PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 01-024746

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

<u>A F</u>	or the	2016 calendar year, or tax year beginning JUL 1 2016 and	ending u	<u> 10N 30</u>	<u>, 2017</u>			
B Ch	eck if pplicable	C Name of organization		D Employ	yer identific	ation number		
	Addres							
	Name change Initial	Doing business as			36-33	358690		
	return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 1700 SPARTAN DRIVE	Room/suite	E Telepho	one number (日47)	214-7377		
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross red	ceipts \$	980,496.			
	Amend	CCGINA IC BOTICA	H(a) Is thi	H(a) Is this a group return				
	Application pending		es? ~~ Yes No					
		ZALLE AZ C ABOVE		1 ' '		cluded? Yes No		
<u> </u>	ax-exe	empt status: X 501(c)(3) 501(c)() § (insert no.) 4947(a)(1) or	527			ist. (see instructions)		
		e: HTTP: //ELGIN-EDU/ECCFOUNDATION organization: X Corporation Trust Association Other Corporation	1			on number 1 State of legal domicile: IL		
	rt I	organization: ^ Corporation Trust Association Other I Summary	I L Year	of formation:	אווים ויד	State of legal domicile:		
1 0	1	Briefly describe the organization's mission or most significant activities:	MIZE A	ACCESS	TO EXC	EPTIONAL		
Se	'	EDUCATION THAT WILL IMPROVE LIVES & STREN	GTHEN	COMMUI	NITY.			
Governance		Check this box if the organization discontinued its operations or dispos				ets.		
veri		Number of voting members of the governing body (Part VI, line 1a) ~~~~~				18		
Go		Number of independent voting members of the governing body (Part VI, line 1				18		
త క		Total number of individuals employed in calendar year 2016 (Part V, line 2a) ~				0		
itie		Total number of volunteers (estimate if necessary) ~~~~~~~~~~~~~				125		
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12 ~~~~~				0.		
_		b Net unrelated business taxable income from Form 990-T, line 34 □□□			7b	0.		
				Prior Y		Current Year		
ē		Contributions and grants (Part VIII, line 1h) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		583	L-564.	724,489.		
Revenue		Program service revenue (Part VIII, line 2g) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			<u> </u>	<u> </u>		
Rev		nvestment income (Part VIII, column (A), lines 3, 4, and 7d) ~~~~~~~~			5,100.	163,887.		
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ~~~~~	~~~		3,503.	37,569.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			3-866.	925,945.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		40.	1,361.	454,210.		
		Benefits paid to or for members (Part IX, column (A), line 4)			0.	<u> </u>		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0.	<u></u>		
Expenses	16a I	Professional fundraising fees (Part IX, column (A), line 11e)			U •	٠.		
Exp	b	Total fundraising expenses (Part IX, column (D), line 25)		91	4,173.	96,903.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			5,534.	551,113.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ~~~~ Revenue less expenses. Subtract line 18 from line 12			313311	374,832.		
	19	vereine less expenses. Subtract line 16 from line 12		eainnina of C		End of Year		
ets	20	Total assets (Part X, line 16) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			2,567.	7,880,716.		
Ass	21	Total liabilities (Part X, line 26) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			1,297.	77,397.		
Net	-	Net assets or fund balances. Subtract line 21 from line 20		6,878	3,270.	7,803,319.		
Pa	rt II	Signature Block						
Und	erpena	lties of perjury, I declare that I have examined this return, including accompanying schedule	s and stater	ments, and to	the best of my	knowledge and belief, it is		
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of	of which pre	eparer has ar	ny knowledge).		
		_						
Sigr	1	Signature of officer		D	ate			
Here	Э	= KATHERINE SAWYER, EXECUTIVE DIRECTOR						
		Type or print name and title				T		
		Print/Type preparer's name Preparer's signature	CD .	Date	Check	PTIN		
Paid		JILL M. BOYLE, CPA JILL M. BOYLE, (Firm's name • SIKICH LLP	LPA	<u> </u>	1 0011 0111111011			
Prep		Time name 4	Fi	irm's EIN Q	36-3769097			
Use	Only	NAPERVILLE, IL 60563-2349			L L.	0-566-8400		
May	the IE			<u> </u>				

	Check if Schoolule O centains a recommon as mote to any line in this Part III population proportions
	Check if Schedule O contains a response or note to any line in this Part III DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD
1	Briefly describe the organization's mission: THE ELGIN COMMUNITY COLLEGE FOUNDATION WAS ESTABLISHED IN 1984 AS A
	SOL(C)3 ORGANIZATION TO MAXIMIZE ACCESS TO AN EXCEPTIONAL EDUCATION
	THAT WILL IMPROVE LIVES AND STRENGTHEN OUR COMMUNITY.
	THAT WILL THERVYL LIVES AND STRENGHILM VOK CVIIIONITI.
_	
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	THE FOUNDATION OVERSEES MORE THAN 180 INDIVIDUAL SCHOLARSHIPS. THESE
	FUNDS PRODUCED 329 AWARDS SUPPORTING THE EDUCATIONAL COMMITMENT OF 248
	STUDENTS IN THE 2015-2016 ACADEMIC YEAR. SCHOLARSHIP AWARDS ARE MADE
	BASED ON CRITERIA ESTABLISHED BY DONORS, WHICH MAY INCLUDE BUT IS NOT
	LIMITED TO ACADEMIC EXCELLENCE, DEMONSTRATED LEADERSHIP STRENGTHS,
	SPECIFIC PROGRAMS OF STUDY, STUDENTS WHO HAVE OVERCOME PHYSICAL AND
	LIFE OBSTACLES, AND FINANCIAL NEED.
	ETTE VOOTNEEDST AND TENAMETAL NEEDS
	(Code:) (Eynenses \$ 202,093. including grapts of \$ 202,093.) (Revenue \$)
4b	(Code:)(Expenses \$ 202,093. including grants of \$ 202,093.) (Revenue \$) CONTRIBUTIONS TO ELGIN COMMUNITY COLLEGE INCLUDE FUNDING FOR INNOVATIVE
	FACULTY PROJECTS, EQUIPMENT FOR ACADEMIC PROGRAMS, AND STUDENT
	LEADERSHIP DEVELOPMENT: IN ADDITION TO ACADEMIC SUPPORT, RESOURCES
	HAVE ALSO BEEN EXTENDED TO SUPPORT THE SPARTAN FOOD PANTRY FOR STUDENTS
	STRUGGLING WITH FOOD INSECURITY WHILE TRYING TO BE SUCCESSFUL IN
	COLLEGE, THE TUTORING PROGRAM TO DEFRAY THE COST OF PRIVATE TUTORING
	FOR STUDENTS WITH FINANCIAL NEED, THE STUDENT EMERGENCY FUND PROVIDING
	GAP FUNDING TO HELP STUDENTS STAY IN SCHOOL WHEN AN UNFORESEEN
	EMERGENCY OCCURS THAT MAY PREVENT ACADEMIC PERSISTENCE, AND THE CHILD
	CARE FUND ASSISTING SINGLE, LOW-INCOME PARENTS WHO ARE ENROLLED AT THE
	COLLEGE.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 454 1210.
	Form 990 (2016)

	1990 (2016) ELGIN COMMUNITY COLLEGE FOUNDATION 36-3358	690	P	age 3
Pa	rt IV Checklist of Required Schedules			Ι
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	١.	Х	
	If "Yes," complete Schedule A ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			X
	public office? If "Yes," complete Schedule C, Part I ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	3		^
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		X
_	during the tax year? If "Yes," complete Schedule C, Part II ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	5		x
•		1		 ^
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	0		 ^
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	7		x
0		'		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	8		x
0	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	"		<u> </u>
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	9		x
40		9		 ^-
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	10	Х	
4.4	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X	10		
11	as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	11a		X
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	110		
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	11b		Ιx
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1		
Ü	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	11c		Ιx
Ь	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	1		
ď	Part X, line 16? If "Yes," complete Schedule D, Part IX ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	11d		X
6	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X ~~~~~~	11e	Х	
	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 $X \sim \sim \sim$. 11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D. Parts XI and XII ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	12a	X	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
٥	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional ~~~~~	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	18	Χ	
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

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	21	Х	
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	Χ	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	24a		Ιx
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ü	any tax-exempt bonds? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	24c		
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		 ^-
Ь	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 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	٥٥٠		x
00		25b		 ^
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			X
	complete Schedule L, Part II ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	26		^
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV ~~	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			١.,
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	29	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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	33		X
34	Was the organization related to any tax-exempt or taxable entity? 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		X
	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?	002		
00	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			
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI ~~~~~~~	37		x
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	3/		- ``
38	Note. All Form 990 filers are required to complete Schedule O	38	Х	
	1000. 7 ii 1 0 iii 1 000 iiiolo die leguileu to complete ocheadie o		•	(2016)
		rorm	990	(∠∪10)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Chiesa, a constant of contains a coopenies of the to any mile in an of any in the contains a coopenies of the contains a conta		ш,							
			Yes	No						
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable									
	Enter the number of Forms w-29 included in line 1a. Enter -0- in not applicable									
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming									
	(gambling) winnings to prize winners?	1c								
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 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~									
	mod for the scale floar year of warm the year severed by the fortal									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? ~~~~~~~~	2b								
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	3a		Χ						
	a Did the organization have unrelated business gross income of \$1,000 or more during the year? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~									
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O ~~~~~~~~~~	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			V						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)? ~~~~~~	_4a_		X						
b	If "Yes," enter the name of the foreign country: J									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			V						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? ~~~~~~~~~	<u>5a</u>		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? ~~~~~~~	5b		^						
	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 solicit			v						
	any contributions that were not tax deductible as charitable contributions?	6a		Χ						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	6b								
7	Organizations that may receive deductible contributions under section 170(c).		V							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X							
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Χ							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			v						
	to file Form 8282?	7c		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year ~~~~~~~~~			V						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ~~~~~~	7e		X						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ~~~~~~~	7f		Λ_						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ~	<u>7g</u>								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h_	Χ							
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.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	9b								
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12 ~~~~~~~~ 10a									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ~~~~~ \[\begin{array}{ c c c c c c c c c c c c c c c c c c c									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~									
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.) ~~~~~~~~~~ 11b									
	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 12b									
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? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	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 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~									
	Enter the amount of reserves on hand ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4.4		Χ						
l4a ⊾	Did the organization receive any payments for indoor tanning services during the tax year?	14a								
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	990	(0040)						

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 18 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 18 b Enter the number of voting members included in 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 2 officer, director, trustee, or key employee? ~~~~ Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? ~~~~~ 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ~~~~~ 4 Did the organization become aware during the year of a significant diversion of the organization's assets? ~~~~~~~ 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? ~~~~~~~~~~~~ Χ d8 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? ~~~~~ Χ 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Χ 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? ~~~~ c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Χ 12c Χ 13 Did the organization have a written whistleblower policy? ~~~~~~~ 13 Х 14 Did the organization have a written document retention and destruction policy? ~~~~~~ 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Χ 15a Χ 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Χ 16a taxable entity during the year? ~~~~~~~ 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 List the states with which a copy of this Form 990 is required to be filed J<u>IL</u> 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain in Schedule Q Own website Another's website Χ Upon request Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: 20 HEATHER SCHOLL - (847) 214-7177

Form 990 (2016)

P0753

1700 SPARTAN DRIVE, ELGIN, IL

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

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

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

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

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

(A) Name and Title	(B) Average	(do	not c	((Pos	C) ition	ì than	one	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any hours for related organizations below	stee or director	, unle an eatsnut leucitnitisu	d adii	ector			compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) IAN LAMP	line) 3 • 0 0	Indi	Inst	Officer	Key	Ξġ	Forr			
CHAIR	3.00	Х		X				0.	0.	0.
(2) LARRY JONES	2.00	Ĥ		<u> </u>					0.	
VICE CHAIRMAN		Х		x				0.	0.	0.
(3) JENNI BETANCOURT	2.00									
SECRETARY		Х		Х				0.	0.	0.
(4) DAVID PFEIFFER	2.00			l				_	_	_
TREASURER		Х		Х				0.	0.	0.
(5) MELISSA BARBOSA-GUZMAN, JD	5.00							_		_
DIRECTOR (6) KEVIN ECHEVARRIA	2.00	Х						0.	0.	0.
DIRECTOR	L.00	X						0.	0.	0.
(7) CAROL GIESKE	2.00	<u> </u>							0.	
DIRECTOR		Х						0.	0.	٥.
(8) ERIC LARSON, EDD	5.00									
DIRECTOR		Х						0.	0.	0.
(9) R. MICHAEL LEE	2.00									
DIRECTOR		Х						0.	0.	0.
(10) DIANE LUKAS	5.00									
DIRECTOR (11) LEGITE MALONEY	7.00	Х				_	-	0.	0.	<u> </u>
(11) LESLIE MALONEY DIRECTOR	5.00	X						0.	0.	0.
(12) J. EMEKA ONWUTA, MD	2.00	<u> </u> ^						U•	U•	<u></u>
DIRECTOR		Х						0.	0.	0.
(13) MICHAEL PLOSZEK	2.00									
DIRECTOR		Х						0.	0.	٥.
(14) GARY M. VANEK, JD	2.00									
DIRECTOR		Х						0.	0.	0.
(15) DAN WALTER	2.00									_
DIRECTOR (12) MAN PO CRA	+	Х				_	_	0.	0.	0.
(16) MIKE SHALES, CPA	5.00									_
DIRECTOR (17) WILLIAM TEMPLIN	2.00	Х	_					0.	0.	0.
DIRECTOR	F.00	Х						0.	0.	0.
DIMEGION	I									OOO(0040)

632007 11-11-16 Form 990 (2016)

Part VII Section A. Officers, Directors, Tr	ustees, Key Em	plo	yees	s, ar	nd F	lighe	est (Compensated Employ	ees <i>(continued)</i>	—		
(A)	(B)	(C) Position						(D)	(E)		(F	·)
Name and title	Average hours per	(do not check more than one box, unless person is both an				than		Reportable	Reportable		Estim	
	week					r/trust		compensation from	compensation from related		amou oth	
	(list any	ector				Highest compensated employe		the	organizations		comper	nsation
	hours for	or director	8			ated e		organization	(W-2/1099-MISC	(د	from	
	related organizations	trustee	Institutional trustee		99	suedu		(W-2/1099-MISC)			organiz and re	
	below	Individualt	utiona	<u></u>	Key employee	est cor	e				organiz	
	line)	Indiv	Instit	Officer	Key e	High	Former					
(18) BOOMER WHIPPLE	5.00	١. <i>.</i>								_		_
DIRECTOR		X						0.		0.		<u> </u>
(19) SHARON KONNY ASST TREASURER (EX-OFFICIO)	4.00	-		Х				0.		۱. ه		٥.
(20) DR. DAVID SAM	2.00	-		<u> ^</u>						<u>"</u>		<u> </u>
ELGIN COM COLLEGE PRESIDENT	2.00	1		Х				0.		۱. ه		٥.
(21) KATHERINE SAWYER	40.00			<u> </u>						_		
EXEC. DIRECTOR (EX-OFFICIO)				Х				0.		۱. ۵		٥.
										\dashv		
		-										
	+	-		-						\dashv		
		1										
										\neg		
1 b Sub-total~~~~~~~~	.~~~~~	~~	-~~	~~	~~	~	ı	0.		0.		0.
c Total from continuation sheets to Pa	rt VII, Section A	۸ ~	~~-	-~~	~~	~~	Ī	0.		<u>. o</u>		0.
d Total (add lines 1b and 1c)								0.		O -		0.
2 Total number of individuals (including but		ose I	iste	d ab	ove)) wh	o re	ceived more than \$100,	000 of reportable			п
compensation from the organization										—		<u> </u>
2. Did the averagination list any favorage office								himboot		ſ	Ye	s No
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J				-	-	-		•			3	Х
4 For any individual listed on line 1a, is the										ı		
and related organizations greater than 9										-~ [4	Х
5 Did any person listed on line 1a receive										s		
rendered to the organization? If "Yes."	complete Sch	edul	е <i>Ј</i>	for	suci	h pe	erso	<u>n </u>		$ \bot $	5 X	
Section B. Independent Contractors												
1 Complete this table for your five highest of	•	•							•	nsat	ion from	
the organization. Report compensation f	or the calendar y	/ear	end	ing v	with	or v	vithi		year.		(0)	
(A) Name and busine:	ss address	N	ONE	=				(B) Description of s	ervices	С	(C) ompensa	tion
											•	
							_					
							\dashv		+	—		
							\dashv		+			
2 Total number of independent contractors	(including but n	ot lir	nite	d to	thos	e lis	sted	above) who received m	ore than			
\$100,000 of compensation from the org						<u> </u>		,				
											Form 99	0 (2016)

Part VIII Statement of Revenue

		Check if Schedule O contains a response or note to any line	e in this Part VIII 🗆			00000
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
o o	1	a Federated campaigns ~~~~~ 1a				0.2 0.1
Grants		b Membership dues ~~~~~ 1b				
		c Fundraising events ~~~~~ 1c 41 1085.				
ifts		d Related organizations ~~~~~				
o, G		e Government grants(contributions) 1e				
ons		f All other contributions, gifts, grants, and				
outi		similar amounts not included above ~~ 1f 683 1404 •				
atrik Jelia		q Noncash contributions included in lines 1a-1f: \$ 33 - 682 •				
Contributions, Gifts, Similar Amounts		h Total. Add lines 1a-1f	724,489.			
		Business Code				
E O	2	a				
Program Service	_	b				
Sel		c				
я		d				
ogra		e				
Pre		f All other program service revenue ~~~~				
		g Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest, and				
		other similar amounts)~~~~~~~	163,887.			163,887.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties 00000000000000000000				
		(i) Real (ii) Personal				
	6	a Gross rents ~~~~~				
		b Less: rental expenses ~~~				
		c Rental income or (loss) ~~				
		d Net rental income or (loss)				
	7	a Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory				
		b Less: cost or other basis				
		and sales expenses ~~~				
		c Gain or (loss) ~~~~~				
		d Net gain or (loss)				
nue	8	a Gross income from fundraising events (not including \$ 41 065.				
Other Reven		contributions reported on line 1c). See				
Ŗ		Part IV, line 18 ~~~~~~ a 92,120.				
the		b Less: direct expenses ~~~~~ b 54,551.				
0		c Net income or (loss) from fundraising events	37,569.			37,569.
		a Gross income from gaming activities. See				
		Part IV, line 19 ~~~~~~~ a				
		b Less: direct expenses ~~~~~ b				
		c Net income or (loss) from gaming activities				
	10	a Gross sales of inventory, less returns				
		and allowances ~~~~~~~ a				
		b Less: cost of goods sold ~~~~ b				
		c Netincome or (loss) from sales of inventory				
		Miscellaneous Revenue Business Code				
	11	a				
	-	b				
		c				
		d All other revenue ~~~~~~~~				
		e Total. Add lines 11a-11d ~~~~~~~				
	12	_	925,945.	0.	Π.	201,456.

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 (D) Fundraising Do not include amounts reported on lines 6b. Total expenses Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses <u>general expenses</u> expenses Grants and other assistance to domestic organizations 202,093. 202,093. and domestic governments. See Part IV, line 21 ~ Grants and other assistance to domestic 252,117. 252,117. individuals. See Part IV, line 22 ~~~~ 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ~~~ Benefits paid to or formembers ~~~~~~ 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) ~~~ 7 Other salaries and wages ~~~~ Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits ~~~~~~~ 9 Payroll taxes ~~~~~~~~~~ 10 Fees for services (non-employees): 11 Management ~~~~~~~~ Legal ~~~ h Accounting ~~~~~~~~ Lobbying ~~~~~~ e Professional fundraising services. See Part IV, line 17 23,251. 23,251. f Investment management fees ~~~~~~ g Other. (If line 11g amount exceeds 10% of line 25, 34,094. 34,094. column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion ~~~~~~~ 14,642. 14,642. Office expenses~ 13 14 Information technology ~~~~~~~~ Royalties ~~ 15 16 Occupancy ~ 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 23,915. 23,915. Conferences, conventions, and meetings ~~ 19 20 Interest ~~~~~~~~~~ Payments to affiliates~~~~~ 21 Depreciation, depletion, and amortization ~~ 22 23 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) BAD DEBT 1,001. 1,001. b _d e All other expenses Total functional expenses. Add lines 1 through 24e 25 551,113. 454,210. 96,903. ο. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Pai		Check if Schedule O contains a response or note to any line in this Part X			
		•	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	606,787.	1	841,578.
	2	Savings and temporary cash investments ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		2	
	3	Pledges and grants receivable, net ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	90,216.	3	116,411.
	4	Accounts receivable, net ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ম		employees' beneficiary organizations (see instr). Complete Part II of Sch L ~~		6	
Assets	7	Notes and loans receivable, net ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		7	
Ϋ́	8	Inventories for sale or use ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		8	
	9	Prepaid expenses and deferred charges ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4,160.	9	3,722.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D ~~~ 10a			
	b	Less: accumulated depreciation ~~~~~ 10b		10c	
	11	Investments - publicly traded securities ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	6,194,976.	11	6,880,791.
	12	Investments - other securities. See Part IV, line 11 ~~~~~~~~~~~~		12	
	13	Investments - program-related. See Part IV, line 11 ~~~~~~~~~~~~		13	
	14	Intangible assets ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		14	
	15 C	Other assets. See Part IV, line 11 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	36,428.	15	38,214.
	16 T	otal assets. Add lines 1 through 15 (must equal line 34)	6,932,567.	16	7,880,716.
	17 /	Accounts payable and accrued expenses ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2,655.	17	5,803.
	18	Grants payable ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		18	
	19	Deferred revenue ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	3,000.	19	3,000.
	20 7	Fax-exempt bond liabilities ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D ~~~~		21	
S	22	Loans and other payables to current and former officers, directors, trustees,			
∄		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		22	
_	23	Secured mortgages and notes payable to unrelated third parties ~~~~~		23	
	24	Unsecured notes and loans payable to unrelated third parties ~~~~~~~		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of	U.D. (U.D.		
		Schedule D ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	48,642.	25	68,594. 77,397.
	26	Total liabilities. Add lines 17 through 25	54,297.	26	((137(•
		Organizations that follow SFAS 117 (ASC 958), check here 📘 💢 and			
ses		complete lines 27 through 29, and lines 33 and 34.	166 260		1 022 192
anc	27	Unrestricted net assets ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	855,750. 2,585,381.	27	1,077,897. 3,028,589.
Bal	28	Temporarily restricted net assets ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	3,437,139.	28	3,696,833.
pu	29	Permanently restricted net assets ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	יו כעו זכדוכ	29	316161033.
Fu		Organizations that do not follow SFAS 117 (ASC 958), check here and			
s or		complete lines 30 through 34.		00	
sets	30	Capital stock or trust principal, or current funds ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund ~~~~~~~		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds ~~~~	6,878,270.	32	7,803,319.
_	33	Total net assets or fund balances ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	6,932,567.	33	7,880,716.
	34	Total liabilities and net assets/fund balances	• J 17 L 1 O L •	34	Form 990 (2016)

 $Form \, 990 \, (2016)$

	1990 (2010)				Га	yc IZ
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			5 - 9	
2	Total expenses (must equal Part IX, column (A), line 25)	2				<u> 13.</u>
3	Revenue less expenses. Subtract line 2 from line 1 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	3				<u> 32 -</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) ~~~~~~~~	4		-878-270.		
5	Net unrealized gains (losses) on investments ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	5		<u>54</u>	<u> </u>	<u> 31.</u>
6	Donated services and use of facilities ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	6				
7	Investment expenses ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	7				
8 I	Prior period adjustments ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	8				
9	Other changes in net assets or fund balances (explain in Schedule O) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	9			<u> 1 - 7</u>	86.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	7,	7,803,319.		
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? ~~~~~	~~~~	-~ L	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?	~~~~	~ L	2b	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	he audit.				
	review, or compilation of its financial statements and selection of an independent accountant? ~~~~~~~~		-~ L	2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	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 Single					
	Act and OMB Circular A-133? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			3а		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

3b Form 990 (2016)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

	Information	about Schedule A (F	orm 990 or 990-E∠) and i	ts instruction	ons is at M	/ww.irs.gov/	iorrii990.	Парссион		
Name of t	he organization		Y COLLEGE FO				Employer	- ridentification number ե - 3358ե 90		
Part I	Reason for Public 0					a instruction		0 1120010		
	zation is not a private founda	•	•			e instruction	5.			
_			-			\/;\				
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)									
3 4	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	city, and state:	medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								
₅ X	•	or the benefit of a coll	ege or university owned	or onerate	d by a dov	ernmental un	it described	Lin		
Ü	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 go		mental unit described in	section 1	70/b)/1)//	\\(\\)				
6 7	An organization that normal	-			. , . , .	, . ,	general nul	hlic described in		
•	section 170(b)(1)(A)(vi). (Co	•	itial part of its support ifor	iii a goveii	iiiiciitai ui	iii or iioiii tiic	general pui	one described in		
0	A community trust described	•	(A)(vi) (Complete Part II	1						
8 9	An agricultural research org	. , , ,	. , . ,	•	in conjun	ction with a la	nd grant co	llege		
J	or university or a non-land-			•	•		-	•		
	university:	grant conege of agric	unture (see mstructions).	Linter the i	iame, ony	, and state of	the college	OI .		
10	An organization that normal	ly receives: (1) more	than 33 1/3% of its support	ort from co	ntributions	s, membershi _l	o fees, and	gross receipts from		
	activities related to its exem	pt functions - subject	to certain exceptions, an	ıd (2) no m	ore than 3	33 1/3% of its	support fror	m gross investment		
	income and unrelated busin	ess taxable income	(less section 511 tax) fro	m busines	ses acquir	ed by the org	anization at	fter June 30, 1975.		
	See section 509(a)(2). (Complete Part III.)									
11	An organization organized a	and operated exclusiv	ely to test for public safe	ty. See see	ction 509(a	a)(4).				
12	An organization organized a	and operated exclusiv	rely for the benefit of, to p	erform the	functions	of, or to carry	out the pur	rposes of one or		
	more publicly supported org	anizations described	in section 509(a)(1) or	section 50	9(a)(2). Se	ee section 50	9(a)(3). Ch	eck the box in		
	lines 12a through 12d that of	describes the type of	supporting organization	and comple	ete lines 1	2e, 12f, and 1	12g.			
а	Type I. A supporting organ	nization operated, su	pervised, or controlled by	its suppoi	rted organ	ization(s), typ	ically by giv	ing		
	the supported organization	n(s) the power to reg	ularly appoint or elect a r	najority of	the directo	rs or trustees	of the supp	orting		
	organization. You must co	omplete Part IV, Sect	ions A and B.							
b	Type II. A supporting orga	nization supervised	or controlled in connectio	n with its s	upported of	organization(s	s), by having	J		
	control or management of	the supporting orgar	nization vested in the san	ne persons	that contr	rol or manage	the suppor	ted		
	organization(s). You must	complete Part IV, Se	ections A and C.							
С	Type III functionally integ	grated. A supporting	organization operated in	n connecti	ion with, a	nd functiona	lly integrate	ed with,		
	its supported organizatio	n(s) (see instruction	s). You must complete I	Part IV, Se	ections A,	D, and E.				
d	Type III non-functionally in	ntegrated. A support	ing organization operated	d in connec	ction with it	ts supported	organization	ı(s)		
	that is not functionally inte	grated. The organiza	ation generally must satis	fy a distrib	ution requi	irement and a	ın attentiver	ness		
	requirement (see instruction	ons). You must comp	olete Part IV, Sections A	and D, and	l Part V.					
е	Check this box if the orga	nization received a w	ritten determination from	the IRS th	at it is a T	ype I, Type II	Type III			
	functionally integrated, or	• •								
f Ente	er the number of supported	d organizations ~~	~~~~~~~	~~~~	~~~~	~~~~~	~~~			
	vide the following informati			(iv) Is the oraș	anization listed	l	_	T . n		
() Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in vour governi	ing document?	(v) Amount o	-	(vi) Amount of other		
	organization		above (seeinstructions))	Yes	No	support (see in	isu ucuons)	support (see instructions)		
		1				1		1		

<u>Total</u>

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received. (Do not 865,939. 413,797. 624,543. 581,269. 724,489. 3210037. 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 405,000. 357,000. 364,000. 473,385. 404,835. 2004220. the organization without charge ~ 1222939. 777,797. 1029543. 1054654. 1129324. 5214257. 4 Total. Add lines 1 through 3 ~~~ The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, 48,596. column (f) ~~~~~~ 5165661. 6 Public support. Subtract line 5 from line 4. Section B. Total Support (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Calendar year (or fiscal year beginning in) 777,797. 1222939. 1029543. 1054654. 1129324. 5214257. 7 Amounts from line 4 ~ Gross income from interest, dividends, payments received on securities loans, rents, royalties 113,157. 140,813. 145,100. 163,887. 658,791. 95,834. 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 1,800. 37,569. 39,369. assets (Explain in Part VI.) ~ 5912417. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 87.37 14 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 88.19 15 15 Public support percentage from 2015 Schedule A, Part II, line 14 ~~~ 16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and ∎X stop here. The organization qualifies as a publicly supported organization ~~~~~~ b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ~~ b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

Schedule A (Form 990 or 990-EZ) 2016

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the

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

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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									
Cale	endaryear (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not									
_	include any "unusual grants.") ~~									
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose									
3	Gross receipts from activities that									
	are not an unrelated trade or business under section 513 ~~~~									
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf ~~~~									
5	The value of services or facilities furnished by a governmental unit to the organization without charge ~									
6	Total. Add lines 1 through 5 ~~~									
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons									
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year									
c	Add lines 7a and 7b ~~~~~									
8	Public support. (Subtract line 7c from line 6.)									
Se	ction B. Total Support	T		ı	,	, ,				
Cale	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total			
9	Amounts from line 6 ~~~~~									
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ~									
b	Unrelated business taxable income									
	(less section 511 taxes) from businesses acquired after June 30, 1975 ~~~~						_			
11	Add lines 10a and 10b ~~~~~ Net income from unrelated business activities not included in 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.)									
	First five years. If the Form 990 is for	the organization's	first second third	fourth or fifth tax	x vear as a section		ration			
- • 1	check this box and stop here □□	•				()()	I			
Se	ction C. Computation of Pub									
15 16	Public support percentage for 2016 (Public support percentage from 2018)		•		~~~~~	15 16	% %			
<u>Se</u>	ction D. Computation of Inves	tment Income	Percentage							
17 18	Investment income percentage for 2 Investment income percentage from					17	<u>%</u> %			
	19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not									
	more than 33 1/3%, check this box a	-					_			
b	33 1/3% support tests - 2015. If the or	•								
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	orted organization	~~~~			
20	Private foundation. If the organization	on did not check a	box on line 14, 19	9a, or 19b, check	this box and see i	nstructions 🗆 🗆 🗆				

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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?
- 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 (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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3c		
	4a		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
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	7		
	8		
	00		
	9a		
	9b		
	9с		
	10a		
	401		
_	10b	0.53	2042
9	90 or 99	·∪-⊏∠)	∠U 10

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
h		11b		
	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
<u>c</u>		110		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported			
		1		
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
	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		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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		
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).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	., ,		
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	·			
Ь				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organiz	zations	
Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must contain the property of the content of the property of the content of the	•		rt VI) See instructions. All
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	<u>6</u> 7		
7 Recoveries of prior-year distributions			
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting organ	nization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions)

Schedule A (Form 990 or 990-EZ) 2016

b Excess from 2013
c Excess from 2014
d Excess from 2015
e Excess from 2016

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2016

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
IP MORGAN CHASE FOUNDATION	166,844.	48,596
otal Excess Contributions to Schedule A, Part II, Line 5 ~~~~~~~~~~~		48,596

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

Employer identification number

ELGIN COMMUNITY COLLEGE FOUNDATION

36-3358690

Organization type (check one):

Filers of: Section:

Form 990 or 990-EZ X 501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 politicalorganization

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

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 or 990-EZ), 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, II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

ELGIN COMMUNITY COLLEGE FOUNDATION

36-3358690

Part I	Contributors (See instructions). Use duplicate copies of Part I if ac	· · · · · · · · · · · · · · · · · · ·	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ 113,321.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 30,000-	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>24,956.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>5</u>		\$ <u>20,000-</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u></u>		\$ <u>15,000-</u>	Person X Payroll Noncash (Complete Part II for

Name of organization

Employer identification number

ELGIN COMMUNITY COLLEGE FOUNDATION

36-3358690

Part II N	Noncash Property (See instructions). Use duplicate copies of Pa	art 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

FL	GTN	COMMUNITY	COLLEGE	FOUNDATION

36-3358690

Part III	Exclusively religious, charitable, etc., contribute year from any one contributor. Complete	utions to organizations desc	cribed in section	501(c)(7), (8), or (10) that total more than \$1,000 for		
	completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if additional	s, charitable, etc., contributions	of \$1,000 or less for t	the year. (Enterthis info. once.)		
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Description of how gift is held		
		(e) Transf	er of gift			
-	Transferee's name, address, ar	nd ZIP + 4	R	elationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Description of how gift is held		
-		(a) Tana af				
	Transferee's name, address, a	(e) Transfo	Relationship of transferor to transferee			
	Transieree s flame, address, an	<u> </u>				
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Description of how gift is held		
-		(e) Transf	er of gift			
	Transferee's name, address, at	` ,	-	elationship of transferor to transferee		
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Description of how gift is held		
-		(e) Transf	er of gift			
	Transferee's name, address, a			elationship of transferor to transferee		

SCHEDULE D

(Form 990)

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.

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

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ELGIN COMMUNITY COLLEGE FOUNDATION

Employer identification number 3L-335&L90

Pa	t I Organizations Maintaining Donor Advised F	Funds or Other Similar Funds or A	accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6).	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year ~~~~~~~~~~		
2	Aggregate value of contributions to (during year) ~~~~		
3	Aggregate value of grants from (during year) ~~~~~		
4	Aggregate value at end of year ~~~~~~~		
5	Did the organization inform all donors and donor advisors in writ	ing that the assets held in donor advised fund	ds
	are the organization's property, subject to the organization	n'sexclusivelegalcontrol?~~~~~~	-~~~~ Yes
6	Did the organization inform all grantees, donors, and donor adv	risors in writing that grant funds can be used	d only
	for charitable purposes and not for the benefit of the donor or d	onor advisor, or for any other purpose confe	erring
	impermissible private benefit?		
Pa	t II Conservation Easements. Complete if the organ	nization answered "Yes" on Form 990, Par	t IV, line 7.
1	$\label{purpose} \mbox{Purpose(s) of conservation easements held by the organization}$	(check all that apply).	
	Preservation of land for public use (e.g., recreation or educ	cation) Preservation of a historica	ılly important land area
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of a co	nservation 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 str	ucture included in (a) ~~~~~~~~~	2c
d	Number of conservation ease ments included in (c) acquired and conservation (c) acquired and (c) acquired acqu		
	listed in the National Register ~~~~~~~~~~~~		2d
3	$Number of conservation \ easements \ modified, transferred, release \ and \ an alternative \ an alternative \ and \ an alternative \ an alternative \ and \ an alternative \ an alternative \ an alternative \ and \ an alternative \$	ased, extinguished, or terminated by the orga	anization during the tax
	year		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it has a second conservation of the conservatio		
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	ndling of violations, and enforcing conserva	tion easements during the year
	I		
7	Amount of expenses incurred in monitoring, inspecting, handling	of violations, and enforcing conservation ea	sements during the year
	\$		2)(1)
8	Does each conservation easement reported on line 2(d) above s		
_	and section 170(h)(4)(B)(ii)? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
9	In Part XIII, describe how the organization reports conservation	•	*
	include, if applicable, the text of the footnote to the organization	n's financial statements that describes the c	organization's accounting for
Pa	conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasures or Othe	er Similar Assets
ıa	Complete if the organization answered "Yes" on Form 99		Ci Oiliilai Assets.
10	If the organization elected, as permitted under SFAS 116 (ASC 9		ad balance shoot works of art
ıa	historical treasures, or other similar assets held for public exhibit	•	
	the text of the footnote to its financial statements that describes		public service, provide, in Fart Alli,
b	If the organization elected, as permitted under SFAS 116 (ASC		halance sheet works of art historical
D	treasures, or other similar assets held for public exhibition, edu	•	
	relating to these items:	cation, or research in furtherance of public s	service, provide the following amounts
	(i) Revenue included on Form 990, Part VIII, line 1 ~~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~ I \$
	(ii) Assets included in Form 990, Part X ~~~~~~		
2	If the organization received or held works of art, historical t		-
_	the following amounts required to be reported under SFAS 11		iolal galli, provido
а	Revenue included on Form 990, Part VIII, line 1 ~~~~	· · · · · · ·	~~ [\$
	Assets included in Form 990, Part X		<u>-</u>
	For Paperwork Reduction Act Notice, see the Instructions for		Schedule D (Form 990) 2016

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Par	rt III Organizations Maintaining Co	llections of Art,	Historical Treas	sures, or Other	Similar <i>A</i>	ا Assets رہ	continue	d)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that are a s	ignificant u	se of its co	ollection	items
	(check all that apply):		•	Ü	o .			
а	Public exhibition	d	Loan or excl	nange programs				
b	Scholarly research	e		3 1 3				
c	Preservation for future generations							
4	Provide a description of the organization's colle	ections and explain h	ow they further the	organization's exemp	t purpose	in Part XIII	ı.	
5	During the year, did the organization solicit or r		•				•	
Ü	to be sold to raise funds rather than to be ma						Yes	□ No
Pai	rt IV Escrow and Custodial Arrange					Part IV.		
	reported an amount on Form 990, Part		g <u>-</u>			,,	2,	
1a	Is the organization an agent, trustee, custodi		diary for contribution	ns or other assets n	ot included			
ıa	on Form 990, Part X? ~~~~~~~					•	Yes	□ No
h	If "Yes," explain the arrangement in Part XIII ar						ıw	
Ь	ii res, explain the arrangement iir r art Alli ai	nd complete the lono	wing table.				Amount	+
_	Designing belones			~~~~~~~	~ 1c		Amount	
	Beginning balance ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				— — 			
d	Additions during the year ~~~~~	~~~~~~~	~~~~~~~	~~~~~~~	~ 1d			
_	Distributions during the year ~~~~							
f	Ending balance ~~~~~~~~				1f			
	Did the organization include an amount on For					~~~ Y	es	□ No
	If "Yes," explain the arrangement in Part XIII.				XIII			
Pai	rt V Endowment Funds. Complete if th							
	-	(a) Current year	(b) Prior year	(c) Two years back				r years back
	Beginning of year balance ~~~~~	5, 382, 963.	5, 410, 307.	5, 219, 318.		23, 693.		400, 178.
b	Contributions ~~~~~~~	350, 584.	71, 367.	169, 697.		78, 291.		582, 595.
С	Net investment earnings, gains, and losses	501, 982.	79, 658.	165, 612.	6	49, 596.		533, 098.
d	Grants or scholarships ~~~~~~							
е	Other expenditures forfacilities							
	and programs ~~~~~~~~	163, 467.	127, 278.	100, 761.		71, 221.		47, 124.
f	Administrative expenses ~~~~~~	52, 153.	51,091.	43, 559.				
g	End of year balance ~~~~~~~	6, 019, 909.	5, 382, 963.	5, 410, 307.	5, 2	80, 359.	4,	468, 747.
2	Provide the estimated percentage of the currer	nt year end balance (line 1g, column (a))	held as:				
	Permanentendowment <u>Ll.41</u>	%						
	Temporarily restricted endowment <u>3</u>							
Ŭ	The percentages on lines 2a, 2b, and 2c should							
32	Are there endowment funds not in the possess	•	on that are held and	administered for the	organizatio	าท		
Ja		non or the organization	on that are new and	administered for the	organizatio	<i>7</i> 11	Γ	Yes No
	by:						3a(i)	X
	(i) unrelated organizations ~~~~		.~~~~~~		~~~~	.~~~~	3a(ii)	X
L	(ii) related organizations ~~~~	-tions listed as many	··		~~~~	.~~~~	3b	- ^
4	If "Yes" on line 3a(ii), are the related organization	•		~~~~~~~</td <td>~~~~</td> <td>.~~~</td> <td>SD </td> <td></td>	~~~~	.~~~	SD	
Par	Describe in Part XIII the intended uses of the or rt VI Land, Buildings, and Equipme	_	ment lunas.					
Гаі			D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	E 000 B ()	. 40			
	Complete if the organization answered			i i		$\overline{}$		
	Description of property	(a) Cost or ot	` '	1 ' '	Accumulate	d	(d) Book	< value
		basis (investm	ent) basis	(other) de	preciation			
1a	Land ~~~~~~~~~~~	~						
b	Buildings ~~~~~~~~~	~				$-\!\!\!\!+\!\!\!\!\!-$		
С	Leasehold improvements ~~~~~~~	-				\longrightarrow		
d	Equipment ~~~~~~~~~	-				$-\!$		
е	Other							
Tota	I. Add lines 1a through 1e. (Column (d) must e	egual Form 990, Pai	t X, column (B), line	e 10c.) 🗆 🗆 🗆 🗆 🗆	00000 I			0.

Schedule D (Form 990) 2016

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

Part VII Investments - Other Securities. Complete if the organization answered "Yes" of	n Form 900 Part IV	line 11h See Form 000 D	art X line 12	
(a) Description of security or category (including name of security)	(b) Book value			of-year market value
) Financial derivatives ~~~~~~~~~~	. ,			•
c) Closely-held equity interests ~~~~~~~				
Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" o	on Form 990, Part IV,	line 11c. See Form 990, Pa	art X, line 13.	
(a) Description of investment	(b) Book value	I		-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes" of	on Form 990, Part IV,	line 11d. See Form 990, Pa	art X, line 15.	
(a)	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Column (b) must equal Form 990, Part X, col. (l	B) line 15.)			
Part X Other Liabilities.				
Complete if the organization answered "Yes" of	on Form 990, Part IV,	line 11e or 11f. See Form 9	990, Part X, line 25.	
(a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) DUE TO ELGIN COMMUNITY COL	LEGE	68,594.		
(3)				
(3)				
(3)				
(3) (4) (5)				
(3) (4) (5) (6)				
(3) (4) (5) (6) (7)				

632053 08-29-16

Complete if the organization answered "Yes" on Form 990, Pa		in Revenue per	Retu	rn.
1 Total revenue, gains, and other support per audited financial statem	·	~~~~~	1	1,912,297.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments ~~~~~~~		548,431.		
b Donated services and use of facilities ~~~~~~~~~~~~~~~		404,835.		
c Recoveries of prior year grants ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
d Other (Describe in Part XIII.) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	-~~~~ 2d	56,337.		
e Add lines 2a through 2d ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~~~	~~~~~	2e	1,009,603.
3 Subtract line 2e from line 1 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~~	~~~~	3	902,694.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	: , ,			
a Investment expenses not included on Form 990, Part VIII, line 7b		23,251.	-	
b Other (Describe in Part XIII.) ~~~~~~~~~~~				22 251
c Add lines 4a and 4b ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			4c	23,25 <u>1</u> . 925,945.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Pa			5	
Part XII Reconciliation of Expenses per Audited Finance Complete if the organization answered "Yes" on Form 990, Pa		ın Expenses per R	keturr	1.
1 Total expenses and losses per audited financial statements ~~	·	~~~~~~~	1	987,248.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2a	404,835.		
b Prior year adjustments ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
c Other losses ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
d Other (Describe in Part XIII.)		54,551.		
e Add lines 2a through 2d ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~~	~~~~	2e	459,386.
3 Subtract line 2e from line 1 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			3	527,862.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
a Investment expenses not included on Form 990, Part VIII, line 7b		23,251.		
b Other (Describe in Part XIII.) ~~~~~~~~~~~~~~~				
c Add lines 4a and 4b ~~~~~~~~~~~~~			4c	23,251.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part Part XIII Supplemental Information.	I. line 18.)		5	551,113.
	4 I 4- D+ IV/ II 41		D 1 V	lin - O. D. H. VI
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to			Рап Х,	iine 2; Part XI,
inios za ana 45, ana 1 ar An, inios za ana 45. Also complete uns part to	provide any additional i	mormation.		
PART V ₁ LINE 4:				
CNDALLE FILLS ARE ESTADLISHED TA CENE	DATE TNUESTM	CNT TNCAME T	Λ DI	- 11657
ENDOWED FUNDS ARE ESTABLISHED TO GENE	KAIE INVESIM	ENT INCOME I	0 BF	T NZFD
FOR SCHOLARSHIPS AND/OR PROGRAM SUPPO	РT			
IN SCHOLARSHIPS AND ON PROGRAM SOFFO	K I •			
PART X, LINE 2:				
THE FOUNDATION IS A NOT-FOR-PROFIT OR	<u>GANIZATION T</u>	<u>HAT IS EXEMP</u>	T F	ROM INCOME
A)POS SOLICO SOL)(1.)	7/B)/1.\/A)/T	U) (NE THE
TAYEZ DUNEK ZECITANZ ZUTICACZA ZUTICA	<u> Λίμλη ΑΝΝ΄ μει</u>	J(D)(T)(A)(T	V) \	71 INE
INTERNAL REVENUE CODE. THE FOUNDATION	IS NOT CLAS	A ZA <u>daiai</u> z	PRI\	/ATE
FOUNDATION.				
DADT VT I THE 35 ATHER AS HERSENES.				
PART XI, LINE 2D - OTHER ADJUSTMENTS:				
INCREASE IN CASH SURRENDER VALUE OF L	IFE INSURANC	<u> </u>		1,786.

Part XIII Supplemental Information (continued)	<u>ქნ-ქქეშნეს Page 5</u>
Fait Aiii Supplemental information (continued)	
SPECIAL EVENT EXPENSES	54,551.
TOTAL TO SCHEDULE Do PART XIo LINE 2D	56,337.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	_
SPECIAL EVENT EXPENSES	54,551.

SCHEDULE G

(Form 990 or 990-EZ)

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.

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

ELGIN C	OMMUNITY COLLEGE	FOUN	DAT	ION		36-3358	690		
Part I Fundraising Activities.	Complete if the organization answe	ered "Ye	es" on	Form 990, Part IV, li	ne 17	. Form 990-EZ	filers are not		
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.									
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or cor contrib	ustody trol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser red in col. (i)	(vi) Amount paid to (or retained by) organization		
		Yes	No						
-									

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

632081 09-12-16

Schedule G (Form 990 or 990-EZ) 2016

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

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

(b) Pull tabs/instant

nue		(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))				
Revenue	1 Gross revenue								
ses	2 Cash prizes ~~~~~~~~~~								
Expen	3 Noncash prizes ~~~~~~~								
Direct Expenses	4 Rent/facility costs ~~~~~~~~								
	5 Other direct expenses								
	6 Volunteer labor ~~~~~~~~	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No					
	7 Direct expense summary. Add lines 2 throug	h5incolumn(d) ~~~	~~~~~~	~~~~~					
	8 Net gaming income summary. Subtract line	e 7 from line 1, column	(d) 000000000000						
9	Enter the state(s) in which the organization condu	icts gaming activities:							
-	Is the organization licensed to conduct gaming				☐ Yes No				
b	b If "No," explain:								
10a	Were any of the organization's gaming licenses r	evoked.suspended.or	terminated during the ta	x vear? ~~~~~~	Yes No				

632082 09-12-16

b If "Yes," explain: _

Schedule G (Form 990 or 990-EZ) 2016

Schedule G (Form 990 or 990-EZ) 2016 ELGIN COMMUNITY COLLEGE FOUNDATION 3L-	33581	590	Page 3
11 Does the organization conduct gaming activities with nonmembers?~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		Yes	No No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		. 00	110
to administer charitable gaming? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		.,	
		Yes	No
13 Indicate the percentage of gaming activity conducted in:	ı	ı	
a The organization's facility ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			<u>%</u>
b An outside facility ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	13b		<u>%</u>
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
Name			
•			
Address I			
Address			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ~	~~~~	Yes	s No
b If "Yes," enter the amount of gaming revenue received by the organization			
of gaming revenue retained by the third party \$			
c If "Yes," enter name and address of the third party:			
c in res, enter name and address of the third party.			
Name			
Address			
16 Gaming manager information:			
Name			
Gamingmanagercompensation \$			
Description of services provided			
· · · · · · · · · · · · · · · · · · ·			
☐ Director/officer ☐ Employee ☐ Independent contractor			
17 Mandatory distributions:			
·			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		Yes	No
retain the state gaming license? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		165	NO
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
organization's own exempt activities during the tax year \$			
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line	es 9, 9b,	10b, 1	5b,
15c, 16, and 17b, as applicable. Also provide any additional information. See instructions			

Schedule G (Form 990 or 990-EZ)	ELGIN	COMMUNITY	COLLEGE	FOUNDATION	36-3358690	Page 4
Schedule G (Form 990 or 990-EZ) Part IV Supplemental Infor	mation <i>(cont</i>	inued)				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization ELGIN COM	MUNITY CO	LLEGE FOUND	ATION				Employer identification number 3L-3358L90
Part I General Information on Grants a						•	
Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pro	istance? ~~~~	~~~~~~~	~~~~~~	~~~~~~			ection X Yes No
Part II Grants and Other Assistance to D					zation answered "Yes	s" on Form 990, Part I	V, line 21, for any
recipient that received more than \$	5,000. Part II can	be duplicated if additi	onal space is neede	ed.	(0.84.1)		T
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ELGIN COMMUNITY COLLEGE 1700 SPARTAN DRIVE ELGIN, IL 60123	36-2600170	501 (C) (1)	202, 093.	0.			SUPPORT ELGIN COMMUNITY COLLEGE
2 Enter total number of section 501(c)(3)	and government c	rganizations listed in	the line 1 table ~~	-~~~~~	-~~~~~	.~~~~~~	·
3 Enter total number of other organiza	tions listed in the	e line 1 table □□□	100000000000000000000000000000000000000	1000000000		10000000000000	
LHA For Paperwork Reduction Act Notice,	see the Instruction	ns for Form 990.					Schedule I (Form 990) (2016)

(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 assistanc
LARSHIPS	248	252, 117.	0.		
AMONTI O		202,11	, , , , , , , , , , , , , , , , , , ,		
IV Supplemental Information. Provide the information	n required in Part I, line 2;	Part III, column (b);	; and any other addition	onal information.	
M 990, SCHEDULE I, PART I,	LINE 2				
OLARSHIP MONITORING PROCEDU	RES INVOLVE C	OORDINATEI	TRACKING	AND	
ORTING OF STUDENT PERFORMAN					
ENSURE SCHOLARSHIP RECIPIEN	<u>TS ARE COMPLI</u>	ANT WITH S	SPECIFIC AWA	ARD	
TERIA AND SATISFACTORY ACAD	EMIC PERFORMA	NCE REQUIR	EMENTS.		

SCHEDULE J (Form 990)

Compensation Information

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

ELGIN COMMUNITY COLLEGE FOUNDATION

Employer identification number 3L-3358L90

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel Housing allowance or residence for personal use			
	Travelfor companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
_	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2		
	audices, and smoots, moldaing the GEG/Excoditive Billottor, regulating the terms shocked on line 14:	_		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
J	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:	1-		х
a	1,	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4c		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	0			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	50		х
	The organization? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	5a 5b		X
b	,	30		
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:	0-		х
	The organization? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	6a		X
b	, ,	6b		
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			V
	not described on lines 5 and 6? If "Yes," describe in Part III ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			V
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		l

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

Schedule J (Form 990) 2016

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

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

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

	(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation			(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title	(i) Base compensation	(ii) Bonus & (iii) Other reportable compensation		other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(i)								
(ii)								
(i) 								
(i)								
(i)								
(i)								
(ii))							
(i)								
(ii)								
(i) (ii)	1							
(i)								
(i)								
(ii))							
(i)								
(ii)								
(i) (ii)								
(i)								
(i)								
(i)								
(ii))							
(i)								
(ii)								
(i) 								
(i)								
(1) (ii)								
(i)								
(ii)								

Schedule J (Form 990) 2016

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
FORM 990, PART VII, SECTION A, LINE 5, COMPENSATION FROM AN UNRELATED PARTY:
UNRELATED ORGANIZATION: ELGIN COMMUNITY COLLEGE, EIN 36-2600170
EMPLOYEE: KATHERINE S. SAWYER
BASE COMPENSATION: 161-243
NON-TAXABLE BENEFITS: 28,585

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service $\boldsymbol{J}\,$ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

J Attach to Form 990.

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

Open To Public Inspection

Name of the organization

ELGIN COMMUNITY COLLEGE FOUNDATION

Employer identification number 36-3358690

Pai	art I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	•	nts
1	Art - Works of art ~~~~~~~~~~						
2	Art - Historical treasures ~~~~~~~						
3	Art - Fractional interests ~~~~~~~						
4	Books and publications ~~~~~~~						
5	Clothing and householdgoods ~~~~~	V	7.11	17 007	EMU		
6	Cars and other vehicles ~~~~~~~	X	14	12,887.	r ii v		
7	Boats and planes ~~~~~~~~						
8	Intellectual property ~~~~~~~						
9	Securities - Publicly traded ~~~~~~						
10	Securities - Closely held stock ~~~~~						
11	Securities - Partnership, LLC, or						
40	trust interests ~~~~~~~~~						
12	Securities - Miscellaneous ~~~~~~ Qualified conservation contribution -						
13	Historic structures ~~~~~~~~						
14	Qualified conservation contribution - Other~						
15	Real estate - Residential ~~~~~~						
16	Real estate - Commercial ~~~~~~						
17	Real estate - Other ~~~~~~~						
18	Collectibles ~~~~~~~~~~						
19 F	Food inventory ~~~~~~~~~						
20	Drugs and medical supplies ~~~~~~						
21	Taxidermy ~~~~~~~~						
22	Historical artifacts ~~~~~~~~~						
23	Scientific specimens ~~~~~~~~						
24	Archeological artifacts ~~~~~~~						
25	Other J (PROGRAM EQUIP)	X	17	20,795.			
26	Other J (RAFFLE ITEMS)	Χ	50	7,986.	FMV		
27	Other J ()						
28	Other J (
29	Number of Forms 8283 received by the organize						
	for which the organization completed Form 82	283, Part IV,	, Donee Acknowle	dgement ~~~~ 29		T.,	Τ
						Yes	No No
30a	During the year, did the organization receive by			,			
	must hold for at least three years from the date		,	•			X
	exempt purposes for the entire holding pe	riod? ~~~	~~~~~~	~~~~~~~~~	~~~~~	30a	+^
	of "Yes," describe the arrangement in Part II.	n a li av tha a t			htia.maQ	31 X	
31	Does the organization have a gift acceptance				bullons? ~~~~~	31 /	
32a	Does the organization hire or use third parties or contributions? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				~~~~	32a	X
b	o If "Yes," describe in Part II.						
33	If the organization didn't report an amount in col	umn (c) for a	a type of property f	or which column (a) is checke	ed,		
	describe in Part II.						

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

Schedule M (Form 990) (2016)

Schedule M	(Form 990) (2016) ELGIN COMMUNITY COLLEGE FOUNDATION	36-3358690	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, ar is reporting in Part I, column (b), the number of contributions, the number of items received, or a	nd 33, and whether the organi combination of both. Also com	zation
	this part for any additional information.		

632142 08-23-16

SCHEDULE O

Internal Revenue Service

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

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

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

Open to Public

Name of the organization

ELGIN COMMUNITY COLLEGE FOUNDATION

Employer identification number 36-3358690

FORM 990, PART VI, SECTION B, LINE 11B:
THE FINANCE COMMITTEE WILL REPRESENT THE 990 REVIEW COMMITTEE. ONCE THE 990
HAS BEEN COMPLETED, THE FINANCE COMMITTEE WILL REVIEW ALL INFORMATION AND
WHEN A FINAL DRAFT IS AVAILABLE, IT WILL BE EMAILED TO THE ENTIRE BOARD FOR
COMMENTS.
FORM 990, PART VI, SECTION B, LINE 12C:
THE BOARD MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST DISCLOSURE
STATEMENT ANNUALLY THAT ACKNOWLEDGES HIS OR HER FAMILIARITY WITH THE POLICY
AND SHALL DISCLOSE IN WRITING ANY EXISTING FINANCIAL OR OTHER MATERIAL
INTERESTS OR CO-INVESTMENT INTEREST SUBJECT TOTHIS POLICY. ADDITIONALLY
MANAGEMENT OF THE FOUNDATION REVIEWS TRANSACTIONS FOR POSSIBLE CONFLICTS.
FORM 990, PART VI, SECTION B, LINE 15:
COMPENSATION PROCESS IS DETERMINED BY ELGIN COMMUNITY COLLEGE, AND IS BASED
ON A SALARY SCHEDULE.
COMPENSATION SURVEY OR STUDY - HAY GROUP METHOD.
APPROVAL BY BOARD OR COMPENSATION COMMITTEE - ECC BOARD APPROVED AN ACROSS
THE BOARD INCREASE FOR ALL ADMINISTRATORS. ECC DOES NOT HAVE MERIT BASED
RAISES.
FORM 990, PART VI, SECTION C, LINE 19:
DOCUMENTS ARE AVAILABLE UPON REQUEST.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
INCREASE IN CASH SURRENDER VALUE OF LIFE INSURANCE 1,786.

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

Schedule O (Form 990 or 990-EZ) (2016)

Form 8868 (Rev. January 2017)

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

OMB No. 1545-1709

07

08

09

Department of the Treasury Internal Revenue Service

Form 990-BL

Form 4720 (individual)

File a separate application for each return. Information about Form 8868 and its instructions is at www.irs.gov/form8868

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Name of exempt organization or other filer, see instructions. Employeridentification number (EIN) or Type or print ELGIN COMMUNITY COLLEGE FOUNDATION 36-3358690 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) filing your 1700 SPARTAN DRIVE return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions ELGIN, IL P0753 0 1 Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application Return Application Is For Is For Form 990 or Form 990-EZ 01 Form 990-T (corporation)

02

03

Form 1041-A

Form 4720 (other than individual)

Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)		Form 6069			11
Form 990-T (trust other than above)		Form 8870			12
HEATHER SCHOLL					
¥ The books are in the care of 1700 SPARTAN DI	RIVE	- ELGIN, IL 60123			
TelephoneNo. □ (847) 214-717		Fax No. I			
¥ If the organization does not have an office or place of busine	ess in the	United States, check this box ~~~~	~~~~	~~~~~	
¥ If this is for a Group Return, enter the organization's four digit €					
box If it is for part of the group, check this box and at	tach a list	with the names and EINs of all memb	ers the	extension is for	r
1 I request an automatic 6-month extension of time until	MA'	AY 151 2018 , to file the exempt organization return			return
for the organization named above. The extension is for the or	rganizatior	s's return for:			
calendar yearor					
or tax year beginning <u>JUL li⊐ 201iL</u>	, and	ending JUN 30, 2017		<u> </u>	
2 If the tax year entered in line 1 is for less than 12 months, ch			al return		
Change in accounting period					
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any			
nonrefundable credits. See instructions.			3a	\$	0 •
b If this application is for Forms 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and			
estimated tax payments made. Include any prior year overpa	vment allo	wed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your page	yment with	n this form, if required,			
by using EFTPS (Electronic Federal Tax Payment System)). See instr	ructions.	3с	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2017)

instructions

For Off	ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPOR	T		Form AG990-IL Revised 3/05
PM	Attorney General LISA MADIGAN State of Illinois Charitable Trust Bureau, 100 West Randolph CO# 01-02474601			
	11th Floor, Chicago, Illinois 60601	00		all items attached:
AM	· · · · · · · · · · · · · · · · · · ·	X	Copy of	f IRS Return
	Make Che Beginning <u>07/01/2016</u> Payable to			Financial Statements
INIT	the Illinois		. ,	f Form IFC Annual Report Filing Fee
IINII	<u> </u>			Late Report Filing Fee
Fede	ral ID# 36-3358690 MO DAY YR		N	IO DAY YR
Arec	ontributions to the organization tax deductible? X Yes No Date Organization		d: T	06/01/1984
	Vear-e NAME ELGIN COMMUNITY COLLEGE FOUNDATION amount amoun	nts	A) @	7,880,716.
ΔΙ	MAIL DDRESS 1700 SPARTAN DRIVE A) ASSE		A) \$ B) \$	77,397.
CIT	V STATE ELGIN 1 IL CONET		C) \$	7,803,319.
Z	THP CODE LO123			
I.	The second secon	ENTAGE		TAUOMA
	2,	<u>285 %</u> %	D) \$ E) \$. 1001001
	E) GOVERNMENT GRANTS & MEMBERSHIPDUES F) OTHER REVENUES LL.	715 %	F) \$	163,887.
		7.0		
1	G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$	980,496.
III.	SUMMARY OF ALL EXPENDITURES DURING THE YEAR: H) OPERATING CHARITABLE PROGRAMEXPENSE 41.	627 _%	H) \$	252,117.
	I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$	
	J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	627 _%	J) \$	252,117.
	J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):			
	K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	367 _%	K) \$	202,093.
	L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	994%	L) \$	454,210.
	M) MANAGEMENT AND GENERAL EXPENSE	999%	M) \$	96,903.
	N) FUNDRAISING EXPENSE 9-	007%	N) \$	54,551.
	O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	O) \$	605,664.
III.	SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)			
	PROFESSIONAL FUNDRAISERS: P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$	0.
	Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$	
	R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$	
	PROFESSIONAL FUNDRAISING CONSULTANTS:			
IV.	S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR: T) NAME, TITLE: NONE		S) \$	0.
	U) NAME, TITLE:		T) \$ U) \$	
	V) NAME, TITLE:		V) \$	
V.	V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED)			back side of instructions
W) DESCRIPTION: SCHOLARSHIPS TO STUDENTS X) DESCRIPTION: CONTRIBUTIONS TO A COLLEGE Y) DESCRIPTION:			W)#	200
38091 C	X) DESCRIPTION: CONTRIBUTIONS TO A COLLEGE		X) #	003
69	Y) DESCRIPTION:		Y)#	

IF	THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:	ł	YES	NO	
1.	WASTHEORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	1.		X	
2.	HASTHE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANYMISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2.		X	
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3.		X	
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	4.		Х	
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	5.		Х	
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACHFORM IFC)	6.		Χ	
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	7.		X	
7b.	IF"YES",ENTER(i)THEAGGREGATE AMOUNT OF THESE JOINT COSTS\$; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$; (iii)THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$; AND (iv)THE AMOUNT ALLOCATED TO FUNDRAISING\$				
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?~~~~~~	8.		Χ	
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	9.		X	
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	, 10.		X	
11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:					
	CHASE BANK, 10 SOUTH DEARBORN, FLOOR 36, CHICAGO, IL 60603-2300				
	COMMONFUND GROUP, 15 OLD DANBURY RD, WILTON, CT 06897				
	PMA FINANCIAL NETWORK, INC., 2135 CITYGATE LANE, NAPERVILLE, I	L [-056	3	
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: HEATHER SCHOLL - (847) 214-7177				

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

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

BESURETOINCLUDEALLFEESDUE:

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

KATHERINE SAWYER		
PRESIDENT orTRUSTEE (PRINT NAME)	SIGNATURE	DATE
DAVID PFEIFFER		
TREASURER orTRUSTEE (PRINT NAME)	SIGNATURE	DATE
JIII M. BOYLE, CPA		

698101 04-01-16