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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 and ending

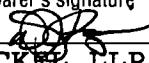
B Check if applicable	C Name of organization <b>ILLINOIS COMMUNITY COLLEGE SYSTEM FOUNDATION</b>		D Employer identification number <b>37-1293039</b>
<input type="checkbox"/> Address change	Doing Business As		E Telephone number <b>(217) 789-4230</b>
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ <b>826,957.</b>
<input type="checkbox"/> Initial return	<b>401 EAST CAPITOL AVENUE</b>		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Terminated	City or town, state or country, and ZIP + 4		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
<input type="checkbox"/> Amended return	<b>SPRINGFIELD, IL 62701</b>		H(c) Group exemption number ►
<input type="checkbox"/> Application pending	F Name and address of principal officer: <b>JAMES BERKEL 401 E. CAPITOL AVE., SPRINGFIELD, IL 62701</b>		I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527
J Website: ► <b>WWW.ICCSFOUNDATION.COM</b>			K Form of organization. <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►
			L Year of formation: <b>1991</b> M State of legal domicile: <b>IL</b>

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities <b>TO SUPPORT ACTIVITIES OF BENEFIT TO ALL COMMUNITY COLLEGES, INCLUDING SCHOLARSHIPS.</b>		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	3	6
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
Expenses	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	10
Net Assets or Fund Balances	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	0.
		Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)		<b>227,494.</b>	<b>53,172.</b>
9 Program service revenue (Part VIII, line 2g)		<b>416,796.</b>	<b>484,092.</b>
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<b>91,625.</b>	<b>94,616.</b>
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<b>20,080.</b>	<b>21,250.</b>
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<b>755,995.</b>	<b>653,130.</b>
		Prior Year	Current Year
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<b>86,176.</b>	<b>76,146.</b>
14 Benefits paid to or for members (Part IX, column (A), line 4)		<b>0.</b>	<b>0.</b>
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>0.</b>	<b>0.</b>
16a Professional fundraising fees (Part IX, column (A), line 11e)		<b>0.</b>	<b>0.</b>
b Total fundraising expenses (Part IX, column (D), line 25)		<b>21,319.</b>	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24b)		<b>337,537.</b>	<b>587,465.</b>
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		<b>423,713.</b>	<b>663,611.</b>
19 Revenue less expenses. Subtract line 18 from line 12		<b>332,282.</b>	<b>&lt;10,481.&gt;</b>
		Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)		<b>7,732,818.</b>	<b>7,438,570.</b>
21 Total liabilities (Part X, line 26)		<b>3,987,503.</b>	<b>3,600,776.</b>
22 Net assets or fund balances Subtract line 21 from line 20		<b>3,745,315.</b>	<b>3,837,794.</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 any knowledge.

Sign Here	► <i>James Berkel</i>	Date <b>8/15/2012</b>
	Signature of officer	
	► <b>JAMES BERKEL, CHAIRMAN</b>	
	Type or print name and title	
Paid Preparer	Print/Type preparer's name <b>DEBORAH J. RINGER</b>	Preparer's signature 
	Date <b>08/15/12</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P00732336</b>
Use Only	Firm's name ► <b>KERBER, ECK &amp; BRAECKER LLP</b>	Firm's EIN ► <b>43-0352985</b>
	Firm's address ► <b>1000 MYERS BUILDING SPRINGFIELD, IL 62701</b>	Phone no. <b>217-789-0960</b>

May the IRS discuss this return with the preparer shown above? (see instructions)

132001 01-23-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

X Yes  No

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A

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FOUNDATION

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**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission.

**THE ILLINOIS COMMUNITY COLLEGE SYSTEM FOUNDATION SERVES ALL 48  
ILLINOIS COMMUNITY COLLEGES IN THE STATE OF ILLINOIS, PROVIDING  
STUDENT SCHOLARSHIPS, PROGRAMS, SERVICES, AND GENERAL FUNDS.**

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  X 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  X No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ **360,063.** including grants of \$ **0.**) (Revenue \$ **547,128.**)

**ENHANCING THE IMAGE AND RESOURCES OF THE COMMUNITY COLLEGE SYSTEM BY  
DEVELOPING FRIENDS AND FAVORABLE PUBLICITY TO SUPPORT ACTIVITIES OF  
BENEFIT TO ALL COMMUNITY COLLEGES IN ILLINOIS**

4b (Code \_\_\_\_\_) (Expenses \$ **38,400.** including grants of \$ **38,400.**) (Revenue \$ \_\_\_\_\_)

**ILLINOIS HEALTH IMPROVEMENT ASSOCIATION SCHOLARSHIPS. TUITION PAID FOR  
STUDENTS ENTERING ILLINOIS COMMUNITY COLLEGE IN A HEALTH RELATED FIELD.**

4c (Code \_\_\_\_\_) (Expenses \$ **16,000.** including grants of \$ **16,000.**) (Revenue \$ \_\_\_\_\_)

**MARILYN CASEY MEDICAL SCHOLARSHIPS. THIS CONTRIBUTION PROVIDES A  
\$2,000 HEALTH-RELATED SCHOLARSHIP TO A STUDENT WHO APPLIES AND IS  
SELECTED FROM EACH ILLINOIS COMMUNITY COLLEGE.**

4d Other program services (Describe in Schedule O)

(Expenses \$ **21,746.** including grants of \$ **21,746.**) (Revenue \$ **46,598.**)

4e Total program service expenses ► **436,209.**

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**Part IV Checklist of Required Schedules**

	<b>Yes</b>	<b>No</b>
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 <b>X</b>	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 <b>X</b>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3 <b>X</b>	
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4 <b>X</b>	
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? <i>If "Yes," complete Schedule C, Part III</i>	5 <b>X</b>	
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? <i>If "Yes," complete Schedule D, Part I</i>	6 <b>X</b>	
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 <b>X</b>	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8 <b>X</b>	
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? <i>If "Yes," complete Schedule D, Part IV</i>	9 <b>X</b>	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 <b>X</b>	
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. <ul style="list-style-type: none"> <li>a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i></li> <li>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? <i>If "Yes," complete Schedule D, Part VII</i></li> <li>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? <i>If "Yes," complete Schedule D, Part VIII</i></li> <li>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? <i>If "Yes," complete Schedule D, Part IX</i></li> <li>e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i></li> <li>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)? <i>If "Yes," complete Schedule D, Part X</i></li> </ul>	11a <b>X</b>	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	11b <b>X</b>	
12b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	11c <b>X</b>	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	11d <b>X</b>	
14a Did the organization maintain an office, employees, or agents outside of the United States?	11e <b>X</b>	
14b 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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	11f <b>X</b>	
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 United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	12a <b>X</b>	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	12b <b>X</b>	
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? <i>If "Yes," complete Schedule G, Part I</i>	13 <b>X</b>	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	14a <b>X</b>	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	14b <b>X</b>	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	15 <b>X</b>	
20b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>	16 <b>X</b>	
	17 <b>X</b>	
	18 <b>X</b>	
	19 <b>X</b>	
	20a <b>X</b>	
	20b <b>X</b>	

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 X	
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 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b X	
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 X	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d X	
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 X	
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b X	
26 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 X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27 X	
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a X	
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b X	
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 direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c X	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30 X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31 X	
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32 X	
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33 X	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35a X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36 X	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37 X	
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38 X	

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**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	9
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	<input checked="" type="checkbox"/>
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	0
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i>	3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country. ► <i>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</i>	4a	
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5a	<input checked="" type="checkbox"/>
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? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6a	<input checked="" type="checkbox"/>
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>	7a	
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? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year	7d	<input checked="" type="checkbox"/>
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7e	<input checked="" type="checkbox"/>
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	7f	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>	7g	
a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person?	7h	
<b>10 Section 501(c)(7) organizations.</b> Enter:	8	
a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a	<input checked="" type="checkbox"/>
	10b	<input checked="" type="checkbox"/>
<b>11 Section 501(c)(12) organizations.</b> Enter	9a	
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11a	<input checked="" type="checkbox"/>
	11b	<input checked="" type="checkbox"/>
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a	<input checked="" type="checkbox"/>
	12b	<input checked="" type="checkbox"/>
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	9b	
a Is the organization licensed to issue qualified health plans in more than one state? <i>Note. See the instructions for additional information the organization must report on Schedule O</i>	13a	
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	13b	<input checked="" type="checkbox"/>
c Enter the amount of reserves on hand	13c	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a	<input checked="" type="checkbox"/>
	14b	<input checked="" type="checkbox"/>

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

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

**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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	6
1b Enter the number of voting members included in line 1a, above, who are independent	1b	6
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	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

**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	X
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?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12b	X
13 Did the organization have a written whistleblower policy?	12c	X
14 Did the organization have a written document retention and destruction policy?	13	X
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?	14	X
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	15b	X
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	X
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 ► <u>IL</u>	
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply	
<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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 during the tax year.	
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ►	
<u>RAY HANCOCK - 217-789-4230</u>	
<u>401 E. CAPITOL, SPRINGFIELD, IL 62701</u>	

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

Check if Schedule Q 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. 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.

more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

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

ILLINOIS COMMUNITY COLLEGE SYSTEM  
FOUNDATION

Form 990 (2011)

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

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 ►

0

	Yes	No
3		X
4		X
5		X

## 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.

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Form 990 (2011)

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## **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					
1 a Federated campaigns	1a				
b Membership dues	1b	949.			
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	52,223.			
g Noncash contributions included in lines 1a-1f \$					
h Total. Add lines 1a-1f		53,172.			
Program Service Revenue					
2 a ICCB INCOME	Business Code 531120	484,092.	484,092.		
b					
c					
d					
e					
f All other program service revenue					
g Total. Add lines 2a-2f		484,092.			
Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts)		88,384.	88,384.		
4 Income from investment of tax-exempt bond proceeds					
5 Royalties		20,628.	20,628.		
6 a Gross rents	(i) Real	(ii) Personal			
b Less. rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)					
7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less: cost or other basis and sales expenses	180,059.				
c Gain or (loss)	173,827.				
d Net gain or (loss)	6,232.				6,232.
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18					
b Less: direct expenses	a				
c Net income or (loss) from fundraising events	b				
9 a Gross income from gaming activities See Part IV, line 19	a				
b Less: direct expenses	b				
c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a				
b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11 a REFUND HURST ROSCHE EN	531390	622.	622.		
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		622.			
12 Total revenue See instructions.		653,130.	593,726.	0.	6,232.

**ILLINOIS COMMUNITY COLLEGE SYSTEM  
FOUNDATION**

Form 990 (2011)

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**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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	76,146.	76,146.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal	10,840.	10,840.		
c Accounting	27,820.	27,820.		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	980.	980.		
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	10,912.	3,758.	3,335.	3,819.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,000.		1,000.	
20 Interest	156,192.	99,462.	56,730.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	135,866.	104,010.	31,856.	
23 Insurance	11,926.	9,017.	2,909.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a UTILITIES	86,774.	67,249.	19,525.	
b CONTRACTUAL SERVICES	62,369.	21,290.	23,579.	17,500.
c REPAIRS AND MAINTENANCE	45,103.	38,158.	6,945.	
d SUPPLIES	13,699.		13,699.	
e All other expenses	23,984.	17,119.	6,865.	
25 Total functional expenses Add lines 1 through 24e	663,611.	436,209.	206,083.	21,319.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ➤  if following SOP 98-2 (ASC 958-720)

ILLINOIS COMMUNITY COLLEGE SYSTEM  
FOUNDATION

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	411,533.	2	134,242.
	3 Pledges and grants receivable, net	155,450.	3	0.
	4 Accounts receivable, net	54,855.	4	81,072.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,500.	9	0.
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 5,380,952.		
	b Less accumulated depreciation	10b 632,640.	10c 1,336,629.	4,748,312.
	11 Investments - publicly traded securities	2,238,980.	11	2,285,929.
	12 Investments - other securities See Part IV, line 11		12	
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets	76,128.	14	72,050.
	15 Other assets. See Part IV, line 11	3,456,743.	15	116,965.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	7,732,818.	16	7,438,570.
Liabilities	17 Accounts payable and accrued expenses	268,720.	17	130,631.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	2,563,104.	20	2,472,203.
	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	1,155,679.	23	997,942.
	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		25	
	26 Total liabilities. Add lines 17 through 25	3,987,503.	26	3,600,776.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,457,868.	27	1,614,115.
	28 Temporarily restricted net assets	885,231.	28	816,704.
	29 Permanently restricted net assets	1,402,216.	29	1,406,975.
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> 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	3,745,315.	33	3,837,794.
	34 Total liabilities and net assets/fund balances	7,732,818.	34	7,438,570.

Form 990 (2011)

ILLINOIS COMMUNITY COLLEGE SYSTEM  
FOUNDATION

Form 990 (2011)

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**Part XI Reconciliation 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	653,130.
2 Total expenses (must equal Part IX, column (A), line 25)	2	663,611.
3 Revenue less expenses. Subtract line 2 from line 1	3	<10,481. >
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,745,315.
5 Other changes in net assets or fund balances (explain in Schedule O)	5	102,960.
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	3,837,794.

**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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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	X
b Were the organization's financial statements audited by an independent accountant?	2b	X
c If "Yes" to line 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?	2c	X
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
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:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	3a	X
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?	3b	
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		

Form 990 (2011)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

## Public Charity Status and Public Support

OMB No 1545-0047

2011

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

► ATTACH TO FORM 600 OR FORM 600-222. ► SEE SEPARATE INSTRUCTIONS.

Name of the organization	ILLINOIS COMMUNITY COLLEGE SYSTEM FOUNDATION	Employer identification number
		37-1293039

**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 described in 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?

(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 supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

Total

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

**Schedule A (Form 990 or 990-EZ) 2011**

## ILLINOIS COMMUNITY COLLEGE SYSTEM

Schedule A (Form 990 or 990-EZ) 2011 FOUNDATION

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

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

**Section A. Public Support**

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")	166,004.	56,148.	246,831.	72,044.	53,172.	594,199.
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	166,004.	56,148.	246,831.	72,044.	53,172.	594,199.
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)						
6 Public support. Subtract line 5 from line 4						594,199.

**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	166,004.	56,148.	246,831.	72,044.	53,172.	594,199.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	163,425.	145,694.	102,900.	89,917.	109,012.	610,948.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	1,893.	9,962.			622.	12,477.
11 Total support. Add lines 7 through 10						121,762.4.
12 Gross receipts from related activities, etc. (see instructions)				12	1,797,449.	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	48.80	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	46.48	%
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			► <input checked="" type="checkbox"/>
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			► <input type="checkbox"/>
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			► <input type="checkbox"/>
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			► <input type="checkbox"/>
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			► <input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2011

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

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

**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						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (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.)						
<b>13 Total support</b> (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 section 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 ►

**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, 8, 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 **ILLINOIS COMMUNITY COLLEGE SYSTEM FOUNDATION** Employer identification number **37-1293039**

**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		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  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)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ► \$ \_\_\_\_\_

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 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X ► \$ \_\_\_\_\_

ILLINOIS COMMUNITY COLLEGE SYSTEM  
FOUNDATION

Schedule D (Form 990) 2011

37-1293039 Page 2

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

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

a <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other _____
c <input type="checkbox"/> Preservation for future generations	

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
1c	
1d	
1e	
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	1,797,259.	1,675,807.	1,525,378.	1,850,158.	
b Contributions	16,598.	15,232.	45,656.	15,573.	
c Net investment earnings, gains, and losses	124,000.	156,420.	135,673.	<232,603.	
d Grants or scholarships					
e Other expenditures for facilities and programs	50,150.	50,200.	30,900.	107,750.	
g End of year balance	1,887,707.	1,797,259.	1,675,807.	1,525,378.	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ► 0% %

b Permanent endowment ► 74.53 %

c Temporarily restricted endowment ► 25.47 %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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		388,500.		388,500.
b Buildings		4,791,686.	585,156.	4,206,530.
c Leasehold improvements				
d Equipment				
e Other	200,766.		47,484.	153,282.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				4,748,312.

Schedule D (Form 990) 2011

**ILLINOIS COMMUNITY COLLEGE SYSTEM  
FOUNDATION**

Schedule D (Form 990) 2011

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**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		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total</b> (Col (b) must 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total</b> (Col (b) must 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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total</b> (Column (b) must equal Form 990, Part X, col (B) line 15) ►	

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ►	

1. 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 (ASC 740)

ILLINOIS COMMUNITY COLLEGE SYSTEM  
FOUNDATION

Schedule D (Form 990) 2011

37-1293039 Page 4

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

1	653,130.
2	663,611.
3	<10,481.>
4	102,957.
5	
6	
7	
8	3.
9	102,960.
10	92,479.

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

1	756,086.
2	
2a	102,957.
2b	
2c	
2d	<1.>
2e	102,956.
3	653,130.
4	
4a	
4b	
4c	0.
5	653,130.

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

1	663,607.
2	
2a	
2b	
2c	
2d	<4.>
2e	<4.>
3	663,611.
4	
4a	
4b	
4c	0.
5	663,611.

**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, line 2; 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

**PART V, LINE 4: THE FOUNDATION'S ENDOWMENT FUNDS WERE ESTABLISHED**

PRIMARILY FOR SCHOLARSHIP PURPOSES. APPROXIMATELY, 98% OF ANNUAL

EXPENDITURES FROM THE ENDOWMENT FUNDS WERE USED FOR SCHOLARSHIPS WHILE

RECOGNITIONS ACCOUNT FOR THE REMAINING 2% OF EXPENDITURES.

PART X, LINE 2: THE ORGANIZATION HAS RECOGNIZED IN THE FINANCIAL

STATEMENTS THE EFFECTS OF ALL TAX POSITIONS AND CONTINUALLY EVALUATES

EXPIRING STATUTES OF LIMITATIONS, AUDITS, CHANGES IN TAX LAW, AND NEW

Schedule D (Form 990) 2011

## Part XIV Supplemental Information (continued)

AUTHORITATIVE RULINGS. THE FOUNDATION IS NOT AWARE OF ANY CIRCUMSTANCES OR EVENTS THAT MAKE IT REASONABLY POSSIBLE THAT UNRECOGNIZED TAX BENEFITS MAY INCREASE OR DECREASE WITHIN 12 MONTHS OF THE BALANCE SHEET DATE. PENALTIES AND INTEREST ASSESSED BY TAXING AUTHORITIES ARE INCLUDED IN THE PROVISION FOR INCOME TAXES, IF APPLICABLE. THERE WERE NO INTEREST OR PENALTIES PAID DURING 2011.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

DEPRECIATION ROUNDING 3.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

ROUNDING -1.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

DEPRECIATION ROUNDING -4.

**SCHEDULE I**  
(Form 990)

OMB No 155-0047  
**2011**

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.

Open to Public  
Inspection

Name of the organization

**ILLINOIS COMMUNITY COLLEGE SYSTEM  
FOUNDATION**

**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. Part II can be duplicated if additional space is needed ►

<b>1(a) Name and address of organization or government</b>	<b>(b) EIN</b>	<b>(c) IRC section if applicable</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of non-cash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of non-cash assistance</b>	<b>(h) Purpose of grant or assistance</b>	<b>TUITION ASSISTANCE</b>
CITY COLLEGES OF CHICAGO FOUNDATION - 226 WEST JACKSON BOULEVARD - CHICAGO, IL 60606	36-3157624		5,600.	0.				

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

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

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

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
TUITION ASSISTANCE	36	37,746.	0.		

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

SCHEDULE I, PART I, LINE 2: THE ICCSF HAS PROCEDURES, CONTAINED IN  
SCHOLARSHIP GUIDELINES AND OTHER HANDBOOK MATERIALS, FOR AWARDING  
OTHER ENTITIES (THE ILLINOIS COMMUNITY COLLEGES). ALL AWARDS OF GRANTS  
MADE IN ACCORDANCE WITH POLICIES AND PROCEDURES OF ICCSF.

EACH SCHOLARSHIP SHALL BE FOR TUITION FOR ONE SEMESTER AT AN ILLINOIS COMMUNITY COLLEGE. TUITION WILL BE PAID DIRECTLY FROM FOUNDATION TO RECIPIENT OR THE COMMUNITY COLLEGE. THE SCHOLARSHIP SHALL BE A GIFT, LOAN. THE AVAILABILITY OF THE SCHOLARSHIPS WILL BE PUBLICIZED BY THE

**Part IV Supplemental Information**

ILLINOIS COMMUNITY COLLEGES. SCHOLARSHIPS WILL BE AWARDED BASED ON  
SCHOLASTIC ACHIEVEMENT AND FINANCIAL NEED. SELECTION WILL BE FROM  
APPLICATIONS SUBMITTED WHICH INCLUDE A ONE-PAGE ESSAY DESCRIBING CAREER AND  
EDUCATIONAL GOALS AND THE APPLICANTS NEED FOR SCHOLARSHIP ALONG WITH  
TRANSCRIPTS AND FINANCIAL AID APPLICATIONS.

**SCHEDULE K**  
**(Form 990)**  
 Department of the Treasury  
 Internal Revenue Service

<b>Supplemental Information on Tax-Exempt Bonds</b> <p>► Complete if the organization answered "Yes" to Form 990, Part IV, line 2a. Provide descriptions, explanations, and any additional information in Part VI.</p> <p>► Attach to Form 990.</p> <p>► See separate instructions.</p>	
Name of the organization	ILLINOIS COMMUNITY COLLEGE SYSTEM FOUNDATION
	Employer identification number 37-1293039

**Part I Bond Issues**

		SEE PART VI FOR COLUMN (F) CONTINUATIONS			
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price
	THE COUNTY OF SANGAMON, A ILLINOIS	37-0765550NA		08/28/09	2,600,000
<b>B</b>					
<b>C</b>					
<b>D</b>					

**Part II Proceeds**

	A	B	C	D
1 Amount of bonds retired				
2 Amount of bonds legally defeased				
3 Total proceeds of issue		2,600,000.		
4 Gross proceeds in reserve funds				
5 Capitalized interest from proceeds				
6 Proceeds in refunding escrows				
7 Issuance costs from proceeds		52,000.		
8 Credit enhancement from proceeds				
9 Working capital expenditures from proceeds				
10 Capital expenditures from proceeds				
11 Other spent proceeds				
12 Other unspent proceeds				
13 Year of substantial completion		2011		
	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X			
15 Were the bonds issued as part of an advance refunding issue?	X			
16 Has the final allocation of proceeds been made?	X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			

**Part III Private Business Use**

	A	B	C	D
	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	X			
2 Are there any lease arrangements that may result in private business use of bond-financed property?				

## Part III Private Business Use (Continued)

	A	B	C	D
	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property?	X			No
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?				
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property?	X			
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?				
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	%	%	%	%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	%	%	%	%
<b>6</b> Total of lines 4 and 5	%	%	%	%
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X			

## Part IV Arbitrage

	A	B	C	D
	Yes	No	Yes	No
<b>1</b> Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	X			No
<b>2</b> Is the bond issue a variable rate issue?	X			
<b>3a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			
<b>b</b> Name of provider				
<b>c</b> Term of hedge				
<b>d</b> Was the hedge superintegrated?				
<b>e</b> Was the hedge terminated?				
<b>4a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?	X			
<b>b</b> Name of provider				
<b>c</b> Term of GIC				
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X			
<b>5</b> Were any gross proceeds invested beyond an available temporary period?	X			
<b>6</b> Did the bond issue qualify for an exception to rebate?	X			

## Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement  
 Yes  No  
 program of self-remediation is not available under applicable regulations

## Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K

## SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: THE COUNTY OF SANGAMON, ILLINOIS

**Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K.**

(F) DESCRIPTION OF PURPOSE:

RENOVATION OF BUILDING/REFUNDING OF OUTSTANDING SERIES 1997 BONDS

## Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

**2011**  
Open to Public  
Inspection

Name of the organization

ILLINOIS COMMUNITY COLLEGE SYSTEM  
FOUNDATION

Employer identification number  
37-1293039

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

STATE FARM INSURANCE TEACHER EDUCATION SCHOLARSHIPS. FINANCIAL

ASSISTANCE TO QUALIFIED ILLINOIS COMMUNITY COLLEGE STUDENTS WHO DESIRE  
TO TEACH IN LOW INCOME, HIGH POVERTY AREAS OF ILLINOIS.

EXPENSES \$ 9,996. INCLUDING GRANTS OF \$ 9,996. REVENUE \$ 30,000.

ILLINOIS ELECTRIC COOPERATIVE ENDOWMENT PROVIDES COLLEGE SCHOLARSHIPS  
TO STUDENTS SELECTED BY THE ILLINOIS ASSOCAITON OF ELECTRIC  
COOPERATIVES, WHICH INCLUDES AT LEAST ONE STUDENT ATTENDING AN ILLINOIS  
COMMUNITY COLLEGE.

EXPENSES \$ 8,750. INCLUDING GRANTS OF \$ 8,750. REVENUE \$ 16,598.

THE HARRIS SCHOLARSHIPS. THIS UNIQUE ENDOWMENT, ESTABLISHED BY  
ANONYMOUS DONORS, PROVIDES A \$2,000 SCHOLARSHIP TO GRADUATES OF THE  
ILLINOIS YOUTH CENTER (BOOT CAMP) AT MURPHYSBORO FOR ANY ILLINOIS  
COMMUNITY COLLEGE.

EXPENSES \$ 3,000. INCLUDING GRANTS OF \$ 3,000. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 8B: THE ORGANIZATION HAS NO COMMITTEES  
WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11: THE COMPLETED 990 IS PRESENTED TO  
THE ORGANIZATION'S PRESIDENT FOR REVIEW AND SUBSEQUENTLY REPORTED TO THE  
BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD MONITORS AND ENFORCES

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

132211  
01-23-12

Schedule O (Form 990 or 990-EZ) (2011)

Name of the organization	ILLINOIS COMMUNITY COLLEGE SYSTEM FOUNDATION	Employer identification number 37-1293039
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ANY CONFLICTS OF INTEREST VERBALLY IN BOARD MEETINGS. OFFICERS, DIRECTORS AND EMPLOYEES ARE TO REPORT CONFLICTS OF INTEREST AND POTENTIAL CONFLICTS ARE DISCUSSED AS THEY MAY BE PRESENTED.

FORM 990, PART VI, SECTION C, LINE 19: ALL OFFICIAL DOCUMENTS ARE KEPT AT THE ICCSF OFFICE AT 401 E. CAPITOL AVENUE IN SPRINGFIELD, ILLINOIS, AND ARE AVAILABLE TO ANYONE WHO MAKES A REQUEST IN WRITING, MAKES AN APPOINTMENT, AND PROVIDES IDENTIFICATION AS REQUESTED BY THE ICCSF PRESIDENT.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

<u>NET UNREALIZED GAINS ON INVESTMENTS:</u>	102,957.
<u>DEPRECIATION ROUNDING</u>	3.
<u>TOTAL TO FORM 990, PART XI, LINE 5</u>	102,960.

Form 4562

Department of the Treasury  
Internal Revenue Service (99)Depreciation and Amortization 990  
(Including Information on Listed Property)

OMB No 1545-0172

2011

Attachment  
Sequence No 179

Name(s) shown on return

ILLINOIS COMMUNITY COLLEGE SYSTEM  
FOUNDATIONBusiness or activity to which this form relates  
FORM 990 PAGE 10Identifying number  
37-1293039

## 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	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	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 )

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	131,788.

## 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	<input type="checkbox"/>	

## 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 instr	22	131,788.
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	

**ILLINOIS COMMUNITY COLLEGE SYSTEM  
FOUNDATION**

Form 4562 (2011)

37-1293039 Page 2

**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 **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

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

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>38</b> 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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>39</b> Do you treat all use of vehicles by employees as personal use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>40</b> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**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
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**42** Amortization of costs that begins during your 2011 tax year:


**43** Amortization of costs that began before your 2011 tax year

**43** **4,078.**

**44** Total. Add amounts in column (f) See the instructions for where to report

**44** **4,078.**