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EXTENDED TO FEBRUARY 16, 2016

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

<u>A</u>	For th	e 2014 calendar year, or tax year beginning JUL 1, 2014	and ending u	JUN 30,	2015	
В	Check if applicab	C Name of organization				tion number
	Addre	ess IOWA COLLEGE FOUNDATION				
	Name			1	42-07	45995
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephon	e number	
	Final		1034		(515)	<u> 282-0473</u>
	termi	City or town, state or province, country, and ZIP or foreign postal cod	e	G Gross receip	ts \$	3,507,113.
Ļ	Amen returr Appli	DES MOINES, IA 30309		H(a) Is this a	group retu	
L	tion pend:	P Name and address of principal officer. UACK UONES		for sub	ordinates?	Yes X No
_		SAME AS C ABOVE		H(b) Are all sut		
			(a)(1) or 52	⊣		t (see instructions)
		ite: ► WWW.IOWACOLLEGEFOUNDATION.ORG f organization: X Corporation Trust Association Other ►	I Voc	H(c) Group 6		number > State of legal domicile: IA
	art I	Summary	IL Teal	or iornation. 1	. 9 3 4 M 3	state of legal doffliche, LA
		Briefly describe the organization's mission or most significant activities SI	EE FORM	990, PAR	T III	, LINE 1
୍ଦ Governance						
ē	2	Check this box fithe organization discontinued its operations or c	disposed of mor	e than 25% of	its net asse	
වී ලැ	3	Number of voting members of the governing body (Part VI, line 1a)			3	55
	4	Number of independent voting members of the governing body (Part VI, line	•		4	55
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a) Total number of volunteers (estimate if necessary)	••		5	<u>4</u> 50
Activities & Go	6	Total unrelated business revenue from Part VIII, column (C), line 12	••		6	0.
ηŏ ©	l 'a	Not uprolated business taxable income from Form 900 Toling 14			7a 7b	0.
	 	THE Unrelated business taxable income from Form 990 THI BOXE VE		Prior Yea		Current Year
MAR Nanu	8	Contributions and grants (Part VIII, line 1h)		1,495,		1,492,236.
Σž	9	Program service revenue (Part VIII, line 2g) FEB 1 2 2016		617,		561,954.
evenue A	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	, [%] _		059.	198,571.
ЮŒ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			395.	26,845.
2018 8	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line	h2)	2,573,	193.	2,279,606.
Ð	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,643,	977.	1,795,028.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	_		0.	0.
Š	15	Salanes, other compensation, employee benefits (Part IX, column (A), lines 5	5-10)	441,		<u>387,771.</u>
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
Ë	b		5,863.	001	005	010 506
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	 -		007.	218,706.
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		<u>2,285,</u> 287,		<u>2,401,505.</u>
<u> </u>	19	Revenue less expenses Subtract line 18 from line 12	·	eginning of Curre		-121,899. End of Year
ets (20	Total assets (Part X, line 16)	<u> </u>	7,833,		7,318,375.
Ass	21	Total liabilities (Part X, line 26)	_		532.	368,950.
Net Assets or	22	Net assets or fund balances Subtract line 21 from line 20	.	7,407,		6,949,425.
P	art II	Signature Block	· · · · · · · · · · · · · · · · · · ·			0//2/2/2000
Und	der pena	alties of perjury, I declare that I have examined this return, including accompanying sch	nedules and stater	nents, and to the	best of my k	nowledge and belief, it is
true	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information	of which prepare	r has any knowle	dge.	
		Signature of officer		Date	2/5	12016
Sig	-	JACK JONES, PRESIDENT		Date	•	
He	re	Type or print name and title				
-		Print/Type preparer's name Preparer's signature	$\overline{}$	Date	Check	PTIN
Pai	đ	STEVE SCHWEIZER	~	2-4-16	d self-employed	P01238619
	parer	Firm's name DENMAN & COMPANY, LLP		Firm's		42-0794029
Use	Only	Firm's address 1601 22ND STREET, SUITE 400				
_		WEST DES MOINES, IA 50266-145	3	Phon	e no.515 -	-225-8400
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)				X Yes No
4320	001 11-0	D7-14 LHA For Paperwork Reduction Act Notice, see the separate inst	ructions.		120	Form 990 (2014)

Form	1990 (2014) IOWA COLLEGE FOUNDATION	<u>42-0745995</u>	Page 2
Pa	rt·III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission	<u>-</u>	
	THE FOUNDATION IS ORGANIZED TO FURTHER THE GROWTH AND D	EVELOPMENT O	F
	PRIVATE COLLEGES AND UNIVERSITIES OF HIGHER EDUCATION I		
	THE THE COURSE SEED OF THE COURT OF THE COUR	11 101111	
	Delth and the second		
2	Did the organization undertake any significant program services during the year which were not listed on		TT
	the prior Form 990 or 990-EZ?	∟iYes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	'	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	s measured by expenses	.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	ers, the total expenses, a	and
	revenue, if any, for each program service reported	•	
4a	(Code) (Expenses \$1,795,028. including grants of \$1,795,028.) (Rever	588.	799.)
	DISTRIBUTIONS OF CONTRIBUTIONS TO MEMBER COLLEGES AND U		
	DISTRIBUTIONS OF CONTRIBUTIONS TO MEMBER CONDEGES AND O	MIARKSIIIRS.	
			
	· · · · · · · · · · · · · · · · · · ·		
4b	(Code) (Expenses \$	rue \$)
	SPECIAL PROJECTS		
		· ·	
	<u></u>		
		 	
			
4c	(Code) (Expenses \$) (Rever	ıue \$)
	· · · · · · · · · · · · · · · · · · ·		
			·
4d	Other program services (Describe in Schedule O.)	,	
, 	(Expenses \$ including grants of \$) (Revenue \$	1	
40	Total program service expenses \(\) 1,797,057.		
46	T, 131, UJ1.		00 /== :::
43200: 11 - 07-		Form 9	90 (2014)

Form 990 (2014)

IOWA COLLEGE FOUNDATION
Part IV Checklist of Required Schedules

			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A .	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_ 5		X
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	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			!
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X		l i	
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		7.7	
	Schedule D, Parts XI and XII	12a	Х	
Đ	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 and XII is optional	401		v
12	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
13	Did the organization maintain an office, employees, or agents outside of the United States?	13		X
14a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		Λ
J	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	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140	-	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		_	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			990 (2014)

Form 990 (2014) IOWA COLLEGE FOUND
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	_ X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete			
	Schedule L, Part I	25b		_X_
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		_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? If "Yes," complete Schedule L, Part III	27		_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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X_
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u>X</u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_X_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	-	<u>X</u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			47
~ =	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			3.5
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	_	.,	
	Note. All Form 990 filers are required to complete Schedule O	38	<u>X</u>	
		Form	33U ((2014)

rai	Check of Cabadula Construing a response or note to any line in this Dark V			
	Check if Schedule O contains a response or note to any line in this Part V			<u>, L.</u>
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	4	İ	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Delta the number of Forms W-2G included in line 1a Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		,,	
_	(gambling) winnings to prize winners?	_1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a	4	٠	
Þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	-
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		1	٠,,
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	 	X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	_3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	1	X
D	If "Yes," enter the name of the foreign country	-		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	1_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	-	X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>	 	
oa	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 as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a	-	X
D	were not tax deductible?	ا در		
7	Organizations that may receive deductible contributions under section 170(c).	6b		
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	7 7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		12
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10	<u> </u>	
•	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	1,0		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	1	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C		_	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			ŀ
а	Gross income from members or shareholders	_		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	_		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>	ļ	ļ
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	ļ	ļ
	Note. See the instructions for additional information the organization must report on Schedule O.			
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	_		
	Enter the amount of reserves on hand	+-	<u> </u>	ļ. <u></u>
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	<u></u>
		Form	1990	(2014)

IOWA COLLEGE FOUNDATION 42-0745995 Form 990 (2014) 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 or note to any line in this Part VI Section A. Governing Body and Management No Yes 55 1a Enter the number of voting members of the governing body at the end of the tax year 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 55 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 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? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 7a 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? X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body? 8a Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a 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? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Х 12c 13 Did the organization have a written whistleblower policy? X 13 Did the organization have a written document retention and destruction policy? 14 14 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? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Х 16a 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 take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Own website Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records. JACK JONES - 515-282-0473 505 5TH AVENUE, DES MOINES 50309

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) Name and Title	(B) Average			Pos				(D) Reportable	(E) Reportable	(F) Estimated
	hours per	box	not c	ss pe	rson	ıs bot	h an	compensation	compensation	amount of
	week (list any	-	cer an	id a d				from the	from related organizations	other compensation
	hours for related organizations	Individual trustee or director	Institutional trustee		oyee	Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related
	below line)	Individua	Institution	Officer	Key employee	Highest c emptoyee	Former			organizations
(1) MICHAEL HELAK	1.00	ļ								
CHAIR		X		X	<u> </u>	 		0.	0.	0 .
(2) JOANNE BURROWS	1.00								_	
VICE-CHAIR		X	<u> </u>	X	_			0.	0.	0.
(3) DARREL COLSON	1.00	ا								
SECRETARY		X	<u> </u>	X		<u> </u>		0.	0.	0.
(4) CHRISTINE TERHARK	1.00			37					0	•
TREASURER	1.00	X		X	-			0.	0.	0 .
(5) JUDY RALSTON-HANSEN	1.00	x		х				0.	0.	^
PAST-CHAIR (6) JAMES COLLINS	1.00	₽		Λ.	├─			0.	U.	0.
MEMBER	1.00	X						o.	0.	0 .
(7) SCOTT LEISINGER	1.00								- 0.	
MEMBER	2100	x		l	ŀ			0.	0.	0.
(8) FREDERICK MOORE	1.00									
MEMBER		X						0.	0.	0
(9) MARK PUTNAM	1.00									
MEMBER		X					_	0.	0.	0 .
(10) DAVID MCINALLY	1.00									
MEMBER		X						0.	0.	0
(11) JONATHAN BRAND	1.00							1		
MEMBER		X	_					0.	0.	0 .
(12) ERIK HOEKSTRA	1.00									_
MEMBER	1 00	X	<u> </u>	_				0.	0.	0 .
(13) LARRY TAYLOR	1.00								•	
MEMBER	1 00	X	<u> </u>		_	\vdash		0.	0.	0.
(14) JOHN SELLARS	1.00	Ţ						١	•	•
MEMBER	1.00	X	\vdash			\vdash		0.	0.	0
(15) KENT HENNING	1.00	X						0.	0.	^
MEMBER (16) RAYNARD KINGTON	1.00	^	-	\vdash	 	\vdash		· · · · · · · · · · · · · · · · · · ·	0.1	0.
MEMBER	1.00	x						0.	0.	0
(17) STEVEN TITUS	1.00	 ^			\vdash	\vdash		0.		
MEMBER	1.50	х						0.	0.	0

432007 11-07-14

Form 990 (2014)

Part VII Section A. Officers, Directors, Trus		ploy	/ees			ighe	st	Compensated Employe	es (continued)			
(A)	(B)			Pos	C)			(D)	(E)		(F)	
Name and title	Average hours per		not c	check	more	than			Reportable	- 1	stimate	
	week		c, unle icer ar						compensation from related	•	amount of other	Эĭ
	(list any	Į.					Γ	the	organizations	CO	mpensa	tion
	hours for	trustee or director				8		organization	(W-2/1099-MISC)		from the	
	related	tee	ustee			ensal		(W-2/1099-MISC)		or	ganızatı	ion
	organizations	i i	Institutional trustee		Key employee	Highest compensated employee					nd relate	
	below	Individual	ttotlo	Officer	e d	ploye	Former			or	ganızatıc	วทธ
<u> </u>	line)	I≅	Ē	동	S.	₹5	2					
(18) PAULA CARLSON	1.00								,			^
MEMBER	1 00	X		\vdash		-	┢	0.	0	•		0.
(19) JOHN REYNDERS	1.00	₩.						0.	,	1		0
MEMBER	1.00	X	-	\vdash		-		· · · · · · · · · · · · · · · · · · ·	0	•		0.
(20) LAURIE HAMEN	1.00	X						0.	o			0
MEMBER	1.00	┢			 	╁		<u> </u>	U	•		0.
(21) GREGORY CHRISTY	1.00	X						0.	o			0.
MEMBER	1.00	^	-	\vdash	 	╁	H	<u> </u>		•		<u> </u>
(22) JOAN LESCINSKI MEMBER	1.00	X						0.	o			0.
(23) JAY SIMMONS	1.00	^	╁╴	H	-	┢	 			•		<u> </u>
MEMBER	1.00	X						0.	0			0.
(24) JEFFREY BULLOCK	1.00	<u> </u>	-	H		_	┢╌	+	<u> </u>	•		<u> </u>
MEMBER	1.00	x						0.	0			0.
(25) WILLIAM DUFFY II	1.00					<u> </u>		 	•	+-		
MEMBER	1	x						0.	0			0.
(26) JOHN OTTOSSON	1.00	f								1		
MEMBER		X						0.	0			0.
1b Sub-total	•						▶	0.	0			0.
c Total from continuation sheets to Part V	II, Section A						•	229,092.	0	. !	52,72	
d Total (add lines 1b and 1c)								229,092.	0		52,72	
2 Total number of individuals (including but r	not limited to th	nose	liste	ed al	bove	e) wi	ho i	received more than \$100	,000 of reportable			
compensation from the organization												1
											Yes	No
3 Did the organization list any former officer,	director, or tru	uste	e, ke	y en	nplo	yee	, or	highest compensated e	mployee on			
line 1a? If "Yes," complete Schedule J for s	such individual							•		3		X
4 For any individual listed on line 1a, is the si	um of reportab	le co	omp	ensa	atior	n and	d of	ther compensation from	the organization		1 1	
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J	for such individual	••	4	X	
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion f	rom	any	unr/	ela	ted organization or indiv	dual for services			
rendered to the organization? If "Yes," con	plete Schedul	e <i>J f</i>	or su	JCh J	pers	son				5		<u> </u>
Section B. Independent Contractors												
Complete this table for your five highest co	•								•	nsation	from	
the organization Report compensation for	the calendar y	ear	endi	ng w	vrth	or w	ıthı		year			
(A) Name and business	address	37/	NATT	3				(B) Description of s	envices		(C) ensatior	n
Traine and business	- 444103	14(INC	7				Description or s	10171003	Comp		<u> </u>
	· ·				-							
										<u> </u>		
2 Total number of independent contractors (including but n	ot li	mite	d to	tho	se lu	ste	d above) who received m	ore than			
\$100,000 of compensation from the organi	zation 🕨				(0						
SEE PART VII, SECTION	N A CON	rii	NUZ	\T]	[0]	N S	SH	EETS		Form	n 990 (2	2014)

Part VII Section A. Officers, Directors, Tr	1	mple	oyee			ligh	est			
(A) Name and title	(B) Average hours	(c	heck	Pos	c) ition that		oly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) JAMES AIPPERSPACH MEMBER	1.00	x						0.	0.	0
(28) R. RICHARD BITTNER MEMBER	1.00	X						0.	0.	0
(29) STEVEN BRADFORD MEMBER	1.00	x						0.	0.	0
(30) KRISTI BURMA MEMBER	1.00	x						0.	0.	0
(31) BENJAMIN COX MEMBER	1.00	x						0.	0.	0
(32) DONALD DOUDNA MEMBER	1.00	X						0.	0.	0
(33) EARL MARTIN MEMBER	1.00	X			-			0.	0.	0
(34) TONY GOLOBIC	1.00	X						0.	0.	0
MEMBER (35) SUSAN HAACK	1.00	X						0.	0.	
MEMBER (36) KENT HALL	1.00	X						0.	0.	0
MEMBER (37) RICHARD HARTIG MEMBER	1.00	X						0.	0.	0
(38) NICK HENDERSON MEMBER	1.00	x						0.	0.	0
(39) GAGE KENT MEMBER	1.00	X						0.	0.	0
(40) ROB MCDONALD MEMBER	1.00							0.	0.	0
(41) DAVID MCNEILL	1.00	x						0.	0.	0
(42) JOHN SMITH	1.00	X						0.	0.	0
(43) RANDY RAMLO	1.00	X						0.	0.	0
(44) MARTI RODAMAKER	1.00	x						0.	0.	
MEMBER (45) ANGELA SANDERS	1.00	X						0.	0.	0
MEMBER (46) NICHOLAS SCHRUP III	1.00	X						0.	0.	0

Form 990 IOWA COL								_ <u>.</u>	42-074	5995
Part VII Section A. Officers, Directors, Tre	ustees, Key Eı	mple	oyee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per	(cl		Pos all t			ly)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(47) THOMAS STANBERRY MEMBER	1.00	x						0.	0.	0
(48) JOHN STAVNES	1.00	x						0.	0.	0
(49) DREW VOGEL	1.00	х						0.	0.	0
50) PETER VOORHEES	1.00	x						0.	0.	0
(51) RICHARD WALLER	1.00	x						0.	0.	0
52) DOUGLAS YATES	1.00	х						0.	0.	0
53) CHARESE YANNEY EMBER	1.00	x						0.	0.	0
54) KIRK TYLER	1.00	x						0.	0.	0
55) BEVERLY WHARTON	1.00	X						0.	0.	0
56) JACK JONES PRESIDENT	40.00			х				229,092.	0.	52,725
RESIDENT							-	225,052.		<u> </u>
_										
Fotal to Part VII, Section A, line 1c								229,092.		52,725

	I f. AI	Check if Schedule O cont		e or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1 a	a Federated campaigns	1a					
our Par	t	Membership dues	. 1b					
Am,	c	c Fundraising events	. 1c					
a git	c	d Related organizations	1d			ŀ		
ž į	e	e Government grants (contribut	tions) 1e					
ξ'n	f	f All other contributions, gifts, gran	nts, and					
ğ		sımılar amounts not ıncluded abo	ve 1f	1,492,236.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	s 1a-1f \$					
<u>8 0</u>	h	Total. Add lines 1a-1f			1,492,236,			
				Business Code				
je		ASSESSMENTS		900099	561,954.	561,954.		
le el	b							
E E	C	_						
Ba	C						•	
Program Service Revenue	e							
	1	All other program service reverse Total. Add lines 2a-2f	enue		561 954			
\rightarrow	3	Investment income (including	dividends, inter		201,334.			
	_	other similar amounts)	,	•	125,997.			125,997.
	4	Income from investment of ta	x-exempt bond	proceeds >	,			
	5	Royalties	•	_ _ [
			(i) Real	(ii) Personal				
i	6 a	a Gross rents						
ŀ	b	Less: rental expenses						
	c	Rental income or (loss)						
	d	d Net rental income or (loss)		•				
	7 a	Gross amount from sales of	(i) Securities	(ıi) Other				
		assets other than inventory	1,300,081					
	b	Less: cost or other basis						
l		and sales expenses	1,227,507					
ĺ		Gain or (loss)	72,574					
ŀ		Net gain or (loss)			72,574.			72,574.
e l	8 a	Gross income from fundraisin	•					
Ven		including \$						1
Be		contributions reported on line	•					
Other Revenue		Part IV, line 18	a					
ŏ		 Less: direct expenses Net income or (loss) from fund 	t	, L				
		· ·	•					
	J a	 Gross income from gaming as Part IV, line 19 				į		
:	L	Less: direct expenses	a					
i		Net income or (loss) from garr		'				
l		Gross sales of inventory, less	=					
ĺ	.U d	and allowances		.				
	ь	Less: cost of goods sold						
		Net income or (loss) from sale		•				
Ì		Miscellaneous Revenu		Business Code				
ľ	11 a	MISCELLANEOUS		900099	26,845,	26 845		
	b	•						
	c	>						
	d	All other revenue						
	е	Total. Add lines 11a-11d		▶	26,845,			
43200	12	Total revenue. See instructions.			2,279,606.	588 799	0	198 571

Form 990 (2014) IOWA COLLEGE FOUNDATION Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respor			mplete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,795,028.	1,795,028.	<u> </u>	
2	Grants and other assistance to domestic	1,133,020.	1,793,020.		
2	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
J	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			-	
5	Compensation of current officers, directors,	,			
Ŭ	trustees, and key employees	278,340.		139,170.	139,170
6	Compensation not included above, to disqualified	27075101		133/1101	133,110
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	74,888.		37,444.	37,444.
8	Pension plan accruals and contributions (include				<u> </u>
•	section 401(k) and 403(b) employer contributions)	8,636.		4,318.	4.318.
9	Other employee benefits	8,769.		4,385.	4,318. 4,384.
10	Payroll taxes	17,138.	· · · · · · · · · · · · · · · · · · ·	8,569.	8,569.
11	Fees for services (non-employees):		-	0,3031	0,505.
а	Management				
b	Legal				
C	Accounting	14,220.		14,220.	•
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	52,563.		52,563.	
g	Other (If line 11g amount exceeds 10% of line 25,	/		<u> </u>	
ŭ	column (A) amount, list line 11g expenses on Sch O.)	7,646.		1,146.	6,500.
12	Advertising and promotion				
13	Office expenses	3,584.		1,792.	1,792.
14	Information technology				<u> </u>
15	Royalties				
16	Occupancy .	17,056.		8,528.	8,528.
17	Travel	33,942.			33,942.
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	2,880.		1,440.	1,440.
23	Insurance	9,193.		4,596.	4,597.
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 0.)				
а	PRINTING & PUBLICATIONS	17,719.		8,860.	8,859.
b	MEMBERSHIPS	17,013.		8,506.	8,507.
С	VEHICLE	14,885.			14,885.
d	EQUIPMENT RENTAL & MAIN	11,336.		5,668.	5,668.
е	All other expenses	16,669.	2,029.	7,380.	7,260.
25	Total functional expenses. Add lines 1 through 24e	2,401,505.	1,797,057.	308,585.	295,863.
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 I if following SOP 98-2 (ASC 958-720)				-

Part		Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing .	1,241,321.	1	1,191,713.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	10,000.	3	15,000
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined und	er		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contribut	ing		
		employers and sponsoring organizations of section 501(c)(9) voluntary			
<u>ب</u>		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
₹	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	24,302.	9	23,979
1	10a	Land, buildings, and equipment: cost or other			
		basis Complete Part VI of Schedule D 10a 38,87	7.	1 1	
	b	Less accumulated depreciation 10b 31,21	0. 10,547.	10c	7,667
1	11	Investments - publicly traded securities		11	
1	12	Investments - other securities See Part IV, line 11	6,547,615.	12	6,080,016
1	13	Investments - program-related See Part IV, line 11		13	
1	14	Intangible assets		14	
1	15	Other assets. See Part IV, line 11		15	
_ [1	16	Total assets. Add lines 1 through 15 (must equal line 34)	7,833,785.	16	7,318,375
1	17	Accounts payable and accrued expenses	27,805.	17	28,588
1	18	Grants payable .	398,727.	18	340,362
1	19	Deferred revenue		19	
2	20	Tax-exempt bond liabilities		20	
2	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
တ္က 2	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
<u>ā</u>		Complete Part II of Schedule L		22	
- ₂	23	Secured mortgages and notes payable to unrelated third parties		23	
2	24	Unsecured notes and loans payable to unrelated third parties		24	
2	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	
2	26	Total liabilities. Add lines 17 through 25	426,532.	26	368,950.
		Organizations that follow SFAS 117 (ASC 958), check here X and	d		
မွ		complete lines 27 through 29, and lines 33 and 34.			
Net Assets or Fund Balances	27	Unrestricted net assets .	1,305,736.		1,322,903.
<u>ğ</u> 2	28	Temporanly restricted net assets	1,785,800.	28	2,122,575.
ğ 2	29	Permanently restricted net assets	4,315,717.	29	3,503,947.
호		Organizations that do not follow SFAS 117 (ASC 958), check here	J		
5		and complete lines 30 through 34.			
ets 3	30	Capital stock or trust principal, or current funds		_30	
SS 3	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
g 3	32	Retained earnings, endowment, accumulated income, or other funds		32	
z 3	33	Total net assets or fund balances	7,407,253.	33	6,949,425.
3	34	Total liabilities and net assets/fund balances	7,833,785.	34	7,318,375.

Form 990 (2014)

	990 (2014) IOWA COLLEGE FOUNDATION	42-07	<u>45995</u>	Pag	e 12
Pa	rt·XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	<u>2,279</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,401	.,50	<u>)5.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	-121		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,407	, 25	<u>53.</u>
5	Net unrealized gains (losses) on investments	5	-335	92	<u> 29.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	6,949	,42	25.
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		İ	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis			1	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a	J	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form 9	90 (2	2014)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

2014

Open to Public Inspection

Name of the organization

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

m990. Inspection
Employer identification number

			COLLEGE F					4	2-0745995
Pai	rt I	Reason for Public	Charity Status (All organizations must c	omplete th	ıs part) Se	ee instructions	•	
The c	organi	zation is not a private found	ation because it is (For lines 1 through 11, o	heck only	one box)			
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(1)(A)(i).		
2		A school described in secti							
3		A hospital or a cooperative	hospital service orga	anization described in s	ection 170	(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospita	described	ın sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						•	
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental ur	nt describ	ped in
		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local go	•	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma						e general	public described in
		section 170(b)(1)(A)(vi). (C	•		3			•	•
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)				
9		An organization that norma	• • •			contributi	ons. memberst	no fees. a	nd gross receipts from
		activities related to its exen	• • • •	•	•			•	•
		income and unrelated busin	•	•					•
		See section 509(a)(2). (Cor		(**************************************					
10		An organization organized a	•	ively to test for public sa	ıfetv. See :	section 50)9(a)(4).		
11		An organization organized a						TV out the	purposes of one or
		more publicly supported or	•	•	-			-	•
		lines 11a through 11d that	-						
а		Type I. A supporting orga	• •			•		-	giving
		the supported organization	•	•	• .				
		organization. You must o	* * * *						., 5
b		Type II. A supporting org	•		tion with it	s support	ed organization	n(s), by ha	ving
		control or management o	•				-		-
		organization(s) You mus			•				•
С		Type III functionally inte	• .		ın connec	tion with, a	and functional	y integrate	ed with,
		its supported organization	T					, ,	
d		Type III non-functionally	integrated. A supp	orting organization opei	ated in co	nnection v	with its support	ed organı	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sa	tisfy a dist	nbution re	quirement and	an attent	iveness
		requirement (see instruct	ons) You must con	nplete Part IV, Sections	s A and D,	and Part	V.		
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type I	l, Type III	
		functionally integrated, or	Type III non-functio	nally integrated support	ıng organı	zation			
f	Ente	r the number of supported o	organizations						
g	Prov	ide the following information	about the supporte	ed organization(s).					
	(i	Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the o	rganızatıon n your	l .		(vi) Amount of
		organization		(described on lines 1-9 above or IRC section	governing	document?	support (other support (see
				(see instructions))	Yes	No	Instruction	1115)	Instructions)
		,							
									
					_				
_									
ota					L				<u> </u>

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Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014 IOWA COLLEGE FOUNDATION 42-07459

[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)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants.")	2210363.	2207068.	1844305.	2112739.	2054190.	10428665.
2	Tax revenues levied for the organ-						
	zation'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	2210363.	2207068.	1844305.	2112739.	2054190.	10428665.
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,		Ì				
	column (f)						<u>1569869.</u>
	Public support. Subtract line 5 from line 4		<u> </u>				<u>8858796.</u>
	ction B. Total Support	T T			 -		
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
-	Amounts from line 4	2210363.	2207068.	1844305.	2112739.	2054190.	10428665.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	51 416	102 065	166 664	164 000	105 005	650 000
	and income from similar sources	71,416.	123,867.	166,664.	164,939.	125,997.	652,883.
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 VI)						11001540
	Total support. Add lines 7 through 10						11081548.
	Gross receipts from related activities,	-	•	d formula or 6645 to	ا	12	
13	First five years. If the Form 990 is for organization, check this box and stop	•	ilist, second, tilli	J, IOUTHI, OF INHII LA	ix year as a section	1 50 1(0)(3)	
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2014 (I			olumn (fl)	_	14	79.94 %
	Public support percentage from 2013		•	olariar (ijj	• •	15	78.11 %
	33 1/3% support test - 2014. If the c	•	•	line 13, and line	ı 14 ıs 33 1/3% or m		
	stop here. The organization qualifies						. > X
b	33 1/3% support test - 2013. If the c		-		line 15 is 33 1/3%	or more, check th	
_	and stop here. The organization qual	•		,		, -	
17a	10% -facts-and-circumstances tes	•		• •	13, 16a, or 16b, a	nd line 14 is 10%	or more,
_	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			•			
b	10% -facts-and-circumstances tes	-	· ·			7a, and line 15 is	10% or
	more, and if the organization meets th	~					
	organization meets the "facts-and-circ				•		▶□
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instruction	s ▶ □
					Sche	dule A (Form 990	or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 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	slow, please com	pioto r art v.j	-			
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and					1	
membership fees received (Do not						
include any "unusual grants ")						
2 Gross receipts from admissions,						
merchandise sold or services per-			:			
formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-					1	
ization'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					j	
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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					ì	
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 VI) 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, thu	d. fourth, or fifth ta	ax vear as a section	on 501(c)(3) organiz	ation
check this box and stop here			-, , -,	,	oo . (o,(o) o.ga	▶ □
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2014 (li			column (f))		15	%
16 Public support percentage from 2013	• • • • • • • • • • • • • • • • • • • •	•	(7)	••	16	
Section D. Computation of Inves			<u>··</u> · ·	<u> </u>	<u> </u>	
17 Investment income percentage for 20		_ _	ne 13, column (f))		17	%
18 Investment income percentage from 2	•	• • • • • • • • • • • • • • • • • • • •		• • •	18	
19a 33 1/3% support tests - 2014. If the			 on line 14, and line	15 is more than	·	
more than 33 1/3%, check this box an						▶ □
b 33 1/3% support tests - 2013. If the				-		
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization		-			-	

432023 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I if you checked 11a of Part I, complete Sections A and B if you checked 11b of Part I, complete Sections A and C if you checked 11c of Part I, complete Sections A D and E if you checked 11d of Part I, complete Sections A and D, and complete Part V)

	Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V.)			
Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation If historic and continuing relationship, explain	1_1_		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	1		
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b	<u>.</u>	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
_	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination			
Ŭ	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
50	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
Ja	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5 0		
_	Type I or Type II only. Was any added or substituted supported organization part of a class already	5a		
U		- EL		
_	designated in the organization's organizing document?	5b		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (c) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
_	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent	_ '		
_	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
_	If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	_		
_	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
þ	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting]		
	organizations)? If "Yes," answer (b) below.	10a	 	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	10b	<u>[</u>	

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of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Schedule A (Form 990 or 990-EZ) 2014

instructions)

Schedule A (Form 990 or 990-EZ) 2014

b

d Excess from 2013 e Excess from 2014

edule A (Fo	rm 990 or 990 EZ	2014 IOWA (COPPEGE	FOUNDATI	.UN_		42-0745995 Pa
rt.VI Sı	upplemental l	Information. P	rovide the expla	anations require	d by Part II, line 10), Part II, line 17a o	r 17b; and Part III, line 12
Als	so complete this p	part for any addition	nal information	ı. (See instruction	ns).		
				_			
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SCHEDULE D

Department of the Treasury

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

Employer identification number

	IOWA COLLEGE FOUND		42-0745995
Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised t	funds
5	are the organization's property, subject to the organization's		Yes No
_		_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose con	
Par	impermissible private benefit?		Yes No
			iv, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or	·	
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic st	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the org	ganization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	rt holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, and enforcing conservation easements durin	g the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the	year ► \$
8	Does each conservation easement reported on line 2(d) abo		<u></u>
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	tion easements in its revenue and expense sta	atement, and balance sheet, and
•	include, if applicable, the text of the footnote to the organiza		
	conservation easements		
Pai	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue statemen	t and balance sheet works of art,
	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descri		,
h	If the organization elected, as permitted under SFAS 116 (A		d balance sheet works of art, historical
-	treasures, or other similar assets held for public exhibition, e	· · · · · · · · · · · · · · · · · · ·	
		dudation, or resource in tartiferation of public	co, vice, provide and reading amounts
	relating to these items (i) Povenue included in Form 990, Part VIII, line 1		> \$
	(i) Revenue included in Form 990, Part VIII, line 1		5
_	(ii) Assets included in Form 990, Part X		. • \$
2	If the organization received or held works of art, historical tre		iiri, provide
	the following amounts required to be reported under SFAS	i io (ASC 938) relating to these items:	.
a			• \$
b	Assets included in Form 990, Part X		> \$

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Schedule D (Form 990) 2014

		LLEGE FOUN	DATION			- 4	<u> 42-07</u>	<u> 4599</u>	5 Pag	<u>e 2</u>
Pai	rt III Organizations Maintaining C	collections of A	rt, Historical Tr	easures, or	Other	Simila	ar Asse	ts(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that a	ire a sign	ificant i	use of its	collection	ı ıtems	
	(check all that apply)									
а	Public exhibition	d	Loan or exc	hange program:	s					
b	Scholarly research	е	Other_							
С	Preservation for future generations			,						
4	Provide a description of the organization's co	ollections and explai	n how they further t	he organization	's exemp	t purpo	se in Parl	ı IIIX ı		
5	During the year, did the organization solicit of	r receive donations	of art, historical trea	sures, or other s	sımılar as	ssets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's c	ollection?				Yes		No_
Pa	rt IV Escrow and Custodial Arran	gements. Comple	ete if the organization	on answered "Ye	es" to Fo	rm 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	an or other intermed	liary for contribution	ns or other asset	ts not inc	cluded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:							
			-					Amount		_
С	Beginning balance					1c				
d	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance			_		1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow or c	ustodial accoun	t liability	?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.				•					
	rt V Endowment Funds. Complete r									
		(a) Current year	(b) Prior year	(c) Two years b	ack (d)	Three y	ears back	(e) Four	years ba	ıck
1a	Beginning of year balance	6,547,615.	5,801,755,	5,355,7			70,415.	4.	595,8	21.
b	Contributions	0.	110,734,				26,000.		319,19	
С	Net investment earnings, gains, and losses	-190,499.	959,626,				89.443.		680 5	
d	Grants or scholarships	277 100.	324,500,				51,190.		125,1	
е	Other expenditures for facilities						,			
	and programs							İ		
f	Administrative expenses							·	-	
g	End of year balance	6,080,016.	6.547.615,	5,801,7	755	5 3	55,782.	5	470.4	15
2	Provide the estimated percentage of the curr									
а	Board designated or quasi-endowment	12.49	%	•						
b	Permanent endowment ► 57.63	%								
c	Temporarily restricted endowment ▶ 2	9.88 %								
	The percentages in lines 2a, 2b, and 2c shou									
За	Are there endowment funds not in the posse	•	ation that are held a	and administered	d for the	organiz	ation			
	by					J		Γ	Yes N	No
	(i) unrelated organizations							3a(i)		X
	(ii) related organizations	•						3a(ii)		X
ь	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?					3b		_
4	Describe in Part XIII the intended uses of the	•		•			•			
Pai	rt VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" to Form 990	, Part IV, line 11a S	See Form 990, Pa	art X, line	e 10				
	Description of property	(a) Cost or o	T		(c) Accu		d	(d) Book	value	
	,	basis (investr	, , ,	(other)		ciation		\- /		
1a	Land									
	Buildings									
c	Leasehold improvements									_
_	Equipment		3	8,877.	3	1,2	10.		7,66	$\overline{7}$.
	Other			- * 						<u> </u>
	I. Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part	X, column (B), line	10c.)			>	7	7,66	$\overline{7}$.

Schedule D (Form 990) 2014

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2014

(8) (9)

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

Pai	Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue per R	etum).
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total revenue, gains, and other support per audited financial statements			1,891,114.
1	, , ,		1	1,031,114.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	$ _{2a} _{-335,929}$.		
a	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities	2b		
C	Recovenes of pnor year grants	2c -52,563.		
d	Other (Describe in Part XIII)	2d = -52,563.	_	200 402
e	Add lines 2a through 2d	-	2e	$\frac{-388,492.}{2,279,606.}$
3	Subtract line 2e from line 1	•	3	4,413,000.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 4-1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		0
ç	Add lines 4a and 4b		4c	0. 2,279,606.
Pai	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) † XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses per		
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	2,348,942.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c	1	
d	Other (Describe in Part XIII)	2d		
_	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	2,348,942.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	•		
· a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b 52,563.		
	Add lines 4a and 4b	32/3333	4c	52,563.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	2,401,505.
	t XIII Supplemental Information.			2,101,000.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional complete the part to provide any additional complete the part to provide any additional complete the part to provide any additional complete the part to provide any additional complete the part to provide any additional complete the part III, lines 2d and 4b. Also complete the part to provide any additional complete the part III, lines 2d and 4b. Also complete the part III, lines 2d and 4b. Also complete the part III, lines 2d and 4b. Also complete the part to provide any additional complete the part III, lines 2d and 4b. Also complete the part to provide any additional complete the part III, lines 2d and 4b. Also complete the part to provide any additional complete the part III, lines 2d and 4b. Also complete the part to provide any additional complete the part III, lines 2d and 4b. Also complete the part to provide any additional complete the part to provide any additional complete the part to provide any additional complete the part to provide any additional complete the part to part t		1; Part	X, line 2, Part XI,
PAI	RT V, LINE 4:			
THE	FOUNDATION'S ENDOWMENT FUND CONSISTS PRIM	MARILY OF INVEST	MEN'	rs to
PRO	OVIDE A SOURCE OF LONG TERM INCOME TO BE US	ED TO FUND FUTU	RE	
SCI	IOLARSHIPS FOR COLLEGE STUDENTS.			
PAI	RT X, LINE 2:			
THE	FOUNDATION IS EXEMPT FROM FEDERAL INCOME	TAXES UNDER SEC	TIOI	N 501(C)(3)
OF	THE INTERNAL REVENUE CODE AND, ACCORDINGLY	, NO PROVISION	FOR	INCOME
TAX	KES HAS BEEN MADE.			
	COUNTING PRINCIPLES GENERALLY ACCEPTED IN T	HE INTTED STATE	S 01	F AMERICA
		_		
43205 10-01-				ATION AND lule D (Form 990) 2014

Schedule D (Form 990) 2014 IOWA COLLEGE FOUNDATION

42-0745995 Page 4

SCHEDULE 1 (Form 990) Name of the organization

Department of the Treasury

Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Information about Schedule | (Form 990) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047

Attach to Form 990.

Open to Public 2014 Inspection Employer identification number

35. 2 42-0745995 (h) Purpose of grant PROVIDE SCHOLARSHIPS ROVIDE SCHOLARSHIPS ROVIDE SCHOLARSHIPS PROVIDE SCHOLARSHIPS ROVIDE SCHOLARSHIPS PROVIDE SCHOLARSHIPS or assistance X Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete of the organization answered "Yes" to Form 990, Part IV, line 21, for any 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (d) Amount of 54 289 49,007 52,717 55,902 65,446 50,575 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(c)(3) 42-0680335 501(C)(3) IOWA COLLEGE FOUNDATION Enter total number of other organizations listed in the line 1 table 42-0707124 42-0680404 42-0680344 42-0686467 42-0680408 General Information on Grants and Assistance (b) EIN critena used to award the grants or assistance? 1 (a) Name and address of organization or government BRIAR CLIFF UNIVERSITY BUENA VISTA UNIVERSITY CEDAR RAPIDS, IA 52402 812 UNIVERSITY STREET SIOUX CITY, IA 51103 STORM LAKE, IA 50588 3303 REBECCA STREET MT VERNON, IA 52314 1550 CLARKE DRIVE 600 1ST STREET SW CLARKE UNIVERSITY DUBUQUE, IA 52001 610 W 4TH STREET CENTRAL COLLEGE PELLA IA 50219 1220 1ST AVE NE CORNELL COLLEGE COE COLLEGE Part I PartI

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

Schedule I (Form 990) (2014)

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Schedule (Form 990) IOWA COLLEGE FOUNDATION	EGE FOUND	ATION				4	42-0745995 Page 1	
Part II Continuation of Grants and Other Assistance to Governments and	Assistance to Go	vernments and Organ	izations in the Ur	nited States (Sche	Organizations in the United States (Schedule I (Form 990), Part II.)			
(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	
DORDT COLLEGE 498 4TH AVE NE								
SIOUX CENTER, IA 51250	42-0772559 501(C)(3)	501(C)(3)	61,427.	0			PROVIDE SCHOLARSHIPS	
DRAKE UNIVERSITY								
2507 UNIVERSITY AVE DES MOINES, IA 50311	42-0680460	501(C)(3)	80,345,	0			PROVIDE SCHOLARSHIPS	
GRACELAND UNIVERSITY								

1 UNIVERSITY PLACE

LAMONI, IA 50140	42-0707114	501(C)(3)	42,579.	0	PROVIDE SCHOLARSHIPS
GRAND VIEW UNIVERSITY 1200 GRANDVIEW AVE DES MOINES, IA 50316	42-0681049	501(C)(3)	73,566,	0	PROVIDE SCHOLARSHIPS
GRINNELL COLLEGE 733 BROAD STREET GRINNELL, IA 50112	42-0680387	501(C)(3)	50,594,	0	PROVIDE SCHOLARSHIPS
IOWA WESLEYAN COLLEGE 601 N MAIN STREET MT PLEASANT, IA 52641	42-0680332	501(C)(3)	40,778,	0	 PROVIDE SCHOLARSHIPS
LORAS COLLEGE 1450 ALTA VISTA STREET DUBUQUE, IA 52001	42-0680412	501(C)(3)	66.072.	0	PROVIDE SCHOLARSHIPS
LUTHER COLLEGE 700 COLLEGE DR DECORAH, IA 52101	42-0680466	501(C)(3)	81,605,	0	PROVIDE SCHOLARSHIPS
MORNINGSIDE COLLEGE 1501 MORNINGSIDE AVE SIOUX CITY, IA 51106	42-0680400	501(C)(3)	83,748,	0	PROVIDE SCHOLARSHIPS
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Schedule I (Form 990) IOWA COLLEGE FOUNDATION	COLLEGE FOUNDATION	ATION	1 0 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	Chool Cohol	Cohody In the I Literal Charles (Cahody In 1 / Cam 000) Date 1		42-0745995 Page 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
MOUNT MERCY COLLEGE 1330 ELMHURST DR NE CEDAR RAPIDS, IA 52402	42-0681046	501(C)(3)	55, 596,	0			PROVIDE SCHOLARSHIPS
NORTHWESTERN COLLEGE 101 7TH ST SW ORANGE CITY, IA 51041	42-0698196	501(C)(3)	67,189,	*0			PROVIDE SCHOLARSHIPS
ST. AMBROSE UNIVERSITY 518 WEST LOCUST STREET DAVENPORT, IA 52803	42-0703280	501(C)(3)	68,139,	0			PROVIDE SCHOLARSHIPS
SIMPSON COLLEGE 701 NORTH C STREET INDIANOLA, IA 50125	42-0680389	501(C)(3)	79,040,	0			PROVIDE SCHOLARSHIPS
UNIVERSITY OF DUBUQUE 2000 UNIVERSITY AVE DUBUQUE, IA 52001	42-0680323	501(C)(3)	84,126,	0		:	PROVIDE SCHOLARSHIPS
UPPER IOWA UNIVERSITY 605 WASHINGTON STREET FAYETTE, IA 52142	42-0680372	501(C)(3)	49,378,	0			PROVIDE SCHOLARSHIPS
WARTBURG COLLEGE 100 WARTBURG BLVD WAVERLY, IA 50677	42-0680351	501(C)(3)	83,735	0			PROVIDE SCHOLARSHIPS
WILLIAM PENN UNIVERSITY 201 W TRUEBLOOD AVE OSKALOOSA, IA 52577	42-0707120	501(C)(3)	46,625,	0			PROVIDE SCHOLARSHIPS
CREICHTON UNIVERSITY 2500 CALIFORNIA PLAZA OMAHA, NE 68178	47-0376583	501(C)(3)	16,000,	0			PROVIDE SCHOLARSHIPS Schedule I (Form 990)
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Schedule I (Form 990) IOWA COLLEGE FOUNDATION Part II Continuation of Grants and Other Assistance to Governments and	EGE FOUNI Assistance to Go	FOUNDATION nce to Governments and Organ	nizations in the U	nited States (Scho	Organizations in the United States (Schedule I (Form 990), Part II)		42-0745995 Page 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
DES MOINES AREA COMMUNITY COLLEGE 2006 S ANKENY BLVD ANKENY, IA 50023	42-0926354	115	20,550,	0			PROVIDE SCHOLARSHIPS
IOWA STATE UNIVERSITY 2229 LINCOLN WAY AMES, IA 50011	42-6004224	115	86, 650	0			PROVIDE SCHOLARSHIPS
UNIVERSITY OF IOWA 5 W JEFFERSON STREET IOWA CITY, IA 52245	42-6004813	115	48,900.	0			PROVIDE SCHOLARSHIPS
UNIVERSITY OF NEBRASKA OMAHA 6001 DODGE STREET OMAHA, NE 68182	47-0049123	115	26.000,	0			PROVIDE SCHOLARSHIPS
UNIVERSITY OF NORTHERN IOWA 1227 W 27TH STREET CEDAR FALLS, IA 50614	42~6004333	115	36,100,	0			PROVIDE SCHOLARSHIPS
UNIVERSITY OF SOUTH DAKOTA 414 EAST CLARK STREET VERMILLION, SD 57069	46-6003541	115	7,800,	0			PROVIDE SCHOLARSHIPS
IOWA WESTERN COMMUNITY COLLEGE 2700 COLLEGE ROAD COUNCIL BLUPPS, IA 51503	42-1224333	501(C)(3)	12,000.	0			PROVIDE SCHOLARSHIPS
IOWA CENTRAL COMMUNITY COLLEGE ONE TRITON CR FORT DODGE, IA 50501	42-1317780	115	000 8	0			PROVIDE SCHOLARSHIPS
NORTH IOWA AREA COMMUNITY COLLEGE 500 COLLEGE DR MASON CITY, IA 50401	23-7023677	115	9 000	0			PROVIDE SCHOLARSHIPS
							Schedule I (Form 990)

Schedule I (Form 990) IOWA COLLEGE FOUNDATION	EGE FOUND	ATION	1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0	Supplied Sup	1 ch.b.		42-0745995 Page 1
		Verninents and Organ	inzations in the O	med States (Sche	due i (roilli 990), rai		
(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
COLLEGE OF ST. MARY 7000 MERCY ROAD <u>OMAHA, NE</u> 68106	47-0424785	501(C)(3)	12,000,	0			PROVIDE SCHOLARSHIPS
TRUMAN STATE UNIVERSITY 100 E NORMAL KIRKSVILLE, MO 63501	43-1381504	115	0000 8	0			PROVIDE SCHOLARSHIPS
OTHER NON-MEMBER INSTITUTIONS < \$5.000		501(C)(3)	64,550	0			

Schedule I (Form 990)

Page 2

42-0745995

IOWA COLLEGE FOUNDATION

Schedule I (Form 990) (2014)

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information IOWA COLLEGE FOUNDATION WORKS CLOSELY WITH THE MEMBER INSTITUTIONS AND LINE 2: PART I,

THEIR RESPECTIVE ADMINISTRATIVE OFFICES TO ENSURE THE INTENDED RECIPIENTS

ARE RECEIVING THE CORRECT AMOUNT OF ASSISTANCE.

Schedule I (Form 990) (2014) 38 432102 10-15-14

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2014

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

IOWA COLLEGE FOUNDATION

Employer identification number 42-0745995

Pa	art I Questions Regarding Compensation	_		
			Yes	No
ta	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	ļ		
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		1	
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
		1		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study	`		
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization.			
а	Receive a severance payment or change-of-control payment?	4a		<u>X</u>
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	l _		v
a	The organization?	5a		X
b	Any related organization?	5b		_ <u>X</u> _
_	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of	ا ـ ا		7.5
	The organization?	6a		X
þ	Any related organization?	_6b		X
_	If "Yes" to line 6a or 6b, describe in Part III			
7		_		v
_	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	_		1.
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		<u> </u>
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2014

42-0745995

IOWA COLLEGE FOUNDATION

Schedule J (Form 990) 2014

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Returement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(a)-(i)(a)	in column (b) reported as deferred in prior Form 990
(1) JACK JONES	8	212,221.	10,563.	6,308.	33,41	19,307.	281,817.	0
PRESIDENT	₿	0	0	0.	0.	0.	0	0
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Schedule J (Form 990) 2014

Page 3

SCHEDULE 0

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Internal Revenue Service Name of the organization Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection **Employer identification number** 42-0745995

IOWA COLLEGE FOUNDATION	42-0745995
FORM 990, PART VI, SECTION B, LINE 11:	
MANAGEMENT AND BOARD OF GOVERNORS REVIEW THE FORM 990 PRI	OR TO SIGNING AND
SENDING TO IRS.	
	····
FORM 990, PART VI, SECTION B, LINE 12C:	10000
THE CONFLICT OF INTEREST POLICY IS COORDINATED ANNUALLY T	HROUGH THE
EXECUTIVE DIRECTOR.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE BOARD OF GOVERNORS REVIEWS AND APPROVES COMPENSATION	OF KEY EMPLOYEES
ON AN ANNUAL BASIS.	
FORM 990, PART VI, SECTION C, LINE 19:	
FINANCIAL RECORDS AND OTHER OFFICIAL DOCUMENTS ARE AVAILA	BLE UPON REQUEST
AT THE FOUNDATION.	
FORM 990, PART XII, LINE 2(C):	
THE FOUNDATION'S PROCESS FOR SELECTING AND OVERSEEING THE	AUDIT OF THE
FINANCIAL STATEMENTS HAS NOT CHANGED FROM PRIOR YEARS.	