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Form **990**

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
MCHENRY COUNTY COMMUNITY FOUNDATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO BOX 1844

City or town, state or country, and ZIP + 4
WOODSTOCK, IL 60098

D Employer identification number
36-4465219

E Telephone number
(815) 338-4483

G Gross receipts $ 1,805,508

F Name and address of principal officer
JOHN SMALL
PO BOX 1844
WOODSTOCK,IL 60098

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW MCCFDN ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2001

M State of legal domicile IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
ESTABLISHED TO ACCEPT DONOR-DIRECTED FUNDS AND UNRESTRICTED ENDOWMENTS TO GRANT SEED OR EXPANSION MONEY FOR UNMET SOCIAL, CULTURAL, EDUCATIONAL, AND CHARITABLE NEEDS THROUGHOUT MCHENRY COUNTY WHILE PROVIDING PHILANTHROPIC - MINDED CITIZENS AND NON PROFIT AGENCIES WITH A CENTRAL, LOCAL ADMINISTRATED FOUNDATION, THE FOUNDATION ALSO SEEKS TO BE A COMMUNITY PARTNER, AND AT TIMES LEADER, IN ADDRESSING LOCAL NEEDS

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	13
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	4
6	Total number of volunteers (estimate if necessary)	**6**	5
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,853,460	610,276
9	Program service revenue (Part VIII, line 2g)		0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	298,933	156,866
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,380
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,152,393	771,522
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	431,205	534,939
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)	185,158	214,520
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	148,352	244,997
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	764,715	994,456
19	Revenue less expenses Subtract line 18 from line 12	2,387,678	-222,934

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	11,747,015	11,231,645
21	Total liabilities (Part X, line 26)	33,217	253,046
22	Net assets or fund balances Subtract line 21 from line 20	11,713,798	10,978,599

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 any knowledge.

Sign Here

****** | 2012-03-09
Signature of officer | Date

JOHN SMALL PRESIDENT/CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ MICHELE L DERCOLE | Date 2012-03-09 | Check if self-employed ▶ ☐ | Preparer's taxpayer identification number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ EDER CASELLA & CO
5400 W ELM STREET SUITE 203
MCHENRY, IL 60050

EIN ▶

Phone no ▶ (815) 344-1300

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

Part III 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

ESTABLISHED TO ACCEPT DONOR-DIRECTED FUNDS AND UNRESTRICTED ENDOWMENTS TO GRANT SEED OR EXPANSION MONEY FOR UNMET SOCIAL, CULTURAL, EDUCATIONAL, AND CHARITABLE NEEDS THROUGHOUT MCHENRY COUNTY WHILE PROVIDING PHILANTHROPIC - MINDED CITIZENS AND NON PROFIT AGENCIES WITH A CENTRAL, LOCAL ADMINISTRATED FOUNDATION, THE FOUNDATION ALSO SEEKS TO BE A COMMUNITY PARTNER, AND AT TIMES LEADER, IN ADDRESSING LOCAL NEEDS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 781,918 including grants of $ 529,439) (Revenue $)

MADE GRANTS TO OVER 40 COMMUNITY PROGRAMS BASED ON A GRANT APPLICATION PROCESS AND AWARD CYCLE

4b (Code) (Expenses $ 5,500 including grants of $ 5,500) (Revenue $)

SCHOLARSHIPS TO COLLEGE STUDENTS

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 787,418

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	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		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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 temporarily restricted endowments, permanent endowments, or quasi-endowments? *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			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
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		No
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		No
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	Yes	
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "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		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
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, Part II and IV*	15		No
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, Part 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*	17		No
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		No
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		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part 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 questions 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**		No
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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	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 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**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
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? *If "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
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		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? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	1		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		**1c**		No
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	4		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		**2b**	Yes	
	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?		**3a**		No
b	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 or securities account)?		**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**	Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**	1		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit 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 required?		**7g**		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		No
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**		No
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		**9b**		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state		**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the aggregate amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		**14b**		

Part VI **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.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	13		
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		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	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		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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 made these available Check all that apply

☐ Own website ☑ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public 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 ▶

JOHN SMALL
PO BOX 1844
WOODSTOCK,IL 60098
(815) 338-4483

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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN SMALL CEO/PRESIDEN	40 00	X		X				63,208	0	0
(2) MARK EHLERT BOARD MEMBER	2 00	X						0	0	0
(3) JENNIFER STREIT BOARD CHAIR	2 00	X		X				0	0	0
(4) VERNON SCHILLER BOARD MEMBER	2 00	X						0	0	0
(5) SUZANNE HOBAN SECRETARY	2 00	X		X				0	0	0
(6) BARBARA OUGHTON BOARD MEMBER	2 00	X						0	0	0
(7) DAVID VAN CAMP BOARD MEMBER	2 00	X						0	0	0
(8) KATHY PELZ BOARD MEMBER	2 00	X						0	0	0
(9) RICK SCHILDGEN VICE CHAIRMA	2 00	X		X				0	0	0
(10) CAROLINA SCHOTTLAND BOARD MEMBER	2 00	X						0	0	0
(11) HAL STINESPRING BOARD MEMBER	2 00	X						0	0	0
(12) SCOTT MCCLAIN TREASURER	2 00	X		X				0	0	0
(13) RUSSELL FOSZCZ BOARD MEMBER	2 00	X						0	0	0
(14) SUSAN SCHOTT BOARD MEMBER	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	63,208		

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶

Part VIII 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
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 610,276				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	610,276			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶				
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	175,566			175,566
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 1,000,786 / 14,500				
	b	Less cost or other basis and sales expenses: 1,008,164 / 25,822				
	c	Gain or (loss): -7,378 / -11,322				
	d	Net gain or (loss) . . . . . ▶	-18,700			-18,700
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . . ▶				
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶				
Other Revenue		Miscellaneous Revenue / Business Code				
	11a	MISCELLANEOUS INCOME	3,028			3,028
	b	MANAGEMENT FEES	1,352			1,352
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	4,380			
	12	**Total revenue.** See Instructions . . . ▶	771,522			161,246

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)
Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	529,439	529,439		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	5,500	5,500		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	63,208	41,717	21,491	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	131,561	64,284	67,277	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	19,751	9,534	10,217	
11	Fees for services (non-employees)				
a	Management				
b	Legal	6,476	3,866	2,610	
c	Accounting	18,866	4,875	13,991	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17*				
f	Investment management fees	29,183		29,183	
g	Other				
12	Advertising and promotion	42,680	42,680		
13	Office expenses	5,374	287	5,087	
14	Information technology	495	225	270	
15	Royalties				
16	Occupancy	16,213	10,861	5,352	
17	Travel	3,975	2,522	1,453	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	40	20	20	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,950		10,950	
23	Insurance	29,938	26,574	3,364	
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)				
a	MPEV DEVELOPMENT	31,645	31,494	151	
b	CONTRACT SERVICES	17,188		17,188	
c	CARRYING COSTS OF CONDO	8,044	950	7,094	
d	MISCELLANEOUS	4,855	981	3,874	
e					
f	All other expenses	19,075	11,609	7,466	
25	**Total functional expenses.** Add lines 1 through 24f	994,456	787,418	207,038	0
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				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		13,546	1	24,204
	2	Savings and temporary cash investments		786,432	2	348,750
	3	Pledges and grants receivable, net		100,000	3	50,000
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		47	5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		2,280	9	6,825
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 1,647,390			
	b	Less accumulated depreciation	10b 32,813	1,588,146	10c	1,614,577
	11	Investments—publicly traded securities		7,233,616	11	7,354,787
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		2,022,948	15	1,832,502
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		11,747,015	16	11,231,645
Liabilities	17	Accounts payable and accrued expenses		10,012	17	12,424
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		23,205	25	240,622
	26	**Total liabilities.** Add lines 17 through 25		33,217	26	253,046
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		9,075,845	27	8,484,682
	28	Temporarily restricted net assets		1,976,538	28	1,832,502
	29	Permanently restricted net assets		661,415	29	661,415
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		11,713,798	33	10,978,599
	34	Total liabilities and net assets/fund balances		11,747,015	34	11,231,645

Part XI Reconcilliation of Net Assets

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	771,522
2	Total expenses (must equal Part IX, column (A), line 25)	2	994,456
3	Revenue less expenses Subtract line 2 from line 1	3	-222,934
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,713,798
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-512,265
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	10,978,599

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	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 issued on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
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
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

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

2011

Open to Public Inspection

Name of the organization
MCHENRY COUNTY COMMUNITY FOUNDATION

Employer identification number
36-4465219

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ 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

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ 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)

8 ☑ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ 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)

f 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 ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) 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 instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	566,454	1,255,722	1,203,281	787,438	812,756	4,625,651
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	566,454	1,255,722	1,203,281	787,438	812,756	4,625,651
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,122,655
6 **Public Support.** Subtract line 5 from line 4						2,502,996

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	566,454	1,255,722	1,203,281	787,438	812,756	4,625,651
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	393,626	2,929	-93,421	298,933	168,188	770,255
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets					4,380	4,380
11 **Total support** (Add lines 7 through 10)						5,400,286

12 Gross receipts from related activities, etc (See instructions)	12	

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	46 350 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	45 050 %

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2010.** 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 ▶☐

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in IRC 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 in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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 ▶☐

b **33 1/3% support tests—2010.** 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 ▶☐

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

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

Facts And Circumstances Test

Explanation

MISCELLANEOUS INCOME 4,380

Additional Data

Software ID:
Software Version:
EIN: 36-4465219
Name: MCHENRY COUNTY COMMUNITY FOUNDATION

Form 990, Special Condition Description:

Special Condition Description

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
MCHENRY COUNTY COMMUNITY FOUNDATION

Employer identification number
36-4465219

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	11	
2	Aggregate contributions to (during year)	95,375	
3	Aggregate grants from (during year)	144,980	
4	Aggregate value at end of year	1,047,363	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☑ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☑ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☑ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☑ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☑ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☑ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☑ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	627,675	579,202	538,975	517,775	
b Contributions		51,640	81,300	21,220	
c Investment earnings or losses	-9,568	65,153	5,427		
d Grants or scholarships	-16,317	-63,645	-46,500		
e Other expenditures for facilities and programs					
f Administrative expenses	-9,551	-4,675	-6,484		
g End of year balance	592,239	627,675	579,202	538,975	

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 25 000 %
- b Permanent endowment ▶ 75 000 %
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		No

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,578,427		1,578,427
b Buildings				
c Leasehold improvements		4,292	608	3,684
d Equipment		64,671	32,205	32,466
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				1,614,577

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(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. See Form 990, Part X, line 13.

(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, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN TRUST	1,774,718
(2) CSV OF LIFE INSURANCE POLICY	57,784
(3) ASSET HELD FOR RESALE	
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	1,832,502

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
NPO AGENCY ENDOWMENTS	240,622
DUE TO FCC	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	240,622

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	771,522
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	994,456
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-222,934
4	Net unrealized gains (losses) on investments	4	-321,882
5	Donated services and use of facilities	5	4,680
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-144,036
9	Total adjustments (net) Add lines 4 - 8	9	-461,238
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-684,172

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	310,284
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-321,882		
b	Donated services and use of facilities	2b	4,680		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-144,036		
e	Add lines **2a** through **2d**			2e	-461,238
3	Subtract line **2e** from line **1**			3	771,522
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	771,522

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	994,456
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	994,456
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	994,456

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	CHANGE IN BENEFICIAL INTEREST IN TRUST -161,070 CHANGE IN CASH VALUE OF LIFE INSURANCE POLICY 17,034
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	CHANGE IN BENEFICIAL INTEREST IN TRUST -161,070 CHANGE IN CASH VALUE OF LIFE INSURANCE POLICY 17,034

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
MCHENRY COUNTY COMMUNITY FOUNDATION

Employer identification number
36-4465219

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 27

3 Enter total number of other organizations listed in the line 1 table . . . ▶

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)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) WILLIAM & CLAIRE JACOBS	1	2,000			
(2) FRIENDS OF MCC	5	2,500			
(3) JOE CARNES SCHOLARSHIP	1	1,000			

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

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	SCHEDULE I, PAGE 1, PART I, LINE 2	THE ORGANIZATION PERFORMS DUE DILIGENCE TO ENSURE THAT GRANTS WILL BE USED FOR CHARITABLE PURPOSES A GRANT AGREEMENT IS ISSUED WITH EACH GRANT TO OUTLINE THE TERMS OF THE GRANT BY SIGNING THE AGREEMENT, THE GRANTEE AGREES TO FURNISH THE ORGANIZATION WITH REPORTS REGARDING THE GRANT ACTIVITY THE GRANTEE AGREES TO USE THE FUNDS SOLELY FOR THE PURPOSES STATED IN THE GRANT PROPOSAL, TO REPAY ANY PORTION OF THE AMOUNT GRANTED WHICH IS NOT USED FOR THE PURPOSE OF THE GRANT, AND TO MAINTAIN BOOKS AND FINANCIAL RECORDS ADEQUATE TO VERIFY ACTIONS RELATED TO THIS GRANT
ADDITIONAL INFORMATION	SCHEDULE I, PAGE 4, PART IV	4-C COMMUNITY COORDINATED CHILD CARE - MCHENRY COUNTY COMMUNITY FOUNDATIONS PORTION OF FUNDING FOR THE QRS STAFF POSITION (STEPHANIE SAVILLE) QRS SPECIALISTS FOR 4-C'S THIS IS OUR LAST PAYMENT IN SUPPORT OF THE INITIATIVE FOR CHILD CARE CENTERS THROUGHOUT MCHENRY COUNTY ADULT & CHILD THERAPY CENTER - PROGRAM SUPPORT FOR OUR EARLY INTERVENTION PROGRAM ASSISTING BIRTH TO THREE CHILDREN DIAGNOSED WITH DEVELOPMENTAL DELAY BIG BROTHERS BIG SISTERS OF MCHENRY COUNTY - WE ARE REQUESTING MATCHING FUNDS FOR A FEDERAL GRANT TO MENTOR CHILDREN OF PRISONERS THE ILLINOIS STATE ASSOCIATION OF BIG BROTHERS BIG SISTERS AGENCIES RECEIVED A 4 5 MILLION DOLLAR GRANT FAMILY ALLIANCE, INC - FAMILY ALLIANCE'S RECOVERY PROGRAM OFFERS MENTAL HEALTH AND PSYCH/SOCIAL SUPPORT TO INDIVIDUALS STRUGGLING WITH DEPRESSION, ANXIETY AND OTHER CHRONIC MENTAL ILLNESSES BECAUSE MANY FUNDING SOURCES TYPICALLY ALLOW ONLY 10-12 COUNSELING SESSIONS, THE CLIENT FAMILY HEALTH PARTNERSHIP CLINIC - THIS GRANT IS IN SUPPORT OF THE FAMILY HEALTH PARTNERSHIP CLINIC DOING A FEASIBILITY STUDY TO DETERMINE WHETHER THE CLINIC CAN PROCEED WITH A CAPITAL CAMPAIGN FAMILY SERVICE & COMMUNITY MENTAL HEALTH CENTER - FAMILY SERVICE CREATED PROGRAMS OFFERING FAMILIES SUPPORT AND EDUCATION WHILE ON WAITING LISTS FOR INDIVIDUAL OR FAMILY THERAPY FRIENDS OF MORAINE HILLS STATE PARK - AN MCCF GRANT WOULD BE USED TO PURCHASE SEED TO CONVERT A 12-ACRE PASTURE FACING THE ENTRANCE OF MORAINE HILLS STATE PARK TO NATIVE PRAIRIE THIS IS IDEAL FOR RESTORATION BECAUSE IT HOOVED ANIMAL HUMANE SOCIETY - AN IMPORTANT ASPECT OF OUR MISSION AT HAHS IS THE PROVISION OF CARE AND PHYSICAL REHABILITATION TO HOOVED ANIMALS THAT HAVE ENDURED NEGLECT AND ABUSE HOSPICE OF NORTHEASTERN ILLINOIS - FUNDING WILL BE USED TO CONTINUE THE REMEMBER U GRIEF SUPPORT GROUP FOR MCHENRY COUNTY FAMILIES WHO HAVE LOST A LOVED ONE THE GOALS OF THE GROUP ARE TO GIVE FAMILY MEMBERS THE OPPORTUNITY TO EXPRESS THEIR FEELINGS IN A SAFE AND COMFORTABLE ENVIRONMENT ILLINOIS STORYTELLING INC - "SPOKENWORD CAF AT STAGE LEFT - SCHOOLS PARTNERSHIP" WITH HARVARD SCHOOL DISTRICT AND MCHENRY COUNTY COLLEGE BY TRAINING TEACHERS AND BY INSTRUCTING STUDENTS AT HARVARD SCHOOL DISTRICT IN STORYTELLING AND OTHER LANGUAGE SKILLS (ORAL AND WRITTEN) LITTLE CHERUBS PRE SCHOOL - ST PAUL EPISCOPAL CHURCH - NEARLY 10% - 15% OF MCHENRY RESIDENTS ARE HISPANIC, AND THAT NUMBER IS GROWING EVERY YEAR EVERY CHILD DESERVES THE OPPORTUNITY TO RECEIVE EDUCATION, IN AN ENVIRONMENT THAT THEY FEEL WELCOMED AND COMFORTABLE MCC DIGITAL MEDIA PROGRAM - THIS GENERAL DONATION IS FOR THE MCC DIGITAL MEDIA PROGRAM FOR SUPPORT AT MCHENRY COUNTY COMMUNITY COLLEGE MCHENRY CO PADS - GENERAL DONATION FOR PADS FROM FULL CIRCLE FAMILY FUND THROUGH THE MCHENRY COUNTY COMMUNITY FOUNDATION NORTHERN ILLINOIS FOOD BANK - NIFB IS REQUESTING 10,000 TO PROVIDE ASSISTANCE TO MCHENRY COUNTY PARTNER AGENCIES IN BUILDING CAPACITY THROUGH BOARD DEVELOPMENT, FUND-RAISING, STAFF AND VOLUNTEER TRAINING FOR SAFE FOOD HANDLING AND DISTRIBUTION OPTIONS & ADVOCACY FOR MCHENRY CNTY - NPO MATCHING ENDOWMENT GRANT FOR 25,000 MATCH FROM MCCF FOR NEW FUND OPTIONS & ADVOCACY FOR MCHENRY CNTY - OPTIONS & ADVOCACY HAS PROGRAMS THAT COULD BE EXPANDED TO BETTER MEET THE NEEDS OF MCHENRY COUNTY VIA FEDERAL GRANTS THE AGENCY DOES NOT CURRENTLY HAVE THAT EXPERTISE WE HAVE HAD SUCCESS IN WRITING FOR NON-FEDERAL GRANTS THE LAND CONSER OF MCHENRY COUNTY - THIS IS A GENERAL DONATION FROM THE FULL CIRCLE FAMILY FUND THROUGH THE MCHENRY COUNTY COMMUNITY FOUNDATION THE LAST CHANCE HOUSE INC - TO REPLACE INEFFICIENT WINDOWS THROUGHOUT ENTIRE HOUSE WITH ENERGY SAVING WINDOWS TRANSITIONAL LIVING SERVICES - TLS'S SEEKS FUNDS FOR HANDICAPPED ACCESSIBILITY IMPROVEMENTS AT NEW HORIZONS, A CENTER IN HEBRON WHERE HOMELESS VETERANS CAN REBUILD THEIR LIVES VETERANS ASSISTANCE COMMISSION OF MCHENRY COUNTY - SINCE 2005 THE VAC HAS PROVIDED AN OUTREACH PROGRAM THAT COMPETENTLY PROVIDES OFF-SITE SERVICES TO VETERANS AND THEIR FAMILIES WHO, DUE TO DISABILITY OR WORK SCHEDULE, ARE UNABLE TO MEET WITH AN ACCREDITED VETERANS SERVICE OFFICER (VSO) DURING OFFICE HOURS VOICES IN HARMONY - VOICES IN HARMONY AND COMMUNITY JOIN VOICES TO SING, HANDEL'S MASTER CHORAL WORK THE MESSIAH THE CONCERT IS PRESENTED WITH A 25-PIECE ORCHESTRA, PROFESSIONAL SOLOISTS, AND A 125 PERSON CHOIR WELLNESS PLACE - WELLNESS PLACE IS TAKING SERVICES DIRECT TO THE PATIENT WHEREBY LICENSED ONCOLOGY SPECIALISTS OUTREACH TO DELIVER DIRECT SUPPORT SERVICES TO ONCOLOGY OFFICES WITHIN THE NW CHICAGO SUBURBS WOODSTOCK FIRE/RESCUE DISTRICT - WE ARE SEEKING FUNDS FOR OUR CADET/APPRENTICESHIP PROGRAM (CAP) CAP IS FOR HIGH SCHOOL STUDENTS AND YOUTH ADULTS LOOKING TO GAIN THE NECESSARY EDUCATION, AND EXPERIENCE TO BECOME CERTIFIED FIREFIGHTER/PARAMEDICS TO SERVE THEIR COMMUNITIES

Additional Data Return to Form

Software ID:
Software Version:
EIN: 36-4465219
Name: MCHENRY COUNTY COMMUNITY FOUNDATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
4-C COMMUNITY COORDINATED CHILD CAR 155 N 3RD STREET SUITE 300 DEKALB,IL 60115	36-2773889	501	7,417				SEE SCHEDULE
ADULT & CHILD THERAPY CENTER708 WASHINGTON STREET WOODSTOCK,IL 60098	36-2264411	501	8,000				SEE SCHEDULE
ADULT & CHILD THERAPY CENTER708 WASHINGTON STREET WOODSTOCK,IL 60098	36-2264411	501	25,000				SEE SCHEDULE
BIG BROTHERS BIG SISTERS OF MCHENRY 4318-B W CRYSTAL LAKE ROAD MCHENRY,IL 60050	36-3354265	501	8,000				SEE SCHEDULE
BRAVEHEARTS THERAPEUTIC RIDING CENT7319 MAXON ROAD HARVARD,IL 60033	32-0034746	501	10,000				SEE SCHEDULE
DIRECTORS FUND101 SOUTH BENTON STREET WOODSTOCK,IL 60098	36-4465219	501	10,000				SEE SCHEDULE
FAMILY ALLIANCE INC 2028 N SEMINARY AVENUE WOODSTOCK,IL 60098	36-3152022	501	10,000				SEE SCHEDULE
FAMILY ALLIANCE INC 2028 N SEMINARY AVENUE WOODSTOCK,IL 60098	36-3152022	501	25,000				SEE SCHEDULE
FAMILY HEALTH PARTNERSHIP CLINIC 13707 WEST JACKSON WOODSTOCK,IL 60098	36-4277029	501	32,000				SEE SCHEDULE
FAMILY SERVICE & COMMUNITY MENTAL H 4100 VETERANS PARKWAY MCHENRY,IL 60050	36-2428268	501	9,500				SEE SCHEDULE
FRIENDS OF MORAINE HILLS STATE PARK1510 SOUTH RIVER ROAD MCHENRY,IL 60050	26-4116340	501	7,500				SEE SCHEDULE
HOOVED ANIMAL HUMANE SOCIETY10804 MCCONNELL ROAD WOODSTOCK,IL 60098	23-7150339	501	7,500				SEE SCHEDULE
HOSPICE OF NORTHEASTERN ILLINOIS 405 LAKE ZURICH ROAD BARRINGTON,IL 60010	36-3305643	501	25,000				SEE SCHEDULE
ILLINOIS STORYTELLING INCPO BOX 1012 WOODSTOCK,IL 60098	36-3487086	501	7,500				SEE SCHEDULE
LITTLE CHERUBS PRE SCHOOL - ST PAU3706 W ST PAUL AVENUE MCHENRY,IL 60050	36-3315952	501	10,000				SEE SCHEDULE
MCC DIGITAL MEDIA PROGRAM8900 US HIGHWAY 14 CRYSTAL LAKE,IL 60014	23-7418071	501	7,180				SEE SCHEDULE
MCHENRY CO PADS14411 KISHWAUKEE VALLEY ROAD WOODSTOCK,IL 60098	36-2480845	501	10,000				SEE SCHEDULE
NORTHERN ILLINOIS FOOD BANK273 DEARBORN COURT GENEVA,IL 60134	36-3203648	501	10,000				SEE SCHEDULE
OPTIONS & ADVOCACY FOR MCHENRY CNTY365 MILLENNIUM DRIVE SUITE A CRYSTAL LAKE,IL 60014	36-3948706	501	5,760				SEE SCHEDULE
OPTIONS & ADVOCACY FOR MCHENRY CNTY365 MILLENNIUM DRIVE SUITE A CRYSTAL LAKE,IL 60014	36-3948706	501	25,000				SEE SCHEDULE
THE LAND CONSER OF MCHENRY COUNTYPO BOX 352 WOODSTOCK,IL 60098	36-3727476	501	6,000				SEE SCHEDULE
THE LAST CHANCE HOUSE INC244 SECOND STREET CRYSTAL LAKE,IL 60014	20-2439602	501	7,500				SEE SCHEDULE
TRANSITIONAL LIVING SERVICES5330 W ELM STREET MCHENRY,IL 60050	36-4104887	501	6,400				SEE SCHEDULE
VETERANS ASSISTANCE COMMISION OF MC2200 N SEMINARY AVENUE WOODSTOCK,IL 60098	36-3903950	501	7,229				SEE SCHEDULE
VOICES IN HARMONYPO BOX 1690 CRYSTAL LAKE,IL 60014	36-3673369	501	6,000				SEE SCHEDULE
WOODSTOCK COMM UNIT SCHOOL DIST 2227 W JUDD STREET WOODSTOCK,IL 60098	36-2679016	501	10,000				SEE SCHEDULE
WOODSTOCK FIRERESCUE DISTRICTPO BOX 423 WOODSTOCK,IL 60098	36-2533288	GOV	10,000				SEE SCHEDULE

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
MCHENRY COUNTY COMMUNITY FOUNDATION

Employer identification number
36-4465219

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	ESTABLISHED TO ACCEPT DONOR-DIRECTED FUNDS AND UNRESTRICTED ENDOWMENTS TO GRANT SEED OR EXPANSION MONEY FOR UNMET SOCIAL, CULTURAL, EDUCATIONAL, AND CHARITABLE NEEDS THROUGHOUT MCHENRY COUNTY WHILE PROVIDING PHILANTHROPIC-MINDED CITIZENS AND NON PROFIT AGENCIES WITH A CENTRAL, LOCAL ADMINISTRATED FOUNDATION, THE FOUNDATION ALSO SEEKS TO BE A COMMUNITY PARTNER, AND AT TIMES LEADER, IN ADDRESSING LOCAL NEEDS
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	AFTER THE ANNUAL AUDIT THE ACCOUNTING FIRM PROVIDES A DRAFT OF THE 990 THIS DRAFT IS REVIEWED FOR ACCURACY BY THE AUDIT COMMITTEE, THE FINANCE MANAGER AND CEO BARRING ANY CORRECTIONS, OR AFTER IT IS CORRECTED, THE FINAL DRAFT OF THE 990 IS PRESENTED FOR APPROVAL TO THE BOARD OF DIRECTORS AT A REGULARLY SCHEDULED MEETING ONCE THE APPROVAL OF THE BOARD IS OBTAINED THE 990 IS SUMBITTED PRIOR TO THE DEADLINE
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	ALL NEW EMPLOYEES, BOARD MEMBERS, AND VOLUNTEERS ARE REQUIRED TO SIGN THE CONFLICT OF INTEREST POLICY IMMEDIATELY AFTER THE RELATIONSHIP INCEPTION EACH YEAR ALL EMPLOYEES OF THE FOUNDATION ARE REQUESTED TO REVIEW THE CONFLICT OF INTEREST POLICY AND INTIAL IT BOARD MEMBERS SIGN A NEW POLICY EACH YEAR AS DO ANY VOLUNTEERS POTENTIAL CONFLICTS ARE NOTED IN MINUTES AT BOARD MEETINGS AND BOARD MEMBERS ABSTAIN FROM VOTING ANY TIME THERE IS ANY POSSIBILITY OF CONFLICT CONTINUAL MONTORING OF THE BUSINESS OF THE FOUNDATION AND ITS RELATIONSHIPS TO ANY STAFF OR BOARD MEMBER KEEPS THE CONFLICT OF INTEREST POLICY ACTIVE AND ENFORCABLE
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THERE IS ONLY ONE OFFICER AT THE FOUNDATION WHO IS COMPENSATED, THE CEO/PRESIDENT AND THERE ARE NO OTHER "KEY" EMPLOYEES HIS COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS USING INFORMATION FROM OTHER FOUNDATIONS OF THE SAME SIZE AND GEOGRAPHICAL AREA INCREASES IN SALARY ARE BASED ON PERFORMANCE AND COST OF LIVING, AND ARE REVIEWED WITH GUIDELINES FROM LIKE FOUNDATIONS
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE FOUNDATION'S WEBSITE STATES THAT THE 990 AND THE MOST RECENT AUDIT ARE AVAILABLE FOR REVIEW UPON REQUEST REQUESTS FOR THE 990, AUDIT REPORT GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST STATEMENTS CAN BE MADE THROUGH AN EMAIL OR BY PHONE
OTHER CHANGES IN NET ASSETS EXPLANATION	FORM 990, PART XI, LINE 5	PRIOR YEAR NET ASSET ADJUSTMENT -51,027 UNREALIZED LOSS ON INVESTMENT -321,882 DONATED SERVICES 4,680 CHANGE IN BENEFICIAL INTEREST -161,070 CHANGE IN CASH SURRENDER VALUE 17,034 NET CHANGE -512,265
CHANGE IN FINANCIAL REVIEW PROCESS	FORM 990, PAGE 12, PART XII, LINE 2C	REVIEW PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

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Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2011

Attachment Sequence No **179**

Name(s) shown on return	Business or activity to which this form relates	**Identifying number**
MCHENRY COUNTY COMMUNITY FOUNDATION		36-4465219

Part I **Election To Expense Certain Property Under Section 179**

Note: *If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount (see instructions)	**1**	500,000
2 Total cost of section 179 property placed in service (see instructions)	**2**	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	**3**	2,000,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	**4**	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	**5**	

6	**(a)** Description of property	**(b)** Cost (business use only)	**(c)** Elected cost

7 Listed property Enter the amount from line 29	**7**		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	**8**		
9 Tentative deduction Enter the **smaller** of line 5 or line 8	**9**		
10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562	**10**		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	**11**		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	**12**		
13 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12 ▶	**13**		

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II **Special Depreciation Allowance and Other Depreciation (Do not** include listed property **)** (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	**14**	
15 Property subject to section 168(f)(1) election	**15**	
16 Other depreciation (including ACRS)	**16**	10,950

Part III **MACRS Depreciation (Do not** include listed property.**)** (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2011	**17**	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

	(a) Classification of property	**(b)** Month and year placed in service	**(c)** Basis for depreciation (business/investment use only—see instructions)	**(d)** Recovery period	**(e)** Convention	**(f)** Method	**(g)** Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs		S/L	
h	Residential rental property			27 5 yrs	MM	S/L	
				27 5 yrs	MM	S/L	
i	Nonresidential real property			39 yrs	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs		S/L	
c	40-year		40 yrs	MM	S/L	

Part IV **Summary** (see instructions)

21 Listed property Enter amount from line 28	**21**	
22 **Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	**22**	10,950
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	**23**	

Part V **Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A—Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.***)**

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** | **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						**25**		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1						**29**		

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2011 tax year (see instructions)					
43 Amortization of costs that began before your 2011 tax year				**43**	
44 Total. Add amounts in column (f) See the instructions for where to report				**44**	