHER BOARD MEMBER, THE SCHOOL DISTRICT BOARD
AND ANY MEMBER OF THE PUBLIC.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

ALL DIRECTORS ARE REQUIRED TO DISCLOSE CONFLICTS AS THEY MAY ARISE. SUCH DIRECTORS
ARE GENERALLY PROHIBITED FROM PARTICIPATION IN ANY DISCUSSION OR VOTE ON AN ISSUE IN
WHICH THEY HAVE A CONFLICT. THE ONLY EXCEPTIONS INVOLVE TWO EMPLOYEES OF THE
SUPPORTED ORGANIZATION (SUPERINTENDENT AND HIGH SCHOOL PRINCIPAL). THEY SERVE AS EX
OFFICIO MEMBERS OF THE FOUNDATION BOARD TO DIRECTLY REPRESENT THE INTERESTS OF THE
SUPPORTED ORGANIZATION.

IN ADDITION, WHIS IS A VERY SMALL COMMUNITY IN WHICH FAMILY AND BUSINESS
RELATIONSHIPS OF BOARD MEMBERS ARE GENERALLY KNOWN BY ALL OTHER BOARD MEMBERS.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

ALL DOCUMENTS ARE AVAILABLE UPON REQUEST BY THE PUBLIC. IN ADDITION, THE ALGONA
COMMUNITY SCHOOL DISTRICT (THE SUPPORTED ORGANIZATION) IS IN POSSESSION OF ALL
FOUNDATION DOCUMENTS FOR REVIEW BY THE PUBLIC, THE SCHOOL BOARD OR SCHOOL
ADMINISTRATORS.

5/10/12

01:35PM

**Form 990, Part XI, Line 5
Other Changes in Net Assets or Fund Balances**

Net Unrealized Gains or Losses on Investments.	\$	-145,583.
	Total	\$	<u>-145,583.</u>

Algona Community School Foundation
Transaction Detail by Account
 January through December 2011

Name	Memo	Class	Amount
Grants & Projects			
Project ASC Grants			
KRHC Pharmacy	Medicine for student	Project ASC	179 76
Caseys General Store	gas	Project ASC	75 00
Kmart	Medicine	Project ASC	22 46
Algona Taxi Service	Transportation	Project ASC	50 00
Hy-Vee	gift card	Project ASC	150 00
Caseys General Store	gas	Project ASC	100 00
Caseys General Store	gas	Project ASC	200 00
Buscher Service Center	gas	Project ASC	200 00
Iowa State Bank	gift card	Project ASC	300 00
Iowa State Bank	Financial help-tornado leveled their home	Project ASC	500 00
Iowa Lakes Community College	H S credit @ILCC	Project ASC	100 00
Fareway	gift card	Project ASC	100 00
Ruhnke Bros	gas	Project ASC	200 00
Buscher Service Center	Gas/food	Project ASC	50 00
Fareway	gift card	Project ASC	200 00
Algona Municipal Utilities	Assistance with electric bill	Project ASC	180 00
Styles Salon	Haircut	Project ASC	16 05
Eyes on Thornton	glasses	Project ASC	195 50
Alliant Energy	pymt of electric bill	Project ASC	160 00
Ruhnke Bros	gas	Project ASC	100 00
KRHC Pharmacy	Medicine for student	Project ASC	176 90
Janet Votteler	Reimb-class for student	Project ASC	130 00
Algona Community School Dist	school fees	Project ASC	100 00
Iowa State Bank	Financial help-tornado leveled their home	Project ASC	500 00
Caseys General Store	gas	Project ASC	100 00
Iowa State Bank	Financial help-tornado leveled their home	Project ASC	200 00
Ruhnke Bros	gas	Project ASC	200 00
Kemna GM Center	car part	Project ASC	12 39
Noel McLaughlin	Reimb for book bag	Project ASC	39 79
Iowa Lakes Community College	H S credit @ILCC	Project ASC	120 00
U S Cellular	Phone bill	Project ASC	54 43
Total Project ASC Grants			<u>4,712 28</u>
Grants & Projects - Other			
Algona Family YMCA	Partners With Youth	General Fund	500 00
Algona Community School Distn	Track Improvement reimbursement	Track Fund	4,806 95
Porter's Camera Store	Yearbook camera	General Fund	957 88
Total Grants & Projects - Other			<u>6,264 83</u>
<u>Total Grants & Projects</u>			<u>10,977.11</u>

Algona Community School Foundation
Transaction Detail by Account
 January through December 2011

Scholarships, Restricted

Name	Class	Amount
Chelsey Degen & Simpson College	George & Lilliac Sefrit Charac	1,500 00
Whitney Mills & University of Iowa	George & Lilliac Sefrit Charac	1,500 00
Ted Nerison & UNI	George & Lilliac Sefrit Charac	1,500 00
Kyle Miller & University of South Dakota	George & Lilliac Sefrit Charac	1,500 00
Alex Shockley & Central College	George & Lilliac Sefrit Charac	1,500 00
Samantha Wagner & Drake	George & Lilliac Sefrit Charac	1,500 00
Patrick Gerhardt & Simpson College	George & Lilliac Sefrit Charac	1,500 00
Brittany Baer & Wartburg	George & Lilliac Sefrit Charac	1,500 00
Emily Eimers & Wartburg	George & Lilliac Sefrit Charac	1,500 00
Kelsey Kuecker & Iowa State University	George & Lilliac Sefrit Charac	1,500 00
Andrea Klepper & Luther	George & Lilliac Sefrit Charac	1,500 00
Justin Zwiefel & SDSU	George & Lilliac Sefrit Charac	1,500 00
Mike Becker & UNI	George & Lilliac Sefrit Charac	1,500 00
Abby Eischeid & UNI	George & Lilliac Sefrit Charac	1,500 00
Sydney Marsh & Wartburg	George & Lilliac Sefrit Charac	1,500 00
Collin Fett & ISU	George & Lilliac Sefrit Charac	1,500 00
David Baxter & Luther College	George & Lilliac Sefrit Charac	1,500 00
Nicole Person & NW College	George & Lilliac Sefrit Charac	1,500 00
Blake Mills & UNI	George & Lilliac Sefrit Charac	1,500 00
Chad Rutledge & UNI	George & Lilliac Sefrit Charac	1,500.00
Heidi Behnkendorf & Iowa State University	George & Lilliac Sefrit Charac	1,500 00
Brad Diers and Kirkwood CC	Howard & Katherine Hoenk Fdn	786.00
Megan Simonson & Ellsworth	Howard & Katherine Hoenk Fdn	250 00
Megan Simonson & Ellsworth	Hollis & Jean Benschoter Agric	100 00
Morgan Coleman & UNI	Alice Mae Lang Drama Award	100 00
Sturling Becker & ISU	Anonymous Scholarship	500 00
Johnny Aboud & UNI	Anonymous Scholarship	500 00
Allyn Klepper & Luther College	Anonymous Scholarship	500 00
Maddie Gisch & NW Univ	Harvey & Mildred Larson Scholar	500 00
Katie Connick & S Dakota St U	Harvey & Mildred Larson Scholar	500 00
Alexandria Steinman & UNI	Henry & Irma Bunkofske Scholars	2,500.00
Karl Nicolaus & ISU	Brandon Divis Blue & Gold Memor	1,000 00
Maddie Gisch & NW Univ	George Sefrit Agr Scholarship	600 00
Karl Nicolaus & ISU	Hollis & Jean Benschoter Agric	800.00
Blair Bradley & UNI	Hayes Scholarship Fund	500 00
Abbie Atkinson & Morningside Univ	Lilliac Sefrit Music Scholarsh	400.00
Alex Wiseman & Hawkeye Tech	Sean Schultz Memorial Scholarsh	100 00
Connor McGuire & Creighton Univ	Conklin Memorial Scholarship	300 00
Thomas Chnstan & UNI	Evelyn Cruikshank McNeill Schol	250.00
Brian or Cari Connick	Class of '79 Fund	500 00
Maria Zeller & UNI	George & Lilliac Sefrit Charac	750.00
Chase Pfeffer & DMACC	Howard & Katherine Hoenk Fdn	500 00

Algona Community School Foundation
Transaction Detail by Account
 January through December 2011

Name	Class	Amount
McKenzie Thomsen & DMACC	Howard & Katherine Hoenk Fdn	500 00
Christina Pearson & Grand Canyon UNIV	Howard & Katherine Hoenk Fdn	500 00
Emily Loken & ILCC	Howard & Katherine Hoenk Fdn	500 00
Julianne Struecker & ILCC	Howard & Katherine Hoenk Fdn	500 00
Alexa Studer & ILCC	Howard & Katherine Hoenk Fdn	500 00
Karl Nicolaus & ISU	Howard & Katherine Hoenk Fdn	500 00
Amanda Schutter & Iowa Wesleyan	Howard & Katherine Hoenk Fdn	500 00
Amber Hentges & Morningside Univ	Howard & Katherine Hoenk Fdn	500.00
Megan Tietz & Morningside Univ	Howard & Katherine Hoenk Fdn	500 00
Melissa Tietz & ILCC	Howard & Katherine Hoenk Fdn	500 00
Taylor Prothman & NIACC	Howard & Katherine Hoenk Fdn	500 00
Megan Gerhardt & NW MSU	Howard & Katherine Hoenk Fdn	500 00
Noah Hollinger & Northwestern College	Howard & Katherine Hoenk Fdn	500 00
Alicia Remy & Northwestern College	Howard & Katherine Hoenk Fdn	500 00
Amanda Buscher & DMACC	Howard & Katherine Hoenk Fdn	1,295 00
RaeAnn Hiscocks & DMACC	Howard & Katherine Hoenk Fdn	1,295 00
Bradley Hoskins & DMACC	Howard & Katherine Hoenk Fdn	1,295 00
Jessica Kuhlmann & DMACC	Brandon Divis Blue & Gold Memor	1,295 00
Megan Simonson & Ellsworth	Howard & Katherine Hoenk Fdn	1,295 00
Erin Parker & ILCC	Howard & Katherine Hoenk Fdn	1,295 00
Megan Smith & Hawkeye Tech	Howard & Katherine Hoenk Fdn	1,295 00
Tanya Lein Haler & ICC	Howard & Katherine Hoenk Fdn	1,295 00
Jessie Ree & ICC	Howard & Katherine Hoenk Fdn	1,295 00
Lyndsey Fowler & ILCC	Howard & Katherine Hoenk Fdn	1,295 00
Sylvia Mellas & ILCC	Howard & Katherine Hoenk Fdn	1,295.00
Elizabeth Thilges & ILCC	Howard & Katherine Hoenk Fdn	1,295 00
Shanda Tweedy & ILCC	Howard & Katherine Hoenk Fdn	1,295 00
Brandon Keller & ISU	Howard & Katherine Hoenk Fdn	1,295 00
Brad Diers and Kirkwood CC	Howard & Katherine Hoenk Fdn	1,295.00
Quynn Shaw & Kirkwood Comm College	Howard & Katherine Hoenk Fdn	1,295 00
Elizabeth Stein & Kirkwood Comm College	Howard & Katherine Hoenk Fdn	1,295 00
Angela Gifford & NIACC	Howard & Katherine Hoenk Fdn	1,295 00
Emily Wichtendahl & NIACC	Howard & Katherine Hoenk Fdn	1,295 00
Sherrin Zeller & NIACC	Howard & Katherine Hoenk Fdn	1,295.00
Whitni Harms & Northwestern College	Howard & Katherine Hoenk Fdn	1,295.00
Kirsten Lipps & U of Neb	Howard & Katherine Hoenk Fdn	1,295 00
Molly Cook & UNI	Howard & Katherine Hoenk Fdn	1,295 00
Alex Hagg & UNI	Howard & Katherine Hoenk Fdn	1,295 00
Emillie Kenne & UNI	Howard & Katherine Hoenk Fdn	1,295 00
Khusbu Patel & UNI	Howard & Katherine Hoenk Fdn	1,295 00
Derek Beaumier & Wartburg	Howard & Katherine Hoenk Fdn	1,295 00
Katherine Kofoot & ISU	Howard & Katherine Hoenk Fdn	1,942 00
Chris Ludwig & ISU	Howard & Katherine Hoenk Fdn	1,942 00
Devin Rode & ISU	Howard & Katherine Hoenk Fdn	1,942 00

Algona Community School Foundation
Transaction Detail by Account
 January through December 2011

Name	Class	Amount
Kyle Simonson & ISU	Howard & Katherine Hoenk Fdn	1,942 00
Krystina Koppen & Mercy College	Howard & Katherine Hoenk Fdn	1,942 00
Amber Nerdig & Mount Mercy	Howard & Katherine Hoenk Fdn	1,942.00
Brandon Vaske & NE OK A & M	Howard & Katherine Hoenk Fdn	1,942 00
Ashley Zwiefel & SDSU	Howard & Katherine Hoenk Fdn	1,942 00
Ian Barber & U of I	Howard & Katherine Hoenk Fdn	1,942 00
Bailee Doocy & U of IA	Howard & Katherine Hoenk Fdn	1,942 00
Melanie Hackbarth & Creighton Univ	Howard & Katherine Hoenk Fdn	2,589 00
Megan Conner & Mayo School of Health Sci	Howard & Katherine Hoenk Fdn	2,589 00
Jake Walker & NW Coll of Chiro	Howard & Katherine Hoenk Fdn	2,589 00
Jenny Becker & U of I	Howard & Katherine Hoenk Fdn	2,589 00
Rachel Bottjen & U of IA	Howard & Katherine Hoenk Fdn	2,589 00
Whitney Mills & University of Iowa	George & Lilliac Sefrit Charac	2,589 00
Drew Moss & Creighton University	Howard & Katherine Hoenk Fdn	3,884 00
Jason Christensen & ISU	Howard & Katherine Hoenk Fdn	3,884 00
Cory Janssen & ISU	Howard & Katherine Hoenk Fdn	3,884 00
Justin Kuecker & ISU	Howard & Katherine Hoenk Fdn	3,884 00
Kurt Kuecker & ISU	Howard & Katherine Hoenk Fdn	3,884 00
Evan Larson & Iowa	Howard & Katherine Hoenk Fdn	3,884 00
Wade Kent & U of MN	Howard & Katherine Hoenk Fdn	3,884 00
Karina Haas & Briar Cliff	Jack Lindeman Education Scholar	2,000 00
Garrell Lanus & ISU	Dutch Honsbruch Scholarships	2,000.00
Katie Connick & SDSU	Dutch Honsbruch Scholarships	2,000 00
Alex Shockley & Central College	George & Lilliac Sefrit Charac	1,500 00
Brittany Baer & Wartburg	George & Lilliac Sefrit Charac	1,500 00
Samantha Wagner & Drake	George & Lilliac Sefrit Charac	1,500 00
Josh Manske & Grandview	George & Lilliac Sefrit Charac	1,500 00
Brittany Vaske & ICC	George & Lilliac Sefrit Charac	1,500 00
Heidi Behnkendorf & Iowa State University	George & Lilliac Sefrit Charac	1,500 00
Jeffrey Burtnett & ISU	George & Lilliac Sefrit Charac	1,500 00
Collin Fett & ISU	George & Lilliac Sefrit Charac	1,500 00
Kelsey Kuecker & Iowa State University	George & Lilliac Sefrit Charac	1,500 00
Michael McMahon & ISU	George & Lilliac Sefrit Charac	1,500 00
David Baxter & Luther College	George & Lilliac Sefrit Charac	1,500 00
Andrea Klepper & Luther	George & Lilliac Sefrit Charac	1,500 00
Nicole Person & NW College	George & Lilliac Sefrit Charac	1,500 00
Justin Zwiefel & SDSU	George & Lilliac Sefrit Charac	1,500 00
Johnny Aboud & UNI	George & Lilliac Sefrit Charac	1,500 00
Mike Becker & UNI	George & Lilliac Sefrit Charac	1,500.00
Abby Eischeid & UNI	George & Lilliac Sefrit Charac	1,500 00
Ryan McMahon & UNI	George & Lilliac Sefrit Charac	1,500 00
Blake Mills & UNI	George & Lilliac Sefrit Charac	1,500.00
Chad Rutledge & UNI	George & Lilliac Sefrit Charac	1,500 00
Allie Simpson & UNI	George & Lilliac Sefrit Charac	1,500 00

Algona Community School Foundation
Transaction Detail by Account
 January through December 2011

Name	Class	Amount
Emily Eimers & Wartburg	George & Lilliacé Sefrit Charac	1,500 00
Sydney Marsh & Wartburg	George & Lilliacé Sefrit Charac	1,500.00
Alex Shockley & Central College	George & Lilliacé Sefrit Charac	1,500 00
Alynnia Freeburg & DMACC	Howard & Katherine Hoenk Fdn	1,100 00
Owen Parker & Iowa	Howard & Katherine Hoenk Fdn	1,942 00
Paige Walker & Iowa	Howard & Katherine Hoenk Fdn	1,942 00
Dusti Bitz & UNI	Howard & Katherine Hoenk Fdn	971 00
Candice Berte & ILCC	Howard & Katherine Hoenk Fdn	500.00
Rachel Hoskins & NIACC	Zach Purcell Fdn Fd Scholarship	1,000 00
Nyle Larson & Iowa	Howard & Katherine Hoenk Fdn	1,295 00
Luke Bell & SCO	Howard & Katherine Hoenk Fdn	3,884 00
McCane Arrowood & U of N IA	Jack Lindeman Education Scholar	250 00
Total Scholarships, Restricted		202,427.00
 Scholarships, Unrestricted		
Laura Terhark & Upper IA Univ	General Fund	750 00
Joey Schattschneider & ISU	General Fund	750 00
Katie Connick & S Dakota St U	General Fund	250 00
Amanda Bottjen & ISU	General Fund	750 00
Josh Hollinger & Northwestern College	General Fund	750 00
Taylor Norland & Simpson College	General Fund	750 00
Christine Johnson & UNI	General Fund	750.00
Courtney Westling & Wartburg	General Fund	750 00
LaSalle Bank	General Fund	1,118 25
Total Scholarships, Unrestricted		6,618 25
 TOTAL		 <u>209,045.25</u>