PUBLIC DISCLOSURE COPY

Form **990**

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

benefit trust or private foundation)

2011

, A. S. D.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

11 15 A

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

| <u>A</u> | For t | he 2011 calendar year, or tax year beginning JUL 1, 2011 and ending | JUN 30, 2012 | | |
|--------------------------------|------------------|--|--------------------------|--------------|-----------------------------|
| В | Check applica | | D Employer | identifi | cation number |
| | X Add | | | | |
| | Nan Cha | ne Doing Business As | 3 | 6-315 | 7624 |
| | Initia retu | | suite E Telephone | numbe | r |
| | Terr | Pin- 226 West Jackson Blvd 912 | ! | | 3-2735 |
| | Ame | city or town, state or country, and ZIP + 4 | G Gross receipts | \$ | 7,470,116. |
| | App tion | Chicago, in 00000-0338 | H(a) Is this a | aroup re | |
| | pen | F Name and address of principal officer:Carole Wood | for affiliat | | Yes X No |
| | | 226 West Jackson Blvd, Chicago, IL 60606 | H(b) Are all affil | lates inc | |
| I | Tax-e | xempt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or | | | list. (see instructions) |
| J | Webs | site: > www.ccc.edu | | | n number ▶ N/A |
| K | Form | of organization; x Corporation Trust Association Other L | Year of formation: 19 | | State of legal domicile: IL |
| P | art I | 4 | | | |
| e | 1 | Briefly describe the organization's mission or most significant activities: To provide | grants for | | |
| Activities & Governance | ĺ | scholarships. | | | |
| eru | 2 | Check this box if the organization discontinued its operations or disposed of | more than 25% of its | s net as | ssets. |
| Š | 3 | Number of voting members of the governing body (Part VI, line 1a) | | . 3 | 7 |
| ∞ ∞ | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | ,,, | . 4 | 3 |
| es | 5 | Total number of individuals employed in calendar year 2011 (Part V, line 2a) | | | 0 |
| Ĭ | 6 | Total number of volunteers (estimate if necessary) | | . 6 | 0 |
| Act | 7 2 | a Total unrelated business revenue from Part VIII, column (C), line 12 | | . 7a | 0. |
| | <u> </u> | Net unrelated business taxable income from Form 990-T, line 34 | | . 7b | 0. |
| | | | Prior Year | | Current Year |
| e | 8 | Contributions and grants (Part VIII, line 1h) | 564 | ,333. | 1,466,196. |
| en. | 9 | Program service revenue (Part VIII, line 2g) | | 0. | 0. |
| Revenue | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | ,160. | 316,102. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | ,892. | 19,578. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,082 | ,385. | 1,801,876. |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 354 | ,580. | 338,632. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | ٥. | 0. |
| ės | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | ٥. | 0. |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. |
| ă X | t | Total fundraising expenses (Part IX, column (D), line 25) | | | |
| ш | 17 | , | 99 | ,854. | 813,715. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 454 | ,434. | 1,152,347. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | 627 | ,951. | 649,529. |
| Net Assets or Fund Balances | Ž | | Beginning of Curren | t Year | End of Year |
| sset | 20 | Total assets (Part X, line 16) | 5,838 | ,385. | 6,926,844. |
| et A | 21 | Total liabilities (Part X, line 26) | 93 | ,213. | 671,158. |
| 2 | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 5,745 | ,172. | 6,255,686. |
| | art II | | | | 2 |
| | | alties of perjury, I declare that I have examined this return, including accompanying schedules and sta | | | knowledge and belief, it is |
| true | , corre | ct, and complete. Declaration of preparer (other than officer) is based on all information of which prep | arer has any knowledg | e. | |
| ٠. | | Signature of officer | 102/1/ | 13/. | 20/1 |
| Sig | | | Date / | | |
| Hei | re (| JB Dempsey, Interim Treasurer Type or print name and title | * | | |
| | ···· | | Qate / C | | II PTIN |
| Pai | d | Print/Type preparer's name Architecture Preparer's signature Pr | 11/4/15 | heck | |
| _ | u parer | | | elf-employed | |
| | Only | | Firm's E | IIV > | 86-1065772 |
| U36 | Only | Firm's address 111 South Wacker Drive Chicago, IL 60606 | | _ /^- | 10) 406 4000 |
| 1./- | . 41 | | Phone n | 10. (3: | 12) 486-1000 |
| ivia | y tne i | RS discuss this return with the preparer shown above? (see instructions) | | | Yes No |

A) y

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Form 990 (2011) City Colleges of Chicago Foundation

Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----------|---|-----------------|--------------|--------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | _ | 4 | |
| | If "Yes," complete Schedule A | 1 2 | X X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | | | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| • | similar amounts as defined in 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 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | х |
| 9 | Did the organization report an amount in Part X, line 21; 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 | | X |
| 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 | x | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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, | 11a | | x |
| h | Part VI 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 | Part X. line 16? If "Yes," complete Schedule D, Part IX | 11d | | х |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | ļ | Х |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 12a | х | |
| | Schedule D, Parts XI, XII, and XIII | 120 | | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional | 12b | | x |
| 40 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 13 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| h | 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 | <u> </u> | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization | l | | |
| | or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? 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, | 17 | | x |
| 19 | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | '' | | |
| 18 | 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," | | | 1 |
| | complete Schedule G, Part III | 19 | | X |
| 20a | | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | 000 | (2011) |

Part IV | Checklist of Required Schedules (continued) No Yes 21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the 21 United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, х 22 column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х 23 Schedule J 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 Х 24a Schedule K. If "No", go to line 25 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a 25a X disqualified person during the year? If "Yes," complete Schedule L, Part I 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 X 25b Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified х 26 person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member X of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 instructions for applicable filing thresholds, conditions, and exceptions): X a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a Х **b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, X 28c director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? 31 31 Х If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 х Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 34 Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of Х section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Note. All Form 990 filers are required to complete Schedule O

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Form 990 (2011)

City Colleges of Chicago Foundation

Part V Statements Regarding Other IRS Filings and Tax Compliance

| Chack if Schedule O contains a response to any question in this Part V Yes Is Enter the number reported in Box 3 of Form 1096. Enter 0- if not applicable Enter the number of Porms W26 included in line 1a. Enter 0- if not applicable Did the organization comply with backup witholiding fulles for peopratible payments to vendors and reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, did for the calendar year ending with or within the year covered by this return If it least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2 a is greater than 250, you may be required to e-rille (see instructions) All the organization have unrelated business gross income of \$1,000 or more during the year? At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? If 'Yes, a set if filed a form 990-17 for this year? 'I Mo.' provide an explanation in Schedule O If 'Yes, and the report of the properties of the properties of the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a If 'Yes, and the the name of the foreign country. In the securities account or other functions for filing requirements for Form TD F 90/22.1. Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90/22.1. Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90/22.1. Report of Foreign Bank and Financial Accounts. If 'Yes,' did the organization have annual gross receipts that are normally greater than \$100,000, and clid the organizations solicit any contributions that were not tax deductible? If 'Yes,' did the organization have annual gross receipts that are n | |
|--|---------------|
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b c c lid the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a c c c c c c c c c | No |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 or Did the organization compt) with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 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) 3c Did the organization have unrelated business gross income of \$1,000 or more during the elandary area, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountly? 4a Lary time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country: ► 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If 'Yes,' enter the name of the foreign country: ► 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c If 'Yes,' in line Sa or 5b, did the organization file Form 8886-T? 6c If 'Yes,' in line Sa or 5b, did the organization file Form 8886-T? 6d 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? 5c If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d If 'Yes,' did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization of the payor? 7d If the organization state and payment in excess of \$55 m | |
| (gambling) winnings to prize winners? 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 b fat least one is reported on line 2a, did the organization file all required federal employment tax ratume? Note. If the usm of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization is foreign country (such as a bank account, securities account, or other financial account;? 4a If Yes, 'return the name of the foreign country: ► See instructions for filing requirements for Form TD F 90/22.1. Report of Foreign Bank and Financial Accounts. 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, 'return the organization that it was or is a party to a prohibited tax shelter transaction? 5c Did yes, 'did the organization had the week of the goods of the properties of the organization solicit ary contributions that were not tax deductible? 5c Organizations that may receive deductible contributions under section 170(c). 5d Did the organization that were not tax deductible contributions under section 170(c). 5d Did the organization related appropriation related a payment in excess of \$15 made party as a contribution of payment in excess of \$15 made party as a contribution of payment in excess of \$15 made party as a contribution of payment in excess of \$15 made party a | |
| (gambling) winnings to prize winners? 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 b fat least one is reported on line 2a, did the organization file all required federal employment tax ratume? Note. If the usm of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization is foreign country (such as a bank account, securities account, or other financial account;? 4a If Yes, 'return the name of the foreign country: ► See instructions for filing requirements for Form TD F 90/22.1. Report of Foreign Bank and Financial Accounts. 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, 'return the organization that it was or is a party to a prohibited tax shelter transaction? 5c Did yes, 'did the organization had the week of the goods of the properties of the organization solicit ary contributions that were not tax deductible? 5c Organizations that may receive deductible contributions under section 170(c). 5d Did the organization that were not tax deductible contributions under section 170(c). 5d Did the organization related appropriation related a payment in excess of \$15 made party as a contribution of payment in excess of \$15 made party as a contribution of payment in excess of \$15 made party as a contribution of payment in excess of \$15 made party a | |
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| field for the calendar year enough with or within the year covered by this feturin. If all east one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. So Was the organization aperty to a prohibited tax shelter transaction at any time during the tax year? See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. So Was the organization and any time during the tax year? See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. So Was the organization and the search of the sea | |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it flied a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 5b Was the organization apply to a prohibited tax shelter transaction at any time during the tax year? 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6 Doss the organization are receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170c). 8 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? 8 If "Yes," did the organization notify the donor of the value of the goods or services provided? 9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8829? 9 Did the organization receive any premium, single personal property for which it was required to file Form 8829. 9 To be the organization receive any tunds, directly or indirectly, to pay premiums, of personal benefit contract? 9 To be the organization received a contribution of qualified intellectual property, did the organizations in file form 1098 C? 9 Sponsoring organizations maintaining donor advised funds and section 509(8) (3) supporting organizat | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b if "Yes," has it filled a Form 990-T for this year? If "No," provide an explanation in Schedule O 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? b if "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicist any contributions that were not tax deductible? b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? c 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? b if "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Id the organization ell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 1c Did the organization or active any funds, directly or indirectly, on a personal benefit contract? 7c Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07 and 109 | |
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| organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions Included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | |
| 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions Included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | |
| a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions Included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12a Section 501(c)(29) qualified nonprofit health insurance issuers. | TUNE E |
| b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions Included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12a Section 501(c)(29) qualified nonprofit health insurance issuers. | |
| a Initiation fees and capital contributions Included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10a Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12a Section 501(c)(29) qualified nonprofit health insurance issuers. | |
| a Initiation fees and capital contributions Included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 11b 11b 11a 11b 11b | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12a Section 501(c)(29) qualified nonprofit health insurance issuers. | |
| a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 11b 11b 11a 11b 11b 11a 11b 11b 11 | |
| a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | |
| amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | |
| | |
| a Is the organization licensed to issue qualified health plans in more than one state? | |
| | |
| Note. See the instructions for additional information the organization must report on Schedule O. | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the | |
| organization is licensed to issue qualified health plans | |
| c Enter the amount of reserves on hand | v |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | Х |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b Form 990 | 2011 |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| | Check if Schedule O contains a response to any question in this Part VI | | | X |
|------------|--|--------------|----------|------------|
| Soo | tion A. Governing Body and Management | | | |
| <u>3ec</u> | tion A. Governing body and Management | | Yes | No |
| 4 | Enter the number of voting members of the governing body at the end of the tax year | 150 | | |
| та | 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 0. | | | 35 |
| | | | | - |
| b | Enter the hamber of voting members moladed at the variety was an experience and the second se | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | 2 | x | |
| | officer, director, trustee, or key employee? | - | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | 3 | | x |
| | of officers, directors, or trustees, or key employees to a management company or other person? | 4 | | x |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 5 | <u> </u> | x |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 6 | | X |
| 6 | Did the organization have members or stockholders? | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | х |
| | more members of the governing body? | 7a | <u> </u> | <u> ^</u> |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | Ì | ., |
| | persons other than the governing body? | 7b | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | mile. |
| а | The governing body? | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | |
| 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 | | Х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | <u> </u> |
| | | | Yes | No |
| | Did the organization have local chapters, branches, or affiliates? | 10a | ļ | Х |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 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 | Х | ļ |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | 800 |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| · | in Schedule O how this was done | 12c | Х | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | х |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | Х |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | 773 | | av- |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| 2 | The organization's CEO, Executive Director, or top management official | 15a | | х |
| | Other officers or key employees of the organization | 15b | | х |
| U | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | 3102 | |
| 160 | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| ioa | taxable entity during the year? | 16a | | х |
| | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | |
| D | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | 2.0 | |
| | exempt status with respect to such arrangements? | 16b | | |
| 500 | exempt status with respect to such arrangements? | 1 | | |
| | List the states with which a copy of this Form 990 is required to be filed ▶IL | | | |
| 17 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) | availat | ole | |
| 18 | | | | |
| | for public inspection, Indicate how you made these available. Check all that apply. Own website Another's website Upon request | | | |
| | | ıd fina | ncial | |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, are | io ilita | ······ | |
| | statements available to the public during the tax year. | ition. | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of | ction. | | |
| | J. Randall Dempsey - 312-553-3372 | | | |

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

Check if Schedule O contains a response to any question in this Part VII

Х

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 List all of the organization's current key employees, if any. See 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 | tion nor any related | orga | aniza | ation | COI | mper | nsat | ed any current officer, o | director, or trustee. | |
|--|----------------------|-------------------------------|--|--------------|--------------|------------------------------|--------------|---------------------------------------|-------------------------|---|
| (A) | (B) | | (C) | | | | | (D) | (E) | (F) |
| Name and Title | Average | (do | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | than | one | Reportable compensation | Reportable compensation | Estimated amount of |
| | hours per week | offi | | | | is boti or/trus | n an tee) | from | from related | other |
| | (describe | ğ | | | | | | the | organizations | compensation |
| | hours for | r dire | | | | ted | | organization | (W-2/1099-MISC) | from the |
| | related | stee 0 | ruste | | | beusa | | (W-2/1099-MISC) | | organization and related |
| | organizations | naj tru | onal | | ploye | tcom | | | | organizations |
| | in Schedule O) | ndividual trustee or director | nstitutional trustee | Officer | Key employee | Highest compensated employee | Former | | | 0, gu |
| (1) Cheryl Hyman | | | = | - | Ť | 1 0 | | | | |
| Director | 1.00 | х | | | | | | 0. | 294,215. | 130,837. |
| (2) Maria Dolores Javier | | | | | Γ | | | | | |
| Director | 1.00 | х | | | <u> </u> | <u> </u> | | 0. | 140,759. | 62,596. |
| (3) Jeffery Himmel | | | | | | | | _ | _ | _ |
| Director | 1,00 | X | <u> </u> | | ļ_ | <u> </u> | | 0. | 0. | 0. |
| (4) Terry Newman | | | | | | | | 0. | 0. | 0. |
| Director | 1.00 | X | | <u> </u> | ├- | | <u> </u> | U. | V. | ٠, |
| (5) Martin Cabrera, Jr. | 1 | | | | | | İ | 0. | 0. | 0. |
| Director | 1.00 | X | ├ | Х | ┼ | ┼ | - | V . | ٠, | |
| (6) Kenneth Gotsch | 1 00 | , | | х | | | | 0. | 176,874. | 78,656. |
| Treasurer | 1.00 | Х | - | <u> ^ </u> | - | ┼ | - | ٠, | 1,0,0,1. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| (7) Michael Daigler | 6.00 | x | | x | | | | 0. | 131,583. | 58,515. |
| Executive Director | 0.00 | ╀ | ┼ | <u> </u> | ╁ | - | ├- | · · · · · · · · · · · · · · · · · · · | | |
| (8) Ray Vazquez President | 1.00 | x | | x | | | | 0. | 0. | 0. |
| (9) Lester Coney | 1.00 | ╫ | \vdash | | \vdash | \vdash | ╫ | | | |
| Secretary | 1.00 | x | | | | | | 0. | 0. | 0. |
| (10) Paula Wolff | | \vdash | T | \vdash | T | T | T | | | |
| Director | 1.00 | x | | x | | | | 0. | 0. | 0. |
| (11) James Randall Dempsey | | T | 1 | T | T | T | | | | |
| Interim Tresurer | 1.00 | х | | x | | | | 0. | 127,842. | 56,851. |
| | | | | 1 | Π | T | Γ | | | |
| | | | | | | | | | | |
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| | | | _ | | _ | <u> </u> | <u> </u> | | | |
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| | | | | | | | | | | |
| | | | | | | | | | <u> </u> | Form 990 (2011) |

| Part VII Sectio | n A. Officers, Directors, Tru | ıstees, Key Er | npic | oyee | s, aı | nd F | High | est | Compensated Employ | ees (continued) | | | |
|--|---|---|--|-----------------------|---------|------|---|-----------------|--|---|-------------|--|-----------|
| Land was a side of the side of | (A) ame and title | (B) Average hours per | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | one h an | (D) Reportable compensation | (E) Reportable compensation | on | (F) Estimated amount of | |
| | | week (describe hours for related organizations in Schedule O) | tee or director | Institutional trustee | Officer | | Highest compensated 5 | | from the organization (W-2/1099-MISC) | from related organization (W-2/1099-MIS | s | other compensation from the organization and related organization | n d |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | - | | | | | | |
| *************************************** | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 4h Cub totai | | | | <u> </u> | | | | <u> </u> | 0. | 871 | 273. | 387,4 | 55. |
| c Total from c | continuation sheets to Part V | II, Section A | | | | | > | | 0. | 871 | 0. ,273. | 387,4 | 0. 55. |
| 2 Total number | er of individuals (including but ron from the organization | not limited to th | nose | e liste | ed a | bov | e) w | ho r | eceived more than \$10 | 0,000 of reportat | ole | IVI | |
| | nization list any former officer | | | | | | | | | | | | No x |
| 4 For any indiv | es, "complete Schedule J for solvidual listed on line 1a, is the solorganizations greater than \$15 | um of reportab | le c | omp | ensa | atio | n an | d ot | her compensation from for such individual | the organization | | 4 X | |
| 5 Did any pers | son listed on line 1a receive or the organization? If "Yes," con | accrue compe | nsa | tion | from | an | y un | relat | ted organization or indiv | idual for services | š | 5 | x |
| | endent Contractors | | | | | | | | | \$400,000 of any | | ation from | |
| Complete the the organization. | is table for your five highest co tion. Report compensation for | ompensated in the calendary | dep /ear | ende end | ent o | vith | or w | ors 1 /ithi: | n the organization's tax | year. | npens | (C) | |
| | (A) Name and business | address | NC | NE | | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | (B) Description of | services | С | ompensation | |
| | | | | | | | | | | | | | |
| | | | | <u></u> | | | | | | | | | |
| | | | | | | | | | | | | | , |
| | | | | | | | | | | | | | |
| | er of independent contractors | | not I | limite | ed to | tho | ose li 0 | iste | d above) who received I | more than | | | |

| Pai | <u>t VII</u> | Statement of Reven | ue | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|--|---------------|---|-----------|--------|---|----------------------|--|---|---|
| इइ | 1 a | Federated campaigns | 1 | а | | | | | |
| | | Membership dues | | b | | | | | |
| E'S | С | Fundraising events | | С | 37,175. | | | | |
| # F | | Related organizations | | d | 230,350. | | | | |
| iz, | е | Government grants (contributi | ons) 1 | le | | | | | |
| Sign | f | All other contributions, gifts, grant | s, and | | | | | | |
| <u>₹</u> | | similar amounts not included abov | /e1 | lf | 1,198,671. | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | g | Noncash contributions included in lines | 1a~1f: \$ | | | | | | |
| <u>8</u> 0 | h | Total. Add lines 1a-1f | | | | 1,466,196. | | | |
| 1 | | | | ļ | Business Code | | | | |
| 8 | 2 a | | | | | | | | |
| e S | b | | | | | | | | |
| len S | C | | | | ., | | | | |
| Re | d | | | | | | | | |
| Program Service Revenue | e | | | | | | | | |
| _ | - | | ******* | | | | | | |
| - | <u>9</u> 3 | Total. Add lines 2a-2f Investment income (including | | | | | | | |
| 1 | 3 | other similar amounts) | | | _ | 219,732. | | | 219,732. |
| | 4 | Income from investment of tax | | | | | | | |
| | 5 | Royalties | | | _ | | | | |
| | • | rioyanioo , | (i) Re | | (ii) Personal | | | | |
| | 6 a | Gross rents | | | | | 100 | | |
| | | Less: rental expenses | | | | | | | |
| | | Rental income or (loss) | | | | | | | |
| | | Net rental income or (loss) | | | | | | | |
| | 7 a | Gross amount from sales of | (i) Secu | rities | (ii) Other | | | | |
| | | assets other than inventory | 5,741 | ,238. | | | | | |
| l | b | Less: cost or other basis | | | | | | | |
| | | and sales expenses | 5,644 | ,868. | | | | | |
| | С | Gain or (loss) | 96 | ,370. | | | | | 06 270 |
| | d | Net gain or (loss) | | | <u>, </u> | 96,370. | | | 96,370. |
| ē. | 8 a | Gross income from fundraising | | | | | | | |
| enne | | · · · · · · · · · · · · · · · · · · · | ,175. of | | | | | | |
| ě | | contributions reported on line | | | 40.050 | | | | |
| ē | | Part IV, line 18 | | | 42,950. | - | | | |
| 퉏 | | Less: direct expenses | | | 23,372. | 19,578. | | | 19,578. |
| | | : Net income or (loss) from fund | | | <u></u> | 13,370. | | | |
| Other Reve | 9 a | Gross income from gaming ac | | | | | | | |
| | | Part IV, line 19 | | | | 1 | | | |
| | | Less: direct expenses | | | | | | | |
| | | Net income or (loss) from gam | | ues | | | | 1.00 | |
| | 10 a | Gross sales of inventory, less | | а | | | | | |
| | | and allowances Less: cost of goods sold | | | | 1 | | | |
| | | Net income or (loss) from sale | | | — | | 2 (2007) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1 | 2520,000,000,000,000,000,000 | |
| | | Miscellaneous Revenu | | | Business Code | | | | |
| | 11 a | | | | | | The state of the second section of the second secon | | |
| | b | | | | | | | | |
| | | | | , | | | | | |
| | c | All other revenue | | | | | | | |
| | • | Total. Add lines 11a-11d | | | _ | | | | |
| | 12 | Total revenue. See instructions. | | | _ | 1,801,876 | . 0. | . 0. | 335,680. |
| 1320 |)9 | | | | | | | | Form 990 (2011) |

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) but are not required to complete columns (B), (C), and (D).

| Do n | Check if Schedule O contains a response of include amounts reported on lines 6b, | e to any question in thi (A) Total expenses | (B) Program service | (C) Management and | (D) Fundraising |
|----------|--|---|---------------------|-----------------------|----------------------------|
| 7b, 8 | Bb, 9b, and 10b of Part VIII. | Total Oxpolicos | expenses | general expenses | expenses |
| 1 | Grants and other assistance to governments and | | | | |
| | organizations in the United States. See Part IV, line 21 | 69,778. | 69,778. | | |
| 2 | Grants and other assistance to individuals in | | 000 054 | | |
| | the United States. See Part IV, line 22 | 268,854. | 268,854. | | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the | | | | |
| | United States. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | | | | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| _ | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | | | | |
| 8 | Pension plan accruals and contributions (include | | | | |
| _ | section 401(k) and section 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | : | | |
| 11 | Fees for services (non-employees): | | | | |
| a | Management | | | | |
| b | Legal | | | | |
| C | Accounting | | | | |
| d | Lobbying | | | | |
| е | | 10,760. | | 10,760. | |
| f | Investment management fees | 392,483. | 390,373. | 2,110. | |
| g | Other | 217,786. | 206,410. | | 11,376. |
| 12 | Advertising and promotion | 16,823. | | 16,823. | |
| 13 | Office expenses | 1,014. | | 1,014. | |
| 14 | Information technology | | | | |
| 15 | Royalties | 540. | | 540. | |
| 16 | Occupancy | | | | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 40 | Conferences, conventions, and meetings | 46,786. | 46,786. | | |
| 19 | | | , | | |
| 20 | Payments to affiliates | | | | |
| 21 22 | Depreciation, depletion, and amortization | | | | |
| 23 | . ' | | | | |
| 23 | Other expenses. Itemize expenses not covered | | | | |
| 44 | 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.) Equip. Repair & Rental | 93,175. | 93,175. | 0. | 0. |
| a | | 11,996. | 0, | 0. | 11,996 |
| b | Catering Textbooks for students | 3,183. | 3,183 | 0. | 0. |
| C | Bank & Credit Card Fees | 418. | 0,200 | 418. | 0. |
| d | | 18,751. | 18,751 | | |
| e | All other expenses Total functional expenses. Add lines 1 through 24e | 1,152,347. | 1,097,310 | 31,665. | 23,372 |
| 25 | Joint costs. Complete this line only if the organization | 2,272,727, | | | <u> </u> |
| 26 | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | raine 1 | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | L | | Form 990 (2011) |

6) §

\$°

| . aı | · A | Balance Sheet | | (A) Beginning of year | | (B) End of year |
|-----------------------------|-----|---|---|--|-------------|---------------------------|
| П | 1 | Cash - non-interest-bearing | | | 1 | |
| 1 | | Savings and temporary cash investments | | 350,649. | 2 | 1,219,341. |
| | | Pledges and grants receivable, net | | | 3 | |
| | | Accounts receivable, net | | 14,322. | 4 | 54,962. |
| | | Receivables from current and former officers, dire | | | | |
| | Ū | employees, and highest compensated employees of Schedule L | s. Complete Part II | | 5 | |
| | | Receivables from other disqualified persons (as o | | | | |
| | 6 | 4958(f)(1)), persons described in section 4958(c)(| | | | |
| | | employers and sponsoring organizations of section | | | | |
| | | employees' beneficiary organizations (see instruc | | CONTRACTOR CONTRACTOR PART AND ASSESSED | 6 | |
| S. | _ | • | | | 7 | |
| Assets | 7 | Notes and loans receivable, net | | | 8 | |
| As | 8 | Inventories for sale or use | 8,400. | 9 | 10,533. | |
| | 9 | Prepaid expenses and deferred charges | | 0,100. | 9 | |
| | 10a | Land, buildings, and equipment: cost or other | | | | |
| | | basis. Complete Part VI of Schedule D | | | | |
| | b | Less: accumulated depreciation | 10b | - 155 011 | 10c | E 642 009 |
| | 11 | Investments - publicly traded securities | | 5,465,014. | 11 | 5,642,008. |
| | 12 | Investments - other securities. See Part IV, line 1 | 1 | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 1 | | 13 | | |
| | 14 | Intangible assets | | 14 | | |
| | 15 | Other assets. See Part IV, line 11 | | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equa | I line 34) | 5,838,385. | 16 | 6,926,844. |
| | 17 | Accounts payable and accrued expenses | | 93,213. | 17 | 671,158. |
| | 18 | Grants payable | | 18 | | |
| | 19 | Deferred revenue | 1 | 19 | | |
| | 20 | Tax-exempt bond liabilities | | 20 | | |
| | 21 | Escrow or custodial account liability. Complete F | | | 21 | |
| Liabilities | 22 | Payables to current and former officers, directors | | | | |
| ij | 22 | highest compensated employees, and disqualifie | ed persons Complete Part II | | | |
| <u></u> | | | | Particular (September 2000) and annual substitution (September 2000) | 22 | |
| | | of Schedule L Secured mortgages and notes payable to unrela | | | 23 | |
| | 23 | * " | | | 24 | |
| | 24 | Unsecured notes and loans payable to unrelated | | | | |
| | 25 | Other liabilities (including federal income tax, pay | | | | |
| | | parties, and other liabilities not included on lines | 17-24). Complete Fart X of | | 25 | |
| | | Schedule D | *************************************** | 93,213. | | 671,158. |
| | 26 | Total liabilities. Add lines 17 through 25 | N V and complete | | | |
| | | Organizations that follow SFAS 117, check he | re and complete | | | |
| es | | lines 27 through 29, and lines 33 and 34. | | 14,695. | 27 | 14,659. |
| au | 27 | Unrestricted net assets | | 5,177,008. | 28 | 5,687,558. |
| Bal | 28 | Temporarily restricted net assets | 553,469. | | 553,469. | |
| P | 29 | | | 333, 409. | 29 | |
| 급 | | Organizations that do not follow SFAS 117, ch | neck here and | | | |
| ō | | complete lines 30 through 34. | | | | |
| ets | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| 188 | 31 | Paid-in or capital surplus, or land, building, or eq | | | 31 | |
| Net Assets or Fund Balances | 32 | Retained earnings, endowment, accumulated in | come, or other funds | | 32 | 7 655 707 |
| ž | 33 | Total net assets or fund balances | | 5,745,172. | | 6,255,686. |
| | 34 | Total liabilities and net assets/fund balances | | 5,838,385. | 34 | 6,926,844. |

| | t XI Reconciliation of Net Assets | | | | |
|----------|--|------------|------|--------|----------|
| | Check if Schedule O contains a response to any question in this Part XI | | | | <u> </u> |
| | | | 1 | 001 | 076 |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | 876. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 347. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 529. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | | 172. |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | | | 015. |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 6 | , 255, | 686. |
| Pa | t XII Financial Statements and Reporting | | | | |
| <u> </u> | Check if Schedule O contains a response to any question in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | _ | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | О. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | Х |
| b | Were the organization's financial statements audited by an independent accountant? | | | Х | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audit, | | | |
| · | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sch | edule O. | | | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue | ed on a | | | |
| u | separate basis, consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| 2- | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | ngle Audit | | | |
| зa | Act and OMB Circular A-133? | | 3a | | х |
| | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | | | | |
| a | or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | | 3b | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such addits. | | Form | 990 | (2011) |

132012 01-23-12

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

2011

Open to Public Inspection

| Jame | of t | he organizatio | n | | | | | | E | mployer id | entification | on nu | mber |
|------|---------|------------------|-------------------------|------------------------------------|---------------|--------------------|-------------------|------------------------------|--|---|--------------|----------|-------|
| Tann | | o. ga | | es of Chicago Four | ndation | | | | | 36-3 | 3157624 | | |
| Par | ŧΠ | Reason fo | | ty Status (All organiz | | t complete | e this part | .) See inst | ructions. | | | | |
| | | | | ecause it is: (For lines 1 | | | | | | | | | |
| 1 | 1 guill | A church, con | vention of churches | , or association of churc | ches descri | ibed in sec | ction 170 | (b)(1)(A)(i). | | | | | |
| 2 | 一 | | |)(b)(1)(A)(ii). (Attach Scl | | | | | | | | | |
| 3 | 一 | A hospital or a | cooperative hospita | al service organization o | described in | section | 170(b)(1)(| A)(iii). | | | | | |
| 4 | 一 | A medical rese | earch organization o | perated in conjunction | with a hosp | oital descri | ibed in se | ction 170(| (b)(1)(A)(ii | ii). Enter the | e hospital | s nam | ne, |
| • | | city, and state |); | | | | | | | | | | |
| 5 | х | An organization | on operated for the b | enefit of a college or ur | niversity ow | ned or op | erated by | a governr | nental uni | it describec | in in | | |
| | | | b)(1)(A)(iv). (Comple | | | | | | | | | | |
| 6 | | A federal, stat | e, or local governme | ent or governmental unit | described | in sectio i | n 170(b)(1 |)(A)(v). | | | | | |
| 7 | | An organization | on that normally rece | eives a substantial part | of its suppo | ort from a | governme | ntal unit o | r from the | e general pu | ıblic desc | ribed i | in |
| - | | | o)(1)(A)(vi). (Complet | | | | | | | | | | |
| 8 | | A community | trust described in se | ection 170(b)(1)(A)(vi). (| (Complete l | Part II.) | | | | | | | |
| 9 | | An organizatio | on that normally rece | eives: (1) more than 33 1 | 1/3% of its | support fr | om contri | butions, m | nembershi | ip fees, and | l gross red | ceipts | from |
| | | activities relat | ed to its exempt fun | ctions - subject to certa | in exceptic | ons, and (2 | 2) no more | than 33 1 | /3% of its | s support fr | om gross | invest | tment |
| | | income and u | nrelated business ta | xable income (less sect | tion 511 tax | k) from bus | sinesses a | acquired b | y the orga | anization af | ter June 3 | 30, 197 | 75. |
| | | See section 5 | 509(a)(2). (Complete | Part III.) | | | | | | | | | |
| 10 | | An organization | on organized and op | erated exclusively to te | st for public | c safety. S | See sectio | n 509(a)(4 | !). | | | | |
| 11 | | An organization | on organized and op | erated exclusively for th | ne benefit c | of, to perfo | rm the fu | nctions of, | or to can | ry out the p | urposes o | of one | or |
| | | more publicly | supported organiza | tions described in secti | on 509(a)(1 |) or section | n 509(a)(2 | 2). See sec | ction 509(| (a)(3). Chec | k the box | that | |
| | | describes the | type of supporting | organization and compl | ete lines 11 | le through | 11h. | | | | | | |
| | | a Type I | b | | : Туре | | | | | | Type III - (| | |
| е | | By checking t | his box, I certify that | t the organization is not | controlled | directly or | r indirectly | by one or | r more dis | equalified pe | ersons oth | ner tha | an |
| | | foundation ma | anagers and other th | nan one or more publicly | y supporte | d organiza | itions des | cribed in s | ection 50 | 9(a)(1) or se | ection 505 |)(a)(2). | • |
| f | | If the organiza | ation received a writt | ten determination from | the IRS tha | it it is a Ty | pe I, Type | II, or Type | e III | | | | |
| | | supporting or | ganization, check th | is box | | | | | | | | | |
| g | | Since August | 17, 2006, has the o | rganization accepted ar | ny gift or co | ontribution | from any | of the follo | owing per | rsons? | | Van | TNo |
| | | (i) A persor | n who directly or indi | irectly controls, either a | lone or tog | ether with | persons of | described | in (ii) and | (III) below, | 44-(3) | Yes | No |
| | | the gove | erning body of the su | upported organization? | | | | | | | 11g(i) | - | - |
| | | (ii) A family | member of a persor | n described in (i) above? |) | | | | | | 11g(ii) | | + |
| | | | | person described in (i) | | | | | | | 11g(iii) | 1 | |
| h | | Provide the fo | ollowing information | about the supported or | ganization(| (s). | | | | | | | |
| | | | | (III) T | 1 | | | CC . He - | [(vi)] | s the | | | |
| (i) | Name | of supported | (ii) EIN | (iii) Type of organization | (iv) is the o | | | u notily the tion in col. | Torganizati | ion in col. [| (vii) Ar | | 01 |
| | org | anization | | (described on lines 1-9 | governing (| | (i) of you | r support? | (i) organi | zed in the S.? | Sup | port | |
| | | | | above or IRC section | 0 | | Yes | | Yes | No | | | |
| | | | | (see instructions)) | Yes | No | 162 | 140 | 103 | + | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | + | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | + | , | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | 1 | + | | | |
| | | | | | | | | | | | | | |
| | | | | | 1 | | | | | ++ | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Schedule A (Form 990 or 990-EZ) 2011 City Colleges of Chicago Foundation

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.)

| Sec | tion A. Public Support | | | | | | | | | | |
|-----|---|-----------------------|-----------------------|------------------------|---|----------------------|-----------------|--|--|--|--|
| | ndar year (or fiscal year beginning in) 🖊 | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total | | | | |
| | Gifts, grants, contributions, and | | | | | | | | | | |
| | membership fees received. (Do not | | | | | | | | | | |
| | include any "unusual grants.") | 517,235. | 528,138. | 519,565. | 564,333. | 1,485,774. | 3,615,045. | | | | |
| 2 | Tax revenues levied for the organ- | | | | | | | | | | |
| | ization's benefit and either paid to | | | | | | | | | | |
| | or expended on its behalf | | | | | | | | | | |
| 3 | The value of services or facilities | | | | | | | | | | |
| | furnished by a governmental unit to | | | | | | | | | | |
| | the organization without charge | | | | | | | | | | |
| 4 | Total. Add lines 1 through 3 | 517,235. | 528,138. | 519,565. | 564,333. | 1,485,774. | 3,615,045. | | | | |
| | 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) | | | | | | 949,639. | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 2,665,406. | | | | |
| | ction B. Total Support | | | | | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total | | | | |
| | Amounts from line 4 | 517,235. | 528,138. | 519,565. | 564,333. | 1,485,774. | 3,615,045. | | | | |
| | Gross income from interest, | | | | | | | | | | |
| Ŭ | dividends, payments received on | | | | | | | | | | |
| | securities loans, rents, royalties | | | | | | | | | | |
| | and income from similar sources | 190,923. | 97,810. | 149,038. | 171,494. | 219,732. | 828,997. | | | | |
| a | Net income from unrelated business | | | | | | | | | | |
| 3 | activities, whether or not the | | | | | | | | | | |
| | business is regularly carried on | | | | | | | | | | |
| 10 | Other income. Do not include gain | | | | | | | | | | |
| 10 | or loss from the sale of capital | | | | | | | | | | |
| | assets (Explain in Part IV.) | | | | | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 4,444,042. | | | | |
| | Gross receipts from related activities | etc. (see instructi | ons) | | | 12 | | | | | |
| 12 | First five years. If the Form 990 is fo | r the organization' | s first, second, thir | d, fourth, or fifth ta | x year as a section | n 501(c)(3) | | | | | |
| | organization, check this box and sto | | | | | | <u></u> ▶∟⊥ | | | | |
| Se | ction C. Computation of Pub | ic Support Pe | rcentage | | | | | | | | |
| | Public support percentage for 2011 (| | | column (f)) | | 14 | 59.98 % | | | | |
| 15 | Public support percentage from 2010 | Schedule A, Part | II, line 14 | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 15 | 82,25 % | | | | |
| 16: | 33 1/3% support test - 2011. If the | organization did no | ot check the box o | n line 13, and line | 14 is 33 1/3% or r | nore, check this bo | x and | | | | |
| | stop here. The organization qualifies | as a publicly supp | orted organization | ١ | | | P | | | | |
| | 33 1/3% support test - 2010. If the | organization did ne | ot check a box on | line 13 or 16a, and | line 15 is 33 1/3% | 6 or more, check th | is box | | | | |
| • | and stop here. The organization qua | lifies as a publicly | supported organiz | ation | ******************** | | ▶└ | | | | |
| 17: | 10% -facts-and-circumstances tes | st - 2011. If the ord | ganization did not | check a box on line | 13, 16a, or 16b, | and line 14 is 10% | or more, | | | | |
| | 7a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization | | | | | | | | | | |
| | meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | | | | | | | | | |
| | 10% -facts-and-circumstances tes | st - 2010. If the or | ganization did not | check a box on line | e 13, 16a, 16b, or | 17a, and line 15 is | 10% or | | | | |
| | more, and if the organization meets t | the "facts-and-circ | umstances" test. c | heck this box and | stop here. Explain | n in Part IV how the | | | | | |
| | organization meets the "facts-and-cir | cumstances" test | . The organization | qualifies as a publi | cly supported org | anization | ▶□ | | | | |
| 40 | Private foundation. If the organization | on did not check a | box on line 13, 16 | a, 16b, 17a, or 17b | o, check this box | and see instruction | s > 🔲 | | | | |
| 10 | Filvate loundation. If the organization | or ala not oncor a | 3/1 0.1 10, 10, | | Coh | adule A (Form 990 | or 990-E7\ 2011 | | | | |

Schedule A (Form 990 or 990-EZ) 2011 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec | ction A. Public Support | | | | | | <u> </u> |
|------|--|---------------------------|---------------------|---|---------------------|---------------------|-------------------|
| Cale | ndar year (or fiscal year beginning in) ► | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that | | | | | | |
| | are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| | Public support (Subtract line 7c from line 6.) | | | | | | |
| Sec | ction B. Total Support | | | | | _ | - |
| Cale | ndar year (or fiscal year beginning in) ► | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| | Amounts from line 6 | | | | | | |
| 10a | a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| t | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b | | ļ | ļ | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 | Total support (Add lines 9, 10c, 11, and 12.) | | <u></u> | | | <u> </u> | |
| 14 | First five years. If the Form 990 is fo | | | | | | nization, |
| | check this box and stop here | | | *************************************** | | | > |
| | ction C. Computation of Pub | | | | | T.= T | 0/ |
| | Public support percentage for 2011 | | | | | 15 | % |
| 16 | Public support percentage from 2010 | 0 Schedule A, Part | t III, line 15 | | | 16 | % |
| | ction D. Computation of Inve | | | | | 145 [| 0/ |
| | Investment income percentage for 20 | | | | | 17 | % |
| 18 | Investment income percentage from | 2010 Schedule A, | Part III, line 17 | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 18 | % |
| 198 | a 33 1/3% support tests - 2011. If the | e organization did r | not check the box | on line 14, and lin | ne 15 is more than | 33 1/3%, and lin | B 1/ IS NOT |
| | more than 33 1/3%, check this box a | and stop here. The | e organization qua | ulifies as a publicly | supported organi | zation | |
| ł | o 33 1/3% support tests - 2010. If the | organization did | not check a box o | n line 14 or line 19 | a, and line 16 is m | nore than 33 1/3% | o, and |
| | line 18 is not more than 33 1/3%, ch | eck this box and s | stop here. The org | anization qualifies | as a publicly sup | ported organization | " |
| 20 | Private foundation. If the organization | on did not check a | t box on line 14, 1 | a, or 19b, check | this box and see it | nstructions | P <u> </u> |

SCHEDULE D (Form 990)

Supplemental Financial Statements

Department of the Treasury Internal Revenue Service ➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2011
Open to Public Inspection

Name of the organization

Employer identification number

36-3157624 City Colleges of Chicago Foundation Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year 1 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year 4 Did the organization Inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a a Total number of conservation easements 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$_ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets Included in Form 990, Part X

| τ | • |
|--------------------|----------------------------|
| 4 (continuation | Page 2 nued) n items |
| KIV. | |
| Yes | □ No |
| e 9, or | |
| Yes | □ No |
| Amount | |
| | |
| Yes | No |
| (e) Four | years back |
| | |
| | |
| | |

| Sche | dule D (Form 990) 2011 City Colleg | es of Chicago Fo | oundation | | 36-31576 | | | ge 2 |
|---|--|--|-------------------------|---|------------------------|------------------|---------|-------------|
| Par | t III Organizations Maintaining C | ollections of Art | t, Historical Tre | easures, or Oth | <u>er Similar Asse</u> | ts (conti | nued) | |
| 3 | Using the organization's acquisition, accession | on, and other records | s, check any of the | following that are a s | significant use of its | collection | items | 3 |
| | (check all that apply): | | | | | | | |
| а | Public exhibition | d | Loan or exch | nange programs | | | | |
| b | Scholariy research | е | Other | | | | | |
| C | Preservation for future generations | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explain | how they further th | ne organization's exe | empt purpose in Par | t XIV. | | |
| 5 | During the year, did the organization solicit or | r receive donations o | f art, historical treas | sures, or other simila | ır assets | _ | | |
| · | to be sold to raise funds rather than to be ma | aintained as part of th | ne organization's co | llection? | | Yes | | No |
| Par | t IV Escrow and Custodial Arrang | gements. Comple | te if the organization | n answered "Yes" to | Form 990, Part IV, | line 9, or | | |
| | reported an amount on Form 990, Par | | _ | | | | , | |
| 1a | Is the organization an agent, trustee, custodi | an or other intermedi | ary for contribution | s or other assets no | t included | _ | | - |
| | on Form 990, Part X? | | | | | Yes | L | No |
| b If "Yes," explain the arrangement in Part XIV and complete the following table: | | | | | | | | |
| ~ | The foot of prairies are all governors are | • | • | | | Amount | | |
| _ | Beginning balance | | | | 1c | | | |
| | Additions during the year | | | | 1 1 | | | |
| u | Distributions during the year | | | | | | | |
| • | Ending balance | | | | | | | |
| f O- | Did the organization include an amount on Fo | orm 990 Part X line | 217 | *************************************** | | Yes | | No |
| | If "Yes," explain the arrangement in Part XIV. | | <u> </u> | *************************************** | | | | |
| - | t V Endowment Funds. Complete it | f the organization ans | swered "Yes" to Fo | m 990, Part IV, line | 10. | | | |
| 1 41 | - Indoorned and a semple of | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four | years | back |
| 4 | Beginning of year balance | 746,267. | 681,903. | 686,457. | 690,208. | | Early. | |
| 18 | Contributions | 3,431, | 5,315. | 4,642. | 175. | 1000 | | |
| | | 25,314. | 81,615. | 21,625. | 18,596. | | | |
| C | Net investment earnings, gains, and losses | <17,668. | | 30,821. | 22,266. | 1200 | | |
| | Grants or scholarships | | | | , | VIEW S | | |
| е | Other expenditures for facilities | de suite de la constitución de l | | | 256. | | | |
| | and programs | | | | 0 | | - | |
| f | Administrative expenses | 792,680. | 746,267. | 681,903. | 686,457. | | | |
| g | End of year balance | | | | 1 | 1 | | |
| 2 | Provide the estimated percentage of the curr | | e (line 1g, column (a | i)) Held as. | | | | |
| | Board designated or quasi-endowment | .00 | | | | | | |
| | Permanent endowment 69.82 | % | | | | | | |
| С | Temporarily restricted endowment | 30.18 % | | | | | | |
| | The percentages in lines 2a, 2b, and 2c should be a sh | uid equal 100%. | | | the examination | | | |
| 3a | Are there endowment funds not in the posse | ession of the organiza | ition that are neid a | na administered for | the organization | ſ | Yes | No |
| | by: | | | | | 0-0 | 169 | X |
| | (I) unrelated organizations | | | | | | | x |
| | (ii) related organizations | | | | | | | |
| b | If "Yes" to 3a(ii), are the related organizations | | | | , | 3b | 1 | |
| 4 | Describe in Part XIV the intended uses of the | | | | | | | |
| Pa | rt VI Land, Buildings, and Equipm | | | | | /-IV D | | |
| | Description of property | (a) Cost or of | | | Accumulated | (d) Boo | k value | ₿ |
| | | basis (investr | nent) basis | (other) de | epreciation | | | |
| 1a | Land | | | | | | | |
| b | Buildings | | | | | | | |
| С | Leasehold improvements | | | | | | | |
| d | Equipment | | | | | | | |
| е | Other | | | | | | | |

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

Schedule D (Form 990) 2011

Ο.

| Part VII | Investments - Other Securities. See | Form 990, Part X, lir | ne 12. | | |
|-----------------------------------|--|------------------------------|-----------------------------------|--|-------------------------|
| | (a) Description of security or category (including name of security) | (b) Book value | | (c) Method of valuat st or end-of-year mark | |
| (1) Financ | ial derivatives | | | | |
| | y-held equity interests | | | | |
| (3) Other | | | | | |
| (A) | | | | | |
| (B) | | | | | |
| (C) (D) | | | | | |
| (E) | | | | | |
| (F) | | | | | |
| (G) | | | | | |
| (H) | | | | | |
| <u>(I)</u> | | | | | |
| | (b) must equal Form 990, Part X, col (B) line 12.) | | Harring By and State | | |
| Part VI | II Investments - Program Related. Se | e Form 990, Part X, I | ine 13. | (c) Method of valuation | tion: |
| | (a) Description of investment type | (b) Book value | Со | st or end-of-year mark | |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |
| | (b) must equal Form 990, Part X, col (B) line 13.) | 15 | | | |
| Part IX | Other Assets. See Form 990, Part X, line | Description | | | (b) Book value |
| /4\ | (0) | Doonphon | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | (C) (C) (D) (F) | - 1E \ | | | |
| Part X | Jumn (b) must equal Form 990, Part X, col (B) line Other Liabilities. See Form 990, Part X, | | | | |
| | (a) Description of liability | III 10 23. | (b) Book value | | |
| 1. (1) Fe | ederal income taxes | | | | |
| (2) | Social incomo taxes | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |
| (11) Tatal (Co | Jump (b) must equal Form 900. Part V cal (B) line | 251 | | | |
| iotal. (Co | olumn (b) must equal Form 990, Part X, col (B) line | the organization s financial | statements that reports the organ | nization s liability for uncertain | n tax positions under |
| 2. FIN 48 (132053 01-23-12 | ASC 740). | | | Sch | edule D (Form 990) 2011 |
| 01-23-12 | | | | _ | • |

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ. See separate instructions. Employer identification number

OMB No. 1545-0047

Open To Public Inspection

| City Colleges of Chicago Foundation | | | | | | 36-3157624 | | | |
|--|---|---|-------------------|-----------------------------------|--|---|--|--|--|
| | Complete if the organization answe | ered "Y | 'es" to | Form 990, Part IV, I | ine 17. Form 990-EZ | filers are not | | | |
| Indicate whether the organization raised funds through any of the following activities. Check all that apply. A | | | | | | | | | |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iil) fundr have co or con contribu | ustody trol of | (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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| | | | <u> </u> | | | | | | |
| 3 List all states in which the organization or licensing. | on is registered or licensed to solicit | contrib | outions | s or has been notifie | d it is exempt from re | egistration | | | |
| | | | | | | | | | |
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Schedule G (Form 990 or 990-EZ) 2011 City Colleges of Chicago Foundation 36-3157624 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events None (add col. (a) through Showcase Dinner col. (c)) (total number) (event type) (event type) Revenue 80,125. 80,125, 1 Gross receipts 37,175. 37,175. 2 Less: Charitable contributions 42,950. 42,950. 3 Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes Direct Expenses Rent/facility costs 3,000. 3,000. 7 Food and beverages 11,606. 11,606. 8 Entertainment 8,766. 8,766. Other direct expenses 23,372) 10 Direct expense summary. Add lines 4 through 9 in column (d) 19,578. 11 Net income summary. Combine line 3, column (d), and line 10... Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue col. (a) through col. (c)) bingo/progressive bingo Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses % Yes Yes Yes No No No 6 Volunteer labor

| 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain: | Yes | No No |
|---|-----|-------|
| 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain: | Yes | No |
| Unites, explain. | | |

7 Direct expense summary. Add lines 2 through 5 in column (d)

8 Net gaming income summary. Combine line 1, column d, and line 7

| Sch | edule G (Form 990 or 990-EZ) 2011 City Colleges of Chicago Foundation 36-31 | 5/624 | | Page 3 |
|-----|--|------------|-------------|-----------|
| 11 | Does the organization operate gaming activities with nonmembers? | L \ | '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? | ڊ لـــا. | es (| No |
| 13 | Indicate the percentage of gaming activity operated in: | | | |
| | The organization's facility | 13a | | % |
| | o An outside facility | | | % |
| 44 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | 1 | | |
| 14 | Enter the hame and address of the person who prepares the organization organization of | | | |
| | Name | | | |
| | Address | | | |
| 15a | a Does the organization have a contract with a third party from whom the organization receives gaming revenue? | □\ | es/es | ☐ No |
| t | o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount | | | |
| | of gaming revenue retained by the third party > \$ | | | |
| | If "Yes," enter name and address of the third party: | | | |
| | | | | |
| | Name | | | |
| | Address > | | | |
| 16 | Gaming manager information: | | | |
| | Name | | | |
| | Gaming manager compensation > \$ | | | |
| | | | | |
| | Description of services provided | | | |
| | | | | |
| | | | | |
| | | | | |
| | Director/officer Employee Independent contractor | | | |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| 17 | Mandatory distributions: | | | |
| | a Is the organization required under state law to make charitable distributions from the gaming proceeds to | | | |
| Ì | retain the state gaming license? | 🔲 🔻 | Yes | No |
| ŧ | 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 ▶ \$ | | | |
| Ps | art IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (ii | i) and (v) |), and | Part III, |
| 2 | lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information | n (see ir | nstruc | tions). |
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SCHEDULE (Form 990) Internal Revenue Service

Department of the Treasury

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

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

| | 2011 Owe no. 1545-0047 Open to Public Inspection |
|--|--|
|--|--|

2 [] Employer identification number 36-3157624 X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. City Colleges of Chicago Foundation General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization Part Part

| ut | | | | 1. | 30) (2011) |
|--|---|--|--|---------------------------|--|
| (h) Purpose of grant or assistance | | | | | Schedule I (Form 990) (2011) |
| (g) Description of non-cash assistance | | | | | 4 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |
| (f) Method of valuation (book, FMV, appraisal, other) | 0. Cost/FMV | | | | |
| (e) Amount of non-cash assistance | 0. | | | | *************************************** |
| (d) Amount of cash grant | 49,700. | | | ne line 1 table | |
| (c) IRC section if applicable | 501(c)(3) | | | rganizations listed in th | tions for Form 990. |
| (b) EIN | 36-3488628 | | | and government or | s isted in the line s, see the Instruct |
| 1 (a) Name and address of organization or government if ap | Womens' Business Development Center - 8 South Michigan Avenue - Chicago, IL 60603 | | | | LHA For Paperwork Reduction Act Notice, see the Instructions for |

Page 2

Schedule I (Form 990) (2011) City Colleges of Chicago Foundation

| Part III | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|--------------------------|-----------------------------|---------------------------------------|---|--|
| Scholarships given to students for tuition | 289 | 268 854 | ° | Cost/FMV | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. | l ide the informatic | l on required in Part I, | I line 2, and any other | r additional information. | |
| Schedule I, Part I, Line 2: Scholarship applications are reviewed | ns are review | red and | | | |
| decided by college scholarship committees. Requests for | s for payment | are | | | |
| submitted to the Foundation. In addition to other information, | information, | requests | | | |
| designate for which term the scholarship is payable and | e and whether | or not the | | | |
| scholarship is refundable to the student (i.e., if | if there is a c | credit | | | |
| balance on the student's account, whether or not any cr | ny credit balance | ance | | | |
| resulting from the scholarship is refundable to the | e student). | In | | | |
| processing payment requests, the Foundation ensures that | s that all pu | all published | | | |
| criteria have been met. Nonrefundable, unused scholarship credit balances | olarship cred | lit balances | | | |
| 132102 01-27-12 | | | | | Schedule I (Form 990) (2011) |

| Schedule I (Form 990) 2011 City Colleges of Chicago Foundation | 36-3157624 | Page 2 |
|--|------------|--------|
| Schedule I (Form 990) 2011 City Colleges of Chicago Foundation Part IV Supplemental Information | | |
| are returned to the Foundation and to the funds from which they originated. | | |
| are recurred to the roundation and to the first property of the fi | | |
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SCHEDULE J (Form 990)

Compensation Information

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

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

➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

City Colleges of Chicago Foundation

Employer identification number 36-3157624

| Pa | rt I Questions Regarding Compensation | | | , |
|----|--|--------|-------|----------|
| | | | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, | | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | First-class or charter travel Housing allowance or residence for personal use | 0.00 | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (e.g., maid, chauffeur, chef) | | | |
| | | | | 500 |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | lie en | | |
| | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | ļ |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, | | | |
| | trustees, and the CEO/Executive Director, regarding the items checked in line 1a? | 2 | | ļ |
| | | | | |
| 3 | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's | | | |
| | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to | | | |
| | establish compensation of the CEO/Executive Director. Explain in Part III. | | | |
| | Compensation committee Written employment contract | 8.72 | | |
| | Independent compensation consultant Compensation survey or study | | | |
| | Form 990 of other organizations Approval by the board or compensation committee | | | |
| | | | | |
| 4 | During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing | | ia s | |
| | organization or a related organization: | | CAM | 1976 |
| 8 | Receive a severance payment or change-of-control payment? | | | X |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | Х |
| ¢ | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | х |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | | | | |
| | Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. | | | |
| 5 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | 15 | |
| | contingent on the revenues of: | | W = 3 | |
| а | The organization? | 5a | | X |
| b | Any related organization? | 5b | | Х |
| | If "Yes" to line 5a or 5b, describe in Part III. | | | |
| 6 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | 100 |
| | contingent on the net earnings of: | | 230 | |
| а | The organization? | | | X |
| b | Any related organization? | 6b | | Х |
| | If "Yes" to line 6a or 6b, describe in Part III. | 1000=1 | | |
| 7 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments | | | l |
| | not described in lines 5 and 6? If "Yes," describe in Part III | . 7 | | Х |
| 8 | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | |
| | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | . 8 | | Х |
| 9 | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| | Develotions and to 50,4050,6/a)2 | 9 | ı | 1 |

36-3157624

Page 2

City Colleges of Chicago Foundation

Schedule J (Form 990) 2011

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 in 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 are not listed on Form 990, Part VII.

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

| | | (B) Breakdown of \ | (B) Breakdown of W-2 and/or 1099-MISC compensation | SC compensation | (0) | (Q) | (E) | (F) |
|-------------------------|------------|--------------------------|--|-------------------------------------|--------------------------------|----------|------------|--|
| (A) Name | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(f)-(D) | reported as deferred in prior Form 990 |
| | (I) | 0 | 0 | 0. | 0 | .0 | 0. | 0. |
| 1 Cheryl Hyman | | 294,215. | 0. | 0 | 71,229. | .809,668 | 425,052. | 0 |
| | | 0 | 0 | 0 | 0 | 0 | 0. | *0 |
| 2 Maria Dolores Javier | Ξ | 140,759. | .0 | 0. | 34,078. | 28,518. | 203,355. | • 0 |
| | Ξ | 0 | 0 | 0 | 0 | 0 | 0 | • 0 |
| 3 Kenneth Gotsch | : = | 176,874. | 0 | 0. | 42,821. | 35,835. | 255,530. | • 0 |
| | Ξ | 0. | .0 | .0 | .0 | .0 | •0 | • 0 |
| 4 Michael Daigler | € | 131,583. | 0 | 0 | 31,856. | 26,659. | 190,098 | |
| | Ξ | 0 | 0 | 0 | 0 | 0. | *0 | .0 |
| 5 James Randall Dempsey | ≘ | 127,842. | 0. | 0. | 30,950. | 25,901. | 184,693. | • 0 |
| | Ξ | | | | | | | |
| 9 | Ξ | | | | | | | |
| | Ξ | | | | | | | |
| 7 | <u> </u> | | | | | | | |
| | € | | | | | | | |
| 83 | Ξ | | | | | | | |
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| 10 | € | | | | | | | |
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| 11 | Ξ | | | | | | | |
| | Θ | | | | | | | |
| 12 | Ξ | | | | | | | |
| | Ξ | | | | | | | |
| 13 | (ii) | | | | | | | |
| | Θ | | | | | | | |
| 14 | Ξ | | | | | | | |
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| 15 | ≞ | | | | | | | |
| | Ξ | | | | | | | |
| 16 | (ii) | | | | | | | |
| | | | | | | | Sched | Schedule J (Form 990) 2011 |

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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.

2011 Open to Public Inspection

Employer identification number Name of the organization 36-3157624 City Colleges of Chicago Foundation Form 990, Part VI, Section A, line 2: Several officers and directors of City Colleges of Chicago Foundation ("CCCF") are employed by, and work together, at City Colleges of Chicago ("CCC"). Maria Dolores Javier, CCCF Director and CCC Associate Vice Chancellor/Treasurer reported to Kenneth Gotsch, CCCF Treasurer and CCC Vice Chancellor/CFO, who along with Michael Daigler, CCCF Executive Director, reports to Cheryl Hyman, CCCF Director and Chancellor of CCC, who herself reports to Paula Wolff, who is a Director of CCCF and the Chairman of the Board of Trustees of CCC. Maria Dolores Javier left CCC effective December 31, 2011 and was not replaced by anyone. Kenneth Gotsch left CCC on May 18, 2012, and was replaced, on an interim basis, by James Randall Dempsey effective June 11, 2012. Mr. Dempsey stayed in his interim role until Melanie Shaker became CCC's CFO (and Foundation Treasurer by default) effective September 17, 2012. Form 990, Part VI, Section B, line 11: CCC Foundation management provides information to its third party tax preparer to prepare Form 990. CCC Foundation management reviews the Form 990 and provides it to the CCC Foundation Board of Directors prior to filing the Form 990. Directors reviewed the Form 990 on November 13, 2012. Each member received a copy to pre-review and then asked questions to the accounting manager on how the report was compiled. Form 990, Part VI, Section B, Line 12c: CCC Foundation's Board of Directors ("Board") approved its conflict of interest policy on July 21, 2009 based on discussions with its external auditors. As stated in Article I of the policy the policy is intended to supplement but not replace any

documents to those parties who write the Foundation at the following address: Executive Director, City Colleges of Chicago Foundation, 226 West Jackson Boulevard, Room 912, Chicago, Illinois 60606-6998.

Avg hours devoted to related org(s) when related comp is reported: The following people spent time working at the City Colleges of Chicago: Kenneth Gotsch (40 hours per week), Michael Daigler (40 hours

per week), Maria Dolores Javier (40 hours per week), James Randall Dempsey (40 hours per week) and Cheryl Hyman (40 hours per week).

Form 990, Part VII:

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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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(g) Section 512(b)(13) ŝ 2011 Open to Public Inspection **Employer identification number** OMB No. 1545-0047 × controlled entity? Direct controlling Yes entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Ξ 36-3157624 Direct controlling entity $\boldsymbol{arepsilon}$ End-of-year assets N/A status (if section <u>e</u> Public charity 501(c)(3)) ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Total income Exempt Code Ð section ਉ ► See separate instructions. 115 Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or Legal domicile (state or foreign country) foreign country) Illinois ▶ Attach to Form 990. Primary activity Primary activity Education-Community City Colleges of Chicago Foundation College City Colleges of Chicago - 36-2606236 Name, address, and EIN Name, address, and EIN of related organization of disregarded entity 226 West Jackson Boulevard IL 60606-6998 Name of the organization Department of the Treasury Internal Revenue Service Chicago, Part Part

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

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Schedule R (Form 990) 2011

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | li . | (f) Share of total income | (g) Share of Dend-of-year at assets | (h) Disproportion- ate allocations? | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | General or managing partner? (5) Yes No | (i) (k) General or Percentage managing ownership partner? |
|---|------------------------|--------------------------------------|-------------------------------|---|---|---------------------------------|---|-------------------------------------|---|--|---|
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) | ganizations Taxable as | a Corpo | ration or Trust (Corear.) | mplete if the or | rganizatior | answered "Yes" | to Form 990, Part | : IV, line 34 | because it had | d one or mo | re related |
| (a) Name, address, and EIN of related organization | NI: | | (b) Primary activity | | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | | (g) Share of end-of-year assets | (h) Percentage ownership |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | É | Yes | ž |
|--|----------------------------|-----------------------------|---|------------|----------|------|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | tions with one or more n | elated organizations listed | I in Parts II-IV? | | | |
| a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity | tifty | | | 1 a | | × |
| b Gift, grant, or capital contribution to related organization(s) | | | | 4 | | × |
| c Gift, grant, or capital contribution from related organization(s) | | | | 2 | × | |
| d Loans or loan quarantees to or for related organization(s) | | | | 19 | <u> </u> | × |
| e Loans or loan quarantees by related organization(s) | | | | 1e | T | × |
| | | | | | | |
| f Sale of assets to related organization(s) | | | | * | | × |
| g Purchase of assets from related organization(s) | | | | 19 | T | × |
| | | | | £ | | × |
| i Lease of facilities, equipment, or other assets to related organization(s) | | | | F | | × |
| | | | | | | |
| j Lease of facilities, equipment, or other assets from related organization(s) | | | | F | | × |
| k Performance of services or membership or fundraising solicitations for related organization(s) | organization(s) | | | ¥ | | × |
| l Performance of services or membership or fundraising solicitations by related | by related organization(s) | | | Ŧ | | × |
| m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | iization(s) | | | 1 | | × |
| n Sharing of paid employees with related organization(s) | | | | -lu | | × |
| | | | | | | |
| o Reimbursement paid to related organization(s) for expenses | | | | 10 | × | |
| p Reimbursement paid by related organization(s) for expenses | | | | 1p | | × |
| | | | | | | |
| q Other transfer of cash or property to related organization(s) | | | | 19 | | × |
| r Other transfer of cash or property from related organization(s) | | | | + | | × |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. | on who must complete t | his line, including covered | I relationships and transaction thresholds. | | | |
| (a) Name of other organization | (b) Transaction type (a-r) | (c) Amount involved | (d) Method of determining amount involved | | | |
| (1) City Colleges of Chicago | ນ | 230,350. | Cost/Fair Market Value | | | |
| (2) City Colleges of Chicago | 0 | *ELE'06E | .Cost/Fair Market Value | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (9) | | | | | | |
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Schedule R (Form 990) 2011 City Colleges of Chicago Foundation

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

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

| rtage ship | | | | | |
|--|--|--|---|--|--|
| (h) (i) (k) (k) Dispropor- Code V-UBI General or Percentage altonate amount in box 20 managing ownership ves No (Form 1065) yes No | | | | | |
| (j) General or managing partner? | 2 | | | | |
| (20 ge (-1 ps (- | | | | | |
| (i) e V-UB t in boy edule i | | | | | |
| Cod amoun of Sch (Forr | | | | | |
| (h) Disproportionate allocations? | | | | | |
| Dis Dis | 2 | | | | |
| e of year year | | | | | |
| (g) Share of end-of-year assets | | | | | |
| | | | | | |
|] d | | | | | |
| (f) Share of total income | | | | | |
| | | | | | |
| Predominant income partners sec. (related, unrelated, excluded from tax under section 512-514) res No | | | | | |
| 14) ye | | | | | |
| t incom related om tax 512-5 | | | | | |
| (d) minani ted, un uded fr | The second secon | | | | |
| Predc (rela excl under s | | | | | |
| ej ej | | | | | |
| (c) gal domic tte or fore country) | | | | | |
| Lega (state | | | | | |
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| (b) Primary activity | | | | | |
| (b) nary a | | | | | |
| Prir | | | | | |
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| 7 | | | | | |
| Ind EII | | | | | |
| (a) Name, address, and EIN of entity | | | | | |
| €, addı | | | | | |
| Name | | | | | |
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