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CLIENT'S COPY



February 21, 2024

Sauk Valley College Foundation 173 Il Route 2 Dixon, IL 61021

Sauk Valley College Foundation:

Enclosed are the original and one copy of the 2022 Exempt Organization returns, as follows...

2022 Form 990

2022 Illinois Form AG990-IL

Please review the return for completeness and accuracy.

We prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Sincerely,

Michael J Peterson, CPA

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2023

Prepared For:

Sauk Valley College Foundation 173 Il Route 2 Dixon, IL 61021

Prepared By:

Wipfli LLP 1502 London Road, Suite 200 Duluth, MN 55812

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by May 15, 2024

Internal Revenue Code Section 6104(d) requires that Form 990 should be made available for public inspection during regular business hours at the organization's principal office. The return must also be available for public inspection at any regional or district offices having three or more employees. Inspection of this return must be allowed for three years from the due date specified above. The inspection requirement applies to all portions of the return except for the names and addresses of any contributors to the organization. The inspection requirement also applies to your organization's application for tax-exempt status (Form 1023 or 1024) and the Internal Revenue Service determination letter approving exempt status.

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning	\mathtt{JUL}	1	, 2022, and ending	JUN	30	, 20
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<u>23</u>

OMB No. 1545-0047

Department of the Treasury

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

mternai R	evenue Service	GO	O www.irs.gov/Formoo/91E for	the latest illiormation.	
Name o					EIN or SSN
	SAUK VALLEY (36-6135387
Name a	nd title of officer or person subject to		RI CORTEZ DUNDATION DIRECTO	.	
Part	Type of Return an			Λ	
				Barbla	
Form 5 or 10a whiche	330 filers may enter dollars and below, and the amount on that	cents. For line for the	all other forms, enter whole dollar return being filed with this form w	s only. If you check the box on as blank, then leave line 1b, 2	rom the return. Form 8038-CP and a line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, ble line below. Do not complete more
1a	Form 990 check here	Х ь	Total revenue, if any (Form 990,	Part VIII, column (A), line 12)	ть <u>1,502,719.</u>
2a	Form 990-EZ check here				2b
За	Form 1120-POL check here		Total tax (Form 1120-POL, line 2		
4a	Form 990-PF check here		Tax based on investment incor		
5a	Form 8868 check here		Balance due (Form 8868, line 3		
6a	Form 990-T check here		Total tax (Form 990-T, Part III, lin		
7a	Form 4720 check here		Total tax (Form 4720, Part III, lin		
8a	Form 5227 check here		FMV of assets at end of tax year		8b
9a	Form 5330 check here		Tax due (Form 5330, Part II, line		9b
10a	Form 8038-CP check here		Amount of credit payment requ		l, line 22) 10b
Part	II Declaration and S	ignature	Authorization of Officer of	or Person Subject to Ta	X
Under	penalties of perjury, I declare tha	at XIIar	n an officer of the above entity or	I am a person subject to	tax with respect to (name
of entit	y)		, (EIN) ar	nd that I have examined a copy of the
ater th payme person	an 2 business days prior to the nt of taxes to receive confidentia	payment (se al informatio	nt. To revoke a payment, I must on the still must of the still must of the still must be still must	e financial institutions involved and resolve issues related to th	d in the processing of the electronic ne payment. I have selected a
	【 lauthorize WIPFLI Li	LP			to enter my PIN 61021
			ERO firm name		Enter five numbers, but do not enter all zeros
	with a state agency(ies) regu on the return's disclosure co As an officer or person subje return. If I have indicated with	lating charinsent screed to tax with this return this return this return.	ties as part of the IRS Fed/State pen. th respect to the entity, I will ente	orogram, I also authorize the af r my PIN as my signature on th ng filed with a state agency(ies	a copy of the return is being filed forementioned ERO to enter my PIN the tax year 2022 electronically filed s) regulating charities as part of the
Sianature	of officer or person subject to tax				Date
Part		Authentic	cation		
ERO's	EFIN/PIN. Enter your six-digit e	lectronic fil	ng identification		
numbe	r (EFIN) followed by your five-dig	jit self-selec	ted PIN.	4171815440 Do not enter all zero	-
submit		-	hich is my signature on the 2022 irements of Pub. 4163, Moderniz	electronically filed return indica	
ERO's s	ignature MICHAEL J	PETER	SON, CPA	Date	/21/24
				<u> </u>	
			Must Retain This Form		0-
			nit This Form to the IRS U	niess Requested To Do	
LHA F	or Privacy Act and Paperwork	Reduction	Act Notice, see instructions.		Form 8879-TE (2022)

202521 12-16-22

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print SAUK VALLEY COLLEGE FOUNDATION 36-6135387 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 173 IL ROUTE 2 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. DIXON, IL 61021 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 12 Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) LORI CORTEZ The books are in the care of ▶ 173 IL ROUTE 2 - DIXON, IL 61021 Telephone No. ▶ 815-835-6345 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. MAY 15, 2024 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or , and ending JUN 30, 2023 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

223841 04-01-22

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

OIND 110. 10 10 00 11
2022
Open to Public Inspection

B Chases Contributions and grant extension Description Description	Α	For the	2022 calendar year, or tax year beginning $$	JUN 30, 2023	}				
SAUK VALLEY COLLEGE FOUNDATION Colora business as Control business Control busi	<u>—</u>	Check if	C Name of organization	D Employer identi	fication number				
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Number and street or P.D. box if mail is not delivered to street address) Room/sulte E Tolephone number E15 - 288 - 55 1.1	Ē	Name		36-61353	387				
173 IL ROUTE 2 8.15-288-5511 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.15 7.	Initial								
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DIXON, IL 61021		termin-	City or town, state or province, country, and ZIP or foreign postal code						
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Taxexempt status: Solicity(s) Solicity (insert no.) 4947(a)(1) or		tion	F Name and address of principal officer: DOKI COKIEZ	for subordinate	es? Yes X No				
J Webster: WWW .SVCC .EDU/ FOUNDATION High Group exemption number K form of orgalization: X Corporation Trust Association Other L Year of formation: 1965 M State of legal domicile: TL Part Summary Part Summary Briefly describe the organization's mission or most significant activities: TO SUPPORT SAUK VALLEY COMMUNITY		pendin	SAME AS C ABOVE	H(b) Are all subordinates	included? Yes No				
Form of terganization: X Corporation	<u>1</u>	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527 If "No," attach	a list. See instructions				
The Briefly describe the organization's mission or most significant activities: TO_SUPPORT_SAUK_VALLEY_COMMUNITY_COLLEGE_RITS_PROGRAMS_AND_ITS_STUDENTS Check this box				H(c) Group exempti	on number				
Briefly describe the organization's mission or most significant activities: TO SUPPORT SAUK VALLEY COMMUNITY COLLEGE, ITS PROGRAMS AND ITS STUDENTS 2 Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets.	<u>K</u>	Form of	organization: X Corporation Trust Association Other L	rear of formation: 1965	M State of legal domicile; IL				
COLLEGE, ITS PROGRAMS AND ITS STUDENTS Check this box	P								
Total number of individuals employed in calendar year 2022 (Part V, line 2a) S O Total number of volunteers (estimate if necessary) G O 100 Total unrelated business revenue from Part VIII, column (C), line 12 Ta O Total unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year Current Year S Contributions and grants (Part VIII, line 1h) 2,808 a, 315 1,225 ,878 S Program service revenue (Part VIII, line 1h) 2,808 a, 315 1,225 ,878 S Program service revenue (Part VIII, line 1h) 2,808 a, 315 1,225 ,878 S Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 53,502 282 ,931 S Contributions and grants (Part VIII, column (A), lines 3, 4, and 7d) 53,502 282 ,931 S Contail revenue (Part VIII, column (A), lines 3, 64, 8c, 9c, 10c, and 11e) -26,578 -6,990 S Contail revenue (Part VIII, column (A), lines 5, 66, 8c, 9c, 10c, and 11e) -26,578 -6,990 S Galaries, other compensation, employee benefits (Part IX, column (A), line 12) 2,835 , 239 1,502 , 719 S Galaries, other compensation, employee benefits (Part IX, column (A), lines 13) 492 , 716 452 , 389 S Contail tundraising expenses (Part IX, column (A), line 11e) 0	4	1		RT SAUK VALLE	Y COMMUNITY				
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18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 33 , 220 . 87 , 161. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer LORI CORTEZ, FOUNDATION DIRECTOR Type or print name and title Print/Type preparer's name MICHAEL J PETERSON, CPA MICHAEL J PETERSON, 02/21/24 self-employed P01833529 Preparer Firm's name WIPFLI LLP Firm's name WIPFLI LLP Firm's EIN 39-0758449 Phone no.218.722.4705	ğ	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0 .	0.				
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 33 , 220 . 87 , 161. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer LORI CORTEZ, FOUNDATION DIRECTOR Type or print name and title Print/Type preparer's name MICHAEL J PETERSON, CPA MICHAEL J PETERSON, 02/21/24 self-employed P01833529 Preparer Firm's name WIPFLI LLP Firm's name WIPFLI LLP Firm's EIN 39-0758449 Phone no.218.722.4705	Ž L) D		167 036	176 891				
19 Revenue less expenses. Subtract line 18 from line 12 2,175,487. 873,439. Beginning of Current Year End of Year 8,810,980. 10,261,506. 93,220. 87,161. 93,220. 87,161. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer LORI CORTEZ, FOUNDATION DIRECTOR Type or print name and title Print/Type preparer's name MICHAEL J PETERSON, CPA MICHAEL J PETERSON, 02/21/24	_	1 ''							
Beginning of Current Year End of Year									
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true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date LORI CORTEZ, FOUNDATION DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Date MICHAEL J PETERSON, CPA MICHAEL J PETERSON, 02/21/24 self-employed P01833529 Preparer Firm's name WIPFLI LLP Firm's EIN 39-0758449 Use Only Firm's address 1502 LONDON ROAD, SUITE 200 DULUTH, MN 55812 Phone no. 218.722.4705	_								
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Sign Here LORI CORTEZ, FOUNDATION DIRECTOR Type or print name and title Print/Type preparer's name MICHAEL J PETERSON, CPA MICHAEL J PETERSON, 02/21/24 self-employed P01833529 Preparer Use Only Firm's address 1502 LONDON ROAD, SUITE 200 DULUTH, MN 55812 Date Print/Type preparer's signature Preparer's signature POIN Firm's signature POIN Firm's Elin 39-0758449 Phone no. 218.722.4705		•		•	,				
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Preparer Use Only Use Only DULUTH, MN 55812 Firm's address Firm's address Firm's EIN 39-0758449			Print/Type preparer's name Preparer's signature	Date Check	PTIN				
Use Only Firm's address 1502 LONDON ROAD, SUITE 200 DULUTH, MN 55812 Phone no. 218.722.4705	Pai	d	MICHAEL J PETERSON, CPA MICHAEL J PETERSON,						
DULUTH, MN 55812 Phone no.218.722.4705	Pre			Firm's EIN	39-0758449				
	Use	Only							
May the IRS discuss this return with the preparer shown above? See instructions X Yes No	_		DULUTH, MN 55812	Phone no. 2					
	Ма	y the IF	S discuss this return with the preparer shown above? See instructions		X Yes No				

	990 (2022) SAUK VALLEY COLLEGE FOUNDATION	36-6135387	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	THE SAUK VALLEY COLLEGE FOUNDATION MISSION IS TO SUPPOR	RT SAUK VALLEY	
	COMMUNITY COLLEGE, ITS PROGRAMS AND ITS STUDENTS.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	s?Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services,	as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot	hers, the total expenses, ar	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 452,389 • including grants of \$ 452,389 •) (Re	evenue \$	0.)
	THE SCHOLARSHIP PROGRAM INCLUDES APPROXIMATELY 328 SCHO		
	TOTALING APPROXIMATELY \$176,183 PLUS AWARDS OF \$276,206		
	· · · · · · · · · · · · · · · · · · ·		
	•		
	-		
4b	(Code:) (Expenses \$ including grants of \$) (Re	evenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Re	evenue\$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 452,389.		
		Form 9	90 (2022)

Form 990 (2022) SAUK VALLEY COLLEGE FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0	, ,	8		х
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	<u> </u>	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
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Pa	1 IV Checklist of Required Schedules (continued)	301	Р	age 4
. u	Continuea)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		.03	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		L
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			۱
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			1
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			- v
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		x
20	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	21		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
2	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
_	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			_v
07	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	31		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Х	1
Pai		1 30		
	Check if Schedule O contains a response or note to any line in this Part V			
	1		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c		

022) SAUK VALLEY COLLEGE FOUNDATION Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

2a Enter the number of employees reported on Form W3, Transmittation Wage and Tax Statements, titled to the cachedrak year endings with on within the year covered by this received year? 3b If the organization have unrelated business gross are convented by this provided and employment tax returns? 3c In the organization have unrelated business gross are convented by the year? 3d In the organization have unrelated business gross are convented by the year? 3d In the organization are convented year, and the organization flow all required federal employment tax returns? 3d In the organization are convented year, and the organization flow all required in or a eligibative or other authority over, a stransial account in a foreign country (such as a bank account, securities account, or other financial accounts)? 4a If Yes, "enter the name of the foreign country (such as a bank account, securities account, or other financial accounts)? 5b If Yes, "and the organization in a party to a prohibited tax shallow the such as the organization and party to a prohibited tax shallow the such as the organization and years or expects that ear normally greater than \$100,000 and did the organization solicit any contributions in the were not tax deductible as charitable contributions? 5c In Yes," and the organization in all years are contributions and party for groups and services provided to the paper. 5c In Yes, "and that may receive deductible contributions under section 170(c). 5c In If Yes, "a indicate the number of Forms 8282 flied during the year 5c In If Yes, "a indicate the number of Forms 8282 flied during the year 5c In If Yes, "a indicate the number of Forms 8282 flied during the year 5c In If Yes, and the organization near that such contributions are papers and benefit contract? 5c In If the organization received a contribution or advised funds. 5c In If Yes, "a indicate the number of Forms 8282 flied during the year 5c In If Yes, "a indicate the number of Forms 8282 flied during the year 5c In If Yes, "a i				Yes	No		
b If a least one is reported on line 2a, did the organization fall all required federal amployment tax returns? 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 Did If "Yes," has it field a Form 980-1 for this year? "No" to line 3b, provide an explanation on Schedule 0 3 Did If "Yes," has it field a Form 980-1 for this year? "No" to line 3b, provide an explanation on Schedule 0 3 Did If "Yes," a first the name of the foreign country years as a bank account; securities account, or their financial accounts? 4 Did If "Yes," a first the name of the foreign country years are share accounts. The security of the provides a state organization and party to a prohibited tax shelter transaction at any time during the tax year? 5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction of 5 Did X 5 Did If "Yes," a first were not tax deductibles as charitable contributions? 5 Did "Yes," a first of organization have a first at are normally greater than \$100,000, and did the organization solic are years on the organization that may receive deductible contributions under section 170(c). 5 Did the organization that may receive deductible contributions under section 170(c). 5 Did the organization that may receive deductible contributions under section 170(c). 5 Did the organization that may receive deductible contributions under section 170(c). 6 Did the organization that may receive deductible contributions under section 170(c). 8 Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal brenefit contract? 7 Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal brenefit contract? 7 Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal brenefit contract? 7 Did the organization neceive any funds, directly	2a						
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4b If *Yes,* *Inst field a form 900 of the this year? *If *Yes* *In the standard of the provided of the organization and the provided of the		filed for the calendar year ending with or within the year covered by this return					
b If Visc, 1 fact a filled a Form 990.7 for this year? If Viso 1 for 83, provide an explanation on Schedule 0 A All any time during the clained ayear, 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 accounts? A If Visc, 1 feet the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). See instructions for filling requirements for FiroCR Form 114, Report of Foreign Bank and Financial Accounts (FBAR). So Was the organization aparty to a prohibert bat shelter transaction at any time during the tax year? So Did any taxable party notify the organization file Form 8886-7? So If Visc, 1 fill the organization analy gross receipts that was or sia party to a prohibert bat shelter transaction? So Did was the organization analy gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that the organization file Form 8886-7? So If Visc, 1 fill the organization for lound with every solicitation an exposes statement that such contributions or gifts were not tax deductible? Progranization that may receive deductible contributions under section 170(c). By If Visc, 1 fill the organization receive a pyment in excess of \$35 made party as a contribution of party for goods and services provided to the page of the organization receive and promitive denor of the value of the poods or services provided? Co Did the organization should the organization for the value of the poods or services provided? If Visc, 1 findicate the number of Forms 8282 filed during the year If If If Visc, 1 findicate the number of Forms 8282 filed during the year If I	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b				
4a A any time during the calendary 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)? b If "Yes," enter the name of the foreign country. 5a Was the organization are party to a prohibited tax shelter transaction at any time during the tax year? 5b 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 deductibles or characteristic any contributions that were not tax deductibles a characteristic any contributions that were not tax deductibles a characteristic any contributions that were not tax deductibles a characteristic any contributions that were not tax deductibles a characteristic and account of the way of the contributions are section 170(c). b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a characteristic and account of the section of the section of the value of the goods or services provided? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization nective a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 If "Yes," did the organization nective and the section of the value of the goods or services provided? 7 If "Yes," indicate the number of Forms &262? filed during the year 8 Did the organization received a contribution of our services provided to the payor. 9 To the organization received a contribution of care, boats, airplanes, or other vehicles, did the organization file a Form 1098 C? 9 Sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization have excess business holdings at any time during the year? 9 Section 501(c)(12) qualified to pay organization file organization file a Form 10	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>		
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	232004		Form	990	(2022)		

SAUK VALLEY COLLEGE FOUNDATION 36-6135387 Form 990 (2022) 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 on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 13 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 13 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed $\,\,\,$ IL Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available

for public inspection. Indicate how you made these available. Check all that apply.

X Own website Another's website X Upon request __ Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records

LORI CORTEZ - 815-835-6345 173 IL ROUTE 2, DIXON, IL 61021

06540221 147695 413768

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

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

X

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) LORI CORTEZ VP ADVANCEMENT/FOUNDATION DIRECTOR	30.00			Х				0.	0.	0.
(2) WILLIAM WESCOTT	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) LAUREN ROTH	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(4) SUZANNE RAVLIN	1.00									
TREASURER		Х		Х				0.	0.	0.
(5) REBEKAH EMERY	1.00									
TREASURER (TERMED 10/22)		Х		Х				0.	0.	0.
(6) DAVE ABELE	1.00									
SECRETARY		Х		Х				0.	0.	0.
(7) PHILIP ATILANO	1.00									
DIRECTOR		Х						0.	0.	0.
(8) MICHAEL BRISCOE	1.00									
DIRECTOR		Х						0.	0.	0.
(9) MICHAEL CLARK	1.00									
DIRECTOR		Х						0.	0.	0.
(10) MELISSA DYE	1.00	<u> </u>								
DIRECTOR (TERMED 10/22)		Х						0.	0.	0.
(11) MARCIA JONES	1.00									
DIRECTOR		Х						0.	0.	0.
(12) KELLY MANDRELL	1.00]						_	_	_
DIRECTOR		Х						0.	0.	0.
(13) LAURA OQUENDO	1.00	ļ								
DIRECTOR		Х						0.	0.	0.
(14) ROBERT SONDGEROTH	1.00	ļ								
DIRECTOR	1	Х						0.	0.	0.
(15) JOHN THOMPSON	1.00	ļ								
DIRECTOR	1 00	Х						0.	0.	0.
(16) AARON YOUNG	1.00	٠,,								_
DIRECTOR		Х			_	_		0.	0.	0.
		1								
	I	1	l	l		I	1			

	orm 990 (2022) SAUK VALLEY COLLEGE FOUNDATION 36-6135387 Page 8						age 8							
Pai	Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C		, ,	Т		(F)	
	(A) Name and title	(B) Average hours per week	box	not c , unle	ss per	ition more rson i	than of s both or/trus	an	(D) Reportable compensation from	(E) Reportable compensatio from related		am	(F) timate nount o other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization: (W-2/1099-MIS 1099-NEC)	s	com fr orga	pensa om the anizati d relate	e ion ed
						×								
			•											
									0					0
С	Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c)	I, Section A							0.		0.			0.
2	Total number of individuals (including but not compensation from the organization								eceived more than \$100,	000 of reportable				0
3	Did the organization list any former officer,	-		•	•	•		•		•	ſ	2	Yes	No X
4	line 1a? If "Yes," complete Schedule J for so For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		4		X
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com	ccrue compen	sati	on fi	rom	any	unre	elate	ed organization or individ	dual for services		5		х
	tion B. Independent Contractors	managet ad ind	lana	- do	nt 0.0	+			not received more than (1100 000 of comm	onooti	on fro	<u> </u>	
1	Complete this table for your five highest conthe organization. Report compensation for the	•	•							•	ensau	on ire	111	
	(A) Name and business	address	NC	ONI	3				(B) Description of s	ervices	Co	(C omper	s) nsatio	า
2	Total number of independent contractors (ir \$100,000 of compensation from the organization from the organizati	•	ot lin	nited	d to 1	thos		ted	above) who received mo	ore than			200	

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
		·		(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
'0 '0	4	- Fadanatad assessina					00000010 0 12 0 11
nts Ints		a Federated campaigns 1a					
Sra Tou		Membership dues 1b	45.600				
Contributions, Gifts, Grants and Other Similar Amounts		Fundraising events1c	47,680.				
를 를		d Related organizations 1d					
is,	•	Government grants (contributions)					
ig	1	All other contributions, gifts, grants, and					
E E		similar amounts not included above 1f	1,178,198.				
ΈĠ	,	Noncash contributions included in lines 1a-1f	15,852.				
S S	i	n Total. Add lines 1a-1f		1,225,878.			
			Business Code				
•	2 8	_					
į į							
ne A							
n S		·					
e E	•						
Program Service Revenue		e					
Δ.	1	All other program service revenue					
\rightarrow		Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)		46,414.			46,414.
	4	Income from investment of tax-exempt bond pr	oceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 :	a Gross rents 6a					
		Less: rental expenses 6b					
		d Net rental income or (loss)	/ii) Othor				
	7 8	()	(ii) Other				
		assets other than inventory $\boxed{7a}$ 2,033,382.					
	ı	Less: cost or other basis					
<u>e</u>		and sales expenses 7b 1,796,865.	<u> </u>				
ther Revenue	(Gain or (loss) 7c 236,517.					
Be	(d Net gain or (loss)		236,517.			236,517.
ē	8 8	a Gross income from fundraising events (not					
₹		including \$ 47,680. of					
		contributions reported on line 1c). See					
		Part IV, line 18	51,399.				
	ı	Less: direct expenses 8b	57,489.				
		Net income or (loss) from fundraising events		-6,090.			-6,090.
		a Gross income from gaming activities. See		,			
		Part IV, line 19 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 8	a Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold10b					
	- (Net income or (loss) from sales of inventory					
ω			Business Code				
Miscellaneous Revenue	11 a	a					
ane Ligit	ı						
eVe	(
<u>iš</u>		All other revenue					
2		Total. Add lines 11a-11d					
	12	Total revenue. See instructions		1,502,719.	0.	0.	276,841.

232009 12-13-22

Form 990 (2022) SAUK VALLEY COLLEGE FOUNDATION Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns	s. All other organizations must complete column (A).

	ot include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations		ехрепзез	general expenses	ехрепзез
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	452,389.	452,389.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	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	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes				
1	Fees for services (nonemployees):				
а	Management				
b	Legal	11 000		11 000	
	Accounting	11,200.		11,200.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	26 250		26 250	
f	Investment management fees	26,259.		26,259.	
g	Other. (If line 11g amount exceeds 10% of line 25,	15 671		15 671	
	column (A), amount, list line 11g expenses on Sch O.)	15,671. 16,279.		15,671. 12,569.	3,710
2	Advertising and promotion	13,750.		13,750.	3,710
3	Office expenses	13,750.		13,750.	
4	Information technology				
15	Royalties				
16	Occupancy	256.		256.	
17	Travel	230.		250.	
8	Payments of travel or entertainment expenses				
_	for any federal, state, or local public officials	16,250.		4,423.	11,827
9	Conferences, conventions, and meetings	10,230.		4,443.	11,027
20	Interest				
21	Payments to affiliates Depreciation, depletion, and amortization				
2					
:3 :4	Insurance Other expenses. Itemize expenses not covered				
. 	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	MAINTENANCE AND SUPPORT	64,720.		64,720.	
b		2 - , , 2 0 0		,	
c					
d					
	All other expenses	12,506.		9,305.	3,201
5	Total functional expenses. Add lines 1 through 24e	629,280.	452,389.	158,153.	18,738
5 6	Joint costs. Complete this line only if the organization	-,	. ,	,	
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	educational campaign and junoraismo sonchanon				

Form 990 (2022)
Part X Balance Sheet

<u>rar</u>	τX	Balance Sneet				
		Check if Schedule O contains a response or n	ote to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		799,051.	1	616,732
	2	Savings and temporary cash investments		596,936.	2	2,163,018
	3	Pledges and grants receivable, net		194,062.	3	324,373
	4	Accounts receivable, net	645.	4	18,626	
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, sub	estantial contributor, or 35%			
		controlled entity or family member of any of th	ese persons		5	
	6	Loans and other receivables from other disqua	alified persons (as defined			
		under section 4958(f)(1)), and persons describ	ed in section 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
ĕ	9	Prepaid expenses and deferred charges		4,679.	9	1,298
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D				
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities		7,215,607.	11	7,137,459
	12	Investments - other securities. See Part IV, line			12	
	13	Investments - program-related. See Part IV, lin			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11	0.010.000	15	10 061 506	
	16	Total assets. Add lines 1 through 15 (must ed		8,810,980.	16	10,261,506
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete			21	
es	22	Loans and other payables to any current or for				
		trustee, key employee, creator or founder, sub				
Liabilities		controlled entity or family member of any of th			22	
_	23	Secured mortgages and notes payable to unre			23	
	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities (including federal income tax, p	•			
		parties, and other liabilities not included on lin of Schedule D	es 17-24). Complete Part X	93,220.	25	87,161
	26			93,220.	26	87,161
	20	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, cl	neck here X	33,220	20	07,101
န္တ		and complete lines 27, 28, 32, and 33.	leck liefe [21]			
2	27			697,867.	27	721,017
33	28	Net assets with donor restrictions		8,019,893.	28	9,453,328
	20	Organizations that do not follow FASB ASC		0,025,050	20	3,100,020
ᆵ		and complete lines 29 through 33.	ooo, cheak here			
5	29	Capital stock or trust principal, or current fund	de .		29	
ers	30	Paid-in or capital surplus, or land, building, or			30	
Ass	31	Retained earnings, endowment, accumulated			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		8,717,760.	32	10,174,345
Z	33			8,810,980.	33	10,261,506

Form 990 (2022)

Pai	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,50		
2	Total expenses (must equal Part IX, column (A), line 25)	2		9,2	
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>39.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		8,717,		
5	Net unrealized gains (losses) on investments	5	58	3,1	<u>46.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	10,17	4,3	45.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
	•			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 on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		
			Form	990	(2022)

232012 12-13-22

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SAUK VALLEY COLLEGE FOUNDATION

Employer identification number

36-6135387 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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, city, and state: X An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 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). 11 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Gifts, grants, contributions, and	` ,	, ,	,	• •	, ,	,,	
	membership fees received. (Do not							
	include any "unusual grants.")	676,616.	728,058.	1714506.	2808315.	1160878.	7088373.	
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							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	676,616.	728,058.	1714506.	2808315.	1160878.	7088373.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						1104931.	
6	Public support. Subtract line 5 from line 4.						5983442.	
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
7	Amounts from line 4	676,616.	728,058.	1714506.	2808315.	1160878.	7088373.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	124,540.	29,922.	8,627.	3,513.	46,414.	213,016.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10						7301389.	
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	51,399.	
13	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)		
	organization, check this box and stop							
	tion C. Computation of Publi							
	Public support percentage for 2022 (li					14	81.95 %	
	Public support percentage from 2021					15	86.98 %	
16a	33 1/3% support test - 2022. If the o							
	stop here. The organization qualifies as a publicly supported organization							
b	33 1/3% support test - 2021. If the o	•		•		•		
	and stop here. The organization qualifies as a publicly supported organization							
17a	17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization							
	meets the facts-and-circumstances te	•	•					
b	10% -facts-and-circumstances test	•				•	10% or	
	more, and if the organization meets the				-			
	organization meets the facts-and-circu		-	•				
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar		(Form 990) 2022	

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	elow, please comp	Diete Fait II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(1)	(12)	(5)====	(-7	(5) = 5 = 5	χ,
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(4,) = 0.10	(2) 20:0	(0) = 0 = 0	(4) = 5 = 1	(0) = 0 = 0	(1)
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975					+	
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		. —
	check this box and stop here	- O 1 D -					
	ction C. Computation of Publi						
	Public support percentage for 2022 (I		•	column (f))		15	%
	Public support percentage from 2021 ction D. Computation of Inves					16	%
	•			: 10!···-· (f)		147	0/
	Investment income percentage for 20					17	%
	Investment income percentage from					18	% 7 is not
198	a 33 1/3% support tests - 2022. If the					-41	
k	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the		-	•	• •		
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14 10	a or 10h check th	nis hox and see in	structions	

232023 12-09-22

Schedule A (Form 990) 2022

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
_		
2		
За		
- Oa		
3b		
3с		
4-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
_		
8		
9a		
9b		
30		
9с		
10a		
. 34		
40.		
10b		

	dule A (Form 990) 2022 SAUK VALLEY COLLEGE FOUNDATION 36-61	<u> </u>	/ Pa	age 5
Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
800	detail in Part VI. tion B. Type I Supporting Organizations	11c		
Sec	tion B. Type i Supporting Organizations			T
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	_		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
C	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			1
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	i -		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction		T
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	, , ,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 232025 12-09-22 Schedule A (Form 990) 2022

trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

1

2

3

<u>4</u> 5

6

Schedule	Δ (Form	990)	202

Current Year

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Section C - Distributable Amount

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

emergency temporary reduction (see instructions)

2 Enter 0.85 of line 1.

5

1 Adjusted net income for prior year (from Section A, line 8, column A)

3 Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990) 2022

232028 12-09-22 Schedule A (Form 990) 2022

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2022

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
ROSEMARY HUISINGH	875,737.	729,709
HAROLD WEAVER ESTATE	521,250.	375,222
otal Excess Contributions to Schedule A, Part II, Line 5		1,104,931

Schedule B

(Form 990)

Schedule of Contributors Attach to Form 990 or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

SAUK VALLEY COLLEGE FOUNDATION

OMB No. 1545-0047

2022

Schedule B (Form 990) (2022)

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

36-6135387

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				
• •	on is covered by the General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General Rule					
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rules					
sections 509(a)(contributor, dur	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one ing the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; EZ, line 1. Complete Parts I and II.				
contributor, dur literary, or educ	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.				
year, contribution is checked, enter purpose. Don't o	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ons exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box er here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively able, etc., contributions totaling \$5,000 or more during the year\$				
answer "No" on Part IV, I	in that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must ine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify illing requirements of Schedule B (Form 990).				

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

Name of organization Employer identification number

SAUK VALLEY COLLEGE FOUNDATION

36-6135387

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HAROLD WEAVER ESTATE 620 N OTTAWA AVE # 11 DIXON, IL 61021-1630	\$\$21,250.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DILLON FOUNDATION PO BOX 537 STERLING, IL 61081-0537	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	AG VIEW FS, INC 100 S FIRST HARMON, IL 61042	\$\$	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 4	CITY OF ROCK FALLS 603 W 10TH ST ROCK FALLS, IL 61071-2854	\$ <u>25,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

SAUK VALLEY COLLEGE FOUNDATION

36-6135387

Part II	Noncoh Proporty (as industrial) the definition (But	II if a dal'i a a da a a a a a a a a a a a a a a	0 0133307
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
23453 11-15	. 22	*	Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page 4 Name of organization **Employer identification number** SAUK VALLEY COLLEGE FOUNDATION 36-6135387 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Name of the organization

SAUK VALLEY COLLEGE FOUNDATION

Employer identification number 36-6135387

Par	t I Organizations Maintaining Donor Advised Fu	nds or Other Simil	ar Funds or Ac	counts. Complete if the		
	organization answered "Yes" on Form 990, Part IV, line 6.			•		
		(a) Donor advised fun	nds (b) Funds and other accounts		
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in writing	g that the assets held in	donor advised fund	s		
	are the organization's property, subject to the organization's exclu	sive legal control?		Yes No		
6	Did the organization inform all grantees, donors, and donor adviso	rs in writing that grant fu	ınds can be used or	nly		
	for charitable purposes and not for the benefit of the donor or don-	or advisor, or for any oth	er purpose conferri	ng		
	impermissible private benefit?					
Par	t II Conservation Easements. Complete if the organiza	ation answered "Yes" on	Form 990, Part IV,	line 7.		
1	Purpose(s) of conservation easements held by the organization (ch					
	Preservation of land for public use (for example, recreation of	r education) Pre	eservation of a histo	rically important land area		
	Protection of natural habitat	Pre	eservation of a certif	ied historic structure		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualified co	onservation contribution	in the form of a cor			
	day of the tax year.			Held at the End of the Tax Year		
_				2a		
b				2b		
C	Number of conservation easements on a certified historic structure	. ,		2c		
d	Number of conservation easements included in (c) acquired after J	•				
_	historic structure listed in the National Register					
3	Number of conservation easements modified, transferred, released	d, extinguished, or termin	nated by the organiz	zation during the tax		
	year					
4	Number of states where property subject to conservation easemer					
5	Does the organization have a written policy regarding the periodic	_	-	Yes No		
6	violations, and enforcement of the conservation easements it hold: Staff and volunteer hours devoted to monitoring, inspecting, hand		forcing conservation			
U	Stan and volunteer riours devoted to monitoring, inspecting, name	iing or violations, and en	lording conservation	reasements during the year		
7	Amount of expenses incurred in monitoring, inspecting, handling of	of violations, and enforcing	na conservation eas	ements during the year		
•	7 thount of expenses mounted in monitoring, inspecting, narialing e	i violations, and emeren	ig conservation cas	ornerite during the year		
8	Does each conservation easement reported on line 2(d) above sati	sfv the requirements of s	section 170(h)(4)(B)(i)		
_	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservation ea					
	balance sheet, and include, if applicable, the text of the footnote to		•			
	organization's accounting for conservation easements.	3				
Par		, Historical Treasu	res, or Other Si	milar Assets.		
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958, no	t to report in its revenue	statement and bala	nce sheet works		
	of art, historical treasures, or other similar assets held for public ex	chibition, education, or re	esearch in furtheran	ce of public		
	service, provide in Part XIII the text of the footnote to its financial s	statements that describe	s these items.			
b	If the organization elected, as permitted under FASB ASC 958, to	report in its revenue stat	ement and balance	sheet works of		
	art, historical treasures, or other similar assets held for public exhib	oition, education, or rese	arch in furtherance	of public service,		
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1			\$		
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical treasure					
	the following amounts required to be reported under FASB ASC 98	58 relating to these items	s:			
а	Revenue included on Form 990, Part VIII, line 1			\$		
b	Assets included in Form 990, Part X					
	For Paperwork Reduction Act Notice, see the Instructions for I			Schedule D (Form 990) 2022		

Par		llections of Art			r Sim		S (conti		age 🚄
	·						(contil	nuea)	
3									
	collection items (check all that apply):		□ .						
	a Public exhibition d Loan or exchange program								
b	b Scholarly research e Other								
С	Preservation for future generations								
4	Provide a description of the organization's col						XIII.		
5	During the year, did the organization solicit or					_	_		,
_	to be sold to raise funds rather than to be mai						Yes		No
Par	t IV Escrow and Custodial Arrang		te if the organizatio	n answered "Yes" or	า Form	990, Part IV,	line 9, or		
	reported an amount on Form 990, Part								
1a	Is the organization an agent, trustee, custodia		•			_	_	_	,
	on Form 990, Part X?					∟	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the foll	owing table:						
					\vdash		Amoun	t	
С	Beginning balance				L	1c			
d	Additions during the year				<u>L</u>	1d			
е	Distributions during the year				L	1e			
f	Ending balance				L	1f			
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for escrow or cu	ıstodial account liabi	lity?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII. (
Par	t V Endowment Funds. Complete if	the organization an	swered "Yes" on Fo	rm 990, Part IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Th	ree years back	(e) Fou	r years	back
1a	Beginning of year balance	6,689,266.	5,513,555.	3,752,668.		3,693,835.	3	,477,	858.
b	Contributions	1,008,650.	2,349,593.	1,073,826.	102,162. 112,70			706.	
	Net investment earnings, gains, and losses	830,132.	-990,778.	854,868.		81,758.	. 231,314		314.
d	Grants or scholarships					47,470.	0. 77,35		353.
	Other expenditures for facilities								
	and programs	302,430.	183,104.	163,199.		736.		1,	407.
f	Administrative expenses			4,608.		76,881.		49,	283.
g	End of year balance	8,225,618.	6,689,266.	5,513,555.		3,752,668.	3	,693,	835.
2	Provide the estimated percentage of the curre	nt year end balance	(line 1g, column (a)) held as:			•		
а	Board designated or quasi-endowment	.0000	%	,					
	Permanent endowment 92.6400	%							
	Term endowment 7.3600 %								
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.							
За	Are there endowment funds not in the posses	•	tion that are held ar	nd administered for the	he				
	organization by:	g						Yes	No
	(i) Unrelated organizations						3a(i)		Х
	(ii) Related organizations						3a(ii)		X
h	If "Yes" on line 3a(ii), are the related organization	ons listed as require	ed on Schedule R?						
4	Describe in Part XIII the intended uses of the o								
Par	t VI Land, Buildings, and Equipme		vinorit rariao.						
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part X	, line 1	0.			
	Description of property	(a) Cost or of	ther (b) Cost	or other (c) A	Accum	ulated	(d) Boo	k valu	—— е
	Becomplien of property	basis (investm	` '		eprecia		(4) 200	it valu	•
1a	Land	,	,						
	Buildings								
	Leasehold improvements								
	Equipment								
	Other								
	. Add lines 1a through 1e. (Column (d) must eq		X column (D) line 1	Oc.)					0.
. 5.01		uui i Uiiii 33U. Fdll /	v. Columni (D), line 1	····					

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 SAUK VALLEY	COLLEGE FOUN	IDATION 3	6-6135387 Page 3
Part VII Investments - Other Securities.			rugo
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1) Financial derivatives			·
(0) 01 1 1 1 1 1 1 1 1 1			
(2) Closely held equity interests			
(A)			
(B)			
(C)			
(D)		+	
(E)		+	
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description	7 Tra. 300 T 0111 000, T are X, III 0 To.	(b) Book value
	Description		(b) Dook value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 2	25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) ASSETS HELD BY OTHERS			87,161.
(3)			
			<u> </u>

1. (a) Description of liability (b) Book value

(1) Federal income taxes

(2) ASSETS HELD BY OTHERS 87,161.

(3) (4) (5) (6) (7) (8) (9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 87,161.

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

Schedule D (Form 990) 2022

Par	t XI Reconciliation of Revenue per Audited Financial S	tatements With F	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV	, line 12a.	-		
1	Total revenue, gains, and other support per audited financial statements			1	2,357,771.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	583,146. 240,676.		
b	Donated services and use of facilities	2b	240,676.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	823,822. 1,533,949.
3	Subtract line 2e from line 1			3	1,533,949.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	26,259. -57,489.		
b	Other (Describe in Part XIII.)	4b	-57,489.		
С	Add lines 4a and 4b			4c	-31,230.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line	12.)		5	-31,230. 1,502,719.
Par	t XII Reconciliation of Expenses per Audited Financial S	Statements With	Expenses per F	Returr	٦.
	Complete if the organization answered "Yes" on Form 990, Part IV	, line 12a.			
1	Total expenses and losses per audited financial statements			1	901,186.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	240,676.		
b	Prior year adjustments	2b			
С	Other losses				
d	Other (Describe in Part XIII.)	2d	57,489.		
е	Add lines 2a through 2d			2e	298,165. 603,021.
3	Subtract line 2e from line 1			3	603,021.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	26,259.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	26,259.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line	e 18.)		5	629,280.
Par	t XIII Supplemental Information.	,			
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	nd 4; Part IV, lines 1b a	and 2b; Part V, line 4	; Part >	K, line 2; Part XI,
lines :	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional inform	ation.		
PAR	T V, LINE 4:				
THE	ENDOWMENT FUNDS ARE PRIMARILY MAINTA	INED TO FUN	D STUDENT	SCH	DLARSHIPS
AND	AWARDS.				
PAR	T X, LINE 2:				

THE FOUNDATION ASSESSES WHETHER IT IS MORE LIKELY THAN NOT THAT A TAX POSITION WILL BE SUSTAINED UPON EXAMINATION OF THE TECHNICAL MERITS OR THE POSITION, ASSUMING THE TAXING AUTHORITY HAS FULL KNOWLEDGE OF ALL INFORMATION. IF THE TAX POSITION DOES NOT MEET THE MORE LIKELY THAN NOT RECOGNITION THRESHOLD, THE BENEFIT OF THE TAX POSITION IS NOT RECOGNIZED IN THE FINANCIAL STATEMENTS. THE FOUNDATION RECORDED NO ASSETS OR LIABILITIES FOR UNCERTAIN TAX POSITIONS OR UNRECOGNIZED TAX BENEFITS.

Schedule D (Form 990) 2022

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization Employer identification number 36-6135387 SAUK VALLEY COLLEGE FOUNDATION Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990) 2022

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

	of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.										
			(a) Event #1 CHOCOLATE RENDEZVOUS	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through					
			(event type)	(event type)	(total number)	- col. (c))					
une				, ,,	,						
Revenue	1	Gross receipts	99,079.			99,079.					
	2	Less: Contributions	47,680.			47,680.					
	3	Gross income (line 1 minus line 2)	51,399.			51,399.					
	4	Cash prizes									
	5	Noncash prizes									
penses	6	Rent/facility costs	11,414.			11,414.					
Direct Expenses	7	Food and beverages	37,365.			37,365.					
Δ	8	Entertainment	8,710.			8,710.					
	9	Other direct expenses									
	10		()			57,489. -6,090.					
11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than											
		\$15,000 on Form 990-EZ, line 6a.	anowered red on remi	000,1 are 10, 1110	roported more than						
0			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add					
Revenue			(u) Billigo	bingo/progressive bingo	(b) Strict garming	col. (a) through col. (c))					
Re∕	١.	0									
	1	Gross revenue									
ses	2	Cash prizes									
Direct Expenses	3	Noncash prizes									
Direct	4	Rent/facility costs									
	5	Other direct expenses									
			Yes %	Yes %	Yes %						
	6	Volunteer labor	No	No	No No						
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)								
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)								
		The garming moonie sammary. Outstact line 7	non inc 1, column (a)			l					
9	En	ter the state(s) in which the organization condu	ıcts gaming activities: _								
	a Is the organization licensed to conduct gaming activities in each of these states?										
t) If "	No," explain:									
	_										
		ere any of the organization's gaming licenses re	· · · · · · · · · · · · · · · · · · ·	-		Yes No					
k) If "	Yes," explain:									
	_										

Schedule G (Form 990) 2022

232082 10-27-22

Schedule G (Form 990) 2022 SAUK VALLEY COLLEGE FOUNDATION 36-6	6135387	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes	No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a	%
b An outside facility	13b	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	15.5	7,5
The Effect the Harrie and address of the person who propares the organization organization organization of the books and records.		
Name		
Name		
Address		
Address		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
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:		
Cili Tes, entername and address of the tillid party.		
Name		
Name		
Address		
16 Gaming manager information:		
Name		
Gaming manager compensation \$		
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?	Yes	☐ No
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 \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III lines 9 (2h 10h
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	11 111, 111100 0, 1	55, 105,
100, 100, 10, and 170, as applicable. Also provide any additional information. Occ instructions.		

Schedule G (Form 990) SAUK VALLEY COLLEGE FOUNDATION	36-6135387 Page 4
Schedule G (Form 990) SAUK VALLEY COLLEGE FOUNDATION Part IV Supplemental Information (continued)	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

2022
Open to Public

Inspection

Schedule I (Form 990) 2022

Name of the organization SAUK VALIL SAUK	EY COLLEG	E FOUNDATIO	N				Employer identification number 36-6135387
Part I General Information on Grants a							30 020007
 Does the organization maintain records to criteria used to award the grants or assist Describe in Part IV the organization's pro- 	stance? ocedures for monit	oring the use of grant	funds in the United	d States.			X Yes No
Part II Grants and Other Assistance to I recipient that received more than \$\frac{1}{2}\$					anization answered "\	Yes" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
 2 Enter total number of section 501(c)(3) at 3 Enter total number of other organizations 	-	-					

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	328	452,389.	0.		
Part IV Supplemental Information. Provide the information	required in Part I, lin	e 2; Part III, column	(b); and any other ac	l dditional information.	
PART I, LINE 2:					
STUDENTS MUST APPLY FOR SCHOLARS	HIPS THROUG	H AWARDSPF	RING SOFTWA	RE WITHIN	
THE TIME PARAMETERS SET FOR EACH	SEMESTER (I.E. JULY	1-AUGUST 3	1 FOR FALL).	
AFTER THE DEADLINE DATE, THE APP					
COLLEGE STAFF (NOT JUST THE FOUN					
QUALIFICATIONS TO RECEIVE A SCHOOL					
TAKES THOSE REVIEWS AND BASED ON				<u> </u>	
AWARDS THOSE STUDENTS WHO MET TH	E QUALIFICA	TIONS BEST	TO RECEIV	EA	
SCHOLARSHIP. DURING THIS PROCESS	. THE STEWA	RDSHIP COO	ORDINATOR W	ORKS CLOSELY	

WITH FINANCIAL AID AND THE BUSINESS OFFICE TO ENSURE THAT THE STUDENT IS
REGISTERED FOR AND ATTENDING CLASSES; IF THEY ARE RECEIVING FINANCIAL AID
FUNDS, AS WELL AS THEIR ACADEMIC STANDING. THE STEWARDSHIP COORDINATOR THEN
AWARDS THE SCHOLARSHIPS AFTER ALL VERIFICATIONS HAVE BEEN MADE.
WE MONITOR THE FUNDS THROUGH RECEIPT OF MONTHLY INVOICES FOR STUDENT
SCHOLARSHIPS FROM THE BUSINESS OFFICE. THESE INVOICES PROVIDE A FINAL CHECK
ON THE STATUS OF THE STUDENTS WHO RECEIVED SCHOLARSHIPS. THE STEWARDSHIP
COORDINATOR REVIEWS THESE INVOICES FOR ACCURACY, ENSURING THE AMOUNT
AWARDED IS THE SAME AS THE AMOUNT BEING BILLED; ADJUSTING OUR RECORDS IF A
STUDENT DROPS CLASSES OR STOPS ATTENDING ALL TOGETHER. SHE DOUBLE CHECKS
THE STUDENT AWARDS WITH THE BUSINESS OFFICE AND FINANCIAL AID TO ENSURE
THAT THE INVOICE AMOUNTS ARE CORRECT BEFORE ANY PAYMENT IS MADE. SHOULD A
STUDENT NO LONGER BE ELIGIBLE FOR A SCHOLARSHIP AFTER A PAYMENT HAS BEEN
MADE, THE BUSINESS OFFICE KEEPS TRACK OF THIS INFORMATION, INFORMS THE
STEWARDSHIP COORDINATOR AND, AT THE END OF THE SEMESTER, RETURNS ANY UNUSED
FUNDS TO THE FOUNDATION BY AN ACH DEPOSIT.

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

SAUK VALLEY COLLEGE FOUNDATION

Employer identification number 36-6135387

TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM AG990-IL

FOR THE YEAR ENDING

June 30, 2023

Prepared For:

Sauk Valley College Foundation 173 Il Route 2 Dixon, IL 61021

Prepared By:

Wipfli LLP 1502 London Road, Suite 200 Duluth, MN 55812

Amount of Tax:

Balance due of \$15

Make Check Payable To:

Illinois Charity Bureau Fund

Mail Tax Return To:

Office of the Attorney General Charitable Trust Bureau 100 West Randolph St., 11th Floor Chicago, IL 60601-3175

Return must be mailed on or before:

February 29, 2024

Special Instructions:

The report should be signed and dated by an authorized individual(s).

For Of	fice Use Only	ILLINOIS CHARITABLE ORGANIZATION ANNUAL	REPORT		Form AG990-II
PM	#	Attorney General KWAME RAOUL State of III Charitable Trust Bureau, 100 West Randol	_	O # 0:	Revised 1/1! 1 – 0 2 0 0 8 9
	-	11th Floor, Chicago, Illinois 60601 Report for the Fiscal Period:	ĪŪ	_	all items attached:
AM		-	Make Checks		of IRS Return d Financial Statements
			Payable to	=	of Form IFC
INIT		& Ending 06/30/2023	the Illinois Charity	= ') Annual Report Filing Fee
Endo	al ID # 36-6135387	& Ending 06/30/2023 MO DAY YR	Bureau Fund	\$100.0	00 Late Report Filing Fee MO DAY YR
	ontributions to the organization t		ganization was crea	ated:	WO DAY YK
	LEGAL		Year-end		
		Y COLLEGE FOUNDATION	amounts		10 061 506
	MAIL DDRESS 173 IL ROU	rm = 2	A) ASSETS B) LIABILITIES	A) \$ B) \$	10,261,506. 87,161.
1	ODRESS 173 IL ROC (STATE DIXON, IL	JE Z	C) NET ASSETS	C) \$	10,174,345.
	IP CODE 61021		9,1121,7188218	3, 4	
I.		REVENUE ITEMS DURING THE YEAR:	PERCENTAGE		AMOUNT
	,	RIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	81.577%		1,225,878.
	E) GOVERNMENT GRANTS &F) OTHER REVENUES	MEMBERSHIP DUES	18.423%		276,841.
	r) OTHER REVENUES		10.425	ι, ψ	270,041
		AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$	1,502,719.
II.		XPENDITURES DURING THE YEAR:			
	H) OPERATING CHARITABLE	PROGRAM EXPENSE	%	6 H) \$	
	I) EDUCATION PROGRAM SI	FRVICE EXPENSE	9/6	(a 1) \$	
	i) EBOOM TOWN TO GIVE IN OR	-1110E E/W E/IOE		σ 1, ψ	
	J) TOTAL CHARITABLE PRO	GRAM SERVICE EXPENSE (ADD H & I)	%	6 J) \$	0.
	14) IOINT COCTS ALL OCATED	TO PROGRAM SERVICES (INCLUDED IN J): \$			
	JI) JUINI GOSTS ALLOGATED	TO PROGRAM SERVICES (INCLUDED IN J):			
	K) GRANTS TO OTHER CHAR	ITABLE ORGANIZATIONS	71.890%	6 K) \$	452,389.
			71 000		450 200
	L) TOTAL CHARITABLE PRO	GRAM SERVICE EXPENDITURE (ADD J & K)	71.890%	6 L) \$	452,389.
	M) MANAGEMENT AND GENE	RAI EXPENSE	25.132%	6 M)\$	158,153.
	W/ W/W/GEWENT / W/ GENE	THE EN ENGE		υ IVI) Ψ	
	N) FUNDRAISING EXPENSE		2.978%	6 N)\$	18,738.
	0) TOTAL EVERNITURES TO	WO DEDICE (400 L M & M)	100.00	, , , ,	620 200
	0) TOTAL EXPENDITURES TH		100 %	6 0)\$	629,280.
1111.		AID FUNDRAISER AND CONSULTANT ACTIVITIES: t of Individual Fundraising Campaign- Form IFC. One for each PFR.)			
	PROFESSIONAL FUNDRAISER	<u>S</u> :			
	P) TOTAL AMOUNT RAISED I	BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$	0.
	Q) TOTAL FUNDRAISERS FEE	S AND EXPENSES	%	(Q) \$	
	W) TOTAL TONDITATOLING TEL	CONTROL ENGLO	/(υ 3, Ψ	
	R) NET RECEIVED BY THE CH	HARITY (P MINUS Q=R)	%	(R) \$	
	PROFESSIONAL FUNDRAISING			O) A	_
		PROFESSIONAL FUNDRAISING CONSULTANTS THE (3) HIGHEST PAID PERSONS DURING THE YEAR	Δ D -	S) \$	0.
''	T) NAME, TITLE: N/A	THE OF THATLEST PAID PERSONS DURING THE TE	-u 1.	T) \$	
	U) NAME, TITLE:			U) \$	
	V) NAME TITLE:			V) \$	

List on back side of instructions $\begin{array}{c} \text{CODE} \end{array}$

200

W)#

X) #

Y) #

V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED)

W) DESCRIPTION: SCHOLARSHIPS AND STUDENT LOANS

298091 04-01-22

X) DESCRIPTION:

Y) DESCRIPTION:

IF	THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		X
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY			
	COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.		X
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS,			
	DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS,			
	DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE			
	ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3.		X
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE			
	THAN 10% OF THE OUTSTANDING SHARES?	4.		Х
		- "		
5	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON			
J.	07.07.01.07.01.0	5.		X
	OR ORGANIZATION?	ا		
c	DID THE ODGANIZATION HOE THE OFFINIOSE OF A PROFESCIONAL FUNDRAIGERS (ATTACH FORM IFO)	,		Х
ь.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		
_	DID THE OBOANIZATION AND COATE THE COOT OF ANY COMPONENTIAN AND UNION ADVERTIGENESS OF A THREE COOTS			
/a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS	_ }		37
	BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.		X
7b.	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$; (ii) THE AMOUNT			
	ALLOCATED TO PROGRAM SERVICES \$; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND			
	GENERAL \$; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$			
		-		
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.		X
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR	ļ		
	REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		X
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION,			
	COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.		Х
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS			
	THREE LARGEST ACCOUNTS:			
	COMMONFUND, PO BOX 812, WILTON, CT 06897-0812			
	SAUK VALLEY BANK, 201 W 3RD ST, STERLING, IL 61081			
	STERLING FEDERAL BANK, 110 E 4TH ST, STERLING, IL 61081			
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: LORI CORTEZ - 815-835-6345			
ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS				

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

LORI CORTEZ

PRESIDENT or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

SUZANNE RAVLIN

TREASURER or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

MICHAEL J PETERSON, CPA

298101 04-01-22

PREPARER (PRINT NAME)

SIGNATURE

DATE