

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Schedule B (Form 990, 990-EZ,

**Schedule of Contributors** 

OMB No 1545-0047

2011

or 990-PF) Department of the Treasury Internal Revenue Service

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Name of the organization	Employer identification number
Illinois High School Activities Foundation	37-1322645
Organization type (check one):	

Illinois High Schoo	ol Activities Foundation	37-1322645		
Organization typ	e (check one):			
Filers of:	Section:			
Form 990 or 990-	EZ 501(c)( ) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treat	ited as a private foundation		
	527 political organization	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated a	as a private foundation		
#	501(c)(3) taxable private foundation			
General Rule  For an o	orion 501(c)(7). (8), or (10) organization can check boxes for both organization filing Form 990, 990-EZ, or 990-PF that received, duplication filing Form 990, Complete Parts I and II.	·		
Special Rules				
under se the grea	For a section 501(c)(3) organization filling Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II			
during ti	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.			
during ti not tota year for applies	ection 501(c)(7), (8), or (10) organization filling Form 990 or 990-Eithe year, contributions for use exclusively for religious, charitable it to more than \$1,000. If this box is checked, enter here the total an exclusively religious, charitable, etc., purpose. Do not compute to this organization because it received nonexclusively religious uring the year	ile, etc., purposes, but these contributions did tal contributions that were received during the plete any of the parte unless the General Rule is, charitable, etc., contributions of \$5,000 or		

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

	(Form 980, 990-EZ, or 980-PF) (2011) prganization	Em	Page 2 player identification number
	gh School Activities Foundation		37-1322645
Part I	Contributors (see instructions) Use duplicate co	ples of Part I if additional space is	needed
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Caterpillar Inc  100 NE Adams Street  Peoria, IL 61629-1480	\$ 26000.00	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person  Payroll  Noncash  (Complete Part II of there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person  Payroll  Noncash  (Complete Part II If there is a noncash contribution)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person  Payroll  Noncash  (Complete Part II If there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
··································		\$	Person [] Payroll [] Noncash [] (Complete Part II If there is a noncash contribution.)