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

Do not enter social security numbers on this form as it may be made public. o to www.irs.gov/Form990 for instructions and the latest information

Open to Public

| | | 2017 calendar year, or tax year beginning JUL 1 2017 and | | IUN 30, 2018 | Inspection | | | | |
|------------|----------------------------|--|--|---|-------------------------------|--|--|--|--|
| <u>A F</u> | or tne | | enaing u | | | | | | |
| B Ch | eck if oplicable | C Name of organization | | D Employer identification number | | | | | |
| | Addres change Name | ELGIN COMMUNITY COLLEGE FOUNDATION | |] | 358690 | | | | |
| | change Initial | | | | 2206 10 | | | | |
| | return Final return/ | Number and street (or P.O. box if mail is not delivered to street address) 1700 SPARTAN DRIVE | Room/suite | E Telephone number (|)214-7377 | | | | |
| | termin- ated Amend | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ 834 1 163 • | | | | | |
| | return Applica | | | H(a) Is this a group re | | | | | |
| | tion pendin | F Name and address of principal officer: PAVID PAVIN | | for subordinates? ~~ Yes No H(b) Are all subordinates included? Yes No | | | | | |
| | 27-676 | 1 ' ' | included? Yes No I list. (see instructions) | | | | | | |
| JW | /ebsite | mpt status: X 501(c)(3) 501(c)()§ (insert no.) 4947(a)(1) or continuous 4947(a)(a) or continuous 4947(a)(a) or continuous 4947(a)(a) or continuou | | H(c) Group exempti | on number | | | | |
| ΚF | orm of | organization: X Corporation Trust Association Other ■ | L Year | of formation: 1984 N | A State of legal domicile: IL | | | | |
| Pa | | Summary | | | | | | | |
| a) | 1 [| Briefly describe the organization's mission or most significant activities: MAXII | MIZE A | CCESS TO EXC | EPTIONAL | | | | |
| Governance | _ | EDUCATION THAT WILL IMPROVE LIVES & STREN Check this box ☐ if the organization discontinued its operations or dispose | | | ento. | | | | |
| Ģ | | Number of voting members of the governing body (Part VI, line 1a) ~~~~ | | | 17 | | | | |
| 6 | | Number of independent voting members of the governing body (Part VI, line 1a) | | | 17 | | | | |
| ∞ఠ | | Fotal number of individuals employed in calendar year 2017 (Part V, line 2a) ~ | | | | | | | |
| Activities | | Fotal number of individuals employed in calendar year 2017 (Part V, line 2a) ~ Fotal number of volunteers (estimate if necessary) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | | 750 | | | | |
| ΙĘ | | Total unrelated business revenue from Part VIII, column (C), line 12 ~~~~ | | | 0. | | | | |
| ₹ | <i>i</i> a | b Net unrelated business taxable income from Form 990-T, line 34 | | | <u> </u> | | | | |
| | | b Net difference business taxable income from 1 offi 330-1, line 34 | · · · · · · · · · · · · · · · · · · · | Prior Year | Current Year | | | | |
| | 8 (| Contributions and grants (Part VIII, line 1h) ~~~~~~~~~~~~~~~~~~ | .~~~ | 724,489. | 608,790. | | | | |
| Revenue | | Program service revenue (Part VIII, line 2g) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | 0. | 0. | | | | |
| s e | | nvestment income (Part VIII, column (A), lines 3, 4, and 7d) ~~~~~~~~ | | 163,887. | 171,222. | | | | |
| 꾋 | | Other revenue (Part VIII, column (A), lines 5, 4, and 7d) | | 37,569. | -14,889. | | | | |
| | | Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 925,945. | 765,123. | | | | |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) ~~~~~~~ | | 454,210. | 558,025. | | | | |
| | | Benefits paid to or for members (Part IX, column (A), line 4) ~~~~~~~~~ | | 0. | 0. | | | | |
| | | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 0. | 0. | | | | |
| Expenses | | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. | | | | |
| ben | | otal fundraising expenses (Part IX, column (D), line 25) | 0. | | | | | | |
| Ĕ | | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ~~~~~~~ | ~~~ | 96,903. | 129,061. | | | | |
| | | Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ~~~~ | | 551,113. | 687,086. | | | | |
| | | Revenue less expenses. Subtract line 18 from line 12 | | 374,832. | 78,037. | | | | |
| ٦ å | | | Ве | eginning of Current Year | End of Year | | | | |
| sets | 20 | Total assets (Part X, line 16) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | ~7~880~716. | 8,334,029. | | | | |
| let Ass | 21 | Total liabilities (Part X, line 26) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | ~~~ | 77,397. | 39,129. | | | | |
| ترکے | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 7,803,319. | 8,294,900. | | | | |
| Pa | rt II | Signature Block | | | | | | | |
| Unde | erpena | Ities of perjury, I declare that I have examined this return, including accompanying schedule | s and staten | nents, and to the best of my | y 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 | parer has any knowledge | e | | | | |
| | | _ | | | | | | | |
| Sign | ۱ | Signature of officer | | Date | | | | | |
| Here | • | = DAVID DAVIN EXECUTIVE DIRECTOR | | | | | | | |
| | | Type or print name and title | | Data | DTIN | | | | |
| . | | Print/Type preparer's name JILL M · BOYLE · CPA Preparer's signature JILL M · BOYLE · CPA | | Date Check if self-employ | PTIN PO1246734 | | | | |
| Paid | - 1 | | сга Д | _ | 36-3769097 | | | | |
| Prep | | Timo hame 9 | | Firm's EIN Q 36-316000 | | | | | |
| Use | Only | Firm's address 9 1415 W. DIEHL RD. SUITE 400 NAPERVILLE, IL 60563-2349 | | Phone no. (630)566-8400 | | | | | |
| | | | | | | | | | |
| May | tne IR | S discuss this return with the preparer shown above? (see instructions) | | 1000000000000 | □ X Yes □ No | | | | |

| Pai | Statement of Program Service Accomplishments |
|-----------|--|
| | 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 |
| | 501(C)3 ORGANIZATION TO MAXIMIZE ACCESS TO AN EXCEPTIONAL EDUCATION |
| | THAT WILL IMPROVE LIVES AND STRENGTHEN OUR COMMUNITY. |
| | |
| 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? ~~~~~ ☐ Yes X No |
| | If "Yes," describe these changes on Schedule O. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and allocations expenses, and alloca |
| | revenue, if any, for each program service reported. |
| 4a | (Code:) (Expenses \$ 285,619. including grants of \$ 285,619.) (Revenue \$) |
| | THE FOUNDATION OVERSEES MORE THAN 160 INDIVIDUAL SCHOLARSHIPS. THESE |
| | FUNDS PRODUCED 337 AWARDS SUPPORTING THE EDUCATIONAL COMMITMENT OF 288 |
| | STUDENTS IN THE 2017-2018 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. |
| | |
| | |
| | |
| | |
| | (Code:) (Eynenses \$ 272,1406 · including grapts of \$ 272,1406 ·) (Revenue \$) |
| 4b | (Code:) (Expenses \$ |
| | 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 \$) |
| | (Code: |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 4d | Other program services (Describe in Schedule O.) |
| | (Expenses \$ including grants of \$) (Revenue \$) |
| <u>4e</u> | Total program service expenses 558 1025 • |
| | Form 990 (2017) |

| | CTV Officialist of Nodalisa Contagned | | | |
|-----|---|-----|-----|-----|
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | ., | |
| | If "Yes," complete Schedule A ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 2 | Χ | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 9 | | Χ |
| 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 | Χ | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| - | Part VI ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 11a | | Х |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 11b | | Х |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 11d | | Χ |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X ~~~~~ | 11e | Χ | |
| | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X ~~~~ | 11f | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 12a | Χ | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | ١., |
| | 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 | | X |
| | Did the organization maintain an office, employees, or agents outside of the United States? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 14a | | Х |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | l | | |
| | 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 | 4.5 | | X |
| 16 | foreign organization? If "Yes," complete Schedule F, Parts II and IV ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 15 | | _^ |
| 16 | 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 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 18 | Х | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | Х |

Form 990 (2017)

| | | | Yes | No |
|-----|--|-----|-----|--------|
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 20a | | Х |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 21 | Χ | |
| 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 | Χ | |
| 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 | | Х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 24d | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | | | |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If</i> "Yes," | | | |
| | complete Schedule L, Part II ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | |
| | of any of these persons? If "Yes," complete Schedule L, Part III ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 28a | | Х |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV ~~ | 28b | | Х |
| | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | | |
| | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M ~~~~~~~~~ | 29 | 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 | | Х |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI ~~~~~~~ | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | Х | |
| | | • | 990 | (2017) |

Statements Regarding Other IRS Filings and Tax Compliance Part V

| | 3.133K ii 33.134L 3 33.144L 3 1.33po.133 3. 113to 12 4.15 14.1 1 | | | |
|---------|---|------------|-----------------------------|--|
| | 1 1 3.0 | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | - | | |
| | Enter the fluidible 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 calculate year chaining war or warm the year develor by the rotal in | | | |
| 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) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | | Х |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | ^- |
| | 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 | | | X |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? ~~~~~~ | _4a_ | | <u> ^ </u> |
| 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). | | | Х |
| 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 | | | |
| | any contributions that were not tax deductible as charitable contributions? | <u>6a</u> | | X |
| 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). | | Χ | |
| 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 | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | _ ' | | X |
| | to file Form 8282? | 7c | | |
| | If "Yes," indicate the number of Forms 8282 filed during the year ~~~~~~~~ | t | | Х |
| e | 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 | | ^- |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ~ | 7g | Х | |
| _ | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | $\stackrel{\wedge}{\vdash}$ | |
| 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. Did the sponsoring organization make any taxable distributions under section 4966? | | | |
| a | Bit the openioring organization make any taxable distributions and of society 1000. | 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: | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 1 | | |
| b 11 | | 1 | | |
| 11 | Section 501(c)(12) organizations. Enter: Gross income from members or shareholders ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | | |
| a | | 1 | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | | |
| 120 | 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 \(\precent \) | 124 | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 13a | | |
| а | Note. See the instructions for additional information the organization must report on Schedule O. | 134 | | |
| h | Enter the amount of reserves the organization is required to maintain by the states in which the | | | |
| D | organization is licensed to issue qualified health plans ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | | |
| _ | Enter the amount of reserves on hand ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14a 14b | | Ė |
| | 100, 1100 ti 1100 ti 1000 | | 990 | (2017) |

Form 990 (2017) 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.

| <u>C</u> | Check if Schedule O contains a response or note to any line in this Part VI | | | <u>X</u> |
|----------|---|---------|-----|----------|
| Sec | tion A. Governing Body and Management | | | Г |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year ~~~~~ 1a 17 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent ~~~~~ 1b 17 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | _ | | X |
| _ | | 2 | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| | of officers, directors, or trustees, or key employees to a management company or other person? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ~~~~~ | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? ~~~~~~~~ | 5 | | X |
| 6 | Did the organization have members or stockholders? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 6 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 7a | | X |
| h | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | /a_ | | <u> </u> |
| D | persons other than the governing body? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | | |
| _ | | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | ., | |
| а | The governing body? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 8a | _X_ | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9 | 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 | 9 | | <u> </u> |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 10a | | X |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| ~ | and branches to ensure their operations are consistent with the organization's exempt purposes? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Χ | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 12a | Χ | |
| 12a | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? ~~~~~~ | 12b | X | |
| | | 120 | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 12c | Χ | |
| 13 | Did the organization have a written whistleblower policy? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 13 | Χ | |
| 14 | Did the organization have a written document retention and destruction policy? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 14 | Χ | |
| 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? | | | |
| 2 | The organization's CEO, Executive Director, or top management official ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 15a | Χ | |
| | Other officers or key employees of the organization ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 15b | X | |
| b | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | 100 | • | |
| 16- | | | | |
| Iba | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 160 | | Х |
| | | 16a | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | 401 | | |
| | exempt status with respect to such arrangements? | 16b | | |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed JIL | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) av | ailable | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | ☐ Own website ☐ Another's website X Upon request ☐ Other (explain in Schedule Q | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and fire | ancial | | |
| | statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records: HEATHER SCHOLL - (847) 214-7177 | | | |
| | 1700 SPARTAN DRIVE, FLGIN, IL LOL23 | | | |

Form 990 (2017)

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 hours per week | Average hours per hours per Position (do not check more than one box, unless person is both an compensation of the compensatio | | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other | | | | |
|-----------------------------------|--|--|-----------------------|----------------------------------|--|--|--------|--|----------------------------------|--|
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employe | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) LARRY JONES CHAIR | 3.00 | X | | X | | | | 0. | 0. | 0. |
| (2) ERIC LARSON | 2.00 | | | <u> </u> | | | | | <u>_</u> | |
| VICE CHAIRMAN | | Х | | Х | | | | 0. | 0. | 0. |
| (3) JENNI BETANCOURT SECRETARY | 5.00 | Х | | x | | | | 0. | 0. | 0. |
| (4) GARY VANEK | 2.00 | ^ | | <u> ^</u> | | | | | | |
| TREASURER | | Х | | Х | | | | 0. | 0. | ٥. |
| (5) MELISSA BARBOSA-GUZMAN, JD | 5.00 | ., | | | | | | | | |
| DIRECTOR | 7 00 | Х | | | | | | 0. | 0. | 0. |
| (6) KEVIN ECHEVARRIA DIRECTOR | 5.00 | Х | | | | | | 0. | 0. | 0. |
| (7) CAROL GIESKE | 2.00 | <u> </u> | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | ٥. |
| (8) FRED HEID | 5.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (9) R. MICHAEL LEE DIRECTOR | 5.00 | Х | | | | | | 0. | 0. | 0. |
| (10) ROBIN SEIGLE | 2.00 | ^ | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | ٥. |
| (11) LESLIE MALONEY | 5.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (12) DAN WALTER | 5.00 | | | | | | | | _ | _ |
| DIRECTOR (13) THOMAS YOUNGREN | 2.00 | Х | | | | \vdash | | 0. | 0. | 0. |
| DIRECTOR | | Х | | | | | | l o. | 0. | 0. |
| (14) MIKE SHALES, CPA | 2.00 | <u> </u> | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (15) WILLIAM TEMPLIN | 5.00 | | | | | | | _ | _ | _ |
| DIRECTOR | 7 00 | Х | | | | _ | _ | 0. | 0. | 0. |
| (16) BOOMER WHIPPLE DIRECTOR | 5.00 | Х | | | | | | 0. | 0. | 0. |
| (17) IAN LAMP | 2.00 | <u> </u> | | | | | | | 3. | <u></u> |
| IMMEDIATE PAST CHAIR | | Х | | | | | | 0. | 0. | 0. |

732007 11-28-17

Form 990 (2017)

| Part VII Section A. Officers, Directors, Trus | tees, Key Em | ıploy | yees | s, ar | nd H | lighe | est | Compensated Employ | ees (continued) |) | | | |
|--|--|--------------------------------|---|---------|------------------|-----------------------------|--------|--|---|-------------------------------------|----------|---|----------------|
| (A) Name and title | (B) Average hours per week | box | (C) Position (do not check more than one lox, unless person is both an officer and adirector/trustee) | | | | h an | (D) Reportable compensation from | (E) Reportable compensatio from relate | on | l | (F) stimate nount o other | |
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employe | Former | the organization (W-2/1099-MISC) | organizatior (W-2/1099-MI | tions com -MISC) fi org an | | pensar om the anizati d relate anizatio | e ion ed |
| (18) SHARON KONNY ASST TREASURER (EX-OFFICIO) | 4.00 | | | Х | | | | 0. | | ٥. | | | ٥. |
| (19) DR. DAVID SAM ELGIN COM COLLEGE PRESIDENT | 40.00 | <u> </u> | | Х | | | | 0. | | ٥. | | | ٥. |
| (20) MONICA BUCEK INTERIM EXEC. DIR. (BEGIN 3/15/18) (21) KATHERINE SAWYER | 40.00 | _ | | Х | | | | 0. | | ٥. | | | ٥. |
| DIRECTOR (EX-OFFICIO) (END 3/16/18) | 10.00 | - | | Х | | | | 0. | | 0. | | | ٥. |
| | | | | | | | | | | | | | |
| | | - | | | | | | | | | | | |
| | | - | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 1 b Sub-total~~~~~~~ | | | | | | | ı | 0. | | 0. | | | 0. |
| c Total from continuation sheets to Part d Total (add lines 1b and 1c) | - | | | | ~~ | ~~ | ı | 0. | | 0. | | | 0. |
| Total number of individuals (including but n compensation from the organization | ot limited to the | se I | isted | dab | ove) |) wh | o re | ceived more than \$100, | 000 of reportable | e | | | 0 |
| 3 Did the organization list any former officer, | director, or tru | ustee | e, ke | y en | nplo | yee | , or | highest compensated e | mployee on | | | Yes | No |
| line 1a? If "Yes," complete Schedule J for 4 For any individual listed on line 1a, is the su | ım of reportabl | е со | mpe | nsat | tion | and | oth | er compensation from th | e organization | | 3 | | X |
| and related organizations greater than \$1Did any person listed on line 1a receive or | | | | | | | | | | ces | 4 | | X |
| rendered to the organization? If "Yes." of Section B. Independent Contractors | complete Sche | <u>edule</u> | e J | for : | <u>sucl</u> | h pe | erso | <i>n</i> | | | 5 | X | |
| Complete this table for your five highest continuous the organization. Report compensation for | | | | | | | | | | pensa | tion fro | m | |
| (A) Name and business | • | | NE | ., | | | | (B) Description of s | • | | | C) nsatior | n |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Total number of independent contractors (\$100,000 of compensation from the organ | - | ot lir | nite | d to | thos C | | sted | above) who received m | ore than | | | | |
| | | | | | | | | | | | Form | 990 (2 | 2017) |

Part VIII Statement of Revenue

| | | Check if Schedule O contains a response or note to any lin | 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 | | 10401100 | 10101140 | 312 - 314 |
| Grants | | b Membership dues ~~~~~ | - | | | |
| ō | | c Fundraising events ~~~~~~ 1c 91 1380. | | | | |
| Contributions, Gifts, Similar Amounts | | d Related organizations ~~~~~ | | | | |
| | | e Government grants(contributions) 1e | | | | |
| ons | | f All other contributions, gifts, grants, and | | | | |
| Ž, | | similar amounts not included above ~~ 1f 517,410. | | | | |
| ıtrik İlar | | g Noncash contributions included in lines 1a-1f: \$ 55,224 | | | | |
| Cor | | h Total.Addlines1a-1f 00000000000000000 | 608,790. | | | |
| | | Business Code | | | | |
| E O | 2 | a | | | | |
| Ϋ́ | _ | b | | | | |
| Sei | | c | | | | |
| Program Service | | d | | | | |
| ogra | | е | | | | |
| P | | f All other program service revenue ~~~~ | | | | |
| | | g Total. Add lines 2a-2f | | | | |
| | 3 | Investment income (including dividends, interest, and | | | | |
| | | other similar amounts)~~~~~~ | 171,222. | | | 171,222. |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | |
| | 5 | Royalties DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD | | | | |
| | | (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) | | | | |
| enne | 8 | a Gross income from fundraising events (not including \$ | | | | |
| Se Ve | | contributions reported on line 1c). See | | | | |
| er F | | Part IV, line 18 ~~~~~~~ a 54,151. | - | | | |
| Other Reven | | b Less: direct expenses ~~~~~ b 69,040. | 3.0.00 | | | 3.11 0.00 |
| Ŭ | | c Net income or (loss) from fundraising events | -14-889- | | | -14-889- |
| | 9 | a Gross income from gaming activities. See | | | | |
| | | Part IV, line 19 ~~~~~~~ a | - | | | |
| | | b Less: direct expenses ~~~~~ b | | | | |
| | | c Net income or (loss) from gaming activities | | | | |
| | 10 | a Gross sales of inventory, less returns | | | | |
| | | and allowances ~~~~~~~ a | - | | | |
| | | b Less: cost of goods sold ~~~~~ b | | | | |
| | | c Net income or (loss) from sales of inventory | | | | |
| | | Miscellaneous Revenue Business Code | | | | |
| | 11 | a | | | | <u> </u> |
| | | b | - | | | |
| | | c | - | | | |
| | | d All other revenue ~~~~~~~ | + | | | |
| | 12 | e Total. Add lines 11a-11d ~~~~~~~~~~ Total revenue. See instructions. | 765,123. | 0. | 0. | 156,333. |

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 272,406. 272,406. and domestic governments. See Part IV, line 21 ~ Grants and other assistance to domestic 285,619. 285,619. 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 27,188. 27,188. f Investment management fees ~~~~~~ g Other. (If line 11g amount exceeds 10% of line 25, 40,278. 40,278. column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion ~~~~~~~ 36,568. 36,568. 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 21,233. 21,233. 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 2,794. 2,794. **MISCELLANEOUS** 1,000. 1,000. С d е All other expenses Total functional expenses. Add lines 1 through 24e 25 687,086. 558,025. 159,061. ο. Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 841,578. 743,116. 1 2 116,411. 153,431. 3 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 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 employees' beneficiary organizations (see instr). Complete Part II of Sch L ~~ 7 8 3,722. 9 10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ~~~ 10a b Less: accumulated depreciation ~~~~~ 10b 10c 6,880,791. 7,425,655. 11 11 12 12 Investments - program-related. See Part IV, line 11 ~~~~~~~~~~~~ 13 13 14 14 38,214. 41,327. 15 15 Other assets. See Part IV, line 11 ~~~~~~ 7,880,716. 8,334,029. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 5,803. 3,661. 17 18 3,000. 3,000. 19 19 Deferred revenue 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D ~~~~ 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Secured mortgages and notes payable to unrelated third parties ~~~~~ 23 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 68,594. 32,468. 25 77,397. 39,129. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here | X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1,077,897. 27 1,211,837. 27 3,028,589. 3,088,105. 28 28 3,696,833. 3,994,958. 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund ~~~~~~ 32 Retained earnings, endowment, accumulated income, or other funds ~~~~ 7,803,319. 8,294,900. 33 33 8,334,029. 7,880,716. 34 Total liabilities and net assets/fund balances

Form 990 (2017)

| <u> FUII</u> | 1990 (2017) | | | <u>. – </u> | ray | ye ız |
|--------------|--|----------|-----------|---|--------------|-------------|
| Pa | rt XI Reconciliation of Net Assets | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | <u>,</u> | | | X |
| | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 1 | | | 5 - <u>1</u> | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 7 - 0 | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 3 | | | | <u> 37.</u> |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) ~~~~~~~~~ | 4 | | | | <u> 19.</u> |
| 5 | Net unrealized gains (losses) on investments ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 5 | | <u>4 ጔ ር</u> | J - 4 | <u> 31.</u> |
| 6 | Donated services and use of facilities ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 6 | | | | |
| 7 | Investment expenses ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 7 | | | | |
| 8 | Prior period adjustments ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 8 | | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 9 | | | 3 - 1 | <u> 13.</u> |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | | | |
| | column (B)) | 10 | 8,294,900 | | | 00. |
| Pa | rt XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | 10000 | | | |
| | | | _ | | 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 | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | l on a | | | | |
| | separate basis, consolidated basis, or both: | | | | | |
| | Separatebasis 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 | basis, | | | | |
| | consolidated basis, or both: | | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | 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 | Audit | | | | |
| | Act and OMB Circular A-133? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | ~~~ | L | 3а | | Х |
| b | If "Yes " did the organization undergo the required audit or audits? If the organization did not undergo the requi | | it | | | |

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

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

Attach to Form 990 or Form 990-EZ.

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

2017

Open to Public Inspection

Name of the organization

Employer identification number

| i tamo o | ELGI | N COMMUNIT | Y COLLEGE FO | UNDAT | ION | | 3 | 6-3358690 | |
|----------------|---|-------------------------|--|------------------|--------------------|---|-------------|----------------------------|--|
| Part I | Reason for Public (| | | | | ee instructions. | | | |
| The organ | ization is not a private founda | ation because it is: (F | or lines 1 through 12, che | eck only or | ne box.) | | | | |
| 1 | A church, convention of chu | ırches, or association | of churches described in | section 17 | 70(b)(1)(A |)(i). | | | |
| 2 | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) | | | | | | | | |
| 3 | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). | | | | | | | | |
| 4 | A medical research organization | ation operated in con | junction with a hospital d | escribed in | section | 170(b)(1)(A)(iii) | . Enter th | e hospital's name, | |
| ₅ X | city, and state: | | | | | | | | |
| 5 | An organization operated for | | ege or university owned | or operated | d by a gov | emmentai unit | described | ı in | |
| 6 | section 170(b)(1)(A)(iv). (C A federal, state, or local go | • | mental unit described in | section 1 | 70/b)/1)/ <i>/</i> | \\(\(\) | | | |
| 7 | An organization that normal | · · | | | ` | , , , | eneral pul | olic described in | |
| • | section 170(b)(1)(A)(vi). (Co | • | mar part of its support its | iii a govoii | inioniai an | iii or ii oiii tiio g | onoral par | sile decembed in | |
| 8 | A community trust described | | (A)(vi). (Complete Part II | .) | | | | | |
| 9 | An agricultural research org | | | • | in conjunc | ction with a land | d-grant co | llege | |
| | or university or a non-land-g | grant college of agric | ulture (see instructions). | Enter the r | name, city, | and state of th | e college | or | |
| | university: | | | | | | | | |
| 10 | An organization that normal | ly receives: (1) more | than 33 1/3% of its supp | ort from co | ntributions | s, membership f | ees, and | gross receipts from | |
| | activities related to its exem | • | • | , , | | | | - | |
| | income and unrelated busing | ness taxable income (| (less section 511 tax) fro | m business | ses acquir | ed by the organ | nization at | fter June 30, 1975. | |
| | See section 509(a)(2). (Con | • | | _ | | | | | |
| 11 | An organization organized a | • | • | - | , | | | • | |
| 12 | An organization organized a | - | • | | | - | • | • | |
| | more publicly supported org lines 12a through 12d that of | | , ,, , | | | , | | eck the box in | |
| а | Type I. A supporting orga | • • | | - | | | - | ina | |
| a | the supported organizatio | · · | • | | - | . , | | • | |
| | organization. You must co | | • • • | najonty or t | ine directo | is of trustees o | i tiic supp | orung | |
| b | Type II. A supporting orga | • | | n with its s | upported o | organization(s), | by having | 1 | |
| | control or management of | · | | | | . , | | | |
| | organization(s). You must | t complete Part IV, Se | ections A and C. | | | | | | |
| С | Type III functionally integ | grated. A supporting | organization operated i | n connecti | on with, a | nd functionally | integrate | d with, | |
| | its supported organizatio | n(s) (see instruction | s). You must complete | Part IV, Se | ections A, | D, and E. | | | |
| d | Type III non-functionally in | | | | | • | • | ` ' | |
| | that is not functionally inte | egrated. The organiza | ation generally must satis | fy a distribu | ution requi | rement and an | attentiver | iess | |
| | requirement (see instructi | , . | | | | | | | |
| е | Check this box if the orga | | | | | ype I, Type II, T | ype III | | |
| £ [t | functionally integrated, or | | | _ | | | | | |
| | er the number of supported vide the following informati | · · | | .~~~~ | ~~~~ | ~~~~~ | ~~ | | |
| _ | i) Name of supported | (ii) EIN | (iii) Type of organization | (iv) Is the orga | nization listed | (v) Amount of | monetary | (vi) Amount of other | |
| | organization | | (described on lines 1-10 above (see instructions)) | Yes | No | support (see inst | - | support (see instructions) | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A Public Support

| Section A. Fublic Support | | | | | | | | | |
|---|----------------------|---------------------|---------------------|----------------------|---------------------|--------------------|--|--|--|
| Calendar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total | | | |
| 1 Gifts, grants, contributions, and | | | | | | | | | |
| membership fees received. (Do not | | | | | | | | | |
| include any "unusual grants.") ~~ | 413,797. | 624,543. | 581,269. | 724,489. | 608,790. | 2952888. | | | |
| 2 Tax revenues levied for the organ- | | | | | | | | | |
| ization's benefit and either paid to | | | | | | | | | |
| or expended on its behalf ~~~~ | | | | | | | | | |
| 3 The value of services or facilities | | | | | | | | | |
| furnished by a governmental unit to | | | | | | | | | |
| the organization without charge ~ | 364,000. | 405,000. | 473,385. | 404,835. | 394,548. | 2041768. | | | |
| 4 Total. Add lines 1 through 3 ~~~ | 777,797. | 1029543. | 1054654. | 1129324. | 1003338. | 4994656. | | | |
| 5 The portion of total contributions | | | | | | | | | |
| by each person (other than a | | | | | | | | | |
| governmental unit or publicly | | | | | | | | | |
| supported organization) included | | | | | | | | | |
| on line 1 that exceeds 2% of the | | | | | | | | | |
| amount shown on line 11, | | | | | | | | | |
| column (f) ~~~~~~~~ | | | | | | 66,516. | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 4928140. | | | |
| Section B. Total Support | | | | | | | | | |
| Calendar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total | | | |
| 7 Amounts from line 4 ~~~~~ | 777,797. | 1029543. | 1054654. | 1129324. | 1003338. | 4994656. | | | |
| 8 Gross income from interest, | | | | | | | | | |
| dividends, payments received on | | | | | | | | | |
| securities loans, rents, royalties, | | | | | | | | | |
| and income from similar sources ~ | 113,157. | 140,813. | 145,100. | 163,887. | 171,222. | 734,179 | | | |
| 9 Net income from unrelated business | | | | | | | | | |
| activities, whether or not the | | | | | | | | | |
| business is regularly carried on ~ | | | | | | | | | |
| 10 Other income. Do not include gain | | | | | | | | | |
| or loss from the sale of capital | | | | | | | | | |
| assets (Explain in Part VI.) ~~~~ | | | | 37,569. | | 37,569. | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 5766404. | | | |
| 12 Gross receipts from related activities, e | tc (see instructions | .) ~~~~~ | ~~~~~~ | ~~~~~ | 12 | | | | |
| 13 First five years. If the Form 990 is for | • | • | fourth or fifth tax | x vear as a section | 501(c)(3) | | | | |
| organization, check this box and s | - | | | | . , . , | ı | | | |
| Section C. Computation of Pub | lic Support Pe | ercentage | | | | | | | |
| 14 Public support percentage for 2017 | (line 6, column (f) | divided by line 11, | column (f)) ~~~ | ~~~~~ | 14 | 85.46 % | | | |
| 15 Public support percentage from 201 | | | | | 15 | 87.37 _% | | | |
| 16a 33 1/3% support test - 2017. If the org | | | | | check this box and | | | | |
| stop here. The organization qualif | | | | | | ~~~~ IX | | | |
| b 33 1/3% support test - 2016. If the o | | | | | | is box | | | |
| and stop here. The organization qu | - | | | | | | | | |
| 17a 10% -facts-and-circumstances test - | | | | | | | | | |
| and if the organization meets the "fac | cts-and-circumstan | ces" test, check th | is box and stop he | ere. Explain in Part | t VI how the organi | ization | | | |
| meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | | | | | | | | |
| b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or | | | | | | | | | |
| more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the | | | | | | | | | |
| organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | | | | | | | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | | | | | | | | |
| | | | | Sche | edule A (Form 990 | or 990-EZ) 2017 | | | |
| | | | | | | | | | |

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

| quality under the tests listed b | elow, please com | ipiete Part II.) | | | | |
|--|---|--------------------|---|--|------------------------------------|-----------|
| Section A. Public Support | | | _ | , | | |
| Calendar year (or fiscal year beginning in) 📗 | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| Gifts, grants, contributions, and membership fees received. (Do not | | | | | | |
| include any "unusual grants.") ~~ | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that | | | | | | |
| are not an unrelated trade or business under section 513 ~~~~~ | | | | | | |
| 4 Tax revenues levied for the organization'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.) | | | | | | |
| Section B. Total Support | | , | _ | , | | _ |
| Calendar year (or fiscal year beginning in) 📘 | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 9 Amounts from line 6 ~~~~~~ | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ~ | | | | | | |
| b Unrelated business taxable income | | | | | | |
| (less section 511 taxes) from businesses | | | | | | |
| acquired after June 30, 1975 ~~~~ | | | | | | |
| c Add lines 10a and 10b ~~~~~ 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on ~~~~~~ | | | | | | |
| 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.) | | | | | | |
| 14 First five years. If the Form 990 is for t | he organization's | first second thir | t fourth or fifth to | v vear as a section | on 501(c)(3) organ | ization |
| check this box and stop here | - | | | • | . , . , | Lation, |
| Section C. Computation of Publ | | | | | <u> </u> | |
| 15 Public support percentage for 2017 (| • • | | column (f)) ~~~ | ~~~~~~ | 15 | % |
| 16 Public support percentage from 2016 | . , | • | | | 16 | % |
| Section D. Computation of Inves | | | | | | |
| 17 Investment income percentage for 20 18 Investment income percentage from | , | • • | • | • • | 17 | % % |
| | | | | | • | |
| 19a 33 1/3% support tests - 2017. If the comore than 33 1/3%, check this box a b 33 1/3% support tests - 2016. If the organized line 18 is not more than 33 1/3%, che | nd stop here. The ganization did not o | e organization qua | ilifies as a publicly e 14 or line 19a, an | supported organ d line 16 is more t | ization ~~~~~ than 33 1/3%, and | ~~~ |
| 20 Private foundation If the organization | on did not check : | hov on line 1/1 1 | 9a or 19h check | this hov and see | instructions DDI | |

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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 |
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| Pa | rt IV Supporting Organizations (continued) | | | |
|----------|---|-----------|-----|-----|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| ű | below, the governing body of a supported organization? | 11a | | |
| h | A family member of a person described in (a) above? | 11b | | |
| | 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 | | |
| | | 110 | | |
| <u> </u> | 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 | | | |
| | 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 | | | |
| 000 | tion 6. Type it dupporting Organizations | | Vaa | Nia |
| | | | 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 | | | |
| _ | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | | 2 | | |
| _ | the organization maintained a close and continuous working relationship with the supported organization(s). | | | |
| 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). | | | |
| а | 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 |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| u | the supported organization(s) to which the organization was responsive? <i>If "Yes," then in</i> Part VI identify | | | |
| | | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | _ | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | | | |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | | |
| | activities but for the organization's involvement. | 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 | | |
| h | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| J | 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) Support | ing Organi | zations | |
|--|------------------|---------------------------|--------------------------------|
| Check here if the organization satisfied the Integral Part Test as a qualify other Type III non-functionally integrated supporting organizations must contain the containing of the containing organization. | · · | | 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 | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 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 | nally integrated | Type III supporting organ | nization (see |

Schedule A (Form 990 or 990-EZ) 2017

instructions).

Schedule A (Form 990 or 990-EZ) 2017

b Excess from 2014
c Excess from 2015
d Excess from 2016
e Excess from 2017

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.

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

OMB No. 1545-0047

2017

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) (2017)

Name of organization

Employer identification number

ELGIN COMMUNITY COLLEGE FOUNDATION

36-3358690

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional s | pace is needed. | |
|-------------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>l</u> | | \$ 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 |
| 2 | | \$ 59,215. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) <u>No.</u> | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$ <u>15,000.</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>4</u> | | \$ <u>30,000.</u> | Person Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for |

Name of organization

Employer identification number

ELGIN COMMUNITY COLLEGE FOUNDATION

36-3358690

| Part II | Noncash Property (see instructions). Use duplicate copies of Part | II if additional space is needed. | |
|------------------------------|---|---|-------------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 4 | PROGRAM EQUIPMENT | | |
| | | \$ <u>30,000.</u> | 09/19/17 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | <u></u> | |
| (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 |
| | | | |
| | | \$ | 000 000 EZ ar000 PE\/20 |

Name of organization

Employer identification number

| FΙ | GTN | COMMUNITY | COLLEGE | FOUNDATION |
|----|-----|-----------|---------|------------|
| | | | | |

36-3358690

| Part III | Exclusively religious, charitable, etc., contributhe year from any one contributor. Complete completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if additional | columns (a) through (e) ar s, charitable, etc., contributions | nd the followina lir | 501(c)(7), (8), or (10) that total more than \$1,000 for ne entry. For organizations he year. (Enterthis info. once.) | |
|-----------------|---|--|----------------------|---|--|
| (a) No. from | (b) Purpose of gift | (c) Use of | gift | (d) Description of how gift is held | |
| Part I | (b) i dipose oi giit | (c) Use of (| ynt | (d) Description of now girt is field | |
| | | | | | |
| | | | | | |
| - | | (e) Trans | fer of gift | | |
| _ | Transferee's name, address, ar | nd ZIP + 4 | R | elationship of transferor to transferee | |
| | | | | | |
| | | | | | |
| (a) No. | | | T | | |
| from Part I | (b) Purpose of gift | (c) Use of | gift | (d) Description of how gift is held | |
| | | | | | |
| _ | | | | | |
| - | | | | | |
| | | (e) Trans | nsfer 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 | gift | (d) Description of how gift is held | |
| | | | | | |
| | | _ | | | |
| - | | | | | |
| | | (e) Trans | fer of gift | | |
| - | Transferee's name, address, ar | nd ZIP + 4 | R | elationship of transferor to transferee | |
| | | | | | |
| | | _ | | | |
| (a) No. | | | T | | |
| from Part I | (b) Purpose of gift | (c) Use of | gift | (d) Description of how gift is held | |
| | | | | | |
| | | | | | |
| - | | | | | |
| | | (e) Trans | ter of gift | | |
| - | Transferee's name, address, ar | nd ZIP + 4 | R | elationship of transferor to transferee | |
| | | | | | |
| | | | | | |
| | | | | | |

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

Attach to Form 990.

Go to www.irs.gov/Form 990 for instructions and the latest information.

Inspection

ELGIN COMMUNITY COLLEGE FOUNDATION

Employer identification number 36-3358690

| Pa | organizations Maintaining Donor Advised | Funds or Other Similar Funds | or 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 wri | ting that the assets held in donor advise | ed funds |
| _ | are the organization's property, subject to the organization | - | |
| 6 | Did the organization inform all grantees, donors, and donor ad | | |
| ŭ | for charitable purposes and not for the benefit of the donor or o | | |
| | impermissible private benefit? | | |
| Pa | | | |
| 1 | Purpose(s) of conservation easements held by the organization | | |
| • | Preservation of land for public use (e.g., recreation or edu | | storically important land area |
| | Protection of natural habitat | | rtified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualified | d conservation contribution in the form of | f a conservation easement on the last |
| _ | day of the tax year. | d conscivation contribution in the form of | Held at the End of the Tax Year |
| 2 | Total number of conservation easements ~~~~~~~ | | |
| a b | Total acreage restricted by conservation easements ~~~~ | | |
| | Number of conservation easements on a certified historic st | | |
| c d | Number of conservation easements included in (c) acquired | | I I |
| u | listed in the National Register ~~~~~~~~~~~~ | anei 7/25/00, and not on a mistoric structure | 2d |
| 3 | Number of conservation easements modified, transferred, rele | | |
| 3 | | rased, extilliguished, of terminated by tr | le organization during the tax |
| 4 | year Number of states where property subject to conservation eas | coment is legated ! | |
| 4 5 | Does the organization have a written policy regarding the period | | _ |
| 5 | violations, and enforcement of the conservation easements it I | | ~~~~~~~ Yes |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, ha | | |
| U | and voidificer flours devoted to morntoning, inspecting, in | anding of violations, and emorcing con | servation easements during the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling | g of violations, and enforcing conservati | on easements during the year |
| ' | S | g of violations, and emorcing conservati | on easements during the year |
| 8 | Does each conservation easement reported on line 2(d) above | satisfy the requirements of section 1700 | h)(4)(B)(i) |
| U | and section 170(h)(4)(B)(ii)? ~~~~~~~~~~~~~ | | |
| 9 | In Part XIII, describe how the organization reports conservation | | |
| 9 | include, if applicable, the text of the footnote to the organization | | |
| | conservation easements. | on a mandar statements that describes | stile organization s accounting for |
| Pa | rt III Organizations Maintaining Collections of | Art. Historical Treasures. or | Other Similar Assets. |
| | Complete if the organization answered "Yes" on Form 9 | | |
| | If the organization elected, as permitted under SFAS 116 (ASC | | pent and halance sheet works of art |
| ıa | historical treasures, or other similar assets held for public exhib | , | |
| | the text of the footnote to its financial statements that describes | | nee of public service, provide, in Fart XIII, |
| b | If the organization elected, as permitted under SFAS 116 (ASC | | nt and halance sheet works of art, historical |
| D | treasures, or other similar assets held for public exhibition, edi | | |
| | · | ucation, or research in furtherance of p | ublic service, provide the following amounts |
| | relating to these items: | | \$ \$ |
| | (i) Revenue included on Form 990, Part VIII, line 1 ~(ii) Assets included in Form 990, Part X ~~~~~ | | |
| 2 | | | - |
| 2 | If the organization received or held works of art, historical | | ilianciai gain, provide |
| _ | the following amounts required to be reported under SFAS 1 | , - | Ф |
| a | Revenue included on Form 990, Part VIII, line 1 ~~~~ | | |
| h | Assets included in Form 990 Part X DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD | | 11 11 11 11 1 |

Schedule D (Form 990) 2017

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

| Pa | rt III Organizations Maintaining Col | llections of Art, | Historical Treas | sures, or Other | Similar | Assets (| continued) |
|--------|---|------------------------|------------------------|-------------------------|------------|--------------|---------------------|
| 3 | 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items | | | | | | |
| | (check all that apply): | | | | | | |
| а | Public exhibition | d | Loan or exch | nange programs | | | |
| b | Scholarly research | е | | 0 1 0 | | | |
| С | Preservation for future generations | | | | | | |
| 4 | Provide a description of the organization's colle | ctions and explain h | now they further the | organization's exemp | t purpose | in Part XIII | l. |
| 5 | During the year, did the organization solicit or re | | • | • | | | |
| | to be sold to raise funds rather than to be ma | | | | | | Yes No |
| Pa | t IV Escrow and Custodial Arrange | | | | |), Part IV, | line 9, or |
| | reported an amount on Form 990, Part 3 | | - | | | | |
| 1a | Is the organization an agent, trustee, custodia | an or other interme | diary for contributio | ns or other assets n | ot include | d | |
| | on Form 990, Part X? ~~~~~~~ | | | | | | Yes 🗆 No |
| b | If "Yes," explain the arrangement in Part XIII ar | | | | | | |
| | | • | · · | | | | Amount |
| С | Beginning balance ~~~~~~ | ~~~~~~~ | ~~~~~~ | ~~~~~~ | ~ 1c | | |
| | Additions during the year ~~~~~ | ~~~~~~ | ~~~~~~ | ~~~~~~ | ~ 1d | | |
| | Distributions during the year ~~~~ | | | | | | |
| f | Ending balance ~~~~~~~ | | | | 1f | | |
| 2a | Did the organization include an amount on Forr | | | | /? ~~ | ~~~ Y | es 🗆 No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | |
| Pa | t V Endowment Funds. Complete if the | e organization answ | ered "Yes" on Form | 990, Part IV, line 10 | | | |
| | | (a) Current year | (b) Prior year | | | years back | (e) Four years back |
| 1a | Beginning of year balance ~~~~~ | 6, 019, 909. | 5, 382, 963. | 5, 410, 307. | | 219, 318. | 4, 523, 693. |
| b | Contributions ~~~~~~~ | 167, 604. | 350, 584. | 71, 367. | | 169, 697. | 178, 291. |
| c | Net investment earnings, gains, and losses | 478, 681. | 501, 982. | 79, 658. | | 165, 612. | 649, 596. |
| | Grants or scholarships ~~~~~~ | | | | | | |
| | Other expenditures for facilities | | | | | | |
| | and programs ~~~~~~~ | 205, 063. | 163, 467. | 127, 278. | | 100, 761. | 71, 221. |
| f | Administrative expenses ~~~~~~ | 55, 805. | 52, 153. | 51,091. | | 43, 559. | · |
| g g | End of year balance ~~~~~~ | 6, 405, 326. | 6, 019, 909. | 5, 382, 963. | 5, 4 | 110, 307. | 5, 280, 359. |
| 2 | Provide the estimated percentage of the curren | • | | | | | |
| a | Board designated or quasi-endowment | | | | | | |
| b | Permanentendowment <u>L2.37</u> | % | | | | | |
| | Temporarily restricted endowment | | | | | | |
| Ŭ | The percentages on lines 2a, 2b, and 2c should | | | | | | |
| 3a | Are there endowment funds not in the possessi | • | on that are held and | administered for the | organizati | on | |
| ou | by: | on or the organization | on that are note and | dariiiilotorod for tifo | organizati | 011 | Yes No |
| | (i) unrelated organizations ~~~~ | -~~~~~~ | ~~~~~~~ | -~~~~~~ | ~~~~ | ~~~~ | 3a(i) X |
| | (ii) related organizations ~~~~ | .~~~~~~ | _~~~~~ | _~~~~~ | ~~~~ | ~~~~ | 3a(ii) X |
| b | If "Yes" on line 3a(ii), are the related organiza | ations listed as requ | ired on Schedule F | ?? ~~~~~~~ | ~~~~ | ~~~~ | 3b |
| 4 | Describe in Part XIII the intended uses of the o | • | | | | | |
| Pa | t VI Land, Buildings, and Equipme | | | | | | |
| | Complete if the organization answered ' | | Part IV, line 11a. Se | e Form 990, Part X, | line 10. | | |
| | Description of property | (a) Cost or ot | | 1 | Accumulate | ed | (d) Book value |
| | 2 cost.p.io.r or property | basis (investm | ` ' | . , , | preciation | I | (a) Book value |
| 1a | Land ~~~~~~~~~~~~ | , | | , | | | |
| b | Buildings ~~~~~~~~~~~ | | | | | | |
| | Leasehold improvements ~~~~~~~ | | | | | | |
| d | Equipment ~~~~~~~~~~~ | 1 | | | | | |
| | Other | | | | | | |
| | I. Add lines 1a through 1e. (Column (d) must e | qual Form 990, Pa | rt X, column (B), line | e 10c.) | | | 0. |

Schedule D (Form 990) 2017

| Complete if the organization answered "Yes" o | | | |
|--|----------------------|-----------------------------|--|
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valua | tion: Cost or end-of-year market value |
| 1) Financial derivatives ~~~~~~~~~~~ | | | |
| 2) Closely-held equity interests ~~~~~~~ | | | |
| 3) 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 | n Form 990, Part IV, | ine 11c. See Form 990, Part | (, line 13. |
| (a) Description of investment | (b) Book value | (c) Method of valua | tion: Cost or end-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" or | n Form 990, Part IV, | ine 11d. See Form 990, Part | ζ, 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. (b | 3) <i>line 15.</i>) | | |
| Part X Other Liabilities. | , | | <u>'</u> |
| Complete if the organization answered "Yes" o | n Form 990 Part IV | ine 11e or 11f See Form 990 | Part X line 25 |
| (a) Description of liability | mr om ood, r are rv, | (b) Book value | , r arch, into 20. |
| (1) Federal income taxes | | (b) Book value | |
| | LECE | 32,468. | |
| (a) DIJE TO FLATN COMMUNITY COL | | 3211001 | |
| (2) DUE TO ELGIN COMMUNITY COL | LEGE | | |
| (3) | | | |
| (3) (4) | LEGE | | |
| (3) (4) (5) | | | |
| (3) (4) (5) (6) | | | |
| (3) (4) (5) (6) (7) | | | |
| (3) (4) (5) (6) (7) (8) | | | |
| (3) (4) (5) (6) (7) (8) (9) | | | |
| (3) (4) (5) (6) (7) (8) | | 32,468. | |

Schedule D (Form 990) 2017

| Schedule D (Form 990) 2017 ELGIN COMMUNITY COLLEGE F | 36-3 | 3358690 | Page 4 | | |
|--|--------------------|------------------------|---------|------------------|-------------|
| Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. | | | | | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 12 | a. | • | | | |
| 1 Total revenue, gains, and other support per audited financial statements ~~~ | .~~~~~ | ~~~~~ | 1 | 1,615, | 067. |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | | |
| a Net unrealized gains (losses) on investments ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | ~~ _{2a} | 410,431. | | | |
| b Donated services and use of facilities ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | 394,548. | | | |
| c Recoveries of prior year grants ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | | | | |
| d Other (Describe in Part XIII.) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | 72,153. | | | |
| e Add lines 2a through 2d ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | | 2e | 877- | 132. |
| 3 Subtract line 2e from line 1 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | | 3 | | 935. |
| 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 ~~~~~ | ~~ _{4a} | 27,188. | | | |
| b Other (Describe in Part XIII.) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | | - | | |
| c Add lines 4a and 4b ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | | 4c | 27. | 188. |
| | | | 5 | | 123. |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Part XII Reconciliation of Expenses per Audited Financial Stater | | | | | |
| · · · · · · · · · · · · · · · · · · · | | Expenses per i | Cluii | 1. | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 12: | | | | 1,123, | пъг |
| 1 Total expenses and losses per audited financial statements ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | -~~~~~ | ~~~~~ | 1 | ירשונו | |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: | 1 . 1 | 394,548. | | | |
| a Donated services and use of facilities ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | 0 191090. | - | | |
| b Prior year adjustments ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 2b | | - | | |
| c Other losses | | 1 0 000 | - | | |
| d Other (Describe in Part XIII.) | | 69,040. | | | |
| e Add lines 2a through 2d ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | | 2e | | 588. |
| 3 Subtract line 2e from line 1 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | ~~~~~~ | ~~~~ | 3 | 657 | 898. |
| 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 ~~~~~~ | | 27,188. | _ | | |
| b Other (Describe in Part XIII.) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | | | | |
| c Add lines 4a and 4b ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | ~~~~~~ | ~~~~~~ | 4c | | 188. |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | | 5 | 687- | 1086. |
| Part XIII Supplemental Information. | | | | | |
| Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part | rt IV, lines 1b ar | nd 2b; Part V, line 4; | Part X, | line 2; Part XI, | |
| lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any | additional info | rmation. | | | |
| | | | | | |
| | | | | | |
| PART V ₁ LINE 4: | | | | | |
| | | | | | |
| ENDOWED FUNDS ARE ESTABLISHED TO GENERATE IN | <u>NVESTMEN</u> | <u>IT INCOME T</u> | ♦ BE | <u> USED</u> | |
| | | | | | |
| FOR SCHOLARSHIPS AND/OR PROGRAM SUPPORT. | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| PART X, LINE 2: | | | | | |
| | | | | | |
| THE FOUNDATION IS A NOT-FOR-PROFIT ORGANIZATION. | TION THA | T IS EXEMP | T FR | ROM INCO | ME |
| | | | | | |
| TAXES UNDER SECTIONS 501(C)(3), 509(A)(1), | AND 170(| B)(1)(A)(I | (V) | F THE | |
| | | | | | |
| INTERNAL REVENUE CODE. THE FOUNDATION IS NO | T CLASSI | FIED AS A | PRIV | /ATE | |
| | | | | | |
| FOUNDATION. | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| PART XI, LINE 2D - OTHER ADJUSTMENTS: | | | | | |
| | | | | | |
| INCREASE IN CASH SURRENDER VALUE OF LIFE INS | SURANCE | | | 3,1 | 13. |
| 732054 10-09-17 | | | School | ule D (Form 9 | |
| 10200# 10-00-11 | | | JUITED | aie D (LOIIII 8 | JUJ ZU 1 / |

| Part XIII Supplemental Information (continued) | <u>ქნ-ქქ5შნშს Page 5</u> |
|--|--------------------------|
| Part XIII Supplemental information (continued) | |
| SPECIAL EVENT EXPENSES | 69,040. |
| TOTAL TO SCHEDULE Do PART XIo LINE 2D | 72,153. |
| | |
| | |
| PART XII, LINE 2D - OTHER ADJUSTMENTS: | _ |
| SPECIAL EVENT EXPENSES | 69,040. |
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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.

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

ELGIN COMMUNITY COLLEGE FOUNDATION

Employer identification number 36-3356690

/ line 17 Form 990-FZ filers are not

| Part I Fundraising Activities. | Complete if the organization answ t. | ered "Ye | s" on | Form 990, Part IV, li | ne 17. Form 990-EZ | filers are not | | | |
|---|---|---|--|-----------------------------------|--|---|--|--|--|
| 1 Indicate whether the organization raised | I funds through any of the following | | | | | | | | |
| a Mail solicitations | | | - | ernment grants | | | | | |
| b Internet and email solicitations | f Solicitation of government grants | | | | | | | | |
| c Phone solicitations | g Special fi | g Special fundraising events | | | | | | | |
| d In-person solicitations | | <i>(</i> : 1 !: | cc. | | | | | | |
| 2 a Did the organization have a written or | | | _ | | | N | | | |
| key employees listed in Form 990, Pa | | | | | ☐ Yes | □ No | | | |
| b If "Yes," list the 10 highest paid indivi | , , , , , | suant to a | agreer | nents under wnich ti | ne fundraiser is to be | • | | | |
| compensated at least \$5,000 by the | organization. | _ | | _ | _ | | | | |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) fundr have c or con contrib | Did aiser ustody trol of utions? | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization | | | |
| | | Yes | No | | | | | | |
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| | | | 1 | | | | | | |
| 3 List all states in which the organization | | contribu | tions | or has been notified | l it is exempt from reg | <u> </u> istration | | | |
| or licensing. | | | | | | | | | |
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732081 09-13-17

Schedule G (Form 990 or 990-EZ) 2017

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

| Yes | No |
|-----|----|
| | |
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| | |
| Yes | No |
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732082 09-13-17 Schedule G (Form 990 or 990-EZ) 2017

| Schedule G (Form 990 or 990-EZ) 2017 ELGIN COMMUNITY COLLEGE FOUNDATION 3L-3 | 33586 | 90 | Page 3 |
|--|-------------|--------|-------------|
| 11 Does the organization conduct gaming activities with nonmembers?~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | Y | 'es | No. |
| 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed | | | |
| to administer charitable gaming? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | 'es | No |
| 13 Indicate the percentage of gaming activity conducted in: | | CS | 140 |
| | 13a | | % |
| | | | |
| · | 13b | | <u> </u> |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | | |
| Name I | | | |
| Address | | | |
| 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ~~ | ~~~~ | Yes | No |
| b If "Yes," enter the amount of gaming revenue received by the organization \$and the amount | | | |
| of gaming revenue retained by the third party \$ | | | |
| c If "Yes," enter name and address of the third party: | | | |
| 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 | | | |
| retain the state gaming license? | □ Y | 'es | 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, lines | 0 0h 1 | 0h 15 | |
| 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | , 5, 55, 10 | 05, 10 | σ, |
| 100, 10, and 170, ad applicable. The provide any additional information. 550 methodicine. | | | |
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| 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 (continued) | | | | |
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Schedule I (Form 990) (2017)

| Name of the organization ELGIN COM | IMUNITY CO | LLEGE FOUND | ATION | | | | Employer identification number 36-3358690 |
|---|---------------------------------|---|-----------------------------|--|--|---------------------------------------|---|
| Part I General Information on Grants | | | | | | | |
| Does the organization maintain records criteria used to award the grants or ass Describe in Part IV the organization's pro | sistance? ~~~~ | ~~~~~~~ | ~~~~~~ | ~~~~~~ | ility for the grants or a | ssistance, and the se | lection X Yes No |
| Part II Grants and Other Assistance to I | Domestic Organiza | tions and Domestic G | Sovernments. Com | plete if the organi | zation answered "Yes | s" on Form 990, Part I | V, line 21, for any |
| recipient that received more than a 1 (a) Name and address of organization or government | \$5,000. Part II can (b) EIN | be duplicated if addition (c) IRC section (if applicable) | (d) Amount of cash grant | ed. (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) | 216, 672. | 55, 734. | FMV | PROGRAM EQUIPMENT | SUPPORT ELGIN COMMUNITY COLLEGE |
| ELUIN, IL 00125 | 30 2000110 | 501 (c) (1) | 210, 012. | 00, 104. | I. IVI. V | EQUII MENI | COLLEGE |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| 2 Enter total number of section 501(c)(3 3 Enter total number of other organ | , - | - | | | | ~~~~~~ | I |

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|--|--------------------------------|-----------------------------|---------------------------------------|--|---------------------------------------|
| | | | | | |
| HOLARSHIPS | 288 | 285, 619. | 0. | | |
| IODAROITI O | 200 | 200, 010. | 0. | | |
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| art IV Supplemental Information. Provide the information | on required in Part I, line 2; | Part III, column (b); | ; and any other addition | onal information. | |
| ORM 990, SCHEDULE I, PART I, | LINE 2 | | | | |
| CHOLARSHIP MONITORING PROCEDU | RES INVOLVE C | <u>OORDINATEI</u> | TRACKING | AND | |
| EPORTING OF STUDENT PERFORMAN | CE METRICS (E | ·G· GPA ₁ C | OURSE LOAD | ı ETC.) | |
| O ENSURE SCHOLARSHIP RECIPIEN | TS ARE COMPLI | Z HTIW TNA | SPECIFIC AW | ARD | |
| RITERIA AND SATISFACTORY ACAD | | | | | |
| KETEKEN MID SKIEDI KETUKI KEKD | <u> </u> | NEWSTN | <u> </u> | | |
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SCHEDULE J (Form 990)

Department of the Treasury

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.

Attach to Form 990.

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

201/

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

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 a | 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 | y relevant information regarding these items. | | | |
| | First-classorchartertravel | Housing allowance or residence for personal use | | | |
| | Travelforcompanions | 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) | | | |
| | | , , , , , | | | |
| b | If any of the boxes on line 1a are checked, did the organizat | tion follow a written policy regarding payment or | | | |
| | • | ribed above? If "No," complete Part III to explain ~~~~~~~~~ | - 1b | | |
| 2 | Did the organization require substantiation prior to reimbo | | | | |
| | | ctor, regarding the items checked on line 1a? ~~~~~~~~~~~ | 2 | | |
| | , , , | , 3 | | | |
| 3 | Indicate which, if any, of the following the filing organization | on used to establish the compensation of the organization's | | | |
| | | ck any boxes for methods used by a related organization to | | | |
| | establish compensation of the CEO/Executive Director, b | • | | | |
| | Compensation committee | Written employment contract | | | |
| | Independent compensation consultant | Compensation survey or study | | | |
| | Form 990 of other organizations | Approval by the board or compensation committee | | | |
| | 1 offinosociotici organizations | Approval by the board of compensation committee | | | |
| 4 | During the year, did any person listed on Form 990, Part V | II Section A line to with respect to the filing | | | |
| 7 | organization or a related organization: | ii, Section A, line Ta, with respect to the lilling | | | |
| _ | | payment? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 4a | | Х |
| a | | I nonqualified retirement plan? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | | Х |
| | | I compensation arrangement? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 4c | | X |
| C | If "Yes" to any of lines 4a-c, list the persons and provide the | | -10 | | |
| | ii Tes to any of lines 4a-c, list the persons and provide the | e applicable amounts for each item in Fart III. | | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) orga | prizations must complete lines 5.0 | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a | • | | | |
| Ü | contingent on the revenues of: | a, and the organization pay or aborde any compensation | | | |
| 9 | The organization? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | ~~~~~~~~~~~ | 5a | | Х |
| b | | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 5b | | Х |
| D | If "Yes" on line 5a or 5b, describe in Part III. | | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a | a did the organization hav or accrue any compensation | | | |
| U | contingent on the net earnings of: | a, did the organization pay or accrde any compensation | | | |
| а | The organization? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | ~~~~~~~~~~ | 6a | | Х |
| b | - | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 6b | | Х |
| D | If "Yes" on line 6a or 6b, describe in Part III. | | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a | a did the organization provide any ponfixed payments | | | |
| , | • | t III ~~~~~~~~~ | 7 | | Х |
| 8 | Were any amounts reported on Form 990, Part VII, paid of | | | | |
| U | | on 53.4958-4(a)(3)? If "Yes," describe in Part III ~~~~~~~~~ | 8 | | х |
| 9 | If "Yes" on line 8, did the organization also follow the rebi | | J | | |
| 9 | Regulations section 53.4958-6(c)? | | 9 | | |

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

Schedule J (Form 990) 2017

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 | W-2 and/or 1099-MI | SC compensation | (C) Retirement and | (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) (ii) | _ | | | | | | | |
| (i) | | | | | | | | |
| (ii) | | | | | | | | |
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| (i) | | | | | | | | |
| (i) | | | | | | | | |
| (ii) | | | | | | | | |

| 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 SAWYER |
| BASE COMPENSATION: \$123,569 |
| NON-TAXABLE BENEFITS: \$29,437 |
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

 ${f J}$ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

J Attach to Form 990.

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

Open To Public Inspection

| Name of the organization | | |
|--------------------------|--|--|
| | | |

| Nam | e of the organization ELGIN COMMUN | ITY CO | LLEGE FOU | NDATION | | Employer ident | | | nber |
|--|---|-------------------------------|---|--|--------|---|-----|-----|------|
| Pa | | | | | | | | | |
| | | (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 | | _ | s |
| 1 | Art - Works of art ~~~~~~~~~~ | | | | | | | | |
| 2 | Art - Historical treasures ~~~~~~~ | | | | | | | | |
| 3 | Art - Fractional interests ~~~~~~~ | | | | | | | | |
| 4 | Books and publications ~~~~~~~ | | | | | | | | |
| 5 | Clothing and householdgoods ~~~~~ | X | | 960. | | | | | |
| 6 | Cars and other vehicles ~~~~~~~ | Χ | 4 | 3,355. | FM۱ | <i>)</i> | | | |
| 7 | Boats and planes ~~~~~~~~~ | | | | | | | | |
| 8 | Intellectual property ~~~~~~~ | | | | | | | | |
| 9 | Securities - Publicly traded ~~~~~~ | | | | | | | | |
| 10 | Securities - Closely held stock ~~~~~~ | | | | | | | | |
| 11 | Securities - Partnership, LLC, or | | | | | | | | |
| | trust interests ~~~~~~~~~ | | | | | | | | |
| 12 | Securities - Miscellaneous ~~~~~~ | | | | | | | | |
| 13 | Qualified conservation contribution - | | | | | | | | |
| | 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) | Х | 9 | 50,909. | FM۱ | / | | | |
| 26 | Other J () | | | | | | | | |
| 27 | Other J () | | | | | | | | |
| 28 | Other J (| | | | | | | | |
| 29 | Number of Forms 8283 received by the organizer for which the organization completed Form 82 | | | | | | | | |
| | | | | | | | | Yes | No |
| 30a | During the year, did the organization receive by | contribution | n any property rep | orted in Part I. lines 1 throug | h 28. | that it | | | |
| | must hold for at least three years from the date | | | • | | | | | |
| | exempt purposes for the entire holding pe | | | • | | | 30a | | Х |
| b If "Yes," describe the arrangement in Part II. | | | | | | | | | |
| 31 | Does the organization have a gift acceptance | policy that | requires the revie | w of any nonstandard contr | ibutio | ns? ~~~~~ | 31 | Χ | |
| | Does the organization hire or use third parties or | | | | | | | | |
| | contributions? ~~~~~~~~ | | , | | ~~~ | ~~~ | 32a | | Х |
| b | If "Yes," describe in Part II. | | | | | | | | |
| 33 | If the organization didn't report an amount in col | umn (c) for | a type of property f | or which column (a) is check | ed, | | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2017

describe in Part II.

| Schedule M | (Form 990) 2017 ELGIN COMMUNITY COLLEGE FOUNDATION | 36-3358690 | Page 2 |
|------------|---|-------------------------------|--------|
| Part II | Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and | | ation |
| | is reporting in Part I, column (b), the number of contributions, the number of items received, or a contribution of items received. | combination of both Also com | olete |
| | this part for any additional information. | ombination of both. Also comp | olo to |
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Schedule M (Form 990) 2017

732142 09-07-17

SCHEDULE O

(Form 990 or 990-EZ)

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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 |
| <u>COMMENTS</u> . |
| 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 3,113. |

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

Schedule O (Form 990 or 990-EZ) (2017)

TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM AG990-IL

FOR THE YEAR ENDING

JUNE 30, 2018

PREPARED FOR:

ELGIN COMMUNITY COLLEGE FOUNDATION 1700 SPARTAN DRIVE ELGIN, IL 60123

PREPARED BY:

SIKICH LLP 1415 W. DIEHL RD. SUITE 400 NAPERVILLE, IL 60563-2349

AMOUNT OF TAX:

BALANCE DUE OF \$15

MAKE CHECK PAYABLE TO:

ILLINOIS CHARITY BUREAU FUND

MAIL TAX RETURN TO:

OFFICE OF THE ATTORNEY GENERAL CHARITABLE TRUST BUREAU 100 WEST RANDOLPH ST., 11TH FLOOR CHICAGO, IL 60601-3175

RETURN MUST BE MAILED ON OR BEFORE:

DECEMBER 31, 2018

SPECIAL INSTRUCTIONS:

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL(S).

| For Of | ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT | | | Form AG990-IL Revised 3/05 |
|---|--|---|----------------|---|
| PM ⁻ | | Attorney General LISA MADIGAN State of Illinois | | |
| | 11th Floor, Chicago, Illinois 60601 | 00 | | all items attached: |
| AM ⁻ | · · | X | Copy of | f IRS Return |
| | Make Checks > Beginning 07/01/2017 Payable to | X | | Financial Statements |
| INIT | the Illinois | X | . , | f Form IFC Annual Report Filing Fee |
| IINII | <u> </u> | ` | | Late Report Filing Fee |
| Fede | ral ID# 36-3358690 MO DAY YR | | N | MO DAY YR |
| Arec | ontributions to the organization tax deductible? X Yes No Date Organization was c | reated | : | 06/01/1984 |
| | NAME ELGIN COMMUNITY COLLEGE FOUNDATION Amounts | | • • | 8,334,029. |
| Δ | MAIL DDRESS 1700 SPARTAN DRIVE A) ASSETS B) LIABILITIE | ٠ | A) \$ B) \$ | 39,129. |
| CIT | V STATE ELGIN 1 IL CONFLASSET | - 1 | C) \$ | 8,294,900. |
| Z | TIP CODE 60123 | | | |
| I. | SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR: PERCENTA PERCENTA | | | TRUOMA THE TRUE TRUE TRUE TRUE TRUE TRUE TRUE TRU |
| | D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.) 79.474 | % | D) \$ E) \$ | 0001 171. |
| | E) GOVERNMENT GRANTS & MEMBERSHIPDUES F) OTHER REVENUES 20.526 | | F) \$ | 171,222. |
| | ., • | ,, | • | |
| l | -, |) % | G) \$ | 834,163. |
| II. | SUMMARY OF ALL EXPENDITURES DURING THE YEAR: H) OPERATING CHARITABLE PROGRAMEXPENSE 37.774 | % | H) \$ | 285,619. |
| | I) EDUCATION PROGRAM SERVICE EXPENSE | % | I) \$ | |
| | J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I) | % | J) \$ | 285,619. |
| | J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J): | | | |
| | K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS 36.027 | ¹ % | K) \$ | 272,406. |
| | L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K) 73.801 | ۱% | L) \$ | 558,025. |
| | M) MANAGEMENT AND GENERAL EXPENSE | l % | M) \$ | 129,061. |
| | N) FUNDRAISING EXPENSE 9-131 | ۱% | N) \$ | 69,040. |
| | O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N) |) % | O) \$ | 756,126. |
| 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 | 0 % | 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 IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR: T) NAME, TITLE: NONE | | | 0. |
| | U) NAME, TITLE: | | T) \$ U) \$ | |
| | O) NAME, TITLE: V) NAME, TITLE: | | | |
| 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 |
| 98091 (| X) DESCRIPTION: CONTRIBUTIONS TO A COLLEGE | | X) # | 003 |
| 1 | Y) DESCRIPTION: | | Y)# | |

| IF | THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION: | | 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 ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 2. | | X |
| 3. | DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION? | 3. | | X |
| 4. | HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES? | 4. | | X |
| 5. | IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION? | 5. | | X |
| 6. | DIDTHEORGANIZATIONUSETHESERVICESOFAPROFESSIONALFUNDRAISER?(ATTACHFORMIFC)~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 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)THEAGGREGATEAMOUNTOFTHESEJOINTCOSTS\$; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$; (iii)THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$; AND (iv)THEAMOUNT ALLOCATED TO FUNDRAISING\$ | | | |
| 8. | DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES? | 8. | | X |
| 9. | HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 9. | | Χ |
| 10. | WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS? | l, 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 I | 5056 | 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.

| DAVID DAVIN | | | | | | |
|----------------------------------|-----------|------|--|--|--|--|
| PRESIDENT orTRUSTEE (PRINT NAME) | SIGNATURE | DATE | | | | |
| SHARON KONNY | | | | | | |
| TREASURER orTRUSTEE (PRINT NAME) | SIGNATURE | DATE | | | | |
| JIL M. BOYLE, CPA | | | | | | |

798101 04-01-17