Citizen Audit.org

Department of the Treasury Internal Revenue Service

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)

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

OMB No 1545-0047

Open to Public Inspection

3 Number of voting members of the governing body (Part VI, line 1a)	A Fo	r the .	2010 ca	lendar year, or tax year begi	nning 07-01-2010 and ending 06-30-20)11					
Marrie change	B Che	eck ıf a	pplicable		ON			D Empl	oyer	identification nur	nber
Temperated Name change Name change Name change Name change Name change Name change Name and address of principal officer SHARO M NELLOR 425 Fawell Blwd Glen Ellyn, IL 601376599 F Name and address of principal officer SHARO M NELLOR 425 Fawell Blwd Glen Ellyn, IL 601376599 F Name and address of principal officer SHARO M NELLOR 425 Fawell Blwd Glen Ellyn, IL 601376599 Name and address of principal officer SHARO M NELLOR 425 Fawell Blwd Glen Ellyn, IL 601376599 Name and address of principal officer SHARO M NELLOR 425 Fawell Blwd Glen Ellyn, IL 601376599 Name and address of principal officer SHARO M NELLOR 425 Fawell Blwd Glen Ellyn, IL 601376599 Name and address of principal officer SHARO M NELLOR 425 Fawell Blwd Glen Ellyn, IL 601376599 Name and address of principal officer SHARO M NELLOR 425 Fawell Blwd Glen Ellyn, IL 601376599 Name and address of principal officer Name and address officer Name and address of principal officer Name and address Name	☐ Add	ress ch	nange					23-7	011	835	
Temmated Application pending F Name and address of principal officer SHARO M MELLOR 425 Favelli Blivd Glen Ellyn, IL 601376599 F Name and address of principal officer SHARO M MELLOR 425 Favelli Blivd Glen Ellyn, IL 601376599 H(b) Ave all affiliates included? Yes No. Melbert No. ** ** ** ** ** ** ** ** ** ** ** ** *	☐ Nar	ne cha	inge	Doing Business As			ŀ	E Telep	hone	number	
Amended return Application pending Amended return City or town, states or country, and ZIP + 4 Glen Ellyn, IL 601376599 F Name and address of principal officer SHARON MELLOR 425 Fawell Blivd Glen Ellyn, IL 601376599 H(b) Are all affiliates included? Yes No H(c) Are all affiliates included? Yes No H(c) Are all affiliates included? Yes No Are all affiliates included? Yes No H(c) Group exemption number M(c) M(c) Group exemption number M(c) M(c) Group exemption number M(c)	┌ Inıt	al retu	ırn	Number and street (or P O box	ıf mail is not delivered to street address)	Roor	m/suite	(630	194:	2-2680	
Application pending	┌ Ter	mınate	ed		,				, , , , ,		
F Name and address of principal officer SHARON MELLOR 425 Fawell Bit W Gine Elliph, IL 601376599 H(b) Are all affiliates included? Yes N If "No," attach a list (see instructions) H(c) Group exemption number	┌ Am	ended	return	City or town, state or country, a	nd ZIP + 4			G Gross	receip	ots \$ 11,479,308	
F Name and address of principal officer SHARON MELLOR 425 Fawell Blvd Glen Ellyn, IL 601376599 If "No," attach a list (see instructions) H(b) Arc all affiniates included? Tyes N H(b) Arc all affiniates included? Tyes N H(c) Group exemption number N Meshite: WWW COD EDU/FOUNDATION Lyear of formation 1967 M State of legal domicile Tyes N Meshite: WWW COD EDU/FOUNDATION Lyear of formation 1967 M State of legal domicile Tyes N Meshite: N William N Meshite: N William N M M M M M M M M M	Г _{Арр}	lication	n pending	Glen Ellyn, IL 601376599							
SHARDA MELLOR 425 Fave II Blvd Glen Ellyn, IL 601376599 Tax-exempt status			. ,	F Name and address of	nrincipal officer	ш/-	.				
Glen Ellyn, IL 601376599					principal officer	п(а	I) Isthisag	roup return	for affil	iates? I Yes I No	
Tax-exempt status					29	Н(Ь) Are all a	ffiliates in	cluded	r ⊢ Yes	⊢ No
Tax-exempt status M Solici(3) Solic(1) Million Millio				01011 211/11/12 0010/001	, ,		•			•	ns)
Part Summary	I Ta:	k-exem	npt status	▼ 501(c)(3)	◀ (insert no) 4947(a)(1) or 527	H(c	;) Group	exempt	ion n	umber 🟲	
Part Summary	1 W	ehsit <i>e</i>	 	/W.COD EDII/FOUNDATION		\dashv					
Part Summary						<u> </u>			- 1		
The property of the forganization's mission or most significant activities TO OBTAIN CONTRIBUTIONS AND DONATED ASSETS IN ORDER TO EXPAND OPPORTUNITIES FOR THE COLLEGE OF DUPAGE COMMUNITY 2 Check this box					ation Other -	L \	Year of form	nation 19	67	M State of legal do	nicile IL
TO OBTAIN CONTRIBUTIONS AND DONATED ASSETS IN ORDER TO EXPAND OPPORTUNITIES FOR THE COLLEGE OF DUPAGE COMMUNITY	Pa										
DUPAGE COMMUNITY						PANDO) PPO RTII	NITIES	FOF	THE COLLEGE	OF
3 Number of voting members of the governing body (Part VI, line 1a)	υ ·	1			DONATED ASSETS IN ORDER TO EX	FAND	PFORTO	MITTES	101	CTIL COLLEGE	
### 3 Number of voting members of the governing body (Part VI, line 1a)	ဋ										
3 Number of voting members of the governing body (Part VI, line 1a)	Ē										
3 Number of voting members of the governing body (Part VI, line 1a)	臺										
### Number of independent voting members of the governing body (Part VI, line 1b)	ŝ			•			e than 25	% of its '		assets ı	
Ta Total unrelated business revenue from Part VIII, column (C), line 12	жб 										18
Ta Total unrelated business revenue from Part VIII, column (C), line 12	ĕ					•					18
Ta Total unrelated business revenue from Part VIII, column (C), line 12	5	5	Total nui	mber of individuals employed	ın calendar year 2010 (Part V, line 2a)		•		5		0
B Net unrelated business taxable income from Form 990-T, line 34 7b	य ब			,	• •				6		24
Prior Year Current Year					, , , , , , , , , , , , , , , , , , , ,				7a		0
## Contributions and grants (Part VIII, line 1h)		ь	Net unre	lated business taxable incom	ne from Form 990-T, line 34				7b		0
9 Program service revenue (Part VIII, line 2g)							Prior	Year		Current Ye	ar
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	а.	8	Contri	butions and grants (Part VIII	, line 1h)			1,136,	488	1,1	44,093
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	ž Ž	9	Progra	m service revenue (Part VIII	[, line 2g)				\rightarrow		0
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	946	10	Invest	ment income (Part VIII, colu	ımn (A), lines 3, 4, and 7d)	-		212,	595	1,3	44,705
12)	ш.	11						-1,:	393	_	19,157
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,162,463 1,346,54 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 18,90 b Total fundraising expenses (Part IX, column (D), line 25) 48,855 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 116,370 158,64 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 1,278,833 1,524,09		12				ine		1.347.	790	2.4	69.641
14 Benefits paid to or for members (Part IX, column (A), line 4)		13							_		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 – 0 16a Professional fundraising fees (Part IX, column (A), line 11e)									-		0
10 0 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 18,90					, , , , ,						
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 116,370 158,64 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 1,278,833 1,524,09	\$,,,,,,,,,,,,,	.,				0		0
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 116,370 158,64 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 1,278,833 1,524,09	翻	16a	Profes	sional fundraising fees (Part	IX, column (A), line 11e)				0		18,900
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 116,370 158,64 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 1,278,833 1,524,09	ੜੇ	ь	Total fu	ndraising expenses (Part IX, columr							
		17	Other	expenses (Part IX, column (A		116,	370	1	58,647		
19 Revenue less expenses Subtract line 18 from line 12		18	Total	expenses Add lines 13-17 (must equal Part IX, column (A), line 25)			1,278,	833	3 1,524,0	
		19	Reven	ue less expenses Subtract lı	ne 18 from line 12			68,9	957	9	45,545
ጵያ Beginning of Current	<mark>ጅ</mark> ኞ					В	eginning	of Curre	nt	End of Yes	
O # Find of Veer	<u>අ ශී</u>		_				Ye				
Year End of Year	A55 Ba								_		
Year Find of Year 9,414,005 10,913,62	₩ ₩			, , ,		_			-+		
Year Find of Year 20 Total assets (Part X, line 16)					act line 21 from line 20			9,368,	/4/	10,5	67,926
			_								
Beginning of Current		14 15 16a b 17 18 19	Benefir Salarie 10) Profes Total fu Other Total e Reven	ts paid to or for members (Paes, other compensation, emplessional fundraising fees (Part Indraising expenses (Part IX, column (Aexpenses Add lines 13–17 (ue less expenses Subtract li	rt IX, column (A), line 4) oyee benefits (Part IX, column (A), lines IX, column (A), line 11e)	5 5 -		116,: 1,278,: 68,: of Curre ar	0 0 0 370 833 957	1 1,5 9 End of Ye a	5 2 4
Year End of Year	25.00 25.00	20	Total	assets (Part X, line 16)				9,414,0	005	10,9	13,623
Year End of Year	A P	21	Totall	iabilities (Part X, line 26) .				45,2	258	3	45,697
Year Year End of Year 20 Total assets (Part X, line 16)					act line 21 from line 20			9,368,	747	10,5	67,926
Year Year End of Year 20 Total assets (Part X, line 16) 9,414,005 10,913,62 21 Total liabilities (Part X, line 26) 45,258 345,69 22 Net assets or fund balances Subtract line 21 from line 20 9,368,747 10,567,92	Par	t II	Sign	ature Block							
Year Find of Year	knowl	edge a	and belie								
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has an			I B								
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has arknowledge. ******* 2011-11-15			Signa	iture of officer			Date	2			
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has arknowledge. Signature of officer Signature of officer Date	Here	•									
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has arknowledge. Sign ****** Signature of officer SHARON MELLOR EXECUTIVE DIRECTOR	_		Туре	or print name and title							
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has arknowledge. Sign ****** 2011-11-15 Signature of officer Date					Preparer's signature	Date			_	PTIN	
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has arknowledge. Sign ****** Signature of officer SHARON MELLOR EXECUTIVE DIRECTOR Type or print name and title Print/Type Preparer's signature Date Check if self PTIN	Paid	-	<u> </u>				er	nployed	1		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has arknowledge. Sign ****** Signature of officer SHARON MELLOR EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Date Check if self- employed PTIN										Firm's EIN	
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has an knowledge. Sign Here ******* Signature of officer Date			Firm's add								2) 899-
Total assets (Part X, line 16)		, iii y		Chicago, IL 606024903						7000	
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has an knowledge. Sign Here SHARON MELLOR EXECUTIVE DIRECTOR Type or print name and title Print/Type Preparer's signature Date Check if self-employed Firm's name CROWE HORWATH LLP Firm's name CROWE HORWATH LLP Firm's address 70 West Madison Street Suite 700 Phone no (312) 899-7000 Check if self-employed Phone no (312) 899-7000 Phone no (312) 899-7000 Phone no (312) 899-7000 Check if self-employed Phone	May t	he IR	S discus	s this return with the prepare	er shown above? (see instructions) .					▼Yes 「No	

Par	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission
	SSION OF THE COLLEGE OF DUPAGE FOUNDATION IS TO OBTAIN AND STEWARD CONTRIBUTIONS TO EXPAND TIONAL AND CULTURAL OPPORTUNITIES FOR THE COLLEGE OF DUPAGE COMMUNITY
2	id the organization undertake any significant program services during the year which were not listed on ne prior Form 990 or 990-EZ?
	f "Yes," describe these new services on Schedule O
3	ıd the organization cease conducting, or make significant changes in how it conducts, any program ervices?
	f "Yes," describe these changes on Schedule O
4	escribe the exempt purpose achievements for each of the organization's three largest program services by expenses ection 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and llocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 980,596 including grants of \$ 968,384) (Revenue \$ 0)
	THE FOUNDATION MAKES AN ANNUAL DONATION TO SUPPORT THE COLLEGE OF DUPAGE MCANINCH ARTS CENTER ALSO, THE FOUNDATION DONATES INSTRUCTIONAL EQUIPMENT, SUPPLIES AND CASH TO DESIGNATED COLLEGE OF DUPAGE DEPARTMENTS FOR SUPPORT OF THEIR EDUCATIONAL PROGRAMS THE FOUNDATION PROVIDED A GRANT OF \$250,000 TO THE COLLEGE TO BUILD OUT A ROOM TO HOUSE A CT SCAN MACHINE DONATED THROUGH THE FOUNDATION THIS DONATION AND BUILDOUT ENABLED THE COLLEGE TO OFFER A NEW CERTIFICATE PROGRAM
4b	(Code) (Expenses \$ 364,855 including grants of \$ 364,855) (Revenue \$ 0)
70	THE FOUNDATION HAS A SCHOLARSHIP PROGRAM WHICH PROVIDES EDUCATIONAL SUPPORT TO STUDENTS AT THE COLLEGE OF DUPAGE SCHOLARSHIPS ARE GRANTED TO STUDENTS IN ACCORDANCE WITH ESTABLISHED CRITERIA AND MAY BE AWARDED ON NEED, ON MERIT, OR ON A COMBINATION SCHOLARSHIP MONIES MAY BE USED FOR TUITION, BOOKS, AND SUPPLIES FOR COLLEGE OF DUPAGE CLASSES APPROXIMATELY 317 STUDENTS RECEIVED FOUNDATION SCHOLARSHIPS DURING THE YEAR
	(Code) (Expenses \$ 34,053 including grants of \$) (Revenue \$)
-70	THE FOUNDATION CREATED A SERIES OF CELEBRITY CHEF DINNERS CALLED UNIQUE PAIRINGS TO HELP THE COLLEGE MARKET ITS NEW CULINARY & HOSPITALIT CENTER AND THE INCREASED ENROLLMENT THE NEW FACILITY ALLOWS, TO CULTIVATE DONORS FOR SUPPORT OF THE CULINARY AND HOSPITALITY PROGRAMS, AND TO GENERATE VISIBILITY AND SUPPORT FOR THE CULINARY AND HOSPITALITY PROGRAMS AT COD
	Other program services (Describe in Schedule O) See also Additional Data for Description
	(Expenses \$ 13,310 including grants of \$ 13,310) (Revenue \$ 0)
4e	Total program service expenses►\$ 1,392,814

Part IV	Checklist	of Red	uired	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏	2	Yes	
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		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		Νο
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		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a		Νο
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Νο
c	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		Νο
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Νο
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV .	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
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-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νo
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		Νo
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	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		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Νo
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes V No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Part V	Statements Regarding	g Other IRS Filings and Tax Compliance	

Form	990 (2010)			Page 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V		.୮	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .			
h	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1		
	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable] _ '		
2-	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Statements filed for the calendar year ending with or within the year covered by this			
	return	4		
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year ²	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		No
Ь	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?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50		
·	The stability of the organization meroninosoon in the stability of the sta	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
h	organization solicit any contributions that were not tax deductible?			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	Yes	
h	services provided to the payor?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to		163	
	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
Ū	contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7g		
h	required?			
	Form 1098-C?	7h	Yes	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a]		
ь	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	-		
ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12~	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	124		
	year 12b]		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
_	entrophy and the second			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand] '		
	13c	ا <u></u> ا		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Chack if Schadula O	contains a response to an	y question in this Part VI								J
Check ii Schedule O	contains a response to an	y question in tills Fait vi	-	•	•	-	•	•	-	. *

Se	ction A. Governing Body and Management					
			Yes	No		
	1 1					
1a	Enter the number of voting members of the governing body at the end of the tax year					
ь	Enter the number of voting members included in line 1a, above, who are					
	independent					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any					
	other officer, director, trustee, or key employee?	2		No		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No		
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νο		
6	Does the organization have members or stockholders?	6		Νο		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No		
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the					
-	year by the following					
а	The governing body?	8a	Yes			
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes			
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		Νo		
	ection B. Policies (This Section B requests information about policies not required by the Internal					
	evenue Code.)		Yes	No		
10-	Does the organization have local chapters, branches, or affiliates?	10a	165	No		
	-	10a		NO		
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10ь				
11a	11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form					
		11a	Yes			
Ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990					
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes			
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes			
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this is done	12c	Yes			
13	Does the organization have a written whistleblower policy?	13	Yes			
14	Does the organization have a written document retention and destruction policy?	14	Yes			
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official	15a	Yes			
Ь	Other officers or key employees of the organization	15b		Νο		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?					
		16b				
	Let the States with which a convictible Form 200 is required to be filed !!					
17	List the States with which a copy of this Form 990 is required to be filed IL					
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply					
	Own website Another's website Vilnon request					

│ Own website │ Another's website 🗸 Upon request

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization F Sharon Mellor

425 Fawell Blvd Glen Ellyn,IL 601376599

(630) 942-2680

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

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

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

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees 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 organize	ation nor any re	lated or	ganız	atıo	n co	mpen	sate	d any current office	r, dırector, or trust	ee
(A) Name and Title	(B) Average hours	Posi [†]	((tion (hat a	che		11		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) MAUREEN BUCKLEY PRESIDENT - PART YEAR	4	х		Х				0	0	0
(2) ROSHAN L GOEL BOARD TRUSTEE	2	х						0	0	0
(3) SCOTT HAMER BOARD TRUSTEE	2	х						0	0	0
(4) STACEY HUELS BOARD TRUSTEE	2	Х						0	0	0
(5) WILLIAM MARSHALL BOARD TRUSTEE	2	Х						0	0	0
(6) MARY ONKEN BOARD TRUSTEE	2	Х						0	0	0
(7) JOHN PAGE BOARD TRUSTEE	2	Х						0	0	0
(8) ALAN SCHNEIDER BOARD TRUSTEE	2	х						0	0	0
(9) MARK WIGHT BOARD TRUSTEE	2	х						0	0	0
(10) SHARON MELLOR EXECUTIVE DIRECTOR	20			х				0	0	0
(11) SUSAN LANG BERRY BOARD TRUSTEE	2	х						0	0	0
(12) DWIGHT BLAKE BOARD TRUSTEE - PART YEAR	2	х						0	0	0
(13) RON BULLOCK BOARD TRUSTEE	2	х						0	0	0
(14) MARSHA CRUZAN TREASURER	4	х		х				0	0	0
(15) KIRK DILLARD BOARD TRUSTEE	2	х						0	0	0
(16) STEVE RUFFALO BOARD TRUSTEE - PART YEAR	2	Х						0	0	0

Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours per	1	tion ((che		II		(D) Reportable compensation from the	(E) Reportable compensation from related		(F) Estima amount o compens	ited fother
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Office	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)		from t organizati relati organiza	:he ion and ed
BOÁR	ROBERT SCHILLERSTROM D TRUSTEE	2	х						0		0		0
٠,	HANK STEINBRECHER PRESIDENT	4	х		х				0		0		0
	MIKE VIVODA D TRUSTEE	2	х						0		0		0
	BILLY WILLIAMS D TRUSTEE - PART YEAR	2	х						0		0		0
	IIM HLAVACEK D TRUSTEE - PART YEAR	1	х						0		0		0
						+							
						+							
						+		1					
	<u> </u>							<u> </u> ►					
1b c	Sub-Total					•	· ·	-			+		
d								-	0	0			0
2	Total number of individuals (inclu \$100,000 in reportable compens	-				ted a	ibove)	who	received more thai	1	•	Yes	No
3	Did the organization list any forn on line 1a? <i>If</i> "Yes," complete Sch								r highest compensa	ted employee	3	res	No
4	For any individual listed on line 1 organization and related organization individual										4		No
5	Did any person listed on line 1a r services rendered to the organiza									r individual for	5		No
	ection B. Independent Cont	ractors											
1	Complete this table for your five \$100,000 of compensation from	hıghest compen		ndepe	nde	nt c	ontrac	tors	that received more	than			
		(A) e and business add	ress						Descri	(B) ption of services		(C) Compen	
											\dashv		

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization **>**0

Part \	<u> </u>	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
######################################	1a	Federated campaigns 1a					
速量	ь	Membership dues 1b					
يرَĘ	c	Fundraising events 1c	96,514				
£ e _	d	Related organizations 1d					
ಹ್ಱ		Government grants (contributions) 1e					
똢	e		4 047 570				
美品	f	All other contributions, gifts, grants, and similar amounts not included above	1,047,579				
ē€.	g	Noncash contributions included in lines 1a-1f \$	381,810				
Contributions, gifts, grants and other similar amounts							
ರ∺	h	Total. Add lines 1a-1f	. •	1,144,093			
			Business Code				
Ĕ	2a						
35 28	ь						
ъ П	l c						
Ę	d						
33							
Ē	e						
Program Serwoe Revenue	f	All other program service revenue		0	0	0	0
Š	g	Total. Add lines 2a-2f		0			
	3	Investment income (including dividends, inte	rest				
		and other similar amounts)	▶	214,739			214,739
	4	Income from investment of tax-exempt bond proceeds	▶	0			
	5	Royalties	▶	0			
		(ı) Real	(II) Personal				
	6a	Gross Rents					
	ь	Less rental					
	_	expenses Rental income 0	0				
	C	or (loss)	<u> </u>				
	d	Net rental income or (loss)	►	0			
		(ı) Securities	(II) O ther				
	7a	Gross amount 10,097,932 from sales of					
		assets other than inventory					
	ь	Less cost or 8,967,966					
		other basis and sales expenses					
	c	Gain or (loss) 1,129,966	0				
	d	Net gain or (loss)		1,129,966			1,129,966
Other Revenue	8a	Gross income from fundraising events (not including \$96,514					
क ≳		of contributions reported on line 1c) See Part IV, line 18					
ď		a	21,000				
<u>ā</u>	ь	Less direct expenses b	41,701				
₹	c	Net income or (loss) from fundraising events		-20,701			-20,701
_	9a	Gross income from gaming activities See					
	ь	Part IV, line 19 . a Less direct					
		expenses					
	l c	Net income or (loss) from gaming activities		0			
		Gross sales of inventory, less					
		returns and allowances .					
	١.	a					
	l	Less cost of goods sold b	<u></u> ►	0			
	_ <u>c</u>	Net income or (loss) from sales of inventory	• •				
	<u> </u>	Miscellaneous Revenue	Business Code 900099	1 544			1 544
		OTHER REVENUE	900099	1,544			1,544
	b						
	C						
	d	All other revenue		0	0	0	0
	e	Total. Add lines 11a-11d	· •	1,544			
	12	Total revenue. See Instructions		,			
			•	2,469,641	0	0	1,325,548

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.										
	ll other organizations must complete column (A) but are not required to c	omplete columi	ns (B), (C), and (B)	(D). (C)	(D)					
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses					
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	968,384	968,384							
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	378,165	378,165							
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0								
4	Benefits paid to or for members	0								
5	Compensation of current officers, directors, trustees, and key employees	0								
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0								
7	Other salaries and wages	0								
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0								
9	Other employee benefits	0								
10	Payroll taxes	0								
а	Fees for services (non-employees) Management	0								
ь	Legal	0								
c	Accounting	10,350		10,350						
d	Lobbying	0								
e	Professional fundraising services See Part IV, line 17	18,900			18,900					
f	Investment management fees	37,650		37,650						
g	Other	1,610		1,610						
12	Advertising and promotion	6,100		2,600	3,500					
13	Office expenses	361		361						
14	Information technology	0								
15	Royalties	0								
16	Occupancy	0								
17	Travel	0								
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0								
19	Conferences, conventions, and meetings	15,185		14,185	1,000					
20	Interest	0								
21	Payments to affiliates	0								
22	Depreciation, depletion, and amortization	0								
23	Insurance	1,650		1,650						
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)									
а	MEETING EXPENSES TO SUPPORT EVENTS & PROGRAMS	52,053	34,053		18,000					
ь	LEADERSHIP CULTIVATION MEETINGS	14,910		7,455	7,455					
c	MAINTENANCE FEES	6,330		6,330						
d	OTHER EXPENSES	12,448	12,212	236						
e										
f	All other expenses	0	0	0	0					
25	Total functional expenses. Add lines 1 through 24f	1,524,096	1,392,814	82,427	48,855					
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a		,,		,.					
	combined educational campaign and fundraising solicitation	0								

Pa	rt X	Balance Sheet					
				(A) Beginning of year		(B) End of year	
	1	Cash—non-interest-bearing		0	1	844,869	
	2	Savings and temporary cash investments		262,053	2	9,667,649	
	3	Pledges and grants receivable, net		329,707	3	325,454	
	4	Accounts receivable, net		24,749	4	1,027	
	5	Receivables from current and former officers, directors, trustees, highest compensated employees. Complete Part II of	key employees, and				
		Schedule L			5		
	6	Receivables from other disqualified persons (as defined under sec persons described in section $4958(c)(3)(B)$, and contributing empsponsoring organizations of section $501(c)(9)$ voluntary employed organizations (see instructions)	oloyers, and				
ş		Schedule L			6		
Assets	7	Notes and loans receivable, net			7		
⋖	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges			9		
	10a	Land, buildings, and equipment cost or other basis $\it Complete Part VI of Schedule D$	10a				
	b	Less accumulated depreciation	ciation				
	11	Investments—publicly traded securities	8,785,134	11	64,826		
	12	Investments—other securities See Part IV, line 11		12	0		
	13	Investments—program-related See Part IV, line 11		13	0		
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11	12,362	15	9,798		
	16	Total assets. Add lines 1 through 15 (must equal line 34)	•	9,414,005	16	10,913,623	
	17	Accounts payable and accrued expenses .		5,504	17	0	
	18	Grants payable		18			
	19	Deferred revenue		19			
- 46	20	Tax-exempt bond liabilities		20			
<u>0</u>	21	Escrow or custodial account liability Complete Part IV of Schedule I	o		21		
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
		persons Complete Part II of Schedule L			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties .			24		
	25	Other liabilities Complete Part X of Schedule D		39,754	25	345,697	
	26	Total liabilities. Add lines 17 through 25		45,258	26	345,697	
ces		Organizations that follow SFAS 117, check here ► ✓ and comple through 29, and lines 33 and 34.	te lines 27				
Balance	27	Unrestricted net assets		2,733,781	27	3,122,055	
	28	Temporarily restricted net assets	3,837,508	28	4,576,736		
핃	29	Permanently restricted net assets		2,797,458	29	2,869,135	
or Fund		Organizations that do not follow SFAS 117, check here \blacktriangleright \vdash and lines 30 through 34.	complete				
	30	Capital stock or trust principal, or current funds			30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .			31		
	32	Retained earnings, endowment, accumulated income, or other fund	Is		32		
Net	33	Total net assets or fund balances		9,368,747	33	10,567,926	
~	34	Total liabilities and net assets/fund balances	9.414.005	34	10.913.623		

Pal	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,4	169,64
2	Total expenses (must equal Part IX, column (A), line 25)	2			524,09
3	Revenue less expenses Subtract line 2 from line 1	3		ç	945,54
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		9,3	368,74
5	Other changes in net assets or fund balances (explain in Schedule O)	5		2	253,63
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		10,5	567,92
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	•
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	sued			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		

Employer identification number

SCHEDULE A Public

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

COLLEGE OF DUPAGE FOUNDATION 23-7011835 Reason for Public Charity Status (All organizations must complete this part.) See instructions organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type I **b** Type II c Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	e your governing document?		(v) Did you not organizati col (i) of suppor	on in your t?	(vi) Is the organization in col (i) organized in the U S ?		(vii) A mount of support
		instructions))	Yes	No	Yes	No	Yes	No	
-									
Total									

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

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

S	ection A. Public Support				, ,				
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2	010	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,051,95	1,156,04	6 1,197,255	1,136,488		1,144,093	6,685,833	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							0	
3	The value of services or facilities furnished by a governmental unit to the organization without charge	473,03	436,02	461,774	551,722		519,701	2,442,253	
4	Total. Add lines 1 through 3	2,524,98	7 1,592,06	6 1,659,029	1,688,210		1,663,794	9,128,086	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included							1,512,069	
	on line 1 that exceeds 2% of the amount shown on line 11, column (f)								
6	Public Support. Subtract line 5 from line 4							7,616,017	
S	ection B. Total Support								
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 20	010	(f) Total	
7	A mounts from line 4	2,524,987	1,592,066	1,659,029	1,688,210	1	,663,794	9,128,086	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	202,464	234,001	237,053	218,706		214,739	1,106,963	
9	Net income from unrelated business activities, whether or not the business is regularly carried on							0	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	30,670	93,969	142,721	46,933		22,544	336,837	
11	Total support (Add lines 7 through 10)					_		10,571,886	
12	Gross receipts from related activit	ies, etc (See inst	ructions)			12			
13	First Five Years If the Form 990 is check this box and stop here	for the organizati	on's first, second	d, thırd, fourth, or f	ıfth tax year as a	501(c)(3) organız	zation, ▶┌	
S	ection C. Computation of Pul	blic Support P	ercentage						
14	Public Support Percentage for 201	0 (line 6 column ((f) divided by line	11 column (f))		14		72 040 %	
15	Public Support Percentage for 200	9 Schedule A, Pa	rt II, lıne 14			15		72 110 %	
	33 1/3% support test—2010. If the and stop here. The organization que	alıfıes as a publıc	ly supported orga	anızatıon				► ✓	
	33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2010. 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.								
b 18	10%-facts-and-circumstances test 15 is 10% or more, and if the orgal Explain in Part IV how the organiza supported organization Private Foundation If the organizat	nization meets the	e "facts and circ acts and circums	umstances" test, o stances" test The	check this box an organization qua	lifies as	ere. a publicly	, ▶ □	
10	instructions	.ion ala not check	a box on fille 13	, 10a, 10b, 1/a 0	I I D, CHECK HIIS	DOX allu	266	▶ □	

Schedule A (Form 990 or 990-EZ) 2010 Page 3 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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts 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) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18	

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts	And	Circumsta	nces	Test

Explanation

OTHER INCOME, SCHEDULE A, PART II, LINE 10, GROSS RECEIPTS FROM FUNDRAISING EVENTS 2006 =\$30,670 2007 = \$93,969 2008 - \$142,721, 2009 = \$45,991, 2010 = \$21,000 OTHER REVENUE 2009 = \$942, 2010 = \$1,544,

Schedule A (Form 990 or 990-EZ) 2010

Additional Data

Software ID: 10000128

Software Version: v2010.1.0

EIN: 23-7011835

Name: COLLEGE OF DUPAGE FOUNDATION

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ 13,310 including grants of \$ 13,310) (Revenue \$ 0)

THE FOUNDATION HAS AN AWARD PROGRAM FOR FULL-TIME AND ADJUNCT FACULTY MEMBERS TO RECOGNIZE AND SUPPORT ACADEMIC EXCELLENCE 19 OUTSTANDING FACULTY MEMBERS RECEIVED AWARDS AND RECOGNITION DURING THE YEAR efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493319052021

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities),
then
◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
* Section 527 organizations: Complete Part I A only

Se	ction 501(c)(3) organizations Co	mplete Parts I-A and B Do not compl	ete Part I-C		
	, , ,	01(c)(3)) organizations Complete Pa	arts I-A and C belov	w Do not complete Part I-B	
	ction 527 organizations Complete				
	_	s," to Form 990, Part IV, Line 4, o		, , ,	•
	` ', ' '	t have filed Form 5768 (election unde	` ''	•	•
		t have NOT filed Form 5768 (election s," to Form 990, Part IV, Line 5 (F			
	e organization answered - re ction 501(c)(4), (5), or (6) organi	•	Toxy Tax) or For	m 990-cz, Part v, ime 35a	i (Proxy Tax), then
	me of the organization	zations Complete Fart III		Employer ider	ntıfıcatıon number
	LEGE OF DUPAGE FOUNDATION			,	
				23-7011835	
Par	Complete if the or	ganization is exempt under	section 501(c) or is a section 527	organization.
1	Provide a description of the or	ganızatıon's dırect and ındırect polit	ical campaign act	ivities in Part IV	
2	Political expenditures			▶	\$
3	V olunteer hours				
Par	t I-B Complete if the or	ganization is exempt under	section 501(c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization ui	nder section 4955	▶	\$
2	Enter the amount of any excise	e tax incurred by organization mana	gers under section	n 4955 🕨	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form 47	20 for this year?		┌ Yes
4a	Was a correction made?				┌ Yes ┌ No
ь	If "Yes," describe in Part IV				
		ganization is exempt under	section 501(c) except section 50:	1(c)(3).
1	•	ended by the filing organization for s	-		\$
2		rganization's funds contributed to c			T
_	exempt funtion activities	rgamzation s famas contributed to e	rener organizations	► ►	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	0-POL. line 17b ►	¢ 0
	·			- · · · -, · · · · · · · · · ·	Yes No
4	Did the filing organization file i	•			•
5	organization made payments f amount of political contribution	nd employer identification number (l For each organization listed, enter t ns received that were promptly and political action committee (PAC) I	he amount paid fro directly delivered	om the filing organization's to a separate political orga	funds Also enter the anization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and
				directly delivered to a separate political organization Ifnone, enter-0-

Sc	hedule C (Form 990 or 990-EZ) 2010						Page 2
P	art II-A Complete if the organization under section 501(h)).	is ex	cempt under	section 501(c)(3) and fi	led Form 5768	
A B	Check If the filing organization belongs to a Check If the filing organization checked bo			" provisions apply	/		
	Limits on Lobbying E (The term "expenditures" means a)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
<u>1</u> a	Total lobbying expenditures to influence public o	pinion	(grass roots lob	oyıng)			
b	Total lobbying expenditures to influence a legisl	atıve b	ody (direct lobby	ıng)			
c	Total lobbying expenditures (add lines 1a and 1	b)					
d	Other exempt purpose expenditures						
е	Total exempt purpose expenditures (add lines 1	c and :	Ld)				
f	Lobbying nontaxable amount Enter the amount columns	from th	e following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The	lobbying nontaxa	ble amount is:			
	Not over \$500,000 20% of the amount on line 1e						
	Over \$500,000 but not over \$1,000,000	\$100	,000 plus 15% of the	excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175	,000 plus 10% of the	excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225	,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,00	00,000				
	Grassroots nontaxable amount (enter 25% of lir	ne 1 f)					
_	Subtract line 1g from line 1a If zero or less, ent	-					
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -					
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h d	or line 11, did the	organization file F	orm 4720 rep	orting	┌ Yes ┌ No
	4-Year Av (Some organizations that made a columns below. See t	secti	on 501(h) ele		havè to co		ne five
	Lobbying Exp	endit	ures During 4	l-Year Averag	jing Period		
	Calendar year (or fiscal year						

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total				
2a	Lobbying non-taxable amount									
b	Lobbying ceiling amount (150% of line 2a, column(e))									
С	Total lobbying expenditures									
d	Grassroots non-taxable amount									
e	Grassroots ceiling amount (150% of line 2d, column (e))									
f	Grassroots lobbying expenditures									

•	·		
Part II-B	Complete if the organization is exempt under section 501(c)(3) and has	NOT filed Fo	rm 5768
	(election under section 501(h)).		

	(election under section 501(h)).		-1	T	/h\	
			a) 	+	(b) -	
		Yes	No	1 '	A mour	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	V olunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities? If "Yes," describe in Part IV					
j	Total lines 1c through 1i					0
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5),	or s	ectio	n
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
	tIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".	II-À,			ectio	n
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a	 			
Ь	Carryover from last year	2b				
С	Total	2c				0
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
Pa	art IV Supplemental Information	•				

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493319052021

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

erna	I Revenue Service	► Attach to Fe	orm 990. F See separate instructions.			Inspec	tion
	me of the organi LLEGE OF DUPAGE F			Emp	loyer identifica	tion numb	er
JU	LLEGE OF DUPAGE F	CONDALION		23-	7011835		
Ρa			dvised Funds or Other Similar F	unds	or Accounts	. Comple	te if the
	organiz	zation answered "Yes" to Form 99		1	(h) Funda and a	*h = = = = = = :	
	Total number a	t and of year	(a) Donor advised funds	1	(b) Funds and o	tner accou	nts
	Total number a	·					
		tributions to (during year) its from (during year)					
		e at end of year					
	Did the organiz	zation inform all donors and donor advi	sors in writing that the assets held in do	nor adv	sed	☐ Yes	
	Did the organiz used only for c conferring impe	ration inform all grantees, donors, and haritable purposes and not for the ben ermissible private benefit	organization's exclusive legal control? donor advisors in writing that grant funds efit of the donor or donor advisor, or for a	ny othe	r purpose	☐ Yes	, No Γ No
a	rt III Conse	rvation Easements. Complete	ıf the organization answered "Yes"	to Forr	n 990, Part IV	⁷ , line 7.	
	Preservati Protection Preservati Complete lines	conservation easements held by the o non of land for public use (e g , recreati nof natural habitat non of open space s 2a-2d if the organization held a qual ne last day of the tax year	<u> </u>	certifie	d historic struc		a
					Held at the	End of the	Year
а	Total number o	of conservation easements		2a			
Ь	Total acreage	restricted by conservation easements		2b			
c	Number of con	servation easements on a certified his	toric structure included in (a)	2c			
d	Number of con	servation easements included in (c) a	cquired after 8/17/06	2d			
	the taxable yea	es where property subject to conserva	erred, released, extinguished, or terminat ation easement is located ► g the periodic monitoring, inspection, har			during	
	enforcement of	the conservation easements it holds			·	│ Yes	┌ No
			pecting and enforcing conservation easer			-	
		servation easement reported on line 2) and 170(h)(4)(B)(ii)?	?(d) above satisfy the requirements of se	ction		☐ Yes	┌ No
	balance sheet,		onservation easements in its revenue an the footnote to the organization's financia nents				
a I			ns of Art, Historical Treasures, "Yes" to Form 990, Part IV, line 8.	or Ot	her Similar <i>i</i>	Assets.	
а	art, historical t	reasures, or other similar assets held	116, not to report in its revenue statem for public exhibition, education or resear nancial statements that describes these	rch ın fu			e,
b	historical treas	·	116, to report in its revenue statement public exhibition, education, or research s			•	
	(i) Revenues i	ncluded in Form 990, Part VIII, line 1			► \$		
	(ii) Assets inc	luded in Form 990, Part X			► \$		
	If the organiza	•	orical treasures, or other similar assets f S 116 relating to these items	for finan			
а	Revenues inclu	uded in Form 990, Part VIII, line 1			► \$		

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	, His	tori	cal Tre	easur	<u>es, or O</u>	ther	· Simila	ar Ass	ets (continued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	owing th	nat are	a sıgnıfıca	nt us	e of its	collecti	on	
а	Public exhibition		d	Γ	Loan o	rexcha	inge progr	ams				
ь	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ın hov	w thev	further	the or	anızatıon	's ex	empt pur	rpose in		
-	Part XIV			,			, <u>.</u>		, . , .	p		
5	During the year, did the organization solicit								ılar	_	-	
Dor	assets to be sold to raise funds rather than t								oc" to E		Yes	☐ No
Pal	Escrow and Custodial Arrang Part IV, line 9, or reported an ar						answered	ו ונ	25 LU F	יל וווו פי	,0,	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?						other ass	ets n	ot	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	/ıng ta	ble							
										A mo	ount	
c	Beginning balance							1c				
d	Additions during the year							1d				
е	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	e 21?							Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI\	1										
Pai	t V Endowment Funds. Complete											
		(a)Current Year	(b	Prior Y		(c)Two	Years Back	_	Three Yea	rs Back	(e) Four	Years Back
1a	Beginning of year balance	3,482,646		3,	344,532		3,115,82	_				
b	Contributions	531			4,795		811,92	_				
с	Investment earnings or losses	516,859			276,617		-518,57	+				
d	Grants or scholarships	685,188			143,298		64,65	0				
е	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance	3,314,848		3,	482,646		3,344,53	2				
2	Provide the estimated percentage of the yea	r end balance held a	as					<u> </u>				
а	Board designated or quasi-endowment	0 %										
ь	Permanent endowment ► 87 000 %											
c	Term endowment ► 13 000 %											
3a	Are there endowment funds not in the posse	ssion of the organiz	ation	that a	re held	and ad	mınıstered	l for t	:he			
	organization by	j									Yes	No
	(i) unrelated organizations			•						. 3a(i		No
_	(ii) related organizations									3a(ii)	No.
ь 4	If "Yes" to 3a(II), are the related organization. Describe in Part XIV the intended uses of the	•						•		. 3b		
	t VI Investments—Land, Buildings					n Dar	t V line	1 ()				
FŒI	Till Till vestillents—Land, Building	s, and Equipme	III. 3) Cost or	•	(b)Cost or		(6) 466	cumulated	. 1	
	Description of investment				sis (inves		basis (oth			eciation	(d)	Book value
1a	_and			_							+	0
	Buildings										\dashv	0
	Leasehold improvements											0
	Equipment										\top	0
	Other											0
	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colur	nn (B)), line	10(c).)							0
	· · · · · · · · · · · · · · · · · · ·								Sche	dule D	(Form	990) 2010

Part VII Investments—Other Securities. See	e Form 990, Part X, line 1	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	•	
Part VIII Investments—Program Related. Se		
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	*	
Part IX Other Assets. See Form 990, Part X,	ine 15.	
(a) Descr	ription	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line		
Part X Other Liabilities. See Form 990, Part		
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes	0	
ANNUITY PAYMENTS	34,052	
DUE TO COLLEGE OF DUPAGE	311,645	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)		
iotai. (Columni (υ) Shoulu equal FORM 990, Part X, col (Β) line 25)	345,697	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,469,64
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,524,09
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	945,54
4	Net unrealized gains (losses) on investments	4	247,93
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	5,70
9	Total adjustments (net) Add lines 4 - 8	9	253,63
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,199,17
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	eturn
1	Total revenue, gains, and other support per audited financial statements	1	3,247,02
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b 519,701		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	815,03
3	Subtract line 2e from line 1	3	2,431,99
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 37,650		
b	Other (Describe in Part XIV) 4b 0		
C	Add lines 4a and 4b	4c	37,65
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	2,469,64
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	2,047,84
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV)	1	
e	Add lines 2a through 2d	2e	561,40
3	Subtract line 2e from line 1	3	1,486,44
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 37,650		
b	Other (Describe in Part XIV) 4b 0		
c	Add lines 4a and 4b	4c	37,65
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1,524,09

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Part XIV Supplemental Information

LINE 2A

Ident if ier	Return Reference	Explanation
Intended uses of endowment funds	Schedule D, Part V, Line 4	THE INCOME FROM ENDOWMENTS IS TO BE USED FOR THE GENERAL PURPOSES OF THE FOUNDATION, WITH THE FOUNDATION WITHDRAWING CURRENT INCOME AS IT IS NEEDED
FIN 48 (ASC 740) footnote	Schedule D, Part X, Line 2	THE FOUNDATION HAS BEEN DETERMINED TO BE EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE PURSUANT TO A DETERMINATION LETTER ISSUED IN SEPTEMBER 1969 ACCORDINGLY, NO PROVISION FOR INCOME TAX IS INCLUDED IN THE FINANCIAL STATEMENTS THE FOUNDATION ADOPTED FASB ASC 740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT THE FOUNDATION AS DEFINED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ("IRC") AS SUCH, THE FOUNDATION IS A TAX EXEMPT, NOT-FOR-PROFIT ORGANIZATION AS DEFINED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ("IRC") AS SUCH, THE FOUNDATION IS GENERALLY NOT SUBJECT TO FEDERAL OR STATE INCOME TAXES EXCEPT FOR CERTAIN INCOME DERIVED FROM UNRELATED BUSINESS ACTIVITIES AS DEFINED BY THE IRC ANY SUCH TAXES RESULTING FROM UNRELATED BUSINESS ACTIVITIES AS DEFINED BY THE IRC ANY SUCH TAXES RESULTING FROM UNRELATED BUSINESS ACTIVITIES ARE INSIGNIFICANT TO THE OPERATIONS OF THE FOUNDATION GAAP PRESCRIBES RECOGNITION THRESHOLDS AND MEASUREMENT ATTRIBUTES FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN TAX BENEFITS WILL BE RECOGNIZED ONLY IF THE TAX POSITION IS MORE-LIKELY-THAN-NOT SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR THE AMOUNT RECOGNIZED WILL BE THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED ON EXAMINATION FOR TAX POSITIONS NOT MEETING THE MORE-LIKELY-THAN-NOT TEST, NO TAX BENEFIT OIL ABILITIES TO BE RECOGNIZED AT JUNE 30, 2011 THE FOUNDATION IS NO LONGER SUBJECT TO EXAMINATION BY US FEDERAL TAXING AUTHORITIES FOR YEARS BEFORE 2007 AND FOR ALL STATE INCOME TAXES THROUGH 2007 THE FOUNDATION DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS O SIGNIFICANTLY CHANGE IN THE NEXT 12 MONTHS THE FOUNDATION WOULD RECOGNIZED TAX BENEFITS IN INTEREST AND INCOME TAX EXPENSE, RESPECTIVELY THE FOUNDATION HAS NO AMOUNTS ACCRUED FOR INTEREST OR PENALTIES AS OF JUNE 30, 2011
Other changes in net assets	Schedule D, Part XI, Line 8	CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENT - 5702,
Other revenues in audited financial statements not in form 990	Schedule D, Part XII, Line 2d	SPECIAL EVENTS - 41701, CHANGE IN VALUE OF SPLIT- INTEREST AGREEMENT - 5702,
Other expenses in audited financial statements not in form 990	Schedule D, Part XIII, Line 2d	SPECIAL EVENTS - 41701,
PART XII, LINE 2B AND PART XIII	, PART XIV	DONATED SERVICES AND USE OF FACILITIES IS

COMPRISED OF SALARIES PAID TO FOUNDATION

ADMINISTRATIVE AND FUNDRAISING ACTIVITIES

EMPLOYEES BY COLLEGE OF DUPAGE FOR

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DLN: 93493319052021

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

2010

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

Name of the organization	
COLLEGE OF DUPAGE FOUNDATIO	Ν

Employer identification number

23-7011835

Indicate whether the organization raised funds through any of the following activities. Check all that apply

- or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

 b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of ındıvıdual or entity (fundraiser)	(ii) Activity	fundrais custo	Did ser have ody or rol of utions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
ELLEN FARROW 702 SOUTH HAWTHORNE ELMHURST, IL 60126	SOLICITATIONS VIA PHONE, EMAIL, DIRECT, AND INTERNET, EVENT PLANNING, SPECIAL PRO JECT MANAGEMENT	Yes		92,500	18,900	73,600
Total				92,500	18,900	73,600

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

ΙL

Pa	rt II	Fundraising Events. Commore than \$15,000 on Form				
			(a) Event #1 GOLF DAY (event type)	(b) Event #2 (event type)	(c) O ther Events (total number)	(d) Total Events (Add col (a) through col (c))
ξ	1	Gross receipts	117,514	1		117,514
Revenue	2	Less Charitable contributions	96,514	1		96,514
<u>~</u>	3	Gross income (line 1 minus line 2)	21,000	0	0	21,000
	4	Cash prizes				0
Expenses	5	Non-cash prizes	4,307	7		4,307
	6	Rent/facility costs	34,84	L		34,841
ă	7	Food and beverages				0
Direct	8	Entertainment				0
ā	9	Other direct expenses .	2,553	3		2,553
	10	Direct expense summary Add lin	ies 4 through 9 in column	(d)		41,701
	11	Net income summary Combine li	nes 3 and 10 ın column (d)	•	-20,701
Par	t III	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total gaming (Add col (a) through col (c))
		Gross revenue				
Expenses		·				
<u>8</u>	3	Non-cash prizes				
Direct E	4	Rent/facility costs				
붑	5	Other direct expenses				
	6	Volunteer labor	┌ Yes % ┌ No	┌ Yes % ┌ No	┌ Yes %	_
	7	Direct expense summary Add line	s 2 through 5 in column ((d)		
	8	Net gaming income summary Com	nbine lines 1 and 7 in colu	ımn (d)	<u> </u>	
9		er the state(s) in which the organiza				
a b		the organization licensed to operate		h of these states?		· Fyes Fno
10a b		re any of the organization's gaming Yes," Explain			the tax year?	Yes No

11	Does the organization operate g	aming activities with nonmembers?	· · · · · · · · · · · · · · · · · · ·
12	Is the organization a grantor, be	neficiary or trustee of a trust or a me	ember of a partnership or other entity
	formed to administer charitable	gamıng?	· · · · · · · · · · · · · · · · · · ·
13	Indicate the percentage of gami		
а	The organization's facility		13a
b	An outside facility		13ь
14	Provide the name and address o records	fthe person who prepares the organ	zation's gaming/special events books and
	Name 🟲		
	Address 🟲		
15a		ntract with a third party from whom t	he organization receives gaming
b	If "Yes," enter the amount of ga		zation 🟲 \$ and the
c	If "Yes," enter name and addres	s	
	Name 🟲		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation	> \$	
	Description of services provided	1▶	
	Director/officer	Employee	Independent contractor
L7	Mandatory distributions		
	•	er state law to make charitable distr	ibutions from the gaming proceeds to
	retain the state gaming license?		· · · · · · · · · · · · · · · · · · ·
b	• •		d to other exempt organizations or spent
		t activities during the tax year 🟲 💲	
Par	t IV Complete this part to instructions.)	provide additional information f	or responses to question on Schedule G (see
	Identifier	ReturnReference	Explanation
OR (FUNDRAISER HAVE CUSTODY CONTROL OF NTRIBUTIONS?	SCHEDULE G, PART I, LINE 1(III	THE FUNDRAISER HAD CUSTODY OVER PHYSICAL PROPERTY DONATED TO THE FOUNDATION, WHICH SHE DELIVERED TO THE RESPECTIVE PROGRAMS SHE DID NOT HAVE CUSTODY OF CASH DONATIONS

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DLN: 93493319052021

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

COLLEGE OF DUPAGE FOUNDATION

Schedule I

(Form 990)

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

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

Open to Public **Inspection**

College of Dofage Found	ATION					23-7011835	
Part I General Inform	nation on Grants	s and Assistance				1	
 Does the organization ma the selection criteria used Describe in Part IV the or 	d to award the grants	or assistance?					∀ Yes ⊢
Form 990, Part I	V, line 21 for any	o Governments and recipient that received eded	d more than \$5,000.	Check this box if n	o one recipient rece	ived more than \$5,0	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) COLLEGE OF DUPAGE 425 FAWELL BLVD GLEN ELLYN,IL 60137	36-2594972	501(C)(1)	574,665	393,719	FAIR VALUE	EQUIPMENT & SUPPLIES	GENERAL SUPPORT
2 Enter total number of sect3 Enter total number of other							1 0

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. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) STUDENT AND FACULTY AWARDS	19	13,310	0	N/A	N/A
(2) SCHOLARSHIPS	317	364,855	0	N/A	N/A

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

FOUNDATION PROVIDES AN AWARD TO EACH OF THEM

Explanation

Procedures for monitoring use of grant funds	Schedule I, Part I

Ident if ier

, Line 2

Return Reference

GIFTS TO COLLEGE OF DUPAGE (COD) NON-CASH GIFTS TO COD INCLUDE ALL DONATIONS OF SUPPLIES. EQUIPMENT, ART, ETC TO THE COLLEGE OF DUPAGE FOUNDATION (FOUNDATION) WHICH HAVE ALL BEEN SOLICITED, REQUESTED, AND ACCEPTED BY A SPECIFIC COD DEPARTMENT FOR USE IN A PROGRAM THESE GIFTS ARE RECORDED AS NON-CASH GIFTS TO COD THE FOUNDATION DOES NOT RETAIN OWNERSHIP OF ANY NON-CASH ASSETS A DONATED ASSET FORM PLUS DESCRIPTIVE DOCUMENTATION FROM THE DONOR SUPPORT THE ACCEPTANCE OF THESE GIFTS NON-CASH GIFTS TO COD ALSO INCLUDE ANY SUPPLIES, EQUIPMENT, STAFF DEVELOPMENT, ETC PURCHASED AND PAID FOR DIRECTLY BY THE FOUNDATION FOR USE BY COD THE DEPARTMENT REQUESTING THIS TYPE OF SUPPORT FROM THE FOUNDATION PROVIDES AN APPROPRIATELY AUTHORIZED REQUEST WITH SUBSTANTIATION OF THE PURPOSE CASH GIFTS TO COD INCLUDE ALL TRANSACTIONS WHERE THE PURCHASE OF SUPPLIES, EQUIPMENT, STAFF DEVELOPMENT, ETC IS PROCESSED THROUGH THE COD PURCHASING DEPARTMENT AND THE FOUNDATION DISBURSES THE FUNDS TO THE COLLEGE ACCOUNT PROVIDED BY THE REQUESTING ADMINISTRATOR THE DEPARTMENT REQUESTING THIS TYPE OF SUPPORT FROM THE FOUNDATION PROVIDES AN APPROPRIATELY AUTHORIZED REQUEST WITH SUBSTANTIATION OF THE PURPOSE SCHOLARSHIPS WHEN DONORS ESTABLISH A SCHOLARSHIP, THE FOUNDATION STAFF WORK WITH THEM TO DEVELOP A CRITERIA THAT STUDENTS MUST MEET TO BE ELIGIBLE FOR AN AWARD THAT CRITERIA AND OTHER PERTINENT INFORMATION ABOUT THE SCHOLARSHIP IS PROVIDED TO THE SCHOLARSHIP COORDINATOR IN THE COD FINANCIAL AID OFFICE A STUDENT COMPLETES THE APPLICATION AND SUBMITS IT TO THE FINANCIAL AID OFFICE AT COD, THE SCHOLARSHIP COORDINATOR (SC) COMPARES THE APPLICATION TO THE CRITERIA FOR THE SCHOLARSHIP TO ENSURE ELIGIBILITY THE SC PRESENTS ALL ELIGIBLE APPLICATIONS ALONG WITH THE APPLICABLE SCHOLARSHIP CRITERIA TO COD'S SCHOLARSHIP SELECTION COMMITTEE, THE COMMITTEE SELECTS THE RECIPIENTS AND RETURNS THAT INFORMATION TO THE SC WHO POSTS THE AWARD TO THE STUDENT'S FINANCIAL AID RECORD WHICH IS INTERFACED WITH EACH STUDENT'S BILLING RECORD LETTERS OR E-MAILS NOTIFYING THE STUDENTS OF THE AWARDS ARE SENT AND A LIST OF SELECTED RECIPIENTS FOR EACH SCHOLARSHIP IS PROVIDED TO THE FOUNDATION'S SPECIAL PROJECTS ACCOUNTANT (SPA) WHEN THE STUDENT REGISTERS FOR CLASSES, BOOKBILLS ARE POSTED, OR ANY OTHER ELIGIBLE TRANSACTIONS ARE POSTED TO THE STUDENT'S BILLING RECORD THOSE CHARGES ARE PAID BY THE SCHOLARSHIP AND THE AWARD BALANCE IS REDUCED THROUGH A PROCESS CALLED MONTHLY REVENUE, COD INVOICES THE FOUNDATION MONTHLY FOR SCHOLARSHIPS USAGE DURING THE PREVIOUS PERIOD AT THE END OF EACH TERM, THE AR DEPARTMENT ISSUES AN INVOICE TO THE SPA FOR AMOUNTS DUE TO COD FOR THE PRIOR TERMS SCHOLARSHIP AMOUNTS THERE IS A TRANSMITTED FINANCIAL AID REPORT ATTACHED TO THE INVOICE WHICH DETAILS THE CHARGES FOR EACH STUDENT THIS REPORT PROVIDES DETAIL OF EACH STUDENT'S ACADEMIC ACTIVITY AND IS IMPORTANT FOR VERIFICATION THAT THE SELECTED STUDENTS RECEIVED AND UTILIZED THE SCHOLARSHIP AWARDS OFFERED TO THEM, THUS ENSURING THE FOUNDATION'S DUTY TO THE DONORS AND ADHERENCE TO THE SCHOLARSHIP CRITERIA ESTABLISHED BY EACH INVOICE FROM COD TRANSMITTED FINANCIAL AID REPORTS GENERATED BY COLLEGE SYSTEMS AND AN INVOICE ARE RECEIVED FROM COD THE SPA IMPORTS MONTHLY ACTIVITY DATA INTO A JOURNAL ENTRY, VALIDATES, AND POSTS THE ENTRIES INTO THE BLACKBAUD ACCOUNTING SYSTEM AFTER THE PROPER APPROVALS FROM THE FOUNDATION'S UPPER MANAGEMENT ARE RECEIVED, THE SPA ISSUES A CHECK FOR PAYMENT OF INVOICE AWARDS EACH YEAR, OUTSTANDING FULL-TIME AND OUTSTANDING PART-TIME FACULTY AWARD RECIPIENTS ARE SELECTED BY COD STUDENTS AND PAID BY THE FOUNDATION TWO OUTSTANDING GRADUATES ARE SELECTED BY COD TO SPEAK AT GRADUATION EVERY YEAR AND THE

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SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Name of the organization

Employer identification number

COLLE	EGE OF DUPAGE FOUNDATION				23-7011835			
Pa	rt I Types of Property				23-7011033			
		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d Method of determining of amounts		contribut	ion
1	Art—Works of art	Х	1		OPINIONS OF EXP	ERTS		
2	Art—Historical treasures			·				
3	Art—Fractional interests							
4	Books and publications	Х		200	OPINIONS OF EXP	ERTS		
5	Clothing and household							
good	ls							
6	Cars and other vehicles .	Х	3	6,500	OPINIONS OF EXP	ERTS		
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded	Х	1	10,102	MARKET VALUE			
10	Securities—Closely held stock							
11	Securities—Partnership, LLC, or trust interests .							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Q ualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory	Х	2	18,250	MARKET VALUE			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts .							
	EDUCATIONAL EQUIPMENT AND							
25	Other ► (SUPPLIES)	l x	28	345,558	MARKET VALUE			
26	Other ▶()							
27	Other ►()							
28	Other ► ()							
29	Number of Forms 8283 received by	the orga	anization during the tax yea	ar for contributions				
	for which the organization complete				29		Yes	34 No
30a	During the year, did the organization	n receive	e by contribution any prone	rty reported in Part T. lines	1-28 that it			.10
	must hold for at least three years f							
	for exempt purposes for the entire			on, and which is not require	a to be asea	20-		No
	If "Yes," describe the arrangement					30a		.10
31	Does the organization have a gift a			eview of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or use t contributions?	ı ıra partı	es or related organizations		ion-cash	32a		No
b	If "Yes," describe in Part II							
33	If the organization did not report re describe in Part II	venues ı	n column (c) for a type of p	roperty for which column (a) is checked,			

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2010

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2010

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SCHEDULE O (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 to provide any additional information.

Attach to Form 990 or 990-EZ.

Supplemental Information to Form 990 or 990-EZ

Name of the organization COLLEGE OF DUPAGE FOUNDATION

Employer identification number

23-7011835

ldentifier	Return Reference	Explanation
Description of other program services	Form 990, Part III, Line 4d	THE FOUNDATION HAS AN AWARD PROGRAM FOR FULL-TIME AND ADJUNCT FACULTY MEMBERS TO RECOGNIZE AND SUPPORT ACADEMIC EXCELLENCE 19 OUTSTANDING FACULTY MEMBERS RECEIVED AWARDS AND RECOGNITION DURING THE YEAR

ldentifier	Return Reference	Explanation
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11b	THE FINAL COPIES OF THE 990 WERE PROVIDED TO AND REVIEWED WITH THE EXECUTIVE COMMITTEE (FOUNDATION BOARD PRESIDENT, VICE PRESIDENT, AND TREASURER) AND THEN SIGNED BY THE EXECUTIVE DIRECTOR ALL THE BOARD MEMBERS WILL RECEIVE A COPY OF THE 990 RETURN PRIOR TO FILING THE RETURN WITH THE IRS

ldentifier	Return Reference	Explanation
Conflict of interest policy	Form 990, Part VI, Section B, Line 12c	STEPS THAT ARE FOLLOWED TO ENFORCE THE POLICY INCLUDE -A DOPTED A CONFLICT-OF-INTEREST POLICY THAT PROHIBITS OR LIMITS BUSINESS TRANSACTIONS WITH BOARD MEMBERS AND REQUIRES BOARD MEMBERS TO DISCLOSE POTENTIAL CONFLICTS -DISCLOSE CONFLICTS WHEN THEY OCCUR SO THAT BOARD MEMBERS WHO ARE VOTING ON A DECISION ARE AWARE THAT ANOTHER MEMBER'S INTERESTS ARE BEING AFFECTED -REQUIRE BOARD MEMBERS TO WITHDRAW FROM DECISIONS THAT PRESENT A POTENTIAL CONFLICT -ESTABLISHED PROCEDURES, SUCH AS COMPETITIVE BIDS, THAT ENSURE THAT THE ORGANIZATION IS RECEIVING FAIR VALUE IN THE TRANSACTION INTERESTED PERSONS ARE REQUIRED TO REVIEW THE POLICY AND DISCLOSE ANY CONFLICTS ANNUALLY

ldentifier	Return Reference	Explanation
Process used to establish compensation of top management official		THE TOP MANAGEMENT OFFICIAL OF COLLEGE OF DUPAGE FOUNDATION IS AN EMPLOYEE OF COLLEGE OF DUPAGE (COD) THE COMPENSATION PROCEDURES FOLLOWED BY COD DETERMINE THE COMPENSATION OF THE FOUNDATION'S TOP MANAGEMENT OFFICIAL THE PROCEDURES FOLLOWED BY COD ARE AS FOLLOWS BUDGETARY CONCERNS, THE NEEDS OF THE COLLEGE, INTERNAL AND EXTERNAL SALARY COMPARISONS, AND THE CURRENT SALARY SCHEDULES AMONG OTHER THINGS ARE USED IN DETERMINING A SALARY OFFER TO CANDIDATES THE HUMAN RESOURCE DEPARTMENT REVIEWS APPLICATION MATERIALS AND RELATED EXPERIENCE OF THE FINAL CANDIDATE AND CONSULTS WITH APPROPRIATE PERSONS IF NECESSARY TO DETERMINE APPROPRIATE SALARY PLACEMENT PLACEMENT ON THE SALARY RANGE SCHEDULE IS DETERMINED BY EDUCATIONAL QUALIFICATIONS, EXPERIENCE, AND OTHER FACTORS OF THE CANDIDATE AS IT RELATES TO THOSE REQUIRED PER THE JOB DESCRIPTION FOR THE POSITION THE COLLEGE UTILIZES SALARY PLACEMENT GUIDELINES TO ENSURE CONSISTENCY IN THE SALARY PLACEMENT OF ALL NEW HIRES THE COLLEGE OF DUPAGE BOARD REVIEWS AND APPROVES ALL INITIAL SALARIES, SALARY RAISES, AND COMPENSATION PACKAGES FOR ALL EMPLOYEES, WHICH ENCOMPASSES THE COLLEGE OF DUPAGE FOUNDATION EMPLOYEES AND TOP MANAGEMENT OFFICIAL

ldentifier	Return Reference	Explanation
Public Disclosure	l ' '	THE GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST

ldentifier	Return Reference	Explanation
PROCESS USED TO ESTABLISH COMPENSATION OF OTHER OFFICERS/KEY EMPLOYEES	FORM 990, PART VI, SECTION B, LINE 15B	THE FOUNDATION ONLY HAS ONE TOP MANAGEMENT OFFICIAL THEREFORE, THIS QUESTION IS INTENTIONALLY ANSWERED "NO"

ldentifier	Return Reference	Explanation
Other changes in net assets or fund balances	1 ' '	NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS - 247932, CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENT - 5702,