

# 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



**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2011

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Α	For the 2	2011 cale	endar year, or tax year beginning July 1 , 2011, and endir	ng Jur	ne 30	, 20 12
В	Check if a	pplicable	C Name of organization Oakton Community College Educational Foundation		D Employ	er identification number
	Address c	hange	Doing Business As			36-2917302
$\overline{\Box}$	Name cha		Number and street (or P O box if mail is not delivered to street address) Room/su	ııte	E Telepho	ne number
$\Box$	Initial retui	-	1600 E. Golf Road	1510		18476351893
$\exists$			City or town, state or country, and ZIP + 4			
$\exists$	Terminate Amended		Des Plaines, IL 60016-1234		<b>G</b> Gross re	eceipts \$ 1,002,980
$\overline{\Box}$				H(a) is this a		for affiliates? Yes Vo
_	пррпоапо	n penamg				ncluded? Yes No
_	T	-4 -4-4	✓ 501(c)(3)			a list (see instructions)
<u>'</u>	Tax-exem Website:		w.oakton.edu/giving/index.php	<del></del>		number ▶
	artil			tion 1977	IVI State	of legal domicile IL
5.0		Summ	•		nicolon is	to build community
	1	-	escribe the organization's mission or most significant activities. The Fo			to build community
æ	-!	relations	hips and secure resources to benefit students and Oakton Community Coll	ege District :	35	
Activíties & Governance						
Ë						
Š	1		his box $lacktriangle$ $lacktriangle$ if the organization discontinued its operations or disposed (	of more thar	125% of	its net assets.
<u>ح</u>	3 1	Number (	of voting members of the governing body (Part VI, line 1a) .   .   .   .   .		3	25
S	4 1	Number (	of independent voting members of the governing body (Part VI, line 1b)		4	25
ξ	5 7	Total nur	mber of individuals employed in calendar year 2011 (Part V, line 2a)		5	
Ę	6 1	Fotal nun	mber of volunteers (estimate if necessary)		6	12
⋖	7a 7	Total unr	related business revenue from Part VIII, column (C), line 12		7a	105
			lated business taxable income from Form 990-T, line 34	_	7b	
707				Prior Ye	ar	Current Year
7	8 (	Contribut	tions and grants (Part VIII, line 1h)	•	884,894	797,877
ກຊຶ່	1		service revenue (Part VIII, line 2g)			
Revenue	1	-	ent income (Part VIII, column (A), lines 3, 4, and 7d)	-	,794,849	210,218
ڇدِ	[		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		45,682	116,394
ם ח	1		enue—add lines 8 through 11 (must-equal-Part VIII, column (A), line 12)			
					2,725,425	1,124,489
Sesul uses			nd sımılar amounts paid (Part IX, column/(A), lines 1-3)		516,414	655,416
Ų.			paid to or for members (Part IX, column (A), line 4)			
SS	15 9	Salaries, o	other compensation, employee-benefits (Part IX, column (A), lines 5–10)			
Ž.	1		onal fundraising fees (Part IX, column (A), line 11e)			
5ĕ.			draising expenses (Part IX, column (D), line-25)-▶	(A4615) [D	Philips III	
Эш			penses (Part IX, column (A), lines 11a-11d, 11f-24e		477,655	525,870
	18 T	otal exp	penses. Add lines 13-17 (must-equal-Part IX, column (A), line 25) .		994,069	1,181,286
		Revenue	less expenses. Subtract line 18 from line 12	1	,731,356	(56,797)
o ses				Beginning of Cu	rrent Year	End of Year
Net Assets or Fund Balances	20 T	otal ass	ets (Part X, line 16)	11	,588,718	11,223,654
TAS GB	21 T	otal liab	olities (Part X, line 26)		345,572	171,168
ž.5	22 N	Vet asset	ts or fund balances Subtract line 21 from line 20	11	,243,146	11,052,486
	art III		ture Block			
			inv. I declare that I have examined this return, including accompanying schedules and state	ments, and to ti	ne best of r	ny knowledge, and belief it is
			lete Declaration of preparer (other than officer) is based on all information of which prepare			ny mananaga ama banan, mb
-		\	1 1 () ()		12-11	- /12
Sig	ın l	Signa	ature of officer	Da	te	112
He	I		oward Singer, Pres <del>ident</del>			
			e or print name and title			
_		<u>,                                     </u>		ate		PTIN
Pa			Tropado o signatoro	***	Check [	
	eparer	-			self-emp	noyeu
Us	e Only			Firm	ı's EIN ▶	
			ddress ▶	Pho	ne no	
Ma	y the IRS	discuss	s this return with the preparer shown above? (see instructions)	<u> </u>		🗌 Yes 🗌 No
For	Paperwo	rk Reduc	ction Act Notice, see the separate instructions. Cat N	lo 11282Y		Form <b>990</b> (2011)



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-arτ	V. Checklist of Required Schedules	1	V	- 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	No_
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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	<b>V</b>	~
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		~
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		~
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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		v
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		v
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8_	~	
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		,
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	V	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	,	
	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		~
	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		~
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e	V	·
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	~	,
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		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14 a		14a	ļ	1
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, Parts I and IV	14b		,
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? If "Yes," complete Schedule F, Parts II and IV	15		~
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		~
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	,	
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		,
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part	Checklist of Required Schedules (continued)			<del></del>
21	Did the exceptance report move than \$5,000 of events and other economics to any approximant or exceptance	<del></del> -	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	~	
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	~	
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	>	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
	\$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		,
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b		
С	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		~
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		~
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		,
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		,
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	-		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		,
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		-
_	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		~
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	7	<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	00		<del> </del>
	Part I	31		~
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		_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		,
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	<b>y</b>	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
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		V
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			-
37	related organization? If "Yes," complete Schedule R, Part V, line 2	36	~	
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		~
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_	1	<u> </u>

Part	V · Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			<u> </u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	<b>V</b>	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10		
20	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? .	2b		
_	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
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		Ì	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			_
	account)?	4a		~
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? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		
b	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		V
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).	<u> </u>		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	<u> </u>		
_	and services provided to the payor?	7a	<u> </u>	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	~	
С	required to file Form 8282?	7c		_
d	If "Yes," indicate the number of Forms 8282 filed during the year	1		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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	<u> </u>		,
	organization, have excess business holdings at any time during the year?	8		<b>/</b>
9 a	Did the organization make any taxable distributions under section 4966?	9a	<u>_</u>	-
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter.	19 th pf	^ ,	
а	Initiation fees and capital contributions included on Part VIII, line 12		1,	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	8.3	الله الله الله الله الله الله الله الله	
11	Section 501(c)(12) organizations. Enter:	100 2	-1. j. i.i.	,
a	Gross income from members or shareholders	卷點	*• (	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	4°-1',		ļ: `
12a	against amounts due or received from them.)	12a	<del></del>	ļ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .   12b	124	-1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O		-	
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	ļ		
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		~
r)	ni les luas il media comi izuno recon mese davinems (il livo, provide an explanamon in scriedine O	, j4()		

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.	ee ins	tructi	ons.
Casti	Check if Schedule O contains a response to any question in this Part VI	<u>···</u>	<u> </u>	<u> </u>
Secu	on A. Governing Body and Management		Yes	No
4	Enter the must be of colors and the necessary had not the end of the tourism.		103	
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.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent .    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		<u></u>
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		~
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?	4		V
6 7a	Did the organization have members or stockholders?	6 7a		V
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		•
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	~	
ь	Each committee with authority to act on behalf of the governing body?	8b	~	
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	/ - \	,
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	Yes	No
10-	Did the average have local charters by anches as affiliates?	10a	163	- NO
10a b	Did the organization have local chapters, branches, or affiliates?	10a		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	~	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	ンン	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	٧	
13	Did the organization have a written whistleblower policy?	13		~
14 15	Did the organization have a written document retention and destruction policy?	14	V	
а	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b		
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	• •	;; ;;	, 1
	with a taxable entity during the year?	16a		~
ь	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	-1	٠. <u> </u>	×,
<u> </u>	organization's exempt status with respect to such arrangements?	16b	<u></u>	<u> </u>
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed L  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply  Own website Lipon request	501(	c)(3)s	only)
19	Own website Another's website Upon request  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year			olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: ► Carlee Drummer 1600 East Golf Rd, Des Plaines IL 60016, (847)635-1893	of the	•	

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

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.

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 r	or any relate	d org	anız			ompe	ensa	ted any currer	t officer, director	r, or trustee
(A) Name and Title	(B) Average hours per week (describe	erage box, unless person is both an officer and a director/trustee)						(D)  Reportable compensation from the	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Daniel N Luber	32	\ \						0	o	o
(2) John Mabbott	32	,						0	0	0
(3) Vickı Prot	32	,						0	0	0
(4) Carolyn noonan Parmer, Foundation V P	32			,				0		
(5) Douglas A Propp	32	,						0		
(6) Joan C Richards	32	,						0	0	
(7) M. Joyce Rico	32	,						0	0	0
(8) Jeffrey Rodriguez	32	,						0	0	0
(9) Howard S Singer, Foundation President	32			,				0		0
(10) Eugene Slade, Foundation V P.	32			~				0	0	0
(11) Stanley M Stevens	32	,						0	0	0
(12) Harry Tankus	32	~						0		0
(13) Thomas M. Tippett	32	,			-			0	. 0	
(14) Arnold D Cowen	32	,						0		0
			1			L	1			5 000 0044

Part VII	Compensation of Officers, Direct	ors, Trustees,	Key Employees,	Highest Compensated	Employees, and
	Independent Contractors				

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.

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 no	r any relate	d orga	anız	atio	n c	ompe	nsa	ited any currer	t officer, directo	r, or trustee.
				(0	<b>C)</b>					
(A)	(B)			Pos				(D)	(E)	(F)
Name and Title	Average					than one of the second		Reportable	Reportable	Estimated
	hours per					or/trust		compensation	compensation from	amount of
	week	0 =	=	6		ΩI	Ī	from	related	other
	(describe hours for	호	l st	Officer	ey	필호	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	related	eg di	듥	۳ ا	ğ	est o	Ē	(W-2/1099-MISC)		organization
	organizations	유학	nal		Key employee	e ca	l	ľ		and related
	in Schedule	Individual trustee or director	ã		e	ğ				organizations
	O)	8	Institutional trustee			Highest compensated employee				
			Ľ			8				
								]		
(1) August W Schaefer										
	32	-	_	_		ļ	_	0	0	
(2)	-	İ						,		
			_				<u> </u>			
(3)	-									
					_		<u> </u>			
(4)									Į	
			_	_			<u> </u>			
(5)	_									
(0)			<u> </u>	<u> </u>			-	<del></del>		<u> </u>
(6)										
(7)		-					ļ		-	
(7)	-		İ							
(0)			-				-			
(8)	-									
(0)		<del>  -</del>	-	$\vdash$	_		┢			<u> </u>
(9)	-									
(10)				_			-			<u> </u>
(10)										
14.43			-		_		<u> </u>			
(11)										
			_		_		<u> </u>	<del></del>		
(12)	-									
		<u> </u>	$\vdash$	_	<u> </u>		<u> </u>	-		-
(13)	-						]	}		
		<u> </u>	ļ	<u> </u>			<u> </u>			
(14)	4							}		}
								1	t .	T .

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	yees	s, ar	nd F	lighe	st C	ompensated E	<b>mployees</b> (co	ntınue	:d)	
•						C)							
	(A) (B) (do not do					ition	a than c	200	(D)	(E)		(F)	
	Name and title	Average					ıs boti		Reportable	Reportable		Estimated	
		hours per week	office	er and	_	lirect	or/trust	tee)	compensation from	compensation fr related	om	amount of other	
		(describe	우五	Inst	Officer	<u>@</u>	a F	ਹੁ	the	organizations		compensation	n
		hours for	Individual trustee or director	itut	ē	Key employee	ples	Former	organization	(W-2/1099-MIS	(C)	from the	
		related organizations	학교	ona		plo o	8 8		(W-2/1099-MISC)		-	organization and related	
		ın Schedule	rust	tra		уeе	npe					organizations	6
		O)	8	Institutional trustee			Highest compensated employee				İ		
				Ľ			ě.						
(15) K	enneth G. Daubenspeck							-					
	· · · · · · · · · · · · · · · · · · ·	.32	~						0		0		0
(16) D	onald E. Fisher							ŀ					
		.32	-					L	0		0		0
(17) S	/Ivia Footlik, Foundation V P									1			
		32			~	<u> </u>			0	•	0		0
(18) Vi	ctor P. Stasica, Foundation Treasurer												
		32	~					_	0		0		0
(19) H	ank Galatz												
		.32							0		0		0
(20) B	arbara Groshon							1					
		.32	~	Ш				_	0		0		0
(21) St	ephen B Kıng												
	<del></del>	.32	~			L.			0		0		0
(22) D	onald J. Koop												
		32	~						0		0		0
(23) AI	len B Kravis												
		32	-						0		0		0
(24) Bı	ian K. Little, Foundation V.P												
		.32			~				0		0		0
(25) C	arlee Drummer, Executive Director		}										
		.32				~			0	130,0	)41		0
1b	Sub-total			•						130,0	)41		
С	Total from continuation sheets to Part	·-		•	•								
d	Total (add lines 1b and 1c)						•	<b>•</b>		130,0			
2	Total number of individuals (including but			ose	list	ted a	above	e) w	ho received m	ore than \$100	0,000	of	
	reportable compensation from the organi	zation ► 0										т. т	
•												Yes	
3	Did the organization list any former of	ficer, direc	tor, c	or tr	uste	ee,	key e	emp	oloyee, or high	est compens	sated		
_	employee on line 1a? If "Yes," complete s										•	3 4000	V 2000
4	For any individual listed on line 1a, is the											1 1 4	
	organization and related organizations								complete Scr	edule J for	sucn		320 S
_	individual											4 🗸	Cherry Character
5	Did any person listed on line 1a receive of												
	for services rendered to the organization	rir Yes, c	ompi	ete .	Scr	ieal	ile J T	or s	sucn person	<u></u>	<u>.</u>	5	
	on B. Independent Contractors									<del></del>	•		
1	Complete this table for your five highest of												
	compensation from the organization Rep	ort compe	nsatio	on to	or tr	ne c	alend	ar y	ear ending wit	n or within the	e orga	inization's ta	ıx
	year	·						<del>-</del>					
	(A) Name and business add	race							(B) Description of s	00/1005	_	(C) ompensation	
	Name and business add							<u> </u>	Description or s	ervices			
								<u> </u>					
	· • · -							<u> </u>			-		
								<u> </u>					
											_		
	Total number of independent activities	المسادية	L.		-+ '			٠,,			· (50) · (40)	100 A 1000 1000 1000 1000 1000	Maria de la composição de la composição de la composição de la composição de la composição de la composição de
2	Total number of independent contractor received more than \$100,000 of compens							τn	use listed abo	ove) wno 🎏		***	
_	received infore than \$100,000 of compens	auon irom	me of	yan	ıı∠dl	иОП				144	<b>42. 2</b> 2.		

1, 1,

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
ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
G, E	С	Fundraising events 1c	6,678				
iifts ar A	d	Related organizations 1d	418,500				
s, G mië	е	Government grants (contributions) 1e					
ion:	f	All other contributions, gifts, grants,					
buti		and similar amounts not included above 1f	372,699				
ΞĒ	g	Noncash contributions included in lines 1a-1f \$	424,550				ł
Cor	h	Total. Add lines 1a-1f		797,877			
			Business Code		<del></del>		
/en	2a				· · · · · · · · · · · · · · · · · · ·		
Re	ь						
Program Service Revenue	С						
èrv	d						
E	е		···		-		
gra	f	All other program service revenue					
Pro	g	Total. Add lines 2a-2f	▶				
	3	Investment income (including divide					
		and other similar amounts)	▶	210,218			210,218
	4	Income from investment of tax-exempt bo	ond proceeds ►			-	
	5	Royalties	▶			• • • • • • • • • • • • • • • • • • • •	
		(ı) Real	(ii) Personal				
	6a	Gross rents .					
	b	Less rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)	. ▶				
	7a	Gross amount from sales of (i) Securities	(II) Other				
		assets other than inventory					
	b	Less. cost or other basis and sales expenses .					
	С	Gain or (loss)					
	d	Net gain or (loss)					
	_			4 - 4 -			
venue	8a	Gross income from fundraising events (not including \$					
		of contributions reported on line 1c).					
Ē		See Part IV, line 18 a	113,774			•	
Other Re	<b>L</b>	Less: direct expenses b		,		,	
Ó		Net income or (loss) from fundraising		66,783	,		66,783
		Gross income from gaming activities.	evento .	00,783			00,783
	74	See Part IV, line 19 a	6,780				
	h	Less direct expenses b	0,700		•		
	b C	Net income or (loss) from gaming activ	vities <b>&gt;</b>	6,780			6,780
		Gross sales of inventory, less	VIII.CO P	0,700			0,760
	100	returns and allowances a		, ,	•		
	b	Less: cost of goods sold b		^			
	C	Net income or (loss) from sales of inve	entory .				
		Miscellaneous Revenue	Business Code				
	11a	Endowment Management Fee	561000	42,726	42,726		
	b			,0	.2,.20		
	c		-				
	ď	All other revenue	541800	105		105	
	e	Total. Add lines 11a–11d	▶	42,831			
	12	Total revenue. See instructions		1,124,489	42,726	105	283,781

# 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 respon	se to any question	in this Part IX		🗆
	t include amounts reported on lines 6b, 7b, , 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	157,549	157,549		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	497,867	497,867		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4 5	Benefits paid to or for members  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 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 10	Other employee benefits				
11	Fees for services (non-employees):				
a b	Management	2,250	-	2,250	
С	Accounting	4,900		4,900	
d	Lobbying				
e ₄	Professional fundraising services. See Part IV, line 17	24 627		24 627	
f g	Investment management fees	34,637		34,637	
12	Advertising and promotion				
13	Office expenses				
14	Information technology	<del></del>			
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials	22.057		22.057	
19 20	Conferences, conventions, and meetings .  Interest	22,857		22,857	
21	Interest		<u></u>	-	
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered			д <sup>2 - 8</sup> - 4 31 - н	
	above. (List miscellaneous expenses in line 24e. If	* -a		· • • • • • • • • • • • • • • • • • • •	,
	line 24e amount exceeds 10% of line 25, column	5 4	٠- ,	4. 2. 2. 2. 2. 2. 2	,
	(A) amount, list line 24e expenses on Schedule O.)		,,		,
a	Endowmnet Management Fee	42,726		42,726	
b	Contributed Services	418,500		418,500	-
c d				<u> </u>	<u> </u>
a e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,181,286	655,416	525,870	<del></del>
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				
	following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** (B) Beginning of year End of year Cash—non-interest-bearing . . . 1 23,278 130 1 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net . 3 4 Accounts receivable, net . . . . 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 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 Prepaid expenses and deferred charges 9 Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 10b | b Less: accumulated depreciation 10c Investments—publicly traded securities 11 11 12 Investments—other securities See Part IV, line 11 . 11,564,013 12 11,223,010 13 Investments—program-related. See Part IV, line 11 13 14 . . . Intangible assets 14 15 Other assets. See Part IV, line 11 . . . . . . . . 514 1,427 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . 11,588,718 16 11,223,654 17 Accounts payable and accrued expenses . . . . . . 249,191 17 90,037 18 Grants payable 18 19 Deferred revenue . 500 19 Tax-exempt bond liabilities . . . . . . . . . . . . . . . . . 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key 22 Liabilities employees, highest compensated employees, and disqualified persons. 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X 95,881 81,131 of Schedule D 25 26 Total liabilities. Add lines 17 through 25 . 345,572 26 171,168 Organizations that follow SFAS 117, check here ▶ □ and complete - 191 Fund Balances lines 27 through 29, and lines 33 and 34. Acres 47 Unrestricted net assets . . . . . . . . 27 6,735,492 27 6,451,786 28 Temporarily restricted net assets . . . . . 1,808,431 28 1,737,718 29 Permanently restricted net assets . . . . . . . . . 2,699,223 29 2,862,982 Organizations that do not follow SFAS 117, check here ▶ □ and 1-21 8 · 145 complete lines 30 through 34. Assets or 30 Capital stock or trust principal, or current funds . . . . . . . . . 30 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 31 32 Retained earnings, endowment, accumulated income, or other funds . 32 Net 33 11,243,146 33 11,052,486 Total liabilities and net assets/fund balances . . . . . 11,588,718 11,223,654

✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

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

. . . . . . . . .

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Form **990** (2011)

the Single Audit Act and OMB Circular A-133?

# SCHEDULE A (Form 990 or 990-EZ)

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

Open to Public Inspection

Name of the organization Employer identification number Oakton Community College Educational Foundation 36-2917302 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) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) 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. **b** Type II 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). If the organization received a written determination from the IRS that it is a Type II, or Type III supporting . . . . 🖂 . 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 Yes No (iii) below, the governing body of 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) Provide the following information about the supported organization(s). (ii) EIN (vii) Amount of (iii) Type of organization (iv) is the organization (i) Name of supported (v) Did you notify (vi) Is the in col (i) listed in your (described on lines 1-9 the organization in organization in col organization support governing document? col (i) of your (i) organized in the above or IRC section support? (see instructions)) Yes Yes Yes (A) Oakton Community 36-2681999 590,025 College Dist 535 (B)

(C)

(D)

(E)

Total

590.025

1. 1.

Part	II Support Schedule for Organiza	tions Descr	ibed in Secti	ions 170(b)(1	)(A)(iv) and 1	70(b)(1)(A)(v	i)			
	(Complete only if you checked th						alify under			
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)				
	ion A. Public Support		· · · · · · · · · · · · · · · · · · ·		,	· ·				
	ndar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</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	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									
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						<u> </u>			
	ion B. Total Support				1 ( 0 00 00	1	T (0 =			
	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total			
7	Amounts from line 4			<u> </u>	<del> </del>	<del> </del>	<del> </del>			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources									
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)									
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.					12	0			
13	First five years. If the Form 990 is for th	_			-					
C	organization, check this box and stop he		· · · ·			•	<b>▶</b> □			
<u>Secti</u>	ion C. Computation of Public Suppor Public support percentage for 2011 (line 6			1 column (4)		14	%			
15	Public support percentage for 2011 (line of Public support percentage from 2010 Sch		•			15	<del></del>			
16a	331/3% support test—2011. If the organization qua	zation did not	check the box	on line 13, an						
b	331/3% support test-2010. If the organ	nization did no	ot check a box	on line 13 o		2 15 is 33 <sup>1</sup> /3%				
17a										
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization means are supported organization	tion meets the	e "facts-and-ci	rcumstances"	test, check th	nis box and st	top here.			
18	Private foundation. If the organization du instructions	d not check a	box on line 13		a, or 17b, chec	k this box and	see ▶ □			

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 te	ests listed bel	ow, please co	omplete Part	II.)	
	on A. Public Support		·	1		· · · · · ·	
Calen	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</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						<del></del>
	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						
_	•		1			<del></del>	<del>                                     </del>
5	The value of services or facilities				ľ		
	furnished by a governmental unit to the		1	1			
_	organization without charge		ļ	ļ			
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3				Ì		
	received from disqualified persons .						
b	Amounts included on lines 2 and 3					1	
	received from other than disqualified						
	persons that exceed the greater of \$5,000			1			1
	or 1% of the amount on line 13 for the year		ł			l	<u> </u>
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support		•	•	•	•	<u> </u>
	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	, ,	1	1	, ,	,	
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,			l .	]		İ
	royalties and income from similar sources .						ļ
h	Unrelated business taxable income (less						
U	section 511 taxes) from businesses						
	acquired after June 30, 1975			l	1		
						<del> </del>	<del> </del>
-	Add lines 10a and 10b	-	<del> </del>		1		<del>                                     </del>
11	Net income from unrelated business		1				
	activities not included in line 10b, whether						
	or not the business is regularly carried on					1	ļ
12	Other income Do not include gain or			1		1	
	loss from the sale of capital assets		1	1		]	
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,					]	1
	and 12.)						<u> </u>
14	First five years. If the Form 990 is for the	ne organizatio	n's first, secon	id, third, fourth	n, or fifth tax y	ear as a section	on 501(c)(3)
	organization, check this box and stop he	re					<b>&gt;</b> 🗆
Secti	on C. Computation of Public Suppor	t Percentag	je				
15	Public support percentage for 2011 (line	3, column (f) d	livided by line 1	13, column (f))		15	%
16	Public support percentage from 2010 Sci	nedule A, Part	III, line 15 .			16	%
Secti	on D. Computation of Investment In	come Perce	entage				
17	Investment income percentage for 2011 (	line 10c, colur	nn (f) divided b	y line 13, colu	mn (f))	17	%
18	Investment income percentage from 2010		• •	•		18	%
19a	331/3% support tests-2011. If the organ					nore than 331/3	%, and line
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2010. If the organiz		<del>-</del>			=	_
~	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di		_	-	•	-	_

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

### SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

OMB No 1545-0047

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

Open to Public Inspection

Name of the organization Employer identification number **Oakton Community College Education Foundation** 36-2917302 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts Total number at end of year . . . . 2 Aggregate contributions to (during year) Aggregate grants from (during year) . Aggregate value at end of year . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements . 2a 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . . . . ☐ Yes ☐ No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) 8 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. 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. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 . . . . . . ▶ \$\_\_ (ii) Assets included in Form 990, Part X . . . . If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenues included in Form 990, Part VIII, line 1 . . . . . . . . . . Assets included in Form 990, Part X

:, :,

Part	III. Organizations Maintaining	Collections of	Art, Historical T	reasures, or Ot	her Similar Ass	ets (continued)
3	Using the organization's acquisition, a collection items (check all that apply)	accession, and other	her records, chec	k any of the follow	wing that are a sig	nificant use of its
_			. 🗆 .			
a	Public exhibition			or exchange prog		
b	Scholarly research		e 📙 Other			
C	Preservation for future generations		and avalous hour t	hau furthar tha are	ronizotion's average	st numbers in Dort
4	Provide a description of the organizat XIV.	ion's collections a	and explain now the	ney turther the ort	janization's exemp	ot purpose in Part
5	During the year, did the organization					
	assets to be sold to raise funds rather					☐ Yes ☑ No
Part	Escrow and Custodial Arra			anızation answe	red "Yes" to For	m 990, Part IV,
	line 9, or reported an amoun					<del></del>
1a				or contributions of		☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa					
_					Ām	ount
С	Beginning balance			10	:	
ď	Additions during the year			10	_	
е	Distributions during the year .			16	_	
f				11		
2a	Did the organization include an amour		art X, line 21? .	<u></u> -		☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa		·			
Par	V Endowment Funds. Comple	ete if the organiz	ation answered	"Yes" to Form 9	90, 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	7,195,005	6,037,264	5,489,739	6,503,719	Ï
b	Contributions	168,618	141,934	121,239	402,699	
C	Net investment earnings, gains, and					
	losses	26,672	1,266,882	599,527	(1,232,377)	
d	Grants or scholarships	(428,351)	(205,523)	(154,326)	(124,302)	
е	Other expenditures for facilities and		:	-		-
	programs	(451,506)	0	0		}
f	Administrative expenses	(42,726)	(45,552)	(18,915)	6,503,719	,
g	End of year balance	6,467,712	7,195,005	6,037,264	5,549,739	
2	Provide the estimated percentage of t		d balance (line 1g	, column (a)) held	as:	
а	Board designated or quasi-endowmer	nt ▶40	2%			
b	Permanent endowment ▶	44 %				
С	Temporarily restricted endowment ▶	16 %				
	The percentages in lines 2a, 2b, and 2	•				
3a	Are there endowment funds not in the	e possession of th	ie organization tha	at are held and ad	lministered for the	
	organization by:					Yes No
	(i) unrelated organizations					3a(i) 🗸
	(ii) related organizations					3a(ii)
ь	If "Yes" to 3a(II), are the related organi					3b
4	Describe in Part XIV the intended uses					
Part				ľ		
	Description of property	(a) Cost or oth (investme		1	Accumulated epreciation	(d) Book value
1a	Land					
b	Buildings					
С	Leasehold improvements					
d	Equipment					
е	Other					
Total.	Add lines 1a through 1e. (Column (d) m	nust equal Form 99	90, Part X, column	(B), line 10(c).)	▶	

Part VI!	<u></u>	Cas Form 000 Dart V	line 10	Page 3
	Investments – Other Securities		I	
(a	Description of security or category (including name of security)	(b) Book value		thod of valuation i-of-year market value
(1) Financial	derivatives			
(2) Closely-h	ield equity interests			
(0) Other				
	cate of Deposits	200,000	Market Value	
	Market Account	<del></del>	Market Value	
(C) Mutua		·	Market Value	
(D)		73,729,11		
(E)				
(F)				
(G)	***************************************	· · · · · · · · · · · · · · · · · · ·		
(H)				<del></del>
(I)				
	b) must equal Form 990, Part X, col (B) line 12)	11 222 010		
Part VIII	Investments—Program Related	11,223,010		······································
				Ab
(	a) Description of investment type	(b) Book value		thod of valuation I-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets. See Form 990, Pa	rt X. line 15		
		) Description		(b) Book value
(1) Accrued	interest	· .		514
(2)				
(3)				
(4)		•		
(5)				
(6)			· <del>-</del> ·	
			····	
(7)	<u> </u>	<del></del>		
(8)				
(9)				
(10)	nn (b) must equal Form 990, Part X, co	of (R) line 15.)		514
Part X	Other Liabilities. See Form 990,		· · · · ·	514
1.	(a) Description of liability	(b) Book value		
	income taxes			
		0		
(2) Annuity	Payable	81,131		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
	n) must equal Form 990, Part X, col (B) line 25 ) 🕨	81,131		
0 FINE 40 (AC	SC 740) Footnote In Part XIV, provide	the tout of the feetwate to	the every	-1 -4-4

organization's liability for uncertain tax positions under FIN 48 (ASC 740).

value of \$2,051,305 Schedule D (Form 990) 2011

Supplemental Information (continued)
Part III - line 4
The works of art owned by the Foundation advances the goals of Oakton Community College, District 535, by making learning accessible,
enhancing the College's programs and services, and promoting community engagement by:
enhancing the aesthetic appeal of the campus environment;
• fostering art appreciation among the general public by making the collection freely available to those who may lack access to comparable
collections; and
• promoting the study or art, art history, and culture for the benefit of students and life-long learners
Part V line 4:
The Foundation's endowments advance Oakton Community College's, District 535, ability to be a leader in higher education by:
* awarding scholarships so that students have access to higher education; and
* pursuing critical initiatives, innovative programs, and/or unique learning opportunities that fall outside the College's annual operating
budget.
Part XII line 2d: Fundraising expense of \$46,991 is reported as an expense on the audited financial statements
Part XIII line 2d: Fundraising expense of \$46,991 is reported as an expense on the audited financial statements
Income Tax Status
The Foundation received a determination letter from the IRS in October 1977 stating that the Foundation is exempt from Federal income tax
because it is an organization described in Section 501(c)(3) of the Internal Revenue Code, and thus no provision for Federal income taxes
has been made in the accompanying financial statements
······

# **SCHEDULE G** (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name o	f the organization					Employer identifi	cation number
Oakto	n Community College Educational						2917302
Par	Fundraising Activities.				vered "Yes" to Fo	orm 990, Part IV,	line 17.
	Form 990-EZ filers are n						
1	Indicate whether the organization	n raised funds t			_		
a	✓ Mail solicitations				on of non-governr	-	
b	Internet and email solicitatio	ns			on of government	grants	
C	Phone solicitations		g 🕑	3 Special 1	fundraising events		
d 2a	In-person solicitations  Did the organization have a writ	ten or oral agre	ament with	any individ	dual (including offi	care directore trus	toes
Za	or key employees listed in Form						
b	If "Yes," list the ten highest paid	-	-			_	
_	compensated at least \$5,000 by						
	(i) Name and address of individual or entity (fundraiser)	(II) Activity	custody o	draiser have or control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		1	Yes	No		COI (I)	<del> </del>
1				1.40	1		
•							
2			<del>                                     </del>				
3							
4							
5							
Ū							
6							
7					1		
8						<del></del>	
Ü			-				
9							
10							
		<u> </u>		<u> </u>			<u> </u>
Total							
Total 3	List all states in which the orga	nization is regis	stered or lic	ensed to s	solicit contributions	s or has been notif	ed it is exempt from
_	registration or licensing.						,
- <b></b>							
					<del>-</del> -		·
	••••		•••••				
	•••••						

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		gross receipts greater tha	11 \$3,000.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Oakton at Arlington	Bar Reveu	Spring Event	(add col (a) through
			(event type)	(event type)	(total number)	col (c))
ē						
Revenue	1	Gross receipts .	42,730	14,560	69,943	127,233
Š	2	Less. Charitable	42,730	14,300	03,343	127,233
Œ	_	contributions				
	3	Gross income (line 1 minus				
		line 2)	42,730	14,560	69,943	127,233
			538	ol	o	538
	4	Cash prizes	3			330
	5	Noncash prizes	1,450	o	0	1,450
		·				
Ses	6	Rent/facility costs .	1,000	ol	6,057	7,057
eus						
ğχ	7	Food and beverages .	17,680	اه	11,566	29,246
Ħ	′	1 ood and beverages .	17,000		11,300	25,240
Direct Expenses		F-1-1		4 400	7 200	0.700
٥	8	Entertainment .	0	1,400	7,300	8,700
	9	Other direct expenses .	0	0	0	
	10	Direct expense summary. Ad	d lines 4 through 9 in c	olumn (d) .	▶	( 46,991 )
	11	Net income summary Comb	ine line 3, column (d), a	nd line 10	▶	80,242
Pa	rt III	Gaming. Complete if the	organization answer	red "Yes" to Form 990	0, Part IV, line 19, or i	reported more
		than \$15,000 on Form 99				·
_		•		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
Ϋ́Ε						
Be		0				
—		Gross revenue				
ses	2	Cash prizes .				
Direct Expenses						
χ	3	Noncash prizes			<u></u> .	
щ						
ည	4	Rent/facility costs .		1		
₫		-				
	5	Other direct expenses .				
		F	☐ Yes %	☐ Yes %	☐ Yes %	
	6	Volunteer labor	□ No	□ No	☐ No	
	٠	volunteer labor				
	-,	Durant aurana aurana Ari	al limas O Abriginals E is a	-l (d)		
	7	Direct expense summary. Ad	a lines 2 through 5 in c	olumn (a)		
					_	
	8	Net gaming income summar	Combine line 1, colur	nn d, and line 7 .	<u> </u>	
9	Er	nter the state(s) in which the or	ganization operates gar	ming activities		
	a Is	nter the state(s) in which the or the organization licensed to op	perate gaming activities	in each of these states	?	🗌 Yes 🗌 No
	b If					
	,					
40	- 1A	loro any of the organization's a				
		/ere any of the organization's g	aming ildenses revoked	, suspended or termina	ted during the tax year:	. Lites Lino
	b If	"Yes," explain:	••••••			

Schedu	ale G (Form 990 or 990-EZ) 2011			Р	age 3
11 12	Does the organization operate gaming activities with nonmembers?  Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other erformed to administer charitable gaming?	ntıty		es 🗌 es 🗎	
13	Indicate the percentage of gaming activity operated in.		_		
а		13a			%
b	•	13b			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books records	and			
	Name ►			•	
	Address►				
	revenue?		□ Y	es 🗌	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	:			
	amount of gaming revenue retained by the third party ▶ \$				
С	If "Yes," enter name and address of the third party:				
	Name ►				
	Address►				
16	Gaming manager information:				
	Name ►				
	Gaming manager compensation ▶ \$				
	Description of services provided ▶				
	☐ Director/officer ☐ Employee ☐ Independent contractor				
17	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceed	ls to			
	retain the state gaming license?		□ Y	es 🗌	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organization spent in the organization's own exempt activities during the tax year > \$				
Part	Supplemental Information. Complete this part to provide the explanations required by Pacolumns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also part to provide any additional information (see instructions).				i
	······································				
					·

Page 3

# SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

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

1545-0047	1
OMB No	20

Open to Public Inspection

36-2917302

✓ Yes

Employer identification number 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. Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ► Attach to Form 990. Part II can be duplicated if additional space is needed the selection criteria used to award the grants or assistance? Part General Information on Grants and Assistance Oatkon Community College Education Foundation Name of the organization

1 (a) Name and address of organization or government	( <b>p</b> ) EIN	(c) IRC 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
(1) Oakton Community College 1600 E Golf, Des Plaines IL 60016	36-2681999	501(c)(3)	157,549	0			See below
(2)							
(3)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)	-						
(12)							
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	1 501(c)(3) and gov	vernment organizat	tions listed in the li	ine 1 table	-		_ 0
18	34 - 4-	- K F					11 100 1000 Live 1

Schedule I (Form 990) (2011)

Cat No 50055P

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

Schedule I (Fc	Schedule I (Form 990) (2011)					Page 2
Part III	Grants and Other Assistance to Individuals in Part III can be duplicated if additional space is		nited States. Com	plete if the organiz	ation answered "Yes" to	in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. 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
-						
8						
က						
4						
5						
9						
7						
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	this part to prov	ide the information	n required in Part I,	line 2, and any other ado	Itional Information.
Part I						
The Found	The Foundation's major expenditure activities and related records a	records are manag	ed by the accounting	office of Oakton Com	re managed by the accounting office of Oakton Community College, District 535	The office is responsible for obtaining
adequate s	adequate supporting documentation before expenditures are made.	are made.				
Part II						
In addition	In addition to scholarship funding for students attending Oaktnon Community College, the Foundation awards various grants to the College to supplement education innovations and other	Oaktnon Communit	y College, the Founda	ition awards various g	rants to the College to supple	ment education innovations and other
strategic ın	strategic initiatives that support student learning					
						Schedule I (Form 990) (2011)

# **SCHEDULE J** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

**Oakton Community College Foundation** 

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Employer identification number

36-2917302

'art	Questions Regarding Compensation				
			Yes	No	
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items				
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use				
	☐ Travel for companions ☐ Payments for business use of personal residence				i
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees				ļ
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)				l
	- Sociotionary spanialing account - Transfer and transfer			İ	
ь	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment				Į
_	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to				1
	explain.	1b		:	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,				-
	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2			
					Ī
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the				
	organization's CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a				ļ
	related organization to establish compensation of the CEO/Executive Director Explain in Part III.				
	☐ Compensation committee				1
	☐ Independent compensation consultant ☐ Compensation survey or study				ļ
	☐ Form 990 of other organizations ☐ Approval by the board or compensation committee				l
					l
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			İ	
	organization or a related organization		ĺ ·		
а	Receive a severance payment or change-of-control payment?	4a		V	•
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		1	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		1	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	,			1
				,	
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.	1.	ļ. ·	١,	1
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	148		٠.	I
	compensation contingent on the revenues of.	1,1	-g+3 ]	3.6	
a	The organization?	5a	<u> </u>	0	-
b	Any related organization?	5b		~	7
_	If "Yes" to line 5a or 5b, describe in Part III.	34.5	P 4	١,	
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of	, (		ŀ	1
				<u> </u>	J
a	The organization?	6a	<del> </del>	V	-
b	Any related organization?	6b		_	ī
7	If "Yes" to line 6a or 6b, describe in Part III.	<u> </u>		ļ	J
'	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	,		,	
		7		ļ -	-
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe				
	In Part III			·	
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	8		Ļ-	-
3	Regulations section 53.4958-6(c)?	9		1	

Partil Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII

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

(B) Breakdown of W-2 and/or 1099-MISC compensation	35	(B) Breakdown or	f W-2 and/or 1099-MIS	and/or 1099-MISC compensation	(C) Betrement and	a ppincable column	(F) Table (E) announce	מומר הומר
(A) Name	-	(i) Base compensation	(II) Bonus & Incentive compensation	(III) Other reportable compensation	other deferred	(b) Normaxable benefits	(E) (O)-(D)	(F) Compensation reported as deferred in prior Form 990
Carlee Drummer	(8)	130,041	0	0	0	0	0	0
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for Oakton Community College District 535 Approximately 10% to 15% of her time is committed to serving	d of Tr	vey co											
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Carlee Drummer is the Executive Director for College Advancement	the Foundation as their Executive Director Oakton Community College District 535's Board of Trustees approves here employment contract The basis for her salary at the	original hire date and related increases since then have been based on compensation survey conducted by College's Human Resource Department											
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Carl	the	) ju				<u>:</u>							

# SCHEDULE M (Form 990)

# **Noncash Contributions**

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No 1545-0047

2011

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Oakton Community College Education Foundation

Employer identification number 36-2917302

Part	Types of Property					
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) of determining tribution amounts
1	Art-Works of art	~	61	0		
2	Art—Historical treasures					
3	Art—Fractional interests					
4	Books and publications	~		0	Mrkt determi	ned by donor
5	Clothing and household		•			
	goods					
6	Cars and other vehicles		1	0	Form 8283 fi	led by donor
7	Boats and planes					
8	Intellectual property .					
9	Securities—Publicly traded .		1	\$ 6,050	mean value o	of stock price
10 11	Securities — Closely held stock . Securities — Partnership, LLC,					
• •	or trust interests					
12	Securities—Miscellaneous					
13	Qualified conservation					
	contribution—Historic					
	structures					
14	Qualified conservation					
	contribution—Other					
15	Real estate—Residential .					
16	Real estate—Commercial					
17	Real estate—Other					
18	Collectibles					
19	Food inventory		5	0	Mrkt determi	ned by donor
20	Drugs and medical supplies .		· · · · · · · · · · · · · · · · · · ·			
21	Taxidermy					
22	Historical artifacts					
23 24	Scientific specimens		<del>"=</del>			
2 <del>4</del> 25	Archeological artifacts Other ► ( Donated labor cost )	V	1		Marke dotormi	mod by domes
26	Other ( Auction Items )	<u> </u>	110			ned by donor ned by donor
27	Other ► ( Admin Services )		1			ined by donor
28	Other ► ( inventory )		68,999		<del>-</del>	ned by donor
29	Number of Forms 8283 received		ganization during the tax y	year for contributions for		
	which the organization completed	Form 8283	3, Part IV, Donee Acknowle	dgement	29	1
						Yes No
30a	During the year, did the organizat					Sept Sept and
	it must hold for at least three year			•		
	used for exempt purposes for the		ing period?			30a 🗸
	If "Yes," describe the arrangemen					13 34 1
31	Does the organization have a	gift accep	tance policy that require	s the review of any no	n-standard	
00	contributions?					31 🗸
32a	Does the organization hire or use contributions?					
L		•	• • • • • • •			32a 🗸
ь 33	If "Yes," describe in Part II.	amount :-	column (a) for a time of	mandy for which actions /-\	المعادمة	
33	If the organization did not report ar describe in Part II	i amount in	column (c) for a type of pro	pperty for which column (a) i	s cnecked,	, ,

Part II .	<b>Supplemental Information.</b> Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
Part I line 1	l:
In accorda	ncw with SFAS 116, the foundation has elected not to report art, historical treasures, and other forms of non-cash property
as revenue	s. Instead, the Foundation records the market value of the gift assigned by the donor to facilitate the completion of Form 8283
Part I line 2	25·
Oakton Co	mmunity College, District 535, provides the Foundation accountin and other services
	•••••••••••••••••••••••••••••••••••••••
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## **SCHEDULE O** (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

2011

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Form 990 - Part VI Section B (11a) Policies:

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.

Open to Public Inspection

Employer identification number

36-2917302

Oakton Community College Educational Foundation's President and Treasurer, the Executive Director of College Advancement, and the
Director of Accounting Services for the College review the completed 990 tax return Copies are also distributed to the Education
Foundation's Investment Committee, chaired by the Foundation's Treasurer
Form 990 - Part VI Section B(12c) Policies
Oakton Community College Educational Foundation's Policies sets forth the following:
" a member of the Educational Foundation's Board of Directors shall avoid conflict of interest or the appearance of conflict of interest
as it relates to their position on the board or association with the College " The President of the Educational Foundation and the Chair of the
membership Committee carefully monitor the behavior of the Board Members
Form 990 - Part VII line 25
The person is fully employed by Oakton Community College At the interest of the Oakton's students, the person is operating as the
Executive Director of the Foundation The person does not receive any form of compensation from the Foundation for this responsibility
The number of hours working for the Foundation will vary from week to week. It is estimated that 10% to 15% of the Executive Director of
the Foundation is committed to the Foundation
Form 990 - Part XI line 5
The amount represents the unrealized loss on investments.

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Oakton Community College Education Foundation

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ Attach to Form 990.

► See separate instructions.

Part I Identification of Disregarded Entities (Complete of the organization answered "Yes" to Form 990, Part IV, line 33.)

OMB No 1545-0047 80

Open to Public Inspection
Employer identification number

36-2917302

(a) Name, address, and EIN of disregarded entity .	Print	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(6)						
(4)						
(9)						
(9)						
Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	ons (Complete if the tax year.)	the organization a	nswered "Yes" to	Form 990, Part	IV, line 34 beca	use it had
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) S Direct controlling entity	Section 512(b)(13) controlled entity?
						Yes No
(1) Oakton Community College, District 535, 1600 E. Golf Rd, Des Plaines, IL 60016, EIN 36-2681999	Education	11		Government Unit n/a	וון ח/ם	2
(2)						
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat	Cat No 50135Y		Schedule	Schedule R (Form 990) 2011

Schedule R (Form 990) 2011

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(k) Percentage ownership								ırt IV,	(h) Percentage ownership							
al or ging er?	o Z							), Pa	f assets							
(i) General or managing partner?	Yes							ე66 ш	(g) Share of end-of-year assets							
(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)								e as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, izations treated as a corporation or trust during the tax year.)	(f) Share of total income end-							
) ons?	8							inswe)	entity corp, st)							
(h) Disproportionate allocations?	Yes							tion a year.	(e) Type of entity (C corp, S corp, or trust)							
nd-of- sets								aniza e tax		ļ						
(g) Share of end-of- year assets								<b>Identification of Related Organizations Taxable as a Corporation or Trust</b> (Complete if the organization ar line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	(d) Direct controlling entity							
(f) Share of total income								plete trust								
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(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)			:					as a								
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(c) Legal domicile (state or foreign country)								Identification of Related Organizations Taxable line 34 because it had one or more related organ								
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ne, i elati	(1)	(2)	(6)	(4)	(2)	(9)	(2)	Part IV		(1)	(2)	(3)	9	(2)	(9)	(2)

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) Part V

6	8	0 (60%)	Ciripode S		(0)
					(5)
					(4)
		rket	497,867 market	10	Oakton Community College, District 535
		ket	418,500 market	1c,1m,1n	Oakton Community College, District 535
		rket	157,459 market	1b	Oakton Community College, District 535
g und	l) determi involve	(a) Method of determining amount involved	(c) Amount involved M.	(b) Transaction type (a-r)	(a) Name of other organization
JS.	shole	tion thre	relationships and transac	ne, including covered	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.
7		<b>-</b>			r Other transfer of cash or property from related organization(s)
2		19			<b>q</b> Other transfer of cash or property to related organization(s)
	19.6				
7		2			
-	7	Ç			• Damburcament hard to related organization(c) for expenses
	>	t.			n Sharing of paid employees with related organization(s)
	>	<b>E</b>			m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
7 7		<del>+</del> =			<ul> <li>R Performance of services or membership or fundraising solicitations for related organization(s)</li> <li>I Performance of services or membership or fundraising solicitations by related organization(s)</li> </ul>
7		-		•	j Lease of facilities, equipment, or other assets from related organization(s)
١.		=			I Lease of facilities, equipment, or other assets to related organization(s)
· ·		:			באטומושפט טו משפט איווון סומופט טושמוויבמווטוו(ש)
7 7		<del>2</del> <del>4</del>			g Purchase of assets from related organization(s)
2		#			f Sale of assets to related organization(s)
		<b>1</b> e			e Loans or loan guarantees by related organization(s)
7		1d			d Loans or loan guarantees to or for related organization(s)
	1	10			c Gift, grant, or capital contribution from related organization(s)
	7	1 <b>b</b>			<b>b</b> Gift, grant, or capital contribution to related organization(s)
7		1a			a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity.
			in Parts II-IV?	d organizations listed	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
ş	Yes				Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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

or gross revenue, mar was not a related organization. See instructions regarding exclusion for certain investment partitierships.	igaliizalioli. Set	instructions re	garding exclusiv	on for certain	ii iiivesimeni pa	irinersiips.				
(a) Name address and FIN of entity	(b) Primary activity	(c)	(d) Prediminant	(e)	(f) Share of	(g) Share of	(h) Dienroportionate	(I) Code V—11BI	(j) General or	(k) Dercentage
	, , , , , , , , , , , , , , , , , , , ,	(state or foreign country)	- 0	section 501(c)(3) organizations?	total income		allocations?	<i>a</i> -		ownership
			section 512-514)	Yes No			Yes No		Yes No	
(1)									_	
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(16)										

Schedule R (Form 990) 2011

Part VII	Supplemental Information  Complete this part to provide additional information for responses to questions on Schedule R (see instructions).
Part V line	lb
The amoun	t represents grants awarded to Oakton Community College, District 535, for strategic initiatives or general operations.
Par V line 1	c
The contrib	ution from Oakton Community College, District 535, relates to accounting and management support services for the foundation
Part V line	lo
The amoun	t represents reimbursement to Oakton Community College, for student scholarships
· <b></b>	
•••••	
	<del>-</del>