\*\* PUBLIC DISCLOSURE COPY \*\*
Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

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

AF	or the	2022 calendar year, or tax year beginning	and	enaing		
<b>B</b> c	heck if	C Name of organization			D Employer identifi	cation number
	Addres	SOUTHWESTERN ILLINOIS COL	LEGE FOUNDATI	ON		
	Name change Initial				51-01861	
	_return □Final	Number and street (or P.O. box if mail is not delivered 2500 CARLYLE AVENUE	d to street address)	Room/suite	E Telephone numbe 618-222-	
	⊐return/ termin ated		or foreign postal code		G Gross receipts \$	2,659,771.
	Ameno				H(a) Is this a group re	
	Application	F Name and address of principal officer: MARY	BUETTNER		for subordinates	
	pendin	SAME AS C ABOVE			H(b) Are all subordinates in	
ΙT	ax-exe		insert no.) 4947(a)(1)		If "No," attach a	list. See instructions
	Vebsit		UNITY/FOUNDAT		H(c) Group exemption	
		organization: X Corporation Trust Associa	tion Other	<b>L</b> Year	of formation: 1976 N	<b>M</b> State of legal domicile: ${ t IL}$
Pa	rt I	Summary				
Ф		Briefly describe the organization's mission or most sign				
Activities & Governance		RESOURCES FOR THE DIRECT BEN				
ern		Check this box if the organization discontinu	•		1	
ŏ		Number of voting members of the governing body (Part	, , , , , , , , , , , , , , , , , , , ,		3	9
۵		Number of independent voting members of the governing				0
ies		Total number of individuals employed in calendar year 2				14
ţi	l .	Total number of volunteers (estimate if necessary)				0.
Ac		Total unrelated business revenue from Part VIII, column Net unrelated business taxable income from Form 990-				0.
	<u> </u>	Net difference business taxable income from Form 990-	i, Fait i, iiile 11		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)			348,276.	446,238.
υe					0.	0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and			1,831,890.	58,957.
Ä		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c,			-9,640.	-25,304.
		Total revenue - add lines 8 through 11 (must equal Part			2,170,526.	479,891.
	13	Grants and similar amounts paid (Part IX, column (A), lir	nes 1-3)		335,188.	442,203.
		Benefits paid to or for members (Part IX, column (A), line			0.	0.
S	15	Salaries, other compensation, employee benefits (Part I	X, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 1			0.	0.
xpe	b	Total fundraising expenses (Part IX, column (D), line 25)	1,73	34.		
Ш	'''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-			41,578.	44,018.
		Total expenses. Add lines 13-17 (must equal Part IX, co			376,766.	486,221.
	19	Revenue less expenses. Subtract line 18 from line 12			1,793,760.	-6,330.
S or				Be	ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)			12,450,558.	10,539,724.
let A	21	Total liabilities (Part X, line 26)			12,449,197.	10,396,443.
Pa	rt II	Net assets or fund balances. Subtract line 21 from line 2 Signature Block	20		12,447,171.	10,370,443.
		Ities of perjury, I declare that I have examined this return, inclu	ding accompanying schedules	and stateme	ents, and to the best of my	knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is l				, moviougo una sonoi, it io
,	001100	y and completel accountance of property (concentrate of the		non proparor	l l l l l l l l l l l l l l l l l l l	
Sigr	1	Signature of officer			Date	
Her		RENA THOELE, FOUNDATION DIRE	CTOR			
		Type or print name and title				
		Print/Type preparer's name Prep	parer's signature		Date Check Check	PTIN
Paid		JEFF PARKER JE	FF PARKER	C	2/16/24 self-employ	
Prep	arer	Firm's name CLIFTONLARSONALLEN I				1-0746749
Use	Only	Firm's address 475 REGENCY PARK, SU	JITE 175			
		O'FALLON, IL 62269			Phone no. (6	18) 233-1200
Мау	the IF	RS discuss this return with the preparer shown above?	See instructions			X Yes No

Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	TO MAINTAIN AND ENHANCE THE QUALITY OF LIFE BY DEVELOPING FRIENDS A	
	FUNDS FOR SUPPORT OF THE EDUCATIONAL, CULTURAL, AND SERVICE GOALS OF	
	SOUTHWESTERN ILLINOIS COLLEGE. THE FOUNDATION PROMOTES EXCELLENCE I	
	SECURING GIFTS FOR SPECIAL EDUCATIONAL AND CULTURAL ACTIVITIES THAT	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	es X No
	prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.	S [21] NO
3		s 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	s.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses,	and
	revenue, if any, for each program service reported.	
4a		<u> </u>
	SCHOLARSHIPS AND SUPPORT FOR OTHER COLLEGE PROGRAMS.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses 442,457.	

Form **990** (2022)

#### 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	X	
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		<del></del>
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b> '-		
8	, ,		Х	
•	Schedule D, Part III	8	- 21	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			- V
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
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	<u> </u>
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13		X
14a	Did the appropriation projection of the control of the Light of the Light of the Light of the Control	14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	140		
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		446		x
45	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15		4-		- v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			- V
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			1,7
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
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	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_
	complete Schedule G, Part III	19		X
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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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Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	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			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	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		X
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		X
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	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
		38	Х	
Pai		,	•	•
	Check if Schedule O contains a response or note to any line in this Part V			
	. ,		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	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?	10		

232004 12-13-22

Form **990** (2022)

SOUTHWESTERN ILLINOIS COLLEGE FOUNDATION
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

		_		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
За			За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	Г	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	I			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		Х
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	` ′	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	Г	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization				
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gi				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services pro-	vided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was require				_
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f			7f		_X_
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	Г	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
•	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		0-		
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a 9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:		90		
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b				
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders 11a				
h	Gross income from other sources. (Do not net amounts due or paid to other sources against				
~	amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	Г	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans				
С	Enter the amount of reserves on hand				
14a	Did the consideration and the consideration of the following the contract of t		14a		X
b			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income	?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

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 Yes No **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. 9 **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 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 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? Х 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? X 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. X 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 X Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 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? 16b Section C. Disclosure 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 RENA THOELE - 618-222-5496

Form **990** (2022)

62221

IL

2500 CARLYLE AVENUE, BELLEVILLE,

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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.
- 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.

Name and title  Average hours per week (list any hours for related organizations organizations)  Name and title  Average hours per week (list any hours for related organizations)	Check this box if neither the organizati (A)	(B)	Ι			C)			(D)	(E)	(F)
Nours per   Week   Clist any   Nours for related organizations   Delow   Inine)   The per   Pe		I	١		Pos	itior				l ' '	Estimated
(list any hours for related organizations below line)   1		1	box	, unle	ss per	son i	s both	an	1	· ·	amount of
Color		week	-	cer ar	id a di	irecto	r/trus	tee)	from	from related	other
Color		1 '	ector							"	compensation
Color			or dir	9			ated			l '	from the
Color		<b>I</b>	ustee	truste		e e	bens			1099-NEC)	organization
Color		1 "	ual tr	tional		ploye	t com	_	1099-NEC)		and related organizations
Color			ndivid	nstitu	)fficer	(ey en	lighes	orme			organizations
C2   STAN HATFIELD   2.00   BOARD MEMBER   0.00   X   0.   0.	(1) RENA THOELE	40.00	_	-			1				
Carray mathematical color of the color of	EXECUTIVE DIRECTOR	0.00			х				0.	87,971.	0.
Carriar Schroeder   2.00   BOARD MEMBER   0.00   X   0.00   0.00	(2) STAN HATFIELD	2.00								-	
BOARD MEMBER	BOARD MEMBER	0.00	Х						0.	0.	0.
(4) BOB NOVACK       2.00         BOARD MEMBER       0.00 X         (5) SAM HANGER       2.00         FINANCE COMMITTEE VICE CHAIR       0.00 X         (6) SUE HOFFMAN       2.00         BOARD VICE CHAIR       0.00 X         (7) MATTHEW GOMRIC       2.00         FINANCE COMMITTEE CHAIR       0.00 X         (8) BARBARA CEMPURA       2.00         BOARD MEMBER       0.00 X         (9) MARY BUETTNER       2.00         BOARD CHAIR       0.00 X         (10) MARGARET MIDDLETON-HOLT       2.00         TREASURER       0.00 X         (11) JEANNE DALMAN       2.00	(3) CHRIS SCHROEDER	2.00									
BOARD MEMBER	BOARD MEMBER		Х						0.	0.	0.
(5) SAM HANGER       2.00         FINANCE COMMITTEE VICE CHAIR       0.00         (6) SUE HOFFMAN       2.00         BOARD VICE CHAIR       0.00         (7) MATTHEW GOMRIC       2.00         FINANCE COMMITTEE CHAIR       0.00         (8) BARBARA CEMPURA       2.00         BOARD MEMBER       0.00         (9) MARY BUETTNER       2.00         BOARD CHAIR       0.00         (10) MARGARET MIDDLETON-HOLT       2.00         TREASURER       0.00         (11) JEANNE DALMAN       2.00	(4) BOB NOVACK										
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BOARD MEMBER         0.00 X         0.00 X           (9) MARY BUETTNER         2.00 X         0.00 X           BOARD CHAIR         0.00 X         X           (10) MARGARET MIDDLETON-HOLT         2.00 X         0.00 X           TREASURER         0.00 X         0.00 X           (11) JEANNE DALMAN         2.00         0.00 X			X						0.	0.	0.
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(10) MARGARET MIDDLETON-HOLT         2.00           TREASURER         0.00           (11) JEANNE DALMAN         2.00											
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(11) JEANNE DALMAN 2.00			-		7.7					_	
			-		Α				0.	0.	0.
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	BOARD MEMBER	0.00	^						0.	0.	0.
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Form 990 (2022)

	,								E FOUNDATION		86120	Page 8	3
Part '	Occion A. Onicers, Directors, 1143		loy	ees,			ghes	t Co		'			_
	(A) Name and title	(B) Average hours per week (list any	box	not cl	ss per	ition more son is	than c s both r/trust	an	(D)  Reportable compensation from	(E) Reportable compensation from related	Esti amo o	(F) imated ount of other	
		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)	c/ fro orga and	ensation m the nization related nizations	_
													_
													_
													_
													_
													_
													_
													_
													_
	Subtotal								0.	87,97	1. 0.	0.	<u>-</u>
	otal from continuation sheets to Part VI otal (add lines 1b and 1c)								0.	87,97	-	0.	<u>,                                    </u>
<b>2</b> T	otal number of individuals (including but n								ceived more than \$100,	000 of reportable	•	C	_ )
		-Pro A A A	1		1			1-1-1			,	Yes No	
li	olid the organization list any <b>former</b> officer, ne 1a? If "Yes," complete Schedule J for s	uch individual									3	Х	_
а	or any individual listed on line 1a, is the sund nd related organizations greater than \$150	),000? If "Yes,	" co	mple	ete S	Sche	dule	J fo	or such individual		4	Х	
	olid any person listed on line 1a receive or a cendered to the organization? <i>If</i> "Yes." com					-			•		5	Х	
	on B. Independent Contractors Complete this table for your five highest con	mananatad ind	200					o +b	at received more than f	100 000 of compa	naation from	<u> </u>	_
	ne organization. Report compensation for	•	•						the organization's tax y	•			_
	(A) Name and business	address	NC	NE	3				(B) Description of s	ervices	(C) Compens		_
													_
													_
													_
													_
	otal number of independent contractors (in 100,000 of compensation from the organia	•	ot lin	nited	to t	thos 0		ted a	above) who received mo	ore than			
										•	Form 9	90 (2022	")

SOUTHWESTERN ILLINOIS COLLEGE FOUNDATION 51-0186120 Page 9 Form 990 (2022) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenue excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns ..... 1a 1b **b** Membership dues ..... 42,700. c Fundraising events ..... 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 403,538. 1f g Noncash contributions included in lines 1a-1f 446,238 h Total. Add lines 1a-1f **Business Code** 2 a \_\_\_\_\_ Program Service f All other program service revenue ..... g Total. Add lines 2a-2f ..... Investment income (including dividends, interest, and 237,128. 237,128. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 1,966,588. assets other than inventory b Less: cost or other basis 2,144,759. and sales expenses 7b Other Revenue -178,171. c Gain or (loss) 7c -178,171. -178,171. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 42,700. of contributions reported on line 1c). See Part IV, line 18 9,817. 35,121. **b** Less: direct expenses -25,304 -25,304. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold ..... c Net income or (loss) from sales of inventory **Business Code** 11 a

232009 12-13-22

Form 990 (2022)

33,653.

479,891.

e Total. Add lines 11a-11d

**12 Total revenue**. See instructions

d All other revenue

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (**D**) Fundraising Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 149,909. 149,909. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 292,294. 292,294. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management а Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 40,852. 40,852. Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 1,677. 1,677. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 57. Office expenses 13 Information technology 14 Royalties 15 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings ..... 19 254. 254. 20 Payments to affiliates 21 1,178. 1,178. Depreciation, depletion, and amortization ..... 22 23 Other expenses. Itemize expenses not covered 24 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 O.) All other expenses 486,221. 442,457. 42,030. 1,734. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2022)

Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			139,613.	1	251,325
	2	Savings and temporary cash investments			426,834.	2	483,674
	3	Pledges and grants receivable, net				3	200
	4	Accounts receivable, net				4	1,500
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqua	lified pei	sons (as defined			
		under section 4958(f)(1)), and persons describe	d in sec	tion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ĕ	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		28,528.			
	b	Less: accumulated depreciation		25,731.	3,975.	10c	2,797 9,285,539
	11	Investments - publicly traded securities			11,354,144.		9,285,539
	12	Investments - other securities. See Part IV, line		12	65.044		
	13	Investments - program-related. See Part IV, line			77,144.	13	65,841
	14	Intangible assets	440.040	14	440 040		
	15	Other assets. See Part IV, line 11	448,848.	15	448,848		
4	16	Total assets. Add lines 1 through 15 (must equ			12,450,558.	16	10,539,724
	17	Accounts payable and accrued expenses	1,361.	17	143,281		
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to any current or form					
<u> </u>		trustee, key employee, creator or founder, subs					
	00	controlled entity or family member of any of the				22	
	23 24	Secured mortgages and notes payable to unrel Unsecured notes and loans payable to unrelate		· · · · · · · · · · · · · · · · · · ·		23 24	
	2 <del>4</del> 25			Г		24	
	25	Other liabilities (including federal income tax, p parties, and other liabilities not included on line					
			•	.		25	
	26	T . I !!			1,361.	26	143,281
7	20	Organizations that follow FASB ASC 958, ch				20	110,101
es		and complete lines 27, 28, 32, and 33.					
au au	27	Net assets without donor restrictions			1,488,042.	27	1,376,953
Raii	28	Net assets with donor restrictions			10,961,155.	28	9,019,490
<u> </u>		Organizations that do not follow FASB ASC					
로		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current funds	3			29	
Set	30	Paid-in or capital surplus, or land, building, or e				30	
AS	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			12,449,197.	32	10,396,443
_	33				12,450,558.	33	10,539,724

Form **990** (2022)

Form **990** (2022)

Pa	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			<del>9,8</del>	
2	Total expenses (must equal Part IX, column (A), line 25)	2				21.
3	Revenue less expenses. Subtract line 2 from line 1	3				30.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12	, 44	9,1	97 <b>.</b>
5	Net unrealized gains (losses) on investments	5	-2	,04	5,4	24.
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	, 39	5,4	43.
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain 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		- 1			
b	Were the organization's financial statements audited by an independent accountant?			<b>2</b> b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:		- 1			
	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		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require		Г			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

#### SCHEDULE A

(Form 990)

**Total** 

Department of the Treasury Internal Revenue Service

Name of the organization

#### **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

**Employer identification number** 

SOUTHWESTERN ILLINOIS COLLEGE FOUNDATION 51-0186120 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). 2 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: 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). 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). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) SOUTHWESTERN 37-0896981 314,462 ILLINOIS COLLEGE 6 X

0.

314,462.

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

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

Calendar year (or fiscal year beginning in)  1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the	(f) Total
membership fees received. (Do not include any "unusual grants.")  2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included	
include any "unusual grants.")  2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included	
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included	
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  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included	
or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included	
3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included	
furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3	
the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included	
4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included	
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included	
by each person (other than a governmental unit or publicly supported organization) included	
governmental unit or publicly supported organization) included	
supported organization) included	
on line 1 that exceeds 2% of the	
	1
amount shown on line 11,	
column (f)	
6 Public support. Subtract line 5 from line 4.	
Section B. Total Support	
Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022	(f) Total
7 Amounts from line 4	
8 Gross income from interest,	
dividends, payments received on	
securities loans, rents, royalties,	
and income from similar sources	
9 Net income from unrelated business	
activities, whether or not the	
business is regularly carried on	
10 Other income. Do not include gain	
or loss from the sale of capital	
assets (Explain in Part VI.)	
11 Total support. Add lines 7 through 10	
12 Gross receipts from related activities, etc. (see instructions)	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	
organization, check this box and stop here	
Section C. Computation of Public Support Percentage	
14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	<u>%</u>
15 Public support percentage from 2021 Schedule A, Part II, line 14	<u>%</u>
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box	x and
stop here. The organization qualifies as a publicly supported organization	
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check the	is box
and stop here. The organization qualifies as a publicly supported organization	
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	zation
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is	10% or
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the	
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	

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

(Complete only if you checked the box on line 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	olete i ait ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(3)====	(2, 23.2	(0, 000	(,	(5) = 5 = 5	(,, , , , , , , , , , , , , , , , , , ,
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						
	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.)						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(4) 2010	(5) 2010	(0) 2020	(4) 2021	(0) 2022	(i) rotar
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	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.)				1		<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•	. , . ,	
0-	check this box and stop here	- O D-					
	ction C. Computation of Publi					T I	
	Public support percentage for 2022 (I		•			15	<u>%</u>
	Public support percentage from 2021 ction D. Computation of Inves					16	%
	Investment income percentage for 20			ine 13 column (f))		17	%
	Investment income percentage from					18	<u>%</u>
	a 33 1/3% support tests - 2022. If the						
136	more than 33 1/3%, check this box ar	•		*		•	
ŀ	33 1/3% support tests - 2021. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	ind
	line 18 is not more than 33 1/3%, che						
20	<b>Private foundation.</b> If the organization	in did not check a	hox on line 14 19	a or 19h check th	his hox and see in	structions	

#### 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
	. 50	
	v	
1	Х	
2		X
3a		X
- Ga		
3b		
3с		
_		37
<u>4a</u>		X
4b		
4c		
<u>5a</u>		X
5b		
5c		
		37
6		X
7		X
8		Х
0		
		v
9a		X
9b		Х
		v
9c		X
10a		X
10b		
Ile A (Forn	~ 000)	2022

	edule A (Form 990) 2022 SOUTHWESTERN ILLINOIS COLLEGE FOUNDATION 51-01	8612	0 Pa	age <b>5</b>
Pa	rt IV Supporting Organizations (continued)		1	
			Yes	No
	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	4.4		v
	11c below, the governing body of a supported organization?	11a		X
	A family member of a person described on line 11a above?	11b		Λ
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	44.		Х
Sec	detail in Part VI. Stion B. Type I Supporting Organizations	11c		Λ
500	Alon D. Type i capporting organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		162	NO
'	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	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  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,			
	supervised, or controlled the supporting organization.	2		
Sec	stion 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			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	•		
			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	X	
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		X
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			
	supported organizations played in this regard.	3		X
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	).		
а	c			
b				
С	X The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstruction	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а				
	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		Х	
	that these activities constituted substantially all of its activities.	2a		

b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, 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.

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or 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 of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2b

За

Х

Schedule A (Form 990) 2022

5

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

5

6

Income tax imposed in prior year

instructions).

emergency temporary reduction (see instructions)

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

Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations <sub>(continued)</sub>	
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organizations	3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which to	the organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reason-			
able cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D,			
line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if			
any. Subtract lines 3g and 4a from line 2. For result greater			
than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
<b>b</b> Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, SECTION D, LINE 2

THE BOARD OF TRUSTEES OF SOUTHWESTERN ILLINOIS COLLEGE (SWIC / COLLEGE) APPOINTS THE FOUNDATION DIRECTOR AND THE FOUNDATION STAFF. PRESIDENT OF THE COLLEGE AND THE CHAIRMAN OF THE COLLEGE BOARD OF TRUSTEES ARE ALSO FOUNDATION BOARD MEMBERS AND THE COLLEGE PRESIDENT ATTENDS EVERY FOUNDATION BOARD MEETING, IF POSSIBLE, TO UDPATE THE FOUNDATION BOARD ON ALL ACTIVITIES THAT ARE HAPPENING AT THE COLLEGE. THE DIRECTOR OF THE FOUNDATION WORKS TOGETHER WITH THE COLLEGE PRESIDENT WHEN PLANNING FOUNDATION EVENTS. ALL DECISIONS MADE REGARDING THE EVENT MUST GET THE PRESIDENT'S APPROVAL BEFORE MOVING FORWARD.

SCHEDULE A, SECTION E, LINE 1C

THE ORGANIZATION EXCLUSIVELY SUPPORTS SOUTHWESTERN ILLINOIS COLLEGE, A POLITICAL SUBDIVISION OF THE STATE OF ILLINOIS.

SCHEDULE A, SECTION E, LINE 2A

THE MISSION AND GOALS OF THE SWIC FOUNDATION ARE TO MAINTAIN AND ENHANCE THE QUALITY OF LIFE BY DEVELOPING FRIENDS AND FUNDS FOR SUPPORT OF THE EDUCATIONAL, CULTURAL, AND SERVICE GOALS OF SOUTHWESTERN THE FOUNDATION PROMOTES EXCELLENCE BY SECURING GIFTS ILLINOIS COLLEGE. FOR SPECIAL EDUCATIONAL AND CULTURAL ACTIVITIES THAT ARE NOT PART OF THE FOUNDATION OWNS AND MANAGES AN INVESTMENT THE COLLEGE BUDGET. PORTFOLIO NECESSARY TO ACHIEVING THIS MISSION.

SCHEDULE A, SECTION E, LINE 2B

IF THE MONEY IS AVAILABLE, THE FOUNDATION OFFERS ENHANCEMENT ANNUALLY,

#### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

SOUTHWESTERN ILLINOIS COLLEGE FOUNDATION

OMB No. 1545-0047

2022

Name of the organization

**Employer identification number** 

51-0186120

Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during 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; or (ii) Form 990-EZ, line 1. Complete Parts I and II. 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. 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, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization Employer identification number

#### SOUTHWESTERN ILLINOIS COLLEGE FOUNDATION

51-0186120

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) (d) Total contributions Type of contribution			
1		Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
2		Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c) (d)			
No. 4	Name, address, and ZIP + 4	Total contributions  Type of contribution  Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
5		Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
6		Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Schedule B (Form 990) (2022)

Name of organization Employer identification number

#### SOUTHWESTERN ILLINOIS COLLEGE FOUNDATION

51-0186120

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) (d) Total contributions Type of contribution			
7		Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
8		\$ 24,000.  Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
9		\$ 10,000.  Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c) (d)			
No.	Name, address, and ZIP + 4	Total contributions  Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
		Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
		Person Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization Employer identification number

#### SOUTHWESTERN ILLINOIS COLLEGE FOUNDATION

51-0186120

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

Name of organization Employer identification number

	TERN ILLINOIS COLLEC		51-0186120
from	n any one contributor. Complete columns (	<ul> <li>a) through (e) and the following line entry. For charitable, etc., contributions of \$1,000 or less for the state of the state</li></ul>	501(c)(7), (8), or (10) that total more than \$1,000 for the or organizations or the year. (Enter this info. once.)
No. m t I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address,	(e) Transfer of gift	Relationship of transferor to transferee
<u> </u>	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
			•
0. 1	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
D. 1	(b) Purpose of gift	(c) Use of gift  (e) Transfer of gift	
0. 11 1	(b) Purpose of gift  Transferee's name, address,	(e) Transfer of gift	
		(e) Transfer of gift	(d) Description of how gift is held
	Transferee's name, address,	(e) Transfer of gift	(d) Description of how gift is held  Relationship of transferor to transferee
0. 1 1	Transferee's name, address,	(e) Transfer of gift  and ZIP + 4  (c) Use of gift  (e) Transfer of gift	(d) Description of how gift is held  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 Inspection

Name of the organization

SOUTHWESTERN ILLINOIS COLLEGE FOUNDATION

**Employer identification number** 51-0186120

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	1	(h) Funda and other accounts
	T	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year  Did the organization inform all donors and donor advisors in v	Luviting that the coasts hald in dance advice	ad funda
5	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
0	for charitable purposes and not for the benefit of the donor o		-
Par			
1	Purpose(s) of conservation easements held by the organization		,
	Preservation of land for public use (for example, recrea		f a historically important land area
	Protection of natural habitat		f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a		
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax
	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
6	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting,		
6	Stan and volunteer riours devoted to monitoring, inspecting,	rialiding of violations, and emorcing con-	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
•	7ca		non cacomonic adming and year
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Of	her Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for public	olic exhibition, education, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these iten	ns.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	palance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	nerance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre		l gain, provide
	the following amounts required to be reported under FASB A	•	•
	Revenue included on Form 990, Part VIII, line 1		440 040
	Assets included in Form 990, Part X		· · · · · · · · · · · · · · · · · · ·
∟⊓А	For Paperwork Reduction Act Notice, see the Instructions	) IUI FUIIII 33U.	Schedule D (Form 990) 2022

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

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Sche	edule D (Form 990) 2022 SOUTHWESTERN ILLINOIS COLLEC	GE E	FOUNDATION	51-	0186120 Page
Pai	t XI Reconciliation of Revenue per Audited Financial Statement	ls Wil	th 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_	-1,277,652
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-2,046,424.		
b		2b	314,462.		
С	Recoveries of prior year grants	2c			
d		2d	15,271.		
е	Add lines 2a through 2d			2e	-1,716,691
3	Subtract line 2e from line 1			3	439,039
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	40,852.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	40,852
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII   Reconciliation of Expenses per Audited Financial Statemer			5	479,891
Pa	rt XII Reconciliation of Expenses per Audited Financial Statemer	nts W	ith Expenses per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	775,102
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		1		
а	Donated services and use of facilities	2a	314,462.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	15,271.		
_	Add lines 22 through 2d			20	329 733

Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.) Part XIII Supplemental Information.

Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

4a

#### PART III, LINE 4:

**b** Other (Describe in Part XIII.)

c Add lines 4a and 4b

THE WILLIAM AND FLORENCE SCHMIDT ART CENTER EXHIBITS VISUAL IMAGES THAT INSPIRE, INFORM, AND CONNECT COLLEGE AND COMMUNITY. EXHIBITS OF ART AND CULTURAL ARTIFACTS THAT MEET THE HIGHEST CONTEMPORARY AESTHETIC STANDARDS AND RELATED CULTURAL PROGRAMS WILL EXPAND VISUAL LITERACY AMONG THE SOUTHWESTERN ILLINOIS COLLEGE COMMUNITY AND THE ADULTS AND CHILDREN OF SOUTHWESTERN ILLINOIS. THE PERMANENT AND TEACHING ART COLLECTION CONSISTS OF MORE THAN 400 PIECES. IT IS MADE UP OF SCULPTURES, PAINTINGS AND MONOGRAPHS FROM RENOWNED ARTISTS SUCH AS PHOTOGRAPHS, LITHOGRAPHS, CLAUS MOOR, SALVADOR DALI, ANSEL ADAMS, REMBRANDT VAN RIJN, AND ROBERT MOTHERWELL.

Schedule D (Form 990) 2022

445,369.

40,852.

486,221

PART V, LINE 4:

THE FOUNDATION'S ENDOWMENT FUNDS ARE USED TO PROVIDE SCHOLARSHIPS TO

STUDENTS AND TO PAY EXPENSES ASSOCIATED WITH SOLICITING, RECEIVING,

HOLDING, AND ADMINISTERING CONTRIBUTIONS FOR SCHOLARSHIPS, PROGRAMS AND

ENHANCEMENT GRANTS.

THE ORGANIZATION HAS HISTORICALLY LISTED ALL FUNDS RESTRICTED FOR

SCHOLARSHIPS AND OTHER PURPOSES AS ENDOWMENT FUNDS ON THE 990, BEYOND WHAT

IS LISTED IN THE FINANCIAL STATEMENTS AS ENDOWED FUNDS. THAT PRESENTATION

WAS CHANGED IN 2020 TO MATCH THE CORRESPONDING FOOTNOTE OF THE AUDITED

FINANCIAL STATEMENTS GOING FORWARD. INVESTMENT EARNINGS / LOSSES WERE

ADJUSTED TO MATCH THE ENDING BALANCE OF ENDOWED FUNDS REPORTED ON THE 990

WITH THE AMOUNT REPORTED ON THE FINANCIAL STATEMENTS. THIS ADJUSTMENT

REPRESENTS THE REMOVAL OF CERTAIN FUNDS THAT WERE RESTRICTED, BUT NOT

ENDOWED.

#### PART X, LINE 2:

THE FOUNDATION FOLLOWS STANDARDS GOVERNING THE ACCOUNTING FOR UNCERTAINTY

IN INCOME TAXES. THIS GUIDANCE PRESCRIBES A RECOGNITION THRESHOLD AND

MEASUREMENT PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION AND

MEASUREMENT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN

THAT ARE NOT CERTAIN TO BE REALIZED. THE FOUNDATION EVALUATED ITS TAX

POSITIONS AND DETERMINED IT HAS NO UNCERTAIN TAX POSITIONS AS OF DECEMBER

31, 2022 AND 2021.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES

15,271.

Schedule D (Form 990) 2022 S	OUTHWESTERN	ILLINOIS	COLLEGE	FOUNDATION S	51-0186120	Page 5
Schedule D (Form 990) 2022 S Part XIII Supplemental Informa	tion <sub>(continued)</sub>					
PART XII, LINE 2D - O	THER ADJUSTM	ENTS:				
SPECIAL EVENT EXPENSES	3				15 ′	271.
SPECIAL EVENT EXPENSES	<u> </u>				13,2	<u> </u>

#### **SCHEDULE G** (Form 990)

#### **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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

name of the organization SOUTHWE	STERN ILLINOIS COLI	LEGE	FC	DUNDATION		mployer ide 1-0186	ntification number
Part I Fundraising Activities.	Complete if the organization answer						
required to complete this part  Indicate whether the organization rais    Mail solicitations	ed funds through any of the following e Solicitat f Solicitat g Special or oral agreement with any individual ( art VII) or entity in connection with previduals or entities (fundraisers) pursua	ion of ion of fundra (includ	non-governising of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		<b>Yes</b> aiser is to be	<del></del>
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundra have cu or con contribu	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	to (or re	nount paid etained by) idraiser in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
otal							
List all states in which the organizatio or licensing.			utions	or has been notified	it is exe	mpt from req	gistration

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.

		or rainaraion ig overni continuatione and gra			Torric triair groot rootipt	- greater triair ¢e,eeer
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events
			SWGCC GOLF	ATHLETIC		(add col. (a) through
			TOURNAMENT	GOLF TOURNAM	2	col. (c)
4)			(event type)	(event type)	(total number)	COI. (C))
nue						
Revenue	1	Gross receipts	15,670.	18,750.	18,097.	52,517.
ď						
	2	Less: Contributions	12,536.	15,000.	15,164.	42,700.
	3	Gross income (line 1 minus line 2)	3,134.	3,750.	2,933.	9,817.
	4	Cash prizes	1,220.	1,760.		2,980.
	5	Noncash prizes			7,800.	7,800.
ses						
ens	6	Rent/facility costs	3,251.		9,895.	13,146.
Direct Expenses						
act	7	Food and beverages	1,400.			1,400.
ä						
	8	Entertainment				
	9	Other direct expenses		7,915.		9,795.
	10	Direct expense summary. Add lines 4 through				35,121.
Da	11	Net income summary. Subtract line 10 from li				-25,304.
Pa	irt I		answered "Yes" on Form	1 990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		# > Dull take /instead		( N Tabal manain a /a dal
e			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				billyo/progressive billyo		coi. (a) through coi. (c))
Re						
	1	Gross revenue				
	,	Cash prizes				
ses	-	Oddit prized				
Sen	3	Noncash prizes				
Direct Expenses	"	Nonean phase				
ect	4	Rent/facility costs				
Ē	١.					
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		er the state(s) in which the organization condu	_			
a Is the organization licensed to conduct gaming activities in each of these states?						
b	) If "	No," explain:				
		re any of the organization's gaming licenses re		erminated during the tax y	/ear?	Yes No
		re any of the organization's gaming licenses re		erminated during the tax y	year?	Yes No

232082 10-27-22 Schedule G (Form 990) 2022

Sch	edule G (Form 990) 2022 SOUTHWESTERN ILLINOIS COLLEGE FOUNDATION 51-0	<u> 18612</u>	20 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Ye	s No
	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?	Ye	s No
13	Indicate the percentage of gaming activity conducted in:		о <u> </u>
	The organization's facility	13a	%
		13b	<del>//</del> //
	An outside facility  Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100	70
14	Enter the fiame and address of the person who prepares the organization's gaining/special events books and records.		
	Nama		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		s No
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
C	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
а	s the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Ye	s L 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 \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III	t III, lines	9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	G (Form 990)	SOUTHWESTERN	ILLINOIS	COLLEGE	FOUNDATION	51-0186120	Page 4
Part IV	G (Form 990)  Supplemental Info	rmation (continued)					
	• • • • • • • • • • • • • • • • • • • •	(continued)					

# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Part I

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

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

OMB No. 1545-0047

Open to Public Inspection Employer identification number

51-0186120

**2** 

X

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Go to www.irs.gov/Form990 for the latest information. COLLEGE FOUNDATION SOUTHWESTERN ILLINOIS General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any

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

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Part II

(h) Purpose of grant or assistance	TO PURCHASE TES AND TRAMS TO OLLEGE WITH			1.
(h) Purpo or as	MONIES USED TO PURCHASE CAPITAL ASSETS AND SUPPORT PROGRAMS TO ASSIST THE COLLEGE WITH			
(g) Description of noncash assistance				
(t) Method or valuation (book, FMV, appraisal, other)				
(e) Amount of noncash assistance	0			
(d) Amount of cash grant	149,909.			e line 1 table
(c) IRC section (if applicable)	GOVERNMENTAL			anizations listed in the table
( <b>a)</b>	37-0896981			nd government org
1 (a) Name and address of organization or government	SOUTHWESTERN ILLINOIS COLLEGE 2500 CARLYLE AVENUE BELLEVILLE, IL 62221			<ul><li>2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table</li><li>3 Enter total number of other organizations listed in the line 1 table</li></ul>

232101 10-31-22

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

Schedule I (Form 990) 2022

Page 2

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Schedule | (Form 990) 2022 SOUTHWESTERN ILLINOIS COLLEGE FOUNDATION

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	320	292,294.	•0		
Part IV   Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	uired in Part I, line	2; Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2:					
GRANT MONIES ARE PROVIDED TO THE CC	COLLEGE TO	- 1	STUDENTS BASED ON NEED,	RED, FIELD	
OF STUDY, ETC.					
PART II, LINE 1, COLUMN (H):					
NAME OF ORGANIZATION OR GOVERNMENT: SOUTHWESTERN ILLINOIS COLLEGE	SOUTHWE	STERN ILLI	NOIS COLLE	Ei th	

(H) PURPOSE OF GRANT OR ASSISTANCE: MONIES USED TO PURCHASE CAPITAL

ASSETS AND SUPPORT PROGRAMS TO ASSIST THE COLLEGE WITH ITS MISSION

## SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022
Open to Public Inspection

Internal Revenue Service

Name of the organization

SOUTHWESTERN ILLINOIS COLLEGE FOUNDATION

Employer identification number 51-0186120

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ARE NOT PART OF THE COLLEGE BUDGET. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS REVIEWED FIRST BY THE FOUNDATION'S ACCOUNTING SPECIALIST AND THEN SUBMITTED TO THE FINANCE COMMITTEE FOR REVIEW. THE ENTIRE BOARD IS THEN PROVIDED A COPY PRIOR TO FILING WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST POLICY IS SET IN PLACE AND EACH MEMBER OF THE FOUNDATION'S BOARD OF DIRECTORS MUST FILL OUT A DISCLOSURE FORM ANNUALLY. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. THE FORM 990 IS POSTED ON THE ORGANIZATION'S WEBSITE. FORM 990, PART XII, LINE 2C THE FINANCIAL RESULTS OF THE ORGANIZATION ARE INCLUDED IN, BUT NOT CONSOLIDATED WITH, THE INDEPENDENT AUDITED FINANCIAL STATEMENTS OF SOUTHWESTERN ILLINOIS COLLEGE. A COMMITTEE HAS THE AUTHORITY TO OVERSEE THE INDEPENDENT AUDIT AND CHOOSE AN INDEPENDENT AUDITOR. SIMILAR PROCEDURE HAS BEEN PRESENT IN PRIOR YEARS.

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

Schedule O (Form 990) 2022

SCHEDULE R (Form 990) Name of the organization

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

2022

OMB No. 1545-0047

Open to Public Inspection

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

Employer identification number 51 – 0186120

Direct controlling End-of-year assets **e** Total income ਰ Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. foreign country) SOUTHWESTERN ILLINOIS COLLEGE FOUNDATION Primary activity Name, address, and EIN (if applicable) of disregarded entity Partl

(g) Section 512(b)(13) controlled Ŷ × entity? Yes Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Direct controlling entity N/A status (if section Public charity 501(c)(3)) GOVERNMENTAL LINE 6 **Exempt Code** section ਉ Legal domicile (state or foreign country) ILLINOIS Primary activity EDUCATION SOUTHWESTERN ILLINOIS COLLEGE - 37-0896981 Name, address, and EIN of related organization BELLEVILLE, IL 62221 2500 CARLYLE AVENUE Part II

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

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Schedule R (Form 990) 2022

SOUTHWESTERN ILLINOIS COLLEGE FOUNDATION Schedule R (Form 990) 2022

51-0186120 Page 2

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

(K)	General or Percentage managing ownership partner?									
9	General or managing partner?	res No								
(i)	Code V-UBI General or amount in box managing 20 of Schedule	K-1 (Form 1065)								
(h)	Disproportionate allocations?	s No								
		Yes								
(6)	Share of end-of-year	822012								
(f)	Share of total income									
(e)	Predominant income (related, unrelated, excluded from tax under	sections 512-514)								
(p)	Direct controlling entity									
(c)	Legal domicile (state or	country)								
(q)	Primary activity									
(a)	Name, address, and EIN of related organization									

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

		₽ ₽	No														
	<b>E</b>	Section 512(b)(13) controlled entity?	Yes														
		egie di	Ϋ́														
	(h	Percentage ownership															
	(a)	Share of end-of-year	2012														
	ت	Sha end-c	ğ														
		<u></u>															
	Œ	Share of total income															
		Share															
	(e)	rp, S c	ı uldət,														
		Type of entity (C corp, S corp,	)														
		olling															
	(D	contro entity															
		Direct controlling entity															
		Legal domicile (state or foreign	(ku)														
	(၁)	Legal de (state forei	conr														
		ctivity															
	(q)	Primary activity															
		Prin															
,																	
		Zi ç															
		Name, address, and EIN of related organization															
	(a)	d orga															
		me, ac · relate															
		Na of															
1				l	I	l	I	1	I	l	I	I	l	I	I	I	l

Schedule R (Form 990) 2022

Page 3 51-0186120

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

oli podos sida so /1 20 11 11 otros si posteli si vitistas vas si tronil otolomo oli este se					$\vdash$	1
Note: Complete line in any entity is listed in Parts II, III, or iv or uns scriedule.  1 During the tax year, did the organization engage in any of the following transactions	with one or more rela	lie. transactions with one or more related organizations listed in Parts II-IV?	n Parts II:1V?		Sec	2
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		,		<u>1</u>		×
				4	×	
				5		×
loans or loan guarantees to or for related organization(s)				7		×
				4		×
				2		
f Dividends from related organization(s)				#		×
~~~				19		×
Purchase of assets from related organiza				4		×
i Exchange of assets with related organization(s)				i=		×
j Lease of facilities, equipment, or other assets to related organization(s)				Ė		×
				=		Þ
K Lease of facilities, equipment, or other assets from related organization(s)				¥	1	4
I Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	iization(s)			<b>1</b>		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				<del>1</del>	×	
o Sharing of paid employees with related organization(s)				9	×	
p Reimbursement paid to related organization(s) for expenses				<b>1</b>		×
Reimbursement paid by related organization(s) for expenses				19	×	
r Other transfer of cash or property to related organization(s)				+		×
- 1				1s		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	no must complete this	s line, including covered re	elationships and transaction thresholds.			
<b>(a)</b> Name of related organization	(b) Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved	nvolved		
(1)						
(2)						
(3)						
(4)						
(9)				ŕ	1	
232163 09-14-22	7.5		Schedu	Schedule R (Form 990) 2022	3606	2022

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(k) centage nership				
or Perc				
(j) General or managing partner?				
Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 partner? Yes No				
(h) Disproportionate allocations?				
(g) Share of end-of-year assets				
(f) Share of total income				
(e) Are all partners sec. 501(c)(3) orgs.?				
ne par d, 50				
Predominant income related, excluded from tax under sections 512-514)				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EIN of entity				

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