Form 8879-EO

IRS e-file Signature Authorization

ivi an	LACIN	hr Oif	janizadon				
calendar year 2009, or fiscal year beginning	JUL	1	, 2009, and ending	JUN	30	,20 10	

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Name of exempt organization

 Do not send to the IRS. Keep for your records. See instructions.

Employer identification number

SOUTH ARKANSAS COMMUNITY COLLEGE FOUNDATION, INC.

71-0582373

Name and title of officer

PETE PARKS TREASURER

Type of Return and Return Information (Whole Dollars Only) Part

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter 0). But, if you entered 0 on the return, then enter 0 on the applicable line below. Do not complete more than 1 line in Part I.

ta Form 990 check here Total revenue, if any (Form 990, Part VIII, column (A), line 12)		269646
2a Form 990-EZ check here Domestic b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)		
5a Form 8868 check here Due (Form 8868, line 3c)	5b	

Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

3.

to enter my PIN

ERO firm name

Enter five numbers, but

as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2009 electronically filed return. If I have
indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State
program, I will enter my PIN on the return disclosure consent screen.

Officer's signature

Date > 1/19/10

Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

71343116194

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A F	or the 2	2009 calendar year, or tax year beginning JUL 1, 2009	and	ending C	<u>JUN 30, 20</u>		
B ch	neck if	Please C Name of organization			D Employer ide	ntification nu	ımber
ap	plicable:	USE IRS SOUTH ARKANSAS COMMUNITY COLLEG	E				
	Address change	label or FOUNDATION, INC.					
	Name change	type. Doing Business As			71	<u>-058237</u>	/3
F	Initial return	See Number and street (or P.O. box if mail is not delivered to street a	ddress)	Room/suite			
	Termin-	Specific P. O. BOX 7010			(8	<u>70)862-</u>	
	Amende Ireturn	tions. City or town, state or country, and ZIP + 4			G Gross receipts \$		<u>303,927.</u>
	Applica- tion	EL DORADO, AR 71730			H(a) Is this a grou	up return	
	pending	F Name and address of principal officer: CYNTHIA REYNA			for affiliates	? <u> </u>	Yes X No
		P. O. BOX 7010, EL DORADO, AR 717	30		H(b) Are all affiliate	s included? 🗌	Yes No
ı T	av avar	mpt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or [527		If "No," atta	ch a list. (see	instructions)
		SOUTHARK.EDU			H(c) Group exem	ption numbe	r >
U E	orm of o	organization: X Corporation Trust Association Other	>	L Year	of formation: 199	6 M State of	legal domicile: AR
		Summary					
	1 B	Briefly describe the organization's mission or most significant activities:	THE	SOUTH	ARKANSAS	COMMUN	[TYYT]
<u>S</u>		COLLEGE FOUNDATION EXISTS TO BUILD L	EADE	RSHIP	, SCHOLARS	HIP ANI)
nar	2 0	Check this box if the organization discontinued its operations	or dispo	sed of mor	e than 25% of its n	et assets.	
Ver		Number of voting members of the governing body (Part VI, line 1a)				3	18
ဗ္ဗ	4 1	Number of independent voting members of the governing body (Part VI,	line 1b)			4	18
<u>م</u>		Total number of employees (Part V, line 2a)				5	0
tie		Total number of volunteers (estimate if necessary)				6	100
Activities & Governance		Total gross unrelated business revenue from Part VIII, column (C), line 1				7a	0.
AC		Net unrelated business taxable income from Form 990-T, line 34				7b	0.
	יו ט	vet difference business taxable meetine memor emercine,			Prior Year	Cu	ırrent Year
	8 (Contributions and grants (Part VIII, line 1h)			317,10	0.	239,282.
īue		Program service revenue (Part VIII, line 2g)					
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)			19,03	6.	19,963.
Re		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			-88	4.	10,401.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A),			335,25	2.	269,646.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			73,83		77,621.
		Benefits paid to or for members (Part IX, column (A), line 4)					
	14 E	Salaries, other compensation, employee benefits (Part IX, column (A), lir	nes 5·10)		8,01	2.	8,458.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)			41,51		
ë	10a F	Total fundraising expenses (Part IX, column (D), line 25)					
X		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)			44,87	3.	36,594.
_		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25			168,23		122,673.
		Revenue less expenses. Subtract line 18 from line 12	,		167,01		146,973.
_ <u>_ S</u>		Revenue less expenses. Subtract line 10 nom line 12		В	eginning of Current \		nd of Year
ance	00 7	Total assets (Part X, line 16)			1,401,39		,588,940.
SSE	20	Total liabilities (Part X, line 16)			14,02	21.	20,753.
Net Assets or Fund Balances	21	Net assets or fund balances. Subtract line 21 from line 20			1,387,37		,568,187.
	22 art	Signature Block					
	41:E 11:	the state of the s	schedules a	and statements	s, and to the best of my kr	owledge and beli	ef, it is true, correct,
		Under penalties of perjury, I declare that I have examined this return, including accompanying and complete. Declaration of preparer (other than officer) is based on all information of which p	oreparer nas	any knowledg	e.		
0:	_						
Sig		Signature of officer			Date		
Hei	re	PETE PARKS, TREASURER					
		Type or print name and title					
		Preparer's	Date			Preparer's identify (see instructions)	/ing number
Pai	d	signature			mployed X	·	
Pre	parer's	Firm's name (or EVERS COX & GOBER P.L.L.C	•		EIN ►		
Use	Only	yours if self-employed), 451 NORTH WASHINGTON					
		address, and ZIP+4 EL DORADO, AR 71730			Phone no.	► (870)	862 <u>-99</u> 50
N40	v tho IE	RS discuss this return with the preparer shown above? (see instructions	s)			Х	<u> </u>
ivia	у п (Ө (Г	13 discuss this return was the property discuss this return was the property of Reduction Act Notice.		enarate in	structions.		Form 990 (2009)

Pa	art III Statement of Program Service Accomplishments	
1	Briefly describe the organization's mission: TO AID, STRENGTHEN, AND FURTHER IN EVERY PROPER AND USEFUL WAY THE	1
	WORK AND SERVICES OF SOUTH ARKANSAS COMMUNITY COLLEGE, AND TO PROV	
	BROADER EDUCATIONAL OPPORTUNITIES TO ITS STUDENTS, STAFF, FACULTY	
		מאט
	TO THE RESIDENTS OF UNION COUNTY.	
2	Did the organization undertake any significant program services during the year which were not listed on	es X No
	110 Prof. 1 500 00 00 00 00 00 00 00 00 00 00 00 00	es LA_No
	If "Yes," describe these new services on Schedule O.	[##]
3	Dia tito organization occasi contacting, or many angles	es X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the exempt purpose achievements for each of the organization's three largest program services 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 \$ 89,953. including grants of \$ 7,750.) (Revenue \$	<u> </u>
7a	FURTHER LITERARY, SCIENTIFIC AND EDUCATIONAL PURPOSES OF SOUTH ARE	CANSAS
	COMMUNITY COLLEGE. PROVIDE SCHOLARSHIPS TO NUMEROUS COLLEGE STUI	
	& PASS THROUGH CONTRIBUTIONS TO THE COLLEGE.	
	& PASS INKOUGH CONTRIBUTIONS TO THE COLLEGE:	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4 -	c (Code:) (Expenses \$ including grants of \$) (Revenue \$	
4c	c (Code:) (Expenses \$ including grants of \$) (Revenue \$,
		· · · · · · · · · · · · · · · · · · ·
4d	d Other program services. (Describe in Schedule O.)	
7 u	(Expenses \$ including grants of \$) (Revenue \$)	
40	00 052	

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A ______ X Is the organization required to complete Schedule B, Schedule of Contributors? 2 2 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 Х Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II ... X 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I X 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II_______ 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete X Schedule D, Part III 8 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide X credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? X If "Yes," complete Schedule D, Part V 10 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X X 11 as applicable ______ • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, 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. 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. 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. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 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? If "Yes," complete Schedule D, Part X. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D. Parts XI, XII, and XIII. 12 12A Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I 14b X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization 15 X or entity located outside the United States? If "Yes," complete Schedule F, Part II 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals 16 Х located outside the United States? If "Yes," complete Schedule F, Part III 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX. 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines X 1c and 8a? If "Yes," complete Schedule G, Part II 18 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

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

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Form 990 (2009) FOUNDATION, INC.

Part IV | Checklist of Required Schedules (continued)

ra	Office Rist of Required ochedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		77	
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	_		
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b				
	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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		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
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	the state of the s			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
٠.	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
-	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
55	Note. All Form 990 filers are required to complete Schedule O.	38	х	

Form 990 (2009) FOUNDATION, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Dox 3 of Form 1086, Annual Summary and Transmittal of U.S. Information Returns. Enter 0- if not applicable						Yes	No
U.S. Information Returns. Enter 0- if not applicable Enter the number of Forms Wolf included in line 1a. Enter 0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamzünig) winnings to prize winners? 2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this roturn 1 If all east one is reported on line 2a, did the organization file all required federal amployment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return, (see instructions) B. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return, (see instructions) B. If wes, 'nast filed a Form 950-T for this year? If 'No.,' provide an explanation if the singular year of the running of the organization have an interest in, or a signature or other surhority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountry) 4. At any time during the calendar year, did the organization have an interest in, or a signature or other surhority over, a financial Accounts. 5. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5. B. Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5. B. Was the organization have annual gross receipts that are normally greater by Tax Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6. Does the organization have annual gross receipts that are normally greater by Tax Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6. Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that was not tax deductible? 6. Difference of the proper section of the value of the goods or services provided? 7	1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					
b Enter the number of Forms W2G included in line 1a. Enter 9- if not applicable O Id the organization congly with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, Ided for the calendary year ending with or within the year covered by this return for the standard property of the organization field and the calendary year ending with or within the year covered by this return. So Idea or the standard property of the organization have an ending the standard property of the organization have an interest in, or a signature or other authority over, a financial scount in a foreign country (such as a bank account, securities account, or other financial account)? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial scount in a foreign country (such as a bank account, securities account, or other financial account)? 5b Was the organization a perty to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization a perty to a prohibited tax shelter transaction at any time during the tax year? 5c If "Yes," to line 5a or 55, did the organization that it was or is a party to a prohibited tax shelter transaction? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not ax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization neceive a payment in excess of \$75 made party as a contribution and party for goods and services provided? 7 Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 8 Did the organization selected property, did the organization file Form 8892 are required; 9 Dr off continuous or the payor?			1a	5			1 34
Did the organization comply with backup withholding rules for reportable payments to vandors and reportable gamining (gambling) withoutings to pize witness? 2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 1b If at least one is reported on line 2a, did the organization file all required federal employment tax returne? 2b If the set one is reported on line 2a, did the organization file all required federal employment tax returne? 2b If Yea, * has it field a Form 890 T for this year? If YNo, * provide an expleration in Schedule O 3b If Yea, * has it field a Form 890 T for this year? If YNo, * provide an expleration in Schedule O 3c At any time during the calendary van, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country; * Part * No, * provide an expleration in Schedule O 3c If Yea, * in the time and the foreign country; * Part * No, * provide an expleration in Schedule O 3c If Yea, * in the time and the foreign country; * Part * No, * provide an expleration in Schedule O 3c If Yea, * in the time and the foreign country; * Part * No, * provide an expleration in Schedule O 3c If Yea, * in the time and the foreign country; * Part * No, * provide an expleration of Foreign Bank and Financial Accounts. 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization and the variation that it was or is a party to a prohibited tax shelter transaction? 5c If Yea, * in the Sar sh, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yea, * in the Sar sh, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yea, * in the Sar sh, did the organization that was or is a party to a prohibited tax shelter transaction? 5c If Yea, * in the sar or this did the organization that	b		1b	0			
Gambling winnings to prize winners* 1c 2 2 2 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filled for the calendar year onding with or within the year covered by this return 2 2 0 0 1 1 1 1 1 1 1 1	c	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	able gaming			
2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return. Note, if the sum of lines 1a and 2a is greater than 250, you may be required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required for e-file this return. (see instructions) 3a Did the organization have unnelled business gross income of \$10,000 or more during the year cowered by this return? 3a X 3b If Yes, "has it filled a Form 990-T for this year? If *No.," provide an explanation in Schedule 0 3b 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. Eve an interest in, or a signature or other authority over, a financial account in a foreign country. Eve and a separation in Schedule 0 3b If Yes," and the name of the foreign country. Eve an an interest in, or a signature or other authority over, a financial Accounts. See the instructions for exceptions and filing requirements for Form TDF 90-22.1, Report of Foreign Bank and Financial Accounts. By Was the organization a party to a prohibited tax shelter transaction? 5b If Yes, "to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line Sa or 5b, did the organization file Form 8886-T, Disclosure by Tax Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6c If Yes," the sea or 5b, did 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? 6c If Yes," if old the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c). 6c If Yes," if old the organization northy the donor of the value of the good					1c		
field for the calendary year ending with or within the year covered by this return 2a	2a						
Note If the sum of lines 1 a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the elevation (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the elevation (see instructions) 3a X Dif Yes, * has it filed a Form 990-T for this year? * Yes, * Provide an explanation in Schedule O			2a	0		1.55	
Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a	b		rns?		2b		
38 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 38	_						
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** *** If "Yes," enter the name of the foreign country." ▶ **See the instructions for exceptions and filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. **See the instructions for exceptions and filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. **See the instructions for exceptions and filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. **See Was the organization a party to a prohibited tax shelter transaction?** **See Was the organization appropriate that it was or is a party to a prohibited tax shelter transaction?** **See Was the organization appropriate that it was or is a party to a prohibited tax shelter transaction?** **See Was the organization for this was an interest to the party of a prohibited tax shelter transaction?** **See Was 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?** **Organization that were not tax deductible?** **Organization shall may receive deductible contributions under section 170(c).** **Did the organization may receive deductible contributions under section 170(c).** **Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8882?* **Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required?** **Did the organization did the organization file form 10880 as required?** **Did the organization did the mile tax property, did the organization file a form 1088 C as required?** **Did the organization of qualified intellectual property, did the organization file a form 1088 C as requ	За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed by	this return?	3a		X
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FOUNDATION, INC.

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Page 6

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.

Enter the number of voting members of the governing body	Sec	tion A. Governing Body and Management				1	
Enter the number of voting members that are independent			١.	I	1.0	Yes	No
Did any officer, director, frustees, or key employee? 2	1a	•					
officer, director, trustee, or key employee? 3 Did the organization delogate 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? 4 Did the organization have make any significant changes to its organization decuments since the prior Form 990 was filed? 5 Did the organization have members or stockholders? 6 Does the organization have members, stockholders? 7 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 8 Did the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 9 Did the organization the members, stockholders, or other persons who may elect one or more members of the governing body? 9 Did the organization become were the prior of the governing body? 10 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 11 The poverning body? 12 Did the organization that suthority to act on behalf of the governing body? 13 Is there any officer, director, frustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization is making address? If If Yes? Provide the names and addresses in Schedule O 13 Deset the organization have listed policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 14 Deset the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 15 Deset the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 16 Deset the organization provided a copy of this Form 990 to addresses in Schedule O Now this & Governing Conference or the organization or solved the program of the organization or solved the program of the or	b				18		1 10
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Form 990 (2009)

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Page 7

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

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. Use Schedule J-2 if additional space is needed.

- 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. 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.

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71-0582373 Page **8**

Section A. Officers, Directors, T	rustees, Ney E	mpi	oyee	es, a	nd I	High	est	Compensated Employ	rees (continued)			
(A)	(B)				•			(D)	(E)		(F)	
Name and title	Average	/0					I. A		1	_		
-	per week	-						from the organization (W-2/1099-MISC)	from related organizations	3	othe compens from t organiza and rela	er sation the ation ated
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EG WITHROW	0.50									•		
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	not limited to th	ose	liste	d at	ove	e) wh	o re	ceived more than \$100	,000 in reportable			^
compensation from the organization									*******		Yes	0 No
									nployee on			
											3	X
									he organization			\ v
									ces rendered to	}	_4	X
the organization? If "Yes," complete Scheo					-			=			5	X
	ompensated inc	lepe	nde	nt co	ontr	acto	rs th	nat received more than	\$100,000 of comp	ensa	ation from	
	HISHING A							(B)			(C)	
Name and business	s address							Description of s	ervices	C		on
							+					
												
		ot lin	nited	to t	_		ted	above) who received m	ore than			
\$100,000 in compensation from the organi	zation				U	<u> </u>					Eorm QQA	(2000)
	Total Total	Name and title Average hours per week EG WITHROW MBER O.50 Total Total	AN Name and title Name and ti	AN Name and title Name and ti	Name and title Name and title Name and title Average hours per week BEG WITHROW MBER O.50 X Total member of individuals (including but not limited to those listed at compensation from the organization list any former officer, director or trustee, key em line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensa and related organizations greater than \$150,000? If "Yes," complete Schedule J for such person the organization? If "Yes," complete Schedule J for such person the organization? If "Yes," complete Schedule J for such person the organization? If "Yes," complete Schedule J for such person the organization? If "Yes," complete Schedule J for such person the organization? If "Yes," complete Schedule J for such person the organization? 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NONE	Average hours per week BG WITHROW MBER O.50 X Total Total number of individuals (including but not limited to those listed above) who compensation from the organization speater than \$150,000? If "Yes," complete Schedule J for such person listed on line 1a, is the sum of reportable compensation from any unrethe organization? If "Yes," complete Schedule J for such person Titon B. Independent Contractors Capacitation (A) Name and business address Total number of independent contractors (including but not limited to those listed to those listed to the organization. (A) Name and business address	Name and title Average hours per week BCG WITHROW MBER O.50 X Total Total number of individuals (including but not limited to those listed above) who recompensation from the organization Did the organization list any former officer, director or trustee, key employee, or hine 1a? 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(A) Name and business address (B) Name and business address (B) Description of services (B) Description of ser	Name and title Average hours Per week Average hours Average ho

Form 990 (2009) FOUNDATION, INC. 71-0582373 Part VIII **Statement of Revenue** (D) Revenue excluded from (A) (B) (C) Total revenue Related or Unrelated exempt function business tax under sections 512, revenue revenue 513, or 514 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 239,282 similar amounts not included above 1f g Noncash contributions included in lines 1a-1f: \$ 239,282 h Total. Add lines 1a-1f **Business Code** f All other program service revenue q Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 21,389. 21,389. Income from investment of tax-exempt bond proceeds 5 Royalties (ii) Personal (i) Real 6 a Gross Rents 1,550. b Less: rental expenses 1,517. 33. c Rental income or (loss) d Net rental income or (loss) 33. 33. 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis 204. 1,222. <204. ><1,222. and sales expenses c Gain or (loss) <1,426.> <1,426.>d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 ______ a 41,706. b Less: direct expenses b 31,338. 10,368. 10,368 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 b 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 b c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a b d All other revenue e Total. Add lines 11a-11d ______ Total revenue. See instructions. 269,646. 10,368. 19,996.

0.

Form 990 (2009)

71-0582373 Page **10**

Part IX Statement of Functional Expenses

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

	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 governments and	•		:	
	organizations in the U.S. See Part IV, line 21	7,750.	7,750.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	69,871.	69,871.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	8,458.		8,458.	
8	Pension plan contributions (include section 401(k)	į			
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	4,525.		4,525.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	10,345.		10,345.	
14	Information technology				
15	Royalties				
16	Occupancy	1,462.		1,462.	
17	Travel	53.		53.	
18	Payments of travel or entertainment expenses				
	før any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	13,071.	12,332.	739.	
23	Insurance			,	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	INVESTMENT EXPENSES	4,290.		4,290.	
b	MISCELLANEOUS	1,583.		1,583.	
c	MEALS	1,265.		1,265.	
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	122,673.	89,953.	32,720.	0
<u> 26</u>	Joint costs. Check here ▶ if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation		1		

FOUNDATION, INC. Part X Balance Sheet (A) Beginning of year End of year 1 Cash - non-interest-bearing 679,553 872,893. 2 2 Savings and temporary cash investments 227,861. 169,201. 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key 5 employees, and highest compensated employees. Complete Part II 5 of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 2,077. 3,225. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 105,913. basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 74,939. 46,527. 30,974. 10c 58,726. 11 Investments - publicly traded securities 383,316. 510,225. Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 3,333. 2,422. Other assets. See Part IV, line 11 15 15 1,401,393 Total assets. Add lines 1 through 15 (must equal line 34) 1,588,940. 16 16 4,094. 480. Accounts payable and accrued expenses 17 17 12,109. 8,691. 18 Grants payable 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 24 4,550. 4,850. 25 Other liabilities. Complete Part X of Schedule D 25 20,753. Total liabilities. Add lines 17 through 25 14,021 26 26 Organizations that follow SFAS 117, check here

X
and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 876,466. 642,567. 27 27 Unrestricted net assets _____ 691,721. 744,805. 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32

Total net assets or fund balances

Total liabilities and net assets/fund balances

1,588,940. Form 990 (2009)

1,568,187.

1.387.372.

1,401,393

33

34

33

Form 990 (2009) FOUNDATION, INC.

71-0582373 Page **12**

Pa	rt XI Financial Statements and Reporting			
	distributions.		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 O.			
2a	2 to a final property of the second s	2a		X
b	Other the state of	2b	X	
C	to the time of the superior time have a committee that accuman responsibility for aversight of the guidit			
•	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 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			
_	consolidated basis, separate basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis	Appendix of the control of the contr		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		X
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
_	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b_		
		Form	990	(2009)

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

SOUTH ARKANSAS COMMUNITY COLLEGE

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

Open to Public Inspection

Employer identification number

71-0582373 FOUNDATION, INC. 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c X Type III - Functionally integrated **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III f supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (vi) Is the organization in col. (iii) Type of (iv) is the organization (v) Did you notify the (vii) Amount of (i) Name of supported (ii) EIN organization in col. (i) listed in your organization in col. support organization (i) organized in the (described on lines 1-9 governing document? (i) of your support? U.S.? above or IRC section (see instructions)) Yes No Yes No Yes No SOUTH 78,329. ARKANSAS COM71-071894810 Х X X 78,329

Schedule A (Form 990 or 990-EZ) 2009

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
-	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
J	furnished by a governmental unit to						
	the organization without charge						
	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,					1	
	column (f)						
	Public support. Subtract line 5 from line 4.					<u> </u>	
	ction B. Total Support		# 1 0000	(.) 0007	(-1) OOOO	(=) 2000	(f) Total
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(I) Total
	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	1					
	or loss from the sale of capital	I					
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	ird, fourth, or fifth t	ax year as a section	on 501(c)(3)	
	organization, check this box and stop	here	·····				D
Sec	ction C. Computation of Publ	ic Support Pe	rcentage			T - 1	
14	Public support percentage for 2009 (I	ine 6, column (f) d	livided by line 11,	column (f))		14	%
15	Public support percentage from 2008	Schedule A, Part	: II, line 14			15	%
16a	33 1/3% support test - 2009. If the o	rganization did no	t check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2008. If the o	rganization did no	t check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly	supported organia	zation			▶
17a	10% -facts-and-circumstances tes	t - 2009.If the org	anization did not	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstar:	nces" test, check	this box and stop l	here. Explain in Pa	art IV how the organ	nization
	meets the "facts-and-circumstances"						
ŀ	10% -facts-and-circumstances tes						
_	more, and if the organization meets the						
	organization meets the "facts-and-circ						 ▶□
18	Private foundation. If the organization						ıs ▶
,0	THE TOURISM TO CONSCIENCE			· · · · · · · · · · · · · · · · · · ·		adula A /Form 990	

chedule A (Form 990 or 990-EZ) 20	09					Page 3
Part III Support Schedule	for Organizations	Described in	Section 509(a))(2) (Complete only	if you checked the bo	
ection A. Public Support					T	Τ
alendar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 p formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpor	er-					
3 Gross receipts from activities th	nat					
are not an unrelated trade or bu						
iness under section 513						
4 Tax revenues levied for the orga	an-					
ization's benefit and either paid						
or expended on its behalf	10					
5 The value of services or facilitie	s					
furnished by a governmental ur						
the organization without charge						
•						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2						~
3 received from disqualified per						
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 lin						
Section B. Total Support	, 4.7.					
Calendar year (or fiscal year beginning	g in) (a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received of securities loans, rents, royalties and income from similar source	s					
b Unrelated business taxable income						
(less section 511 taxes) from busin acquired after June 30, 1975	1					
c Add lines 10a and 10b						
11 Net income from unrelated bus activities not included in line 10 whether or not the business is regularly carried on			·			
Other income. Do not include g or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and						<u></u>
14 First five years. If the Form 99		's first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organia	zation,
check this box and stop here						L 1
Section C. Computation of						
15 Public support percentage for			column (f))		15	9
16 Public support percentage from					16	9
Section D. Computation of						
17 Investment income percentage					17	9
18 Investment income percentage					18	%

19a 33 1/3% support tests - 2009. 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 - 2008. 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 B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

SOUTH ARKANSAS COMMUNITY COLLEGE 71-0582373 FOUNDATION, INC. Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

for Form 990, 990-EZ, or 990-PF.

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

2009
Open to Public Inspection

Name of the organization

SOUTH ARKANSAS COMMUNITY COLLEGE FOUNDATION, INC.

Employer identification number 71-0582373

Pai	organizations Maintaining Donor Advised organization answered "Yes" to Form 990, Part IV, line		or Accounts. Complete if the
	organization answered Tes to Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	1	54
2	Aggregate contributions to (during year)	34,015.	184,735.
3	Aggregate grants from (during year)	3,189.	71,432.
4	Aggregate value at end of year		1,225,855.
5	Did the organization inform all donors and donor advisors in w		
•	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ac		
_	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		X Yes No
Pai			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or pl	easure) Preservation of an histo	orically important land area
	Protection of natural habitat	Preservation of a certifi	ied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the form o	f 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 stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 8/17/06	2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
	year ►		
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizati	on's financial statements that describes th	ne organization's accounting for
T	conservation easements.	<u> </u>	
Pai	rt III Organizations Maintaining Collections of	·	ner Similar Assets.
	Complete if the organization answered "Yes" to Form S	390, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, not		
	treasures, or other similar assets held for public exhibition, ed		lic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these it		
b	If the organization elected, as permitted under SFAS 116, to r	•	
	or other similar assets held for public exhibition, education, or	research in furtherance of public service,	provide the following amounts relating to
	these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical trea		gain, provide
	the following amounts required to be reported under SFAS 11		
а	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		▶ \$

71-0582373 Page 2 Schedule D (Form 990) 2009 FOUNDATION, INC. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): Loan or exchange programs X Public exhibition Other Scholarly research b Preservation for future generations C Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets X No to be sold to raise funds rather than to be maintained as part of the organization's collection? Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **b** If "Yes," explain the arrangement in Part XIV and complete the following table: Amount c Beginning balance d Additions during the year 1d Distributions during the year 1e 1f Ending balance f Did the organization include an amount on Form 990, Part X, line 21? No If "Yes," explain the arrangement in Part XIV. Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V (c) Two years back (d) Three years back (e) Four years back (a) Current year (b) Prior year 1308386. 833,607. 1a Beginning of year balance 75,001. 216,380. Contributions _____ 43,559. <60,019.> Net investment earnings, gains, and losses С 17,901 77,121. Grants or scholarships d Other expenditures for facilities 24,172. and programs Administrative expenses 1466532. 830,688. End of year balance Provide the estimated percentage of the year end balance held as: 2.00 Board designated or quasi-endowment Permanent endowment % 98.00 Term endowment Are there endowment funds not in the possession of the organization that are held and administered for the organization За Yes No by: X (i) unrelated organizations X (ii) related organizations 3a(ii) b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. (a) Cost or other Description of investment (b) Cost or other (c) Accumulated (d) Book value depreciation basis (investment) basis (other)

76,798.

6,365.

Schedule D (Form 990) 2009

19,717.

30,974.

65,541.

9,398

1a Land _____ **b** Buildings c Leasehold improvements

d Equipment

e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Schedule D (Form 990) 2009

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H ()	M.I. I	CHA -	1 101

Part VII Investments - Other Securities. Securities.	e Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value		ethod of valuation: nd-of-year market value
Financial derivatives			
Closely-held equity interests			
Other			
CASH INVESTMENTS	26,050.	END-OF-YEAR	MARKET VALUE
MUTUAL FUNDS	422,379.	END-OF-YEAR	MARKET VALUE
EQUITIES	52,458.	END-OF-YEAR	MARKET VALUE
BONDS	9,338.	END-OF-YEAR	MARKET VALUE
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	510,225.		
Part VIII Investments - Program Related. Se	ee Form 990, Part X, line 13	3.	
(a) Description of investment type	(b) Book value		ethod of valuation:
(a) Description of investment type	(b) BOOK Value	Cost or e	nd-of-year market value
		•	
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶			
Part IX Other Assets. See Form 990, Part X, line	15.		
(a)	Description		(b) Book value
·			
Total. (Column (b) must equal Form 990, Part X, col (B) line	15.)		
Part X Other Liabilities. See Form 990, Part X,			
1 (a) Description of liability		(b) Amount	
Federal income taxes			
REFUNDABLE ADVANCES		4,550.	
IIII OHDIDDI IID VIII (ODO			
Total. (Column (b) must equal Form 990, Part X, col (B) line	25)	4,550.	
Total. (Ocidini lo) must equal tomi 330, t art A, col (D) inte		-,0001	

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

Par	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited	Financial Statemen	ts
1	Total revenue (Form 990, Part VIII, column (A), line 12)			<u> 269,646.</u>
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	122,673.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	<u>146,973.</u>
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV.)		: 1	33,842.
9	Total adjustments (net). Add lines 4 through 8			33,842.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 a	nd 9	Boyonus per Petur	180,815.
Par	t XII Reconciliation of Revenue per Audited Financial Statem			333,275.
1	Total revenue, gains, and other support per audited financial statements		1	333,413.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a	33,842.	
а	Net unrealized gains on investments		33,042.	
b	Donated services and use of facilities			
C	Recoveries of prior year grants		1,517.	
d	Other (Describe in Part XIV.)			35,359.
_	Add lines 2a through 2d			297,916.
3	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12 , but not on line 1 :			
4	Investment expenses not included on Form 990. Part VIII. line 7b.	4a	4.290.	
a b	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.)	4b	<32,560.≽	
C	Add lines 4a and 4b	-		<28,270.>
_	Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	269,646.
Pa	t XIII Reconciliation of Expenses per Audited Financial Staten	nents Witl	h Expenses per Retu	ırn
1	Total expenses and losses per audited financial statements			152,460.
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		
С	Other losses	2c		
d	Other (Describe in Part XIV.)	2d	1,517.	4 545
е	Add lines 2a through 2d			1,517.
3	Subtract line 2e from line 1		3	150,943.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	4 000	
а	Investment expenses not included on Form 990, Part VIII, line 7b	1 . 1		
	Other (Describe in Part XIV.)	4b	<32,560.	<28,270.>
С	Add lines 4a and 4b		4c	122,673.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	122,013.
Рα	rt XIV Supplemental Information	III lines 10 c	and 4. Dort IV lines 1h and	2h: Part V line 4: Part
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also con	nniete thie ne	ert to provide any additions	al information
		thiere may be	art to provide any additions	a morniación.
SC.	H D, PAGE 4, PART XII			
	LINE 2 D, RENTAL EXPENSES NETTED TO REV	JENUE	\$1,517	
	LINE 4 B, FUNDRAISING EXPENSES NETTED !	IO REVE	ENUE \$31, 33	08
	LINE 4 B, LOSS ON DISPOSAL OF ASSETS II	NCLUDEI	IN INV INC	\$1,222
SC:	H D, PAGE 4, PART XIII			
	LINE 2 D, RENTAL EXPENSES NETTED TO REV	VENUE	\$1,517	
	LINE 4 B, FUNDRAISING EXPENSES NETTED !	ro reve	ENUE \$31, 33	88
				#1 222
	LINE 4 B, LOSS ON DISPOSAL OF ASSETS II	NCLUDEI		\$1,222 dule D (Form 990) 2009

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Schedule G (Form 990 or 990-EZ) 2009

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

Open To Public Inspection

	RKANSAS COMMUNITY	COL	LEG	E	71-0582	entification number
	Complete if the organization answ	ered "\	'es" to	Form 990, Part IV, li	ne 17. Form 990-E	Z filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, F b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	e Solicita f Solicita g Special or oral agreement with any individual rart VII) or entity in connection with prividuals or entities (fundraisers) purs	tion of tion of fundra I (includ profess	non-g gover tising ding o tional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees orYes	
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contrib	ustodv	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total 3 List all states in which the organization		fundo		been notified it is ev	ompt from registrat	ion or licensing
3 List all states in which the organization	on is registered or licensed to solicit	iunus	or rias	been notined it is ex	empt nom registrat	

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

Schedule G (Form 990 or 990-EZ) 2009 FOUNDATION, INC. 71-0582373 Page Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

71-0582373 Page 2

		on Form 990-EZ, line 6a. List events with							
			(a) Event #1	(b) Event #2	(c) Other events	(c	i) Total	event	s
					NONE	(add	l col. (a) thro	ugh
			OUTDOOR EXPO			ļ ·	col. ((c))	
_o		-	(event type)	(event type)	(total number)	 			
<u>ا</u>		•							
Revenue	1	Gross receipts	41,706.			 	4.	1,7	06.
"			20.540				21	٠ ،	40
	2	Less: Charitable contributions	30,640.			-	٥ (0,6	40.
			11 000				1 .	1,0	66
	3	Gross income (line 1 minus line 2)	11,066.			+	<u>ـــــ</u>	L , U	00.
		Ocale asimas							
İ	4	Cash prizes				1			
	E	Noncash prizes							
ses	5	Noncasii prizes							
Sen	6	Rent/facility costs							
Ä	U	Tiona admity docto							
Direct Expenses	7	Food and beverages							
ਙੋ	•								
	8	Entertainment						<u>.</u>	
	9	Other direct expenses							
	10				>	()
	11	Net income summary. Combine line 3, colum	nn (d), and line 10)		1	1,0	<u>66.</u>
Pa	ırt l	Gaming. Complete if the organization	answered "Yes" to Form	990, Part IV, line 19, or	reported more than				
		\$15,000 on Form 990-EZ, line 6a.			I				, , ,
Φ			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming		otal ga a) throu		
eun				bingo/progressive bingo			a) 11100	ign cc	/i. (C)/
Revenue									
	1	Gross revenue							
es	2	Cash prizes							
ens									
Direct Expenses	3	Noncash prizes				+			
줐	١.	D-wt/famility agets							
ÖİR	4	Rent/facility costs				 			
	_	Other direct expenses							
	5	Other direct expenses	Yes %	Yes %	Yes %	,			
		Volunteer labor	No No	No	No				
	6	Volumeer labor	110	1					
	7	Direct expense summary. Add lines 2 throug	sh 5 in column (d)		>	()
	1	Bridge experies sarrinary: And miss 2 through	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	8	Net gaming income summary. Combine line	1, column (d), and line 7)				
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						Yes	No
9	En	ter the state(s) in which the organization open	ates gaming activities:						
	ı İs	the organization licensed to operate gaming a	ctivities in each of these	states?			9a		
		'No," explain:							
		·							
10a	W	ere any of the organization's gaming licenses	revoked, suspended or te	erminated during the tax	year?		10a		
	lf '	"Yes," explain:							
11		oes the organization operate gaming activities					11		ļ
12	Is	the organization a grantor, beneficiary or trust	ee of a trust or a membe	r of a partnership or othe	er entity formed to		_		
	ac	Iminister charitable gaming?					12		<u></u>

Schedule G (Form 990 or 990-EZ) 2009 FOUNDATION, INC. 71-	<u>058237</u>	(3 P	<u>age 3</u>
		Yes	No
13 Indicate the percentage of gaming activity operated in:	, · · · · ·		
a The organization's facility 13a	%		
b An outside facility	%		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
Name			
Address >			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	ļ	<u> </u>
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount			
of gaming revenue retained by the third party > \$			
c If "Yes," enter name and address of the third party:			
Name			
Address >			
16 Gaming manager information:			
Name			
Gaming manager compensation > \$			
		ŀ	
Description of services provided			
Director/officer Employee Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
retain the state gaming license?	17a	-	ļ.,
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
organization's own exempt activities during the tax year ▶ \$		<u> </u>	1

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE I (Form 990)

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" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

lame of the organization SOUTH ARKANSAS COMMUNITY FORTHDATION INC.	ANSAS COM	MUNITY COLLEGE	EGE				Employer identification number 71 - 0 5 8 2 3 7 3
Part I General Information on Grants and Assistance	nd Assistance						
1 Does the organization maintain records to substantiate the amount of	o substantiate the	amount of the grants	s or assistance, the	grantees' eligibility	/ for the grants or as	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant finds in the United States.	tance?	oring the use of grant	funds in the Unite	d States			X Yes No
둢	3overnments and	Organizations in th	e United States.	complete if the orga	anization 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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	5,000. Check this	box if no one recipie	nt received more th	ian \$5,000. Use Pa	irt IV and Schedule I-	1 (Form 990) if additior	ial space is needed 🕨
1 (a) Name and address of organization or government	(a)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH ARKANSAS COMJUITY COLLEGE-VARIOUS PROJECTS - 300							FURTHER THE EDUCATIONAL, LITTERARY AND SCIENTIFIC
SOUTH WEST AVENUE - EL DORADO, AR 11730	71-0718948		7,750.	0.			WORK AND SERVICES OF SOUTH ARKANSAS COMMUNITY
							-
	nd government or	ganizations					
-1	8						A
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 SEE PART IV FOR COLUMN (H) DESCRIPTI	uction Act Notice, see the IV FOR COLUMN	see the Instructions	ons for Form 990. DESCRIPTIONS	ន			Schedule I (Form 990) 2009

Schedule I (Form 990) 2009 FOUNDATION, INC.

Part

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Page 2

71-0582373

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) EACH FOR Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. THE THE COLLEGE HAS ESTABLISHED A SCHOLARSHIP TO THE COLLEGE 2: THE ORGANIZATION PROVIDES SCHOLARSHIPS FOR THERE ARE NUMEROUS SCHOLARSHIP FUNDS THAT HAVE STUDENTS MEETING THE NECESSARY CRITERIA FOR THE COLLEGE PROVIDES THE NECESSARY INFORMATION FOR THE INDIVIDUAL'S APPLICATIONS AND THEN AWARDS THE SCHOLARSHIP RECIPIENTS REGARDING THE CONTINUATION OF ELIGIBILTY. ं (d) Amount of non-cash assistance STUDENTS OF SOUTH ARKANSAS COMMUNITY COLLEGE AND GRANTS 69,871. (c) Amount of cash grant (b) Number of recipients 105 CRITERIA. THE (a) Type of grant or assistance LINE THAT REVIEWS ITS EDUCATIONAL NEEDS. Ö PART I ELIGIBILTY BASED SCHOLARSHIP FUND. SCHOLARSHIPS COMMITTEE SCHEDULE SCHOLARSHIPS WRITTEN

FOUNDATION OFFICE WORKS CLOSELY WITH THE FINANCIAL AID AND SCHOLARSHIP

71-0582373 Page 2 FOUNDATION, INC. Schedule I (Form 990) 2009 Part IV | Supplemental Information COMMITTEE TO KEEP TRACK OF THE STATUS OF SCHOLARSHIP AWARDS. PART II, LINE 1, COLUMN (H): NAME OF ORGANIZATION OR GOVERNMENT: SOUTH ARKANSAS COMMUNITY COLLEGE-VARIOUS PROJECTS (H) PURPOSE OF GRANT OR ASSISTANCE: FURTHER THE EDUCATIONAL, LITERARY AND SCIENTIFIC WORK AND SERVICES OF SOUTH ARKANSAS COMMUNITY COLLEGE

SOUTH ARKANSAS COMMUNITY COLLEGE

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

OMB No. 1545-0047
2009
Open to Public Inspection

Name of the organization

SOUTH ARKANSAS COMMUNITY COLLEGE FOUNDATION, INC.

Employer identification number 71-0582373

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PARTNERSHIPS BY INCREASING DONOR SUPPORT, REWARDING EXCELLENCE AND
ELEVATING THE STATURE AND IMPORTANCE OF THE SOUTH ARKANSAS COMMUNITY
COLLEGE LOCALLY, REGIONALLY AND NATIONALLY.
FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION'S FINANCE
COMMITTEE HAS THE AUTHORITY TO ACCEPT THE 990 AND THE AUDITED FINANCIAL
STATEMENTS. THE COMMITTEE RECEIVES THE 990 TO REVIEW PRIOR TO THEIR
MEETING. AT THE MEETING THEY ARE AFFORDED A QUESTION/ANSWER TIME WITH
PREPARER BEFORE THE FORM IS FILED. THE PREPARER ALSO PRESENTS THE 990 TO
THE ENTIRE BOARD.
FORM 990, PART VI, SECTION B, LINE 12C: EACH BOARD MEMBER IS PROVIDED THE
CONFLICT OF INTEREST POLICY THAT GIVES THE MEMBER A GUIDELINE AND EXAMPLES
OF POTENTIAL CONFLICTS AND THE PROCEDURES NECESSARY TO DISCLOSE THE
CONFLICTS TO THE ORGANIZATION. THEY ARE REQUIRED TO SIGN THE POLICY AS TO
HAVING BOTH READING AND UNDERSTANDING THE POLICY.
FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS INCLUDING
THE CONFLICT OF INTEREST POLICY AND THE ORGANIZATION'S AUDITED FINANCIAL
STATEMENTS ARE KEPT AT THE FOUNDATION'S OFFICE.

2009 Open to Public Inspection OMB No. 1545-0047 71-0582373 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▼ See separate instructions. Related Organizations and Unrelated Partnerships SOUTH ARKANSAS COMMUNITY COLLEGE ► Attach to Form 990. FOUNDATION, INC. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part

Employer identification number Direct controlling entity 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.) End-of-year assets <u>@</u> Total income ਉ Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or foreign country) Primary activity Name, address, and EIN of disregarded entity Part II

Direct controlling entity status (if section 501(c)(3)) Public charity 170(B)(1)(A)(I Exempt Code section Legal domicile (state or foreign country) ARKANSAS Primary activity COLLEGE 日 SOUTH ARKANSAS COMMUNITY COLLEGE -300 SOUTH WEST AVENUE, Name, address, and EIN of related organization 71-0718948, DORADO, AR

Schedule R (Form 990) 2009

FOUNDATION, INC.

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.) Schedule R (Form 990) 2009 Part III

Page 2

71-0582373

Percentage ownership General or managing partner? Schedule R (Form 990) 2009 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.) 8 Ξ Code V-UBI amount in box m 20 of Schedule 4 K-1 (Form 1065) Share of end-of-year assets \equiv <u>6</u> ate allocations? Disproportion-Yes No Ξ Share of total income Share of end-of-year assets Type of entity (C corp, S corp, or trust) Share of total income Ξ Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) ত্ত Legal domicile (state or foreign country) <u>ပ</u> Direct controlling entity Primary activity ਉ Legal domicile (state or foreign country) <u>©</u> Primary activity <u>a</u> Name, address, and EIN of related organization Name, address, and EIN of related organization <u>a</u> Part IV

Page 3

SOUTH ARKANSAS COMMUNITY COLLEGE FOUNDATION, INC.

Schedule R (Form 990) 2009

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

Note Complete line 1 if any entity is listed in Parts II III or IV of this schedule.		Yes No	-1
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?			١
Beceipt of (i) interest (ii) applities (iii) rovalties or (iv) rent from a control		1a X	
a recorbit of (// mission (m) of accountable of the contraint of the contr		Th X	
		1c X	ĺ
			l
d Loans or loan guarantees to or for other organization(s)			ī
e Loans or loan guarantees by other organization(s)		1e V	1
			-
f Sale of assets to other organization(s)		#	١
Purchase of assets from other organization(s)		Tg X	1
h Exchange of assets		Þ	1
i Lease of facilities, equipment, or other assets to other organization(s)		i-	1
: 1		i.	I
		1k	l
			1
Performance of services or membership or fundraising solicitations by other organization(s)		1 >	1
m Sharing of facilities, equipment, mailing lists, or other assets			1
n Sharing of paid employees		-t -x	-
			1
. o Reimbursement paid to other organization for expenses		10 X	1
Reimbursement baid by other organization for expenses		d X	
			- 1
n Other transfer of cash or property to other organization(s)		1q X	ll
Other transfer of cash or property from other organization(s)		1r	
If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships	and transaction thresholds	•	
	(b) Transaction	(c) Amount involved	
	type (a-r)		- 1
(1) SOUTH ARKANSAS COMMUNITY COLLEGE	В	69,871,	•
(2) SOUTH ARKANSAS COMMUNITY COLLEGE	Н	8,458,	•
(4)			
(5)			
932163 02-04-10	Sch	Schedule R (Form 990) 2009	18

71-0582373

Page 4

SOUTH ARKANSAS COMMUNITY COLLEGE

FOUNDATION, INC. Schedule R (Form 990) 2009 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)	(p)	(0)	(g)	(e)		(6)	ı
Name, address, and EIN of entity	Primary activity		Are all partners section 501(c)(3) organizations?	Share of end-of- year assets	Dispropor- tionate allocations?	Code V-UBI amount in box 20 of Schedule K-1	General or managing partner?
		country)	Yes No			(Form 1065)	- 1
					-		
						-	
						•••	
					-		
						Schedule R (Form 990) 2009	n 990) 2009

2009 DEPRECIATION AND AMORTIZATION REPORT

Ending Accumulated	eciation	3,034.	3,034.												
	de Deb			 						,		•			
Current Year Deduction	- r	1,10,1	1,517.									*			
Current Sec 179	Expense														
Beginning Accumulated	Depreciation	T, 51/.	1,517.								· · · · · ·		· ·		
Basis For Depreciation		.06/ /77	22,750.						wakili wa marana a marana a marana a marana a marana a marana a marana a marana a marana a marana a marana a m						
Reduction In Basis								W							
Section 179 Expense				 			· · · · · ·								
RENT Bus	Exc				0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0										
Unadjusted Cost Or Basis	() ()	22, 750.	22,750.	•											
No. O	,	97 <u>8</u> H													
Life		15.00.		 	 	- 1									
Method	\top			 <u> </u>	 			=							
Date Acquired M		06/26/08			 ,			J. 1832-1804							
CPAR Description		AR.	* 990 RENTAL TOTAL OTHER												
AIRPORT HANGAR Asset No.		101 HANGAR	% ★	· .	 17.8		·						-		

2009 DEPRECIATION AND AMORTIZATION REPORT

FORM 9	FORM 990 PAGE 10				:		066							
Asset No.	Description	Date Acquired	Method	Life	Ooc>	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	PROGRAM SERVICES		***************************************											
,,,	1 RAISER'S EDGE SOFTWARE	06/29/00	SI	3.00	HX16	6,365.				6, 365.	6,365.		0	6,365.
	2 EXERCISE BICYCLE	04/17/00	SI	5.00	HX16	249.				249.	249.		o	249.
\· }	3 (D) COMPUTER SUPPLIES	04/20/00	ZI	5.00	HY16	1,600.				1,600.	1,600.		0	
7	4 (D)LORAD M3 MAMMOGRAPHY UNIT	11/18/02	SI	7.00	HX16	1,500.				1,500.	1,410.		90	
u <i>)</i>	5 (D) RADIOLOGIC EQT	11/18/02	SI	7.00	HY16	13,000.				13,000.	12,226.		774.	
	(D) 5 BORG-WARNER HOSPITAL 6 BEDS	12/23/02	SI	7.00	HW16	125.				125.	117.		ထ်	
	7 (D) COMPUTER EQT	02/26/03	SI	5.00	HX16	15,000.				15,000.	15,000.		o	
	8 BOOKSHELVES	02/27/03	SI	7.00	HX16	7,000.				7,000.	6,333.	-	. 667	7,000.
	9 MEDICAL EQT	06/25/03	SI	7.00	HX16	28,300.				28,300.	24,257.		4,043.	28,300.
ĭ.	10 GREAT BOOKS	09/02/03	SI	7.00	HX16	995.				995.	828.		142.	970.
, i	11 (D) 19 CHAIRS (ART DEPT)	11/03/03	N S	7.00	HX16	1,900.				1,900.	1,536.		271.	
<u> </u>	12 5 CHURCH PEWS	11/07/03	TS .	7.00	HX16	1,250.				1,250.	1,014.		179.	1,193.
.H	13 HALI BOOK COLLECTION	12/19/03	SI	7.00	HX16	9,995.				9,995.	7,972.		1,428.	9,400.
	14 BOOKS	12/19/03	IS .	7.00	HX16	2,365.				2,365.	1,887.		338	2,225.
rá	15 (D)13 FORT RADIOS & CHARGES	01/06/04	SI	5.00	HW16	13,000.				13,000.	13,000.		Ö	
	(D)7 RESPIRATORS, 1 CHEMICAL 16 SUIT	02/16/04	SI	7.00	HW16	11,400.				11,400.	8,823.		1,629.	
Τ	17 (D) AUTOMOTIVE EQT	04/21/04 SL	SI	5.00	HY16	7,730.				7,730.	7,730.		0	
928111 04-24-09	51				-	(D) - Asset disposed	pesod		*	ITC, Salvage	, Bonus, Com	mercial Revit	, alization Deduc	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2009 DEPRECIATION AND AMORTIZATION REPORT

FOR	FORM 990 PAGE 10						990							
Asset No.	o. Description	Date Acquired N	Method	Life	Non >	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	18 CHRISINAS DECORATIONS	12/03/04		3.00 F	HX16	518.				518.	518.		o	518.
	19 PAINTING OF ADMIN BLDG	05/26/05	SI IS	7.00	HM16	125.				125.	73.		18.	91.
	20 PIANO LAB	01/11/00	SI	7.00 I	HX16	20,375.				20,375.	10,188.		2,911.	13,099.
1 - 1	22 POOL & FOUNTAIN	12/02/08	SI	7.00 I	HX16	3,645.				3,645.	304.		521.	825.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES	1.				146,437.				146,437.	121,430.		13,019.	70,235.
	MANAGEMENT AND GENERAL										-			
	21 FILING CABINET	10/09/01		7.00	HY16	381.				381.	95.		, 54.	149.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL					381.				381.	95.	. '	54	149.
	* GRAND TOTAL 990 PAGE 10 DEPR					146,818.				146,818.	121,525.		13,073.	70,384.

-				•						· · · · · · · · · · · · · · · · · · ·				
928111	11													

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone