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SCANNED DEC

**Return of Organization Exempt From Income Tax** 

OMB No 1545-0047 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

For the 2014 calendar year, or tax year beginning July 1 2014, and ending 20 15 D Employer identification number C Name of organization Oakton Community College Educational Foundation В Check if applicable Doing business as 36-2917302 Address change Number and street (or P O box if mail is not delivered to street address) E Telephone number Name change Initial return 1-847-635-1893 1600 E. Golf Road, Room 1510 City or town, state or province, country, and ZIP or foreign postal code Final return/terminate  $\mathbf{G}$  Gross receipts \$ 5,677,468 Amended return Des Plaines, IL 60016-1234 Application pending F Name and address of principal officer H(a) Is this a group return for subordinates? Yes Vo H(b) Are all subordinates included? Tyes No Howard Singer, same as above If "No." attach a list (see instructions) 501(c)(3) ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 Tax-exempt status Website: ▶ www.oakton.edu/giving/index.php H(c) Group exemption number ▶ Form of organization 🗹 Corporation 🔲 Trust 📗 Association L Year of formation M State of legal domicile Summary Part I Briefly describe the organization's mission or most significant activities: The Foundation's mission is to build community relationships and secure resources to benefit students and Oakton Community Collge District 535. Governance Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 3 3 Number of voting members of the governing body (Part VI, line 1a) . . . . 28 Number of independent voting members of the governing body (Part VI, line 1b) 4 28 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) . . . . . . 6 12 Total unrelated business revenue from Part VIII, column (C), line 12 7a 7a 486 Net unrelated business taxable income from Form 990-T, line 34 0 Current Year Contributions and grants (Part VIII, line 1h). 8 1,303,208 787,585 Revenue Program service revenue (Part VIII, line 2g) 9 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 635,960 681,241 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . 11 97378 67,796 Total revenue-add lines 8 through 11 Roust equal Part VII, column (A), line 12) 12 2,036,546 1,536,622 Grants and similar amounts paid (Part IX, column (A), lines 143 13 609,858 790,137 14 0 15 0 0 16a Professional fundraising fees (Part IX, column (A), line 1,19) 0 Total fundraising expenses (Part IX, countrie) b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 640,253 562,067 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,250,111 1,352,204 Revenue less expenses. Subtract line 18 from line 12 19 786,435 184,418 **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 14,667,712 14,312,351 21 Total liabilities (Part X, line 26) . . . 333,395 338,503 Net assets or fund balances. Subtract line 21 from line 20 14,334,317 13,973,848 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge, and belief, it is true, correct, and complete preparer (other than officer) is based on all information of which preparer has any knowledge Declaration of Sign Signature of officer Singer, President Here Howard S. Type or print name and title Print/Type preparer's name HOURN CODINGOU, CAA Paid 11/10/2015 self-employed Starr M. Robinson P00193676 Preparer Firm's name > Starr M. Robinson and Associates, P.C Firm's EIN ▶ 36-4428299 Use Only Firm's address ► 310 Busse Highway, #270, Park Ridge, IL 60068 773-594-1384 Phone no May the IRS discuss this return with the preparer shown above? (see instructions) ✓ Yes 
☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2014)



Form 99	90 (2014) Pag
Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The Foundation's mission is to build community relationships and secure resources to benefit students and Oakton Community
	College District 535
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
•	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured
7	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe the total expenses, and revenue, if any, for each program service reported.
	(Code: ) (Expenses \$ 492,088 including grants of \$ 492,088) (Revenue \$ 32,769)
	Scholarship grants for the pursuit of education awarded to 292 students during the period July 1, 2014 through June 30, 2015
	Scholarship endowments are assessed a one percent management fee.
4b	(Code: ) (Expenses \$ 286,595 including grants of \$ 167,907) (Revenue \$ 12,935)
	Grants and other support, including \$46,548 in in-kind donations to the College, for enhancing Oakton's academic programs and
	campus facilities awarded during the period July 1, 2014 through June 30, 2015 Program endowments are assessed a one percent
	management fee. In FY2015, 28 grants were awarded through a competitive in-house Request for Proposal process.
	(Code: ) (Expenses \$ 11,454 including grants of \$ 11,454) (Revenue \$ 983)
40	***************************************
	Awards, prizes and emergency funds paid to individuals from July 1, 2014 through June 30, 2015. Endowed award funds are
	assessed a one percent management fee.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses > 790.137

Part	V Checklist of Required Schedules			age
1	Is the organization described in section 501/c)/(2) or 4047/a)/(1) (other than a private foundation) 2 /6 "Vee "		Yes	No
•	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	7	+
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 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		1
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		1
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		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	1	Ť
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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		1
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	1	1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f	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	1	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	_
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 and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	i	1
14 a	and the second s	14a		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			
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		1
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		/
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)	16		1
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	17		<b>/</b>
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	18	<b>-</b>	_
20 a		19 20a		1
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		<u> </u>

Part	V Checklist of Required Schedules (continued)			
·			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	
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 \$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 25a	24a		1
c b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
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		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		<b>√</b>
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		<b>√</b>
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):	1 7	- ,	۲.
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>·</u>
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	29 30	<b>√</b>	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		<b>→</b>
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		<u>,</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	1	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	•	<b>✓</b>
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36	✓	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R,</i>		-	
38	Part VI	37		✓
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	<b>√</b>	(05:00
		Forn	n 330	(2014)

Part				_
	Check if Schedule O contains a response or note to any line in this Part V	<del></del>	Yes	. L
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   12		105	NO
b	Enter the number reported in Box 3 of Form 1095. Enter -0- if not applicable	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	İ		
	reportable gaming (gambling) winnings to prize winners?	1c	1	<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		Ė	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	ł		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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	ĺ		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	l		
	account)?	4a	<u> </u>	<b>✓</b>
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	İ		l
	(FBAR).			<del>  , </del>
5a b	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	├──	1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c	<del> </del>	<b>*</b>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_ <del>5</del> C	<del>                                     </del>	<u> </u>
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	1	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		r <del>`</del>	
	gifts were not tax deductible?	6b	✓	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		İ	
	and services provided to the payor?	7a	✓	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	1	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ĺ	1	
	required to file Form 8282?	7c	<u> </u>	<b>✓</b>
d	If "Yes," indicate the number of Forms 8282 filed during the year	<del></del>	L	<b>-</b>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<b>V</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<b></b> -	<b>/</b>
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		/
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11	<del> </del>	<b>V</b>
•	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			<u> </u>
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]		i i	1
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
122	against amounts due or received from them.)	100	<b> </b>	
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	į į		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<del> </del>	<del>                                     </del>
_	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	.56		-
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			
C	Enter the amount of reserves on hand	L	L	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h	i -	1

Form 9	90 (2014)			1	Page <b>6</b>
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sche	edule O. S	ee ins	structi	ions.
Secti	Check if Schedule O contains a response or note to any line in this Part VI ion A. Governing Body and Management	<del>- · · · ·</del>	• •	<u> </u>	. <u>[</u>
00011	on A. Governing body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	28			
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 relations any other officer, director, trustee, or key employee?	28 hip with	2		1
3	Did the organization delegate control over management duties customarily performed by or under the supervision of officers, directors, or trustees, or key employees to a management company or other person		3		1
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was fill Did the organization become aware during the year of a significant diversion of the organization's assigned the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or one or more members of the governing body?	ets? .  appoint	4 5 6		√ √ √
b	Are any governance decisions of the organization reserved to (or subject to approval by) m stockholders, or persons other than the governing body?	[	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken the year by the following:	1 during			
a b 9	The governing body?	ched at	8a 8b	<b>✓</b>	<b>✓</b>
Secti	ion B. Policies (This Section B requests information about policies not required by the Intern	I		ode.)	<del></del> -
				Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?		10a 10b		<b>✓</b>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing th	e form?	11a	<b>✓</b>	
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13	onflicts?	12a 12b	>	<b>\</b>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? I describe in Schedule O how this was done	f "Yes,"	12c	1	
13 14 15	Did the organization have a written whistleblower policy?	roval by	13	<b>✓</b>	<b>✓</b>
a b 16a	The organization's CEO, Executive Director, or top management official		15a 15b	<b>✓</b>	<b>✓</b>
b	with a taxable entity during the year?	luate its	16a		<b>✓</b>
Secti	ion C. Disclosure				
17 18	List the states with which a copy of this Form 990 is required to be filed Libertine Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-available for public inspection. Indicate how you made these available. Check all that apply	·	501(	c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule Countries of Describe in Schedule O whether (and if so, how) the organization made its governing documents, confinancial statements available to the public during the tax year.		erest	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's boo Lisa Fischer, 1600 E. Golf Road, Des Plaines, IL 60016, (847) 635-1611	ks and red	ords	: <b>►</b>	

	222	1004	41
Form	990	1201	41

# 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 n	or any relate	d org	aniz			ompe	nsa	ited any currer	t officer, director	, or trustee.
				•	C)					
(A)	(B)	(do n	not ob		ition	than (	200	(D)	(E)	(F)
Name and Title	Average hours per week (list any	s per officer and a director/trustee) compensatio							Reportable compensation from related	Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Alyse Cohen Burman	.32	✓						o	0	
(2) Arnold D Cowen	32	<b>√</b>						0	0	
(3) Kenneth G Daubenspeck	.32	<b>√</b>						0	0	
(4) Donald E Fisher	.32	<b>*</b>						0	0	
(5) Sylvia Footlik Foundation Senior Vice President	.32	1		1				0	0	44
(6) Hank Galatz	.32	1						0	0	· · · <u>-</u>
(7) Puamuh T Ghogomu II	32	1						0	0	-
(8) Mark Glennerster	.32	1						0	0	
(9) Barbara Groshon	32	1						0	0	
(10) Steven Kermisch	32	1				-		0	0	
(11) Allen B Kravis	.32	1				_	-	0	0	·
(12) Margaret B. Lee	.32	<b>√</b>			1			0	294,375	
(13) Brian K. Little	.32	•			<u> </u>				234,375	
Foundation Vice President		1		1				0	0	
(14) Daniel N. Luber	32			1	l		l			

· Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	s, ar	nd H	lighes	st C	ompensated E	mployees (conti	nued)		
						C)							
	(A)	(B)				ition			(D)	(E)		(F)	
	Name and title	Average					than o		Reportable	Reportable	Es	timated	
		hours per					or/trust		compensation	compensation from	an	ount of	
		week (list any			_			<del></del>	from	related	1	other	
		hours for related	Individual trustee or director	퇇	Officer	Key employee	큠	Former	the organization	organizations (W-2/1099-MISC)		pensation	วก
		organizations	g r	[ 돛 [	읙	) j	est oye	頁	(W-2/1099-MISC)	(**-271033-141100)	L.	anızatıcı	n
		below dotted	익井	ă		§	e co	ļ	[			related	
		line)	🖺	2		8	pe				orga	ınızatıor	าร
			8	Institutional trustee			Highest compensated employee						
4.5							8_	<u> </u>					
	rolyn Noonan Parmer	32							ļ				
	ation Vice President		<b>√</b>		<b>✓</b>				0	0	<b></b>		0
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		<u> </u>	✓	لـــا	<u> </u>	,	<u> </u>		0				0
1b	Sub-total							ightharpoons		294,375	<u> </u>		o
С	<b>Total from continuation sheets to Part</b>	VII, Sectio	n A					▶	0	128,985	-		0
d	Total (add lines 1b and 1c)							▶	0	423,360			0
2	Total number of individuals (including but		to th	ose	e list	ted.	above	e) w	ho received m	ore than \$100.00	00 of		
	reportable compensation from the organi							-,					
				-								Yes	No
3	Did the organization list any former of	ficer, direc	tor. c	or tr	uste	ee.	kev e	emr	olovee, or high	est compensati	ed	+	1
	employee on line 1a? If "Yes," complete										3		17
4	For any individual listed on line 1a, is the								and other comm	sensation from t	<u> </u>	+-	<del>  •</del>
-	organization and related organizations											1	1 1
	individual	_	ин ф	100,	,000	<i>,</i> : <i>,</i>	10	٥,	complete ou	ledule o loi sul		-	'
-	Did any person listed on line 1a receive of		<i></i>		+:	٠					4	<b>↓</b> ✓	<del>                                     </del>
5	for services rendered to the organization										- ~	-	ا ا
5		· 11 1 <del>C</del> S, C	Julipi	EIE	301	ieut	<u> </u>	01 3	such person	· · · · · ·	5	Щ.	1
	on B. Independent Contractors	<del></del>										<del></del>	
1	Complete this table for your five highest												
	compensation from the organization. Rep	oort compe	nsatio	on to	or th	ne c	alend	lar y	year ending wil	th or within the o	rganizat	on's t	ax
	year.												
	(A)								(B)		(C		
	Name and business add	iress						<u> </u>	Description of s	ervices	Comper	sation	
								┝					<del></del>
								$\vdash$	<del></del>				
						<u>_</u>		$\vdash$	<del></del>				
					_					-			<del>-</del>
2	Total number of independent contractor							th	nose listed ab	ove) who			
	received more than \$100,000 of compen	sation from	the o	rgar	nıza	tion	<b>&gt;</b>						

Compensation   Comp	Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	yees			lighes	st C	ompensated E	mployees (con	tınued)			
Name and other   Name						-	-					i			
Sub-total   Sub-		(A)	(B)	(do n	ot ch			than c	ne (D) (E)				(F)		
Week Beta 20   State	Name and title		box,	unles	s pe	rson	is both	an			_				
Position   Position				<b>├</b>	-							ח"		ÞΤ	
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Call Harry Tankus   32			line)	ıst	tag		99	ള		Ì	1	٥	rganizatio	ens	
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227 Thomas Tippett   32	(20) Па	rry rankus	.32	1						۱ ,					^
28   Jay Wadhwa   3.2	(27) Th	omas Tinnett	32	-	$\vdash$		-		-	<del></del>		<del>"</del>			_
23   Carlee Drummer   20	(2/)	onias rippett		1								0			^
(39) Carlee Drummer 20	(28) Ja	v Wadhwa	.32	<del></del>	$\vdash$		$\vdash$		-	<del>                                     </del>		<del>-</del>			ŭ
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33    33    34    35    36    36    36    36    37    38    39	2		20	1			1			o	128,98	5			0
33    33    34    35    36    36    36    36    37    38    39	(30)														_
(33)  (34)  (35)  (36)  (37)  (38)  (39)  (39)  (39)  (39)  (39)  (30)  (30)  (30)  (31)  (32)  (33)  (34)  (35)  (35)  (36)  (37)  (38)  (39)  (39)  (30)  (30)  (30)  (30)  (31)  (32)  (33)  (34)  (35)  (36)  (37)  (37)  (37)  (38)  (39)  (30)															
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360   128,985   128,985   128,985	(32)		ļ												
360   128,985   128,985   128,985			ļ	<u> </u>		<u> </u>	_		_	<del></del>					
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1b Sub-total .	(33)		<del> </del>	1				ŀ			i				
1b Sub-total .	(36)		<del></del>	<del> </del>			-		┢	<del> </del>		+			_
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Description of services  Compensation  Compensation	320/		<del> </del>	1				İ	1		İ				
C Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  (C)  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who	1b	Sub-total		·					<b></b>	0	128.98	5			_ 0
Total (add lines 1b and 1c).  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶  Tyes No  Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Cection B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Did number of independent contractors (including but not limited to those listed above) who			VII. Sectio	n A					<b>•</b>			$\top$			_
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	d								<b></b>		-	T			_
Teach the organization from the organization   3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who	2								e) w	ho received m	ore than \$100.	000 of		-	_
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual															
employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual												_	Yes	i No	<u> </u>
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3								emp	oloyee, or high	est compensa	<u> </u>		<u> </u>	
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual										· · · · ·			3	—	
individual	4													1	Ì
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person															لـ
for services rendered to the organization? If "Yes," complete Schedule J for such person	-												4	┿	$\neg$
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who	5												<del>-</del>		╝
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who	Section		100, 0			-	,000		<u> </u>	den person	<del></del>	<u>-</u>	<u> </u>		_
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who			compensat	ed in	deni	end	ent	contr	acti	ors that receive	ed more than \$	100.000			-
year.  (A) Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who	•													tax	
Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who		•	<b>-</b>							,		9			
Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who		(A)								(B)			(C)		
			Iress								ervices	Com			
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		Total mumber of understanded as street		- L:		-+ '	1 •		<u></u>						۰,
	2								, tr	iose listed ab	ovej wno				

	90 (201	<del></del>						Page <b>9</b>
Part	VIII					5		
		Check if Schedule C	) contains a res	ponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ats t	1a	Federated campaigns	s <b>1a</b>					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .			1	}	İ	
ts, (	C	Fundraising events .		26,278				
, Git	d	Related organizations Government grants (cor		451,112				
Sin	e f	All other contributions, g					1	
her	•	and similar amounts not inc		310,195			1	!
i di i	g	Noncash contributions inclu		507,852			}	
Cor	h	Total. Add lines 1a-1		>	787,585		1	
			·	Business Code				
Program Service Revenue	2a							
e Re	b							
Zić.	C							
Š	d							<del></del>
yran	e f	All other program ser		<del></del>				
Pro	g	Total. Add lines 2a-2		•				
	3	Investment income						
		and other similar amo	ounts)	▶	321,221			321,221
	4	Income from investmen	nt of tax-exempt b	ond proceeds ►				· · · · · · · · · · · · · · · · · · ·
	5	Royalties						
			(i) Real	(II) Personal		l		
	6a	Gross rents .				1	ŀ	-
	b	Less: rental expenses Rental income or (loss)						
	d	Net rental income or	(loss)					
	7a	Gross amount from sales of	(i) Securities	(II) Other				
	1	assets other than inventory	4,459,121			ļ		
	b	Less: cost or other basis						
		and sales expenses .	4,099,101					
	С	Gain or (loss)	360,020	L				
	d	Net gain or (loss)		<u> ▶</u>	360,020			360,020
Other Revenue	8a	Gross income from frevents (not including \$ of contributions report See Part IV, line 18	26,278 ed on line 1c).					
ŏ		Less: direct expense				}-		
	ga 9a	Net income or (loss): Gross income from g		events . ►	14,644			14,644
		See Part IV, line 19 .		5,979				
	ь	Less: direct expense	_	0,070			1	!
	С	Net income or (loss)		ivities ►	5,979			5,979
	10a	Gross sales of in						
		returns and allowand	_			1	İ	
	b	Less cost of goods						
	<u>c</u>	Net income or (loss)						
	14-	Miscellaneous I		Business Code				
	11a	Endowment Managem	ent Fee	523920	46,687	46,687		
	b							
	l d	All other revenue		511199	486		486	
	e	Total. Add lines 11a-			47,173	<del></del>	400	
_	12	Total revenue. See		• • • • •	1,536,622	46,687	486	701.864

	90 (2014)				Page 10
	Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must com	anlete all columns A	Il other erganization	e must complete e	oluma (A)
	Check if Schedule O contains a respon				
Do no	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	o, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	286,595		<u></u>	5. <b></b>
2	Grants and other assistance to domestic	280,393	286,595		
	ındıvıduals. See Part IV, line 22	503,542	503,542		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. 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	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management	6,000		6,000	
b	Legal	1,942		1,942	
c d	Accounting	11,203		11,203	
e	Professional fundraising services. See Part IV, line 17			<del></del>	
f	Investment management fees	34,117		34,117	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	2,763		2,763	
12	Advertising and promotion	1,500		1,500	
13	Office expenses	30		30	
14	Information technology	628		628	
15	Royalties				
16	Occupancy				
17 18	Travel				<u>-</u>
10	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	6,085		6,085	
20	Interest				
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization .				
23 24	Insurance				
24	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	-			
а	Endowment Management Fees	46 607		46 607	
b	Contributed Services	46,687 451,112		46,687 451,112	
c		401,112		451,112	
d					-
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,352,204	790,137	562,067	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   if following SOP 98-2 (ASC 958-720)				

Form **990** (2014)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash-non-interest-bearing . . . . . . . . . . . . 1 26,550 2 2 Savings and temporary cash investments . . . . . 200,000 50,000 3 3 4 4 5 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. Loans and other 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). Complete Part II of Schedule L . . . . . . . . 6 7 7 8 9 9 Prepaid expenses and deferred charges . . . Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation . . . . 10b 10c h 11 11 14,456,002 14,233,982 12 Investments—other securities. See Part IV, line 11 . . . . 12 1,761 Investments-program-related. See Part IV, line 11 . . . . . 13 13 14 14 Intangible assets . . . . . . . . . . . . . . . . . 15 Other assets. See Part IV, line 11 . . . . . . . 15 2,177 1,819 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . 16 14,667,712 14,312,351 17 Accounts payable and accrued expenses . 17 315,657 329,635 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Loans and other payables to current and former officers, directors. trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . . . . 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties . . . 24 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 of Schedule D . 25 17,738 8,868 Total liabilities. Add lines 17 through 25 333,395 338,503 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and **Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 7,855,347 27 7,701,443 28 3,392,897 28 3,030,533 29 29 3,086,073 3,241,872 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Net Assets or Capital stock or trust principal, or current funds . . . . . . . . . 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds . 32 33 33 14,334,317 13,973,848 Total liabilities and net assets/fund balances . 34 34 14,667,712 14,312,351

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Page		4

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u></u> .		<u>.</u> .	✓
1	Total revenue (must equal Part VIII, column (A), line 12)	1			1,53	6,622
2	Total expenses (must equal Part IX, column (A), line 25)	2			_1,35	2,204
3	Revenue less expenses. Subtract line 2 from line 1	3	_		18	4,418
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			14,33	4,317
5	Net unrealized gains (losses) on investments	5			(544	1,887)
6	Donated services and use of facilities	6				0
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10			13,97	3,848
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u></u>	•	• •	
			r-		Yes	No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other	<del></del>				1
	If the organization changed its method of accounting from a prior year or checked "Other," ex-	olain	ın			-
•			-			لرِ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both:	olled (	or	ļ		
	·			ŀ		
<b>L</b>	Separate basis Consolidated basis Both consolidated and separate basis				/	
D	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited.	 d oo		2b_	<b>-</b>	
	separate basis, consolidated basis, or both:	u on	a		Ì	
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				1	)
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersial	ht			
·	of the audit, review, or compilation of its financial statements and selection of an independent account			2c	/	
	If the organization changed either its oversight process or selection process during the tax year, ex			-	<u> </u>	
	Schedule O.	<b>P.</b> C			" [	1
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	ın 👇		{	
	the Single Audit Act and OMB Circular A-133?			За		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rao th				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a			3ь	ļ	
				Forn	990	(2014)

# SCHEDULE A (Form 990 or 990-EZ)

# **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.

2014

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization					Employer identification	number
Oakton Community College Educational F					36-29	
Part I Reason for Public Char	ity Status (All	organizations must	comple	te this p	art.) See instructio	ns.
The organization is not a private founda  1	nes, or association	on of churches descri		•		
<ul> <li>3  A hospital or a cooperative hos</li> <li>4  A medical research organization</li> </ul>	spital service org	janization described i				iii). Enter the
hospital's name, city, and state						
5 An organization operated for t section 170(b)(1)(A)(iv). (Comp		college or university	owned o	r operate	ed by a government	al unit described in
<ul> <li>A federal, state, or local govern</li> <li>An organization that normally described in section 170(b)(1)</li> </ul>	receives a subs (A)(vi). (Complet	tantial part of its sup e Part II.)	port from			the general public
8  A community trust described in	n section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9 An organization that normally receipts from activities related support from gross investme	to its exempt	functions—subject to	certain	exception	ns, and (2) no more	than 331/3% of its
acquired by the organization a						•
10 An organization organized and		-	_			
11 ✓ An organization organized and one or more publicly supported the box in lines 11a through 11a	l organizations d	escribed in section 5	<b>09(a)(1)</b> o	r section	509(a)(2). See secti	on 509(a)(3). Check
a  Type I. A supporting organiz the supported organization(s organization. You must com	) the power to re	egularly appoint or ele				
b Type II. A supporting organize control or management of the organization(s). You must control or management of the	e supporting org	janization vested in th			•	• • •
c  Type III functionally integra its supported organization(s)						/ integrated with,
d Type III non-functionally integrated that is not functionally integrated requirement (see instructions	ated. The organi	zation generally must	satisfy a	dıstributı	on requirement and	•
<ul> <li>Check this box if the organiz functionally integrated, or Ty</li> </ul>						I, Type III
f Enter the number of supported of	-					1
g Provide the following information						<del></del>
(i) Name of supported organization	(ii) EIN	(described on lines 1–9 above or IRC section (see instructions))	listed in you	rganization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		(See Instructions))	Yes	No		
(A) Oakton Community College District 535	36-2681999	Line 7	1		743,589	46,548
(B)						
(C)						
(D)						
(E)						
		AT THE PARTY OF THE PARTY.	2.42	19 15 45		

Part							
	(Complete only if you checked the Part III. If the organization fails to	ne box on line	e 5, 7, OF 8 OF	Part I or If the	e organizatio	n talled to qu	ality under
Secti	on A. Public Support	5 quality unde	er trie tests is	sted below, p	lease comple	ste Part III.)	
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")		(2) 20 : 1	(4) 23:2	(4) 2010	(6) 2014	(i) Total
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.						
	on B. Total Support						_
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
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 VI.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the organization, check this box and stop he	he organization	ons) n's first, secon	d, third, fourth	, or fifth tax ye	12 ear as a sectio	n 501(c)(3)
Secti	on C. Computation of Public Support	rt Percentag	e				
14	Public support percentage for 2014 (line			1, column (f))		14	- %
15	Public support percentage from 2013 Sci	hedule A, Part I	II, line 14 .			15	%
16a	331/3% support test—2014. If the organi						neck this
	box and <b>stop here.</b> The organization qua						. ▶ 🗀
b	331/2% support test—2013. If the organ check this box and stop here. The organ	nization qualifies	s as a publicly	supported org	janization .		. ▶ □
17a	10%-facts-and-circumstances test—26 10% or more, and if the organization me Part VI how the organization meets the "forganization	ets the "facts-a	and-circumsta imstances" tes	nces" test, che	eck this box ar	nd <b>stop here.</b> E	xplaın in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization m supported organization	tion meets the neets the "facts	"facts-and-ci	rcumstances" tances" test. T	test, check th	is box and ste	and line op here. i publicly
18	Private foundation. If the organization dinstructions	ıd not check a l	box on line 13	16a, 16b, 17a		k this box and	· ► ∐ see · ► □

	Support Schedule for Organiza	tions Desc	ribed in Sect	ion 509(a)(2)			Pag
	(Complete only if you checked th					to qualify und	der Part II.
	If the organization fails to qualify	under the te	ests listed bel	low, please co	omplete Part	II.)	
	on A. Public Support	· · · · · · · · · · · · · · · · · · ·					
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b	THE GEORGIA			10% v 2 v v		
ectio	on B. Total Support			<del></del>	·		
alend	dar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11,						
13	and 12.)			L			

	royalties and income from similar sources .				
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				
С	Add lines 10a and 10b			-	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				
13	Total support. (Add lines 9, 10c, 11,				
	and 12.)				
14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth to organization, check this box and stop here				)
Secti	ion C. Computation of Public Support Percentage				
15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))		15		%
16	Public support percentage from 2013 Schedule A, Part III, line 15		16		<del>%</del>
Secti	ion D. Computation of Investment Income Percentage	<u>· · · · · · · · · · · · · · · · · · · </u>			
17	Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))		17		%
18	Investment income percentage from 2013 Schedule A, Part III, line 17		18		<del>%</del>
19a				331/3%, and line	
	17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly s	uppor	ted ord	anization .	• 🕝
b					
	line 18 is not more than 331/2%, check this box and stop here. The organization qualifies as a public	cly sur	portec	d organization	<u> </u>
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this				
				Form 990 or 990-EZ)	
					_0.4

### **Supporting Organizations** Part IV

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations

Oction A. An oupporting Organizations							

	on an earpertury or guinzations			
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by		Yes	No
2	class or purpose, describe the designation. If historic and continuing relationship, explain.  Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	1	<b>✓</b>	
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	2		<b>√</b>
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3a 3b		<b>√</b>
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a		4a		<b>✓</b>
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).			
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	5a		<u>√</u>
С	designated in the organization's organizing document?  Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.			,
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial	6		✓
-	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	7		<b>✓</b>
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described			✓
b	in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI.</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which	9a		<b>✓</b>
С	the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit	9b		✓
10a	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)	9с		✓
_	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

10b

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44.		L.,
h	below, the governing body of a supported organization?  A family member of a person described in (a) above?	11a 11b	_	1
	A 35% controlled entity of a person described in (a) above?  A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c	<del> </del> -	-
	on B. Type I Supporting Organizations		L	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		}	
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			İ
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	<del> </del> -	
2	Did the organization operate for the benefit of any supported organization other than the supported	<b></b> -		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			1
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	ĺ		
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	ļ		
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations	<u> </u>	<u> </u>	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2			<b>/</b>	<del> </del>
L	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	1	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's	i		
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.			
Casti	ion E. Type III Functionally-Integrated Supporting Organizations	3		_
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	ction	<b>s</b> ).
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	<ul> <li>☐ The organization is the parent of each of its supported organizations. Complete line 3 below.</li> <li>☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s</li> </ul>	see ins	taicti	onel
		. JU 1110		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined		·	1
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		ļ	<u> </u>
^	-	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1		
d	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<del></del>	<del>                                     </del>	<del> </del>
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b	T	

Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g tru	st on Nov. 20, 1970. <b>See</b>	instructions. All
other Type III non-functionally integrated supporting organizations must co Section A - Adjusted Net Income	mpi	(A) Prior Year	(B) Current Year
d Net chart town and the same	т.		(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	Π		
instructions for short tax year or assets held for part of year):	ĺ		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):	1	*	
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	<del></del>	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	+		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8	.,	-
Section C - Distributable Amount	, 0	1 1 <del>7 1</del> - 1 -	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	<del></del>	-
4 Enter greater of line 2 or line 3	4	<del></del>	··
5 Income tax imposed in prior year	5		<del>·   · · · </del>
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			<del> </del>
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	lv-in	tegrated Type III support	ing organization (see
instructions)	.,		g Organization (SEE

Part	Y Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	izations (continued)				
Secti	on D - Distributions			Current Year			
1							
2	<ul> <li>1 Amounts paid to supported organizations to accomplish exempt purposes</li> <li>2 Amounts paid to perform activity that directly furthers exempt purposes of supported</li> </ul>						
	organizations, in excess of income from activity						
	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	inizations				
4	Amounts paid to acquire exempt-use assets						
5_	Qualified set-aside amounts (prior IRS approval required)						
6_	Other distributions (describe in Part VI). See instructions.						
	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which	th the organization is res	sponsive				
	(provide details in Part VI). See instructions.						
9_	Distributable amount for 2014 from Section C, line 6						
10_	Line 8 amount divided by Line 9 amount						
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014			
_1_	Distributable amount for 2014 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2014						
	(reasonable cause required-see instructions)						
_3_	Excess distributions carryover, if any, to 2014:						
<u>a</u> _							
b				<del> </del>			
	<u>c</u>						
	d						
e	From 2013						
<del>f</del>	Total of lines 3a through e						
<u>g</u>	Applied to underdistributions of prior years						
_ <u>h</u>	Applied to 2014 distributable amount  Carryover from 2009 not applied (see instructions)						
_ <del>-</del>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			<u> </u>			
	Distributions for 2014 from Section			· · · · · · · · · · · · · · · · · · ·			
4	D, line 7: \$						
a	Applied to underdistributions of prior years						
_ <u>b</u>	Applied to 2014 distributable amount		<del></del>	<u> </u>			
<del>_</del>	Remainder, Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2014, if						
	any. Subtract lines 3g and 4a from line 2 (if amount						
	greater than zero, see instructions).						
6	Remaining underdistributions for 2014. Subtract lines 3h						
	and 4b from line 1 (if amount greater than zero, see						
	instructions).						
7	Excess distributions carryover to 2015. Add lines 3 <sub>j</sub> and 4c.						
-8	Breakdown of line 7:						
_ <u>a</u>	DIEGRACOWIT OF HITE 7.						
_ <u>a</u>							
_ <del>_</del>							
_ <del>d</del>	Excess from 2013						
	Excess from 2014						
	ENOUGO II OIII 2017	L		<u></u>			

Part VI Supplemental Information. 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.)
Part I, Line 11e: The Educational Foundation received a determination letter from the IRS dated November 21, 2002, stating that the
Educational Foundation is classified as an organization described in Section 509(a)(3) of the Internal Revenue Code, and that the
organization's exemption from federal income tax under section 501(c)(3) remains in effect.
,
Part I, Line 11g (A)(vi): Contributed services received from Oakton Community College District 535 are non-cash support services provided
by the College to the Educational Foundation and are not included in this category. The \$46,548 represents donated equipment that benefits
specific departments or activities; e.g., nursing department, photography laboratories, automotive technology program
Part IV, Section E, Line 1c: Oakton Community College District 535 received support from the Educational Foundation for: (1) Oakton student
scholarships totaling \$492,088 to bolster their retention and completion at the College; (2) 29 grants to faculty and staff totaling \$121,359 for
campus improvements, new technology, faculty/staff enhancement, and cultural programs and events; (3) specific departmental support
totaling \$118,688 for workforce development, literacy, student health services, and equipment for the nursing, medical technology and
physical therapy assistance laboratories; and (4) awards, prizes and financial assistance totaling \$11,454 ffor Oakton students, faculty and
staff The Educational Foundation also provided \$46,548 in non-monetary support as noted in the comment Part I, Line 11g above No other
organization was supported by the Educational Foundation.
,

# **SCHEDULE D** ·(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

OMB No 1545-0047

Open to Public Inspection

Name o	f the on	ganization		Employe	er identification number
Oaktor	Comr	nunity College Educational Foundation			36-2917302
Par	_	<b>Organizations Maintaining Donor Adv</b>	rised Funds or Other Similar Fur	ids or	Accounts.
		Complete if the organization answered			
			(a) Donor advised funds		(b) Funds and other accounts
1	Total	number at end of year			
2	Aggre	egate value of contributions to (during year)			
3		egate value of grants from (during year) .			
4		egate value at end of year			
5		he organization inform all donors and donor	advisors in writing that the assets h	neld in c	lonor advised
	funds	are the organization's property, subject to th	ie organization's exclusive legal contr	ol?	· · · · 🗌 Yes 🗌 No
6	only 1	ne organization inform all grantees, donors, a for charitable purposes and not for the bene erring impermissible private benefit?	fit of the donor or donor advisor, or t	or any o	other purpose
Par		Conservation Easements.			
		Complete if the organization answered	"Yes" to Form 990, Part IV, line 7.		
1	Purpo	ose(s) of conservation easements held by the	organization (check all that apply).		
	□ P	reservation of land for public use (e.g., recrea	tion or education)   Preservation of	f a histo	orically important land area
	□ P	rotection of natural habitat	☐ Preservation of	f a certi	fied historic structure
	□ P	reservation of open space			
2	Com	plete lines 2a through 2d if the organization he	eld a qualified conservation contributi	on in the	e form of a conservation
	easer	ment on the last day of the tax year.		Ī	Held at the End of the Tax Year
а	Total	number of conservation easements		. [	2a
b	Total	acreage restricted by conservation easement	ts	[	2b
C	Numl	per of conservation easements on a certified I	historic structure included in (a)	[	2c
d	Numi	ber of conservation easements included in	(c) acquired after 8/17/06, and not	on a	
		•		L	2d
3		per of conservation easements modified, trans	sferred, released, extinguished, or ter	minated	by the organization during the
	tax y				
4		per of states where property subject to conse			. <del></del> .
5		the organization have a written policy re- tions, and enforcement of the conservation ea			
6	Staff >	and volunteer hours devoted to monitoring, ir	nspecting, and enforcing conservation	easem	ents during the year
7	Amoi ►\$	unt of expenses incurred in monitoring, inspec	cting, and enforcing conservation eas	ements	during the year
8		each conservation easement reported on line ection 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements o		
9	In Pa	rt XIII, describe how the organization reports	conservation easements in its revenue	e and ex	pense statement, and
		ice sheet, and include, if applicable, the text of		nancial s	statements that describes the
	orgar	nization's accounting for conservation easeme			
Part		Organizations Maintaining Collection		Other	Similar Assets.
		Complete if the organization answered			
1a		organization elected, as permitted under SF			
		s of art, historical treasures, or other similar c service, provide, in Part XIII, the text of the f			
b	If the	e organization elected, as permitted under S	SFAS 116 (ASC 958), to report in its	revenue	e statement and balance sheet
		s of art, historical treasures, or other similard service, provide the following amounts related.	•	ducation	n, or research in furtherance of
	(i) R	evenue included in Form 990, Part VIII, line 1			. ▶ \$
		ssets included in Form 990, Part X			
2	If the	e organization received or held works of art ving amounts required to be reported under S	, histoncal treasures, or other simila	r assets	
a	Reve	nue included in Form 990, Part VIII, line 1.	• • •		. • \$

Dooo	2
Page	

Part	III Organizations Maintaining	Collections of A	Art, Historical T	reasures, or O	ther Similar Ass	ets (continu	ıed)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and oth	ner records, chec	k any of the follo	wing that are a sig	nificant use	of its
а	✓ Public exhibition		<b>d</b> ☑ Loan	or exchange prog	rams		
b	✓ Scholarly research						
С	✓ Preservation for future generations	<b>3</b>					
4	Provide a description of the organizat XIII.	tion's collections a	nd explain how th	hey further the org	ganization's exemp	ot purpose in	ı Part
5	During the year, did the organization						
	assets to be sold to raise funds rather		ned as part of the	e organization's co	ollection?	☐ Yes ☑	] No
Part							
	Complete if the organization	answered "Yes"	to Form 990, P	art IV, line 9, or	reported an amo	unt on Forn	n
	990, Part X, line 21.	<del></del>			_ <del></del>		
1a	Is the organization an agent, trustee,						<b>-</b>
	included on Form 990, Part X?					☐ Yes ☐	] No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	te the following to	aple:			
					<del></del>	ount	
Ç.	Beginning balance			10		<del></del>	
đ	Additions during the year				<del></del>	<del></del>	
e	Distributions during the year			<u>1</u> 6	<del></del>		
f On	Ending balance			· · · · · · .	<del>`</del>	[] Van [	ī Na
2a	If "Yes," explain the arrangement in Pa				-		J 140
b Par		art Am. Check here	in the explanation	i nas been provid	ed in Part Alli .	<del></del>	
Гаг	Complete if the organization	answered "Ves"	to Form 990 P	Part IV line 10			
	Complete ii the organization	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years	back
1a	Beginning of year balance	8,083,875					—
ь	Contributions	145,829	6,862,260 179,107	6,467,712 57,130			7,264
C	Net investment earnings, gains, and	145,025	179,107	57,130	168,618	14	<u>1,934</u>
·	losses	69,465	1,268,067	51 <u>0,</u> 355	26,672	1 26	£ 992
d	Grants or scholarships	(119,769)	(108,928)	(92,448)			<u>6,882</u> 5,523)
e	Other expenditures for facilities and	(119,703)	(100,320)	(32,440)	(420,331)	(203	,323]
	programs	(229,494)	(71,643)	(36,077)	(451,506)		0
f	Administrative expenses	(46,687)	(44,983)			(45	5,552)
g	End of year balance	7,903,219	8,083,880				5,005
2	Provide the estimated percentage of t					77.9	0,000
а	Board designated or quasi-endowmer		в%	.,			
b	Permanent endowment ▶	41%	-				
С	Temporarily restricted endowment ▶	21%					
	The percentages in lines 2a, 2b, and 2	c should equal 10	0%.				
3a	Are there endowment funds not in the	e possession of the	e organization tha	at are held and ac	lministered for the		
	organization by:					Yes	No
	(i) unrelated organizations					3a(i)	✓
	(ii) related organizations					3a(ii)	1
b	If "Yes" to 3a(II), are the related organ					3b	
_4	Describe in Part XIII the intended uses		n's endowment for	unds.			
Part							_
	Complete if the organization					art X, line 1	<u>0.                                    </u>
	Description of property	(a) Cost or oth			Accumulated lepreciation	(d) Book value	<b>3</b>
1a	Land	·					
b	Buildings						
c	Leasehold improvements						
d	Equipment						
е_	Other						
Total.	Add lines 1a through 1e. (Column (d) r	nust equal Form 99	90, Part X, columr	n (B), line 10c.) .	▶		

	(a) Description of security or category (including name of security)		(b) Book value		hod of valuation -of-year market value
4) 5					-or-year market value
1) Financial					<del></del>
	eld equity interests				
3) Other					
			<del></del>		
(B)			<del> </del>	_ <del></del>	
(C)					
(D)					
(E)			<u> </u>		· <del></del>
(F)					
(G)					
(H)					
otal. (Column (l	b) must equal Form 990, Part X, col (B) line 12)				
Part VIII	Investments - Program Related				
	Complete if the organization answ		rm 990, Part IV, line	11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value		hod of valuation
	.,		,,,		-of-year market value
(1)					
			+		
(2)			+		
(3)			+	· · · · · · · · · · · · · · · · · · ·	
(4)		<del></del>	<del> </del>		<del></del>
(5)					<del></del>
(6)		<del></del>			
(7)					<del></del>
(8)					
(8) (9)					
(8) (9)	b) must equal Form 990, Part X, col. (B) line 13 )				
(8) (9)	Other Assets.				
(8) (9) Fotal. (Column (	<u> </u>	vered "Yes" to Fo	rm 990, Part IV, line	11d. See Form	990, Part X, line 15.
(8) (9) Fotal. (Column (	Other Assets. Complete if the organization answ	vered "Yes" to Fo	rm 990, Part IV, line	11d. See Form	990, Part X, line 15.
(8) (9) Total. (Column (i	Other Assets. Complete if the organization answ		rm 990, Part IV, line	11d. See Form	
(8) (9) Fotal. (Column (i Part IX	Other Assets. Complete if the organization answ		rm 990, Part IV, line	11d. See Form	
(8) (9) Fotal. (Column (i Part IX	Other Assets. Complete if the organization answ		rm 990, Part IV, line	11d. See Form	
(8) (9) Fotal. (Column (i Part IX (1) (2) (3)	Other Assets. Complete if the organization answ		rm 990, Part IV, line	11d. See Form	
(8) (9) Fotal. (Column (1) Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization answ		rm 990, Part IV, line	11d. See Form	
(8) (9) Fotal. (Column (1) Part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answ		rm 990, Part IV, line	11d. See Form	
(8) (9) Fotal. (Column (in Part IX) (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answ		rm 990, Part IV, line	11d. See Form	
(8) (9) Fotal. (Column (in Part IX) (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answ		rm 990, Part IV, line	11d. See Form	
(8) (9) Fotal. (Column (in part IX) (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answ		rm 990, Part IV, line	11d. See Form	
(8) (9) Fotal. (Column (1) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answ	) Description	rm 990, Part IV, line		
(8) (9) Fotal. (Column (in Part IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (in Part IX)	Other Assets. Complete if the organization answ (a)	) Description	rm 990, Part IV, line	11d. See Form	
(8) (9) Fotal. (Column (1) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answ (a)  (a)  mn (b) must equal Form 990, Part X, co  Other Liabilities.	ol. (B) line 15.)			(b) Book value
(8) (9) Fotal. (Column (in Part IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (in Part IX)	Other Assets. Complete if the organization answ (a)  mn (b) must equal Form 990, Part X, co Other Liabilities. Complete if the organization answ	ol. (B) line 15.)			(b) Book value
(8) (9) Fotal. (Column (in Part IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (in Part IX)	Other Assets. Complete if the organization answ (a)  mn (b) must equal Form 990, Part X, co Other Liabilities. Complete if the organization answ line 25.	ol. (B) line 15.)			(b) Book value
(8) (9) Fotal. (Column (in Part IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (in Part IX)	Other Assets. Complete if the organization answ (a)  mn (b) must equal Form 990, Part X, co Other Liabilities. Complete if the organization answ	ol. (B) line 15.)			(b) Book value
(8) (9) Total. (Column (in Part IX (in ) (	Other Assets. Complete if the organization answ (a)  mn (b) must equal Form 990, Part X, co Other Liabilities. Complete if the organization answ line 25. (a) Description of liability	ol. (B) line 15.)			(b) Book value
(8) (9) Fotal. (Column (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (1) Part X	Other Assets. Complete if the organization answ (a)  mn (b) must equal Form 990, Part X, co Other Liabilities. Complete if the organization answ line 25. (a) Description of liability	ol. (B) line 15.)	rm 990, Part IV, line		(b) Book value
(8) (9) otal. (Column (1) Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (1) Part X  1. (1) Federal in (2) Annuitie	Other Assets. Complete if the organization answ (a)  mn (b) must equal Form 990, Part X, co Other Liabilities. Complete if the organization answ line 25. (a) Description of liability income taxes	ol. (B) line 15.)	rm 990, Part IV, line		(b) Book value
(8) (9) Fotal. (Column (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (1) Part X	Other Assets. Complete if the organization answ (a)  mn (b) must equal Form 990, Part X, co Other Liabilities. Complete if the organization answ line 25. (a) Description of liability income taxes	ol. (B) line 15.)	rm 990, Part IV, line		(b) Book value
(8) (9) Fotal. (Column (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (1) Part X  1. (1) Federal in (2) (2) Annuitie (3) (4)	Other Assets. Complete if the organization answ (a)  mn (b) must equal Form 990, Part X, co Other Liabilities. Complete if the organization answ line 25. (a) Description of liability income taxes	ol. (B) line 15.)	rm 990, Part IV, line		(b) Book value
(8) (9)  Fotal. (Column (1) (2) (3) (4) (5) (6) (7) (8) (9)  Fotal. (Column (1) Part X  1. (1) Federal In (2) (3) (4) (5)	Other Assets. Complete if the organization answ (a)  mn (b) must equal Form 990, Part X, co Other Liabilities. Complete if the organization answ line 25. (a) Description of liability income taxes	ol. (B) line 15.)	rm 990, Part IV, line		(b) Book value
(8) (9) (otal. (Column (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Federal II (2) Annuitie (3) (4) (5) (6)	Other Assets. Complete if the organization answ (a)  mn (b) must equal Form 990, Part X, co Other Liabilities. Complete if the organization answ line 25. (a) Description of liability income taxes	ol. (B) line 15.)	rm 990, Part IV, line		(b) Book value
(8) (9) (otal. (Column (in part IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Federal In (2) Annuitie (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answ (a)  mn (b) must equal Form 990, Part X, co Other Liabilities. Complete if the organization answ line 25. (a) Description of liability income taxes	ol. (B) line 15.)	rm 990, Part IV, line		(b) Book value
(8) (9)  Total. (Column (in part IX)  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (in part ix)  (1) Federal in part ix (2) Annuitie (in part ix) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answ (a)  mn (b) must equal Form 990, Part X, co Other Liabilities. Complete if the organization answ line 25. (a) Description of liability income taxes	ol. (B) line 15.)	rm 990, Part IV, line		(b) Book value
(8) (9) (otal. (Column (in Part IX)  (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Federal in (2) Annuitie (3) (4) (5) (6) (7) (8) (9) (7) (8) (9)	Other Assets. Complete if the organization answ (a)  mn (b) must equal Form 990, Part X, co Other Liabilities. Complete if the organization answ line 25. (a) Description of liability income taxes	ol. (B) line 15.)	rm 990, Part IV, line		(b) Book value

Part				Return.	•
1	Complete if the organization answered "Yes" to Form 990, Total revenue, gains, and other support per audited financial statements			1	999,363
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	<b>.</b> .		-	333,303
-	Net unrealized gains (losses) on investments	2a	(544,887)	,	
b	Donated services and use of facilities		(044,007)		
C	Recovenes of prior year grants				
ď	Other (Describe in Part XIII.)		41,745		
е	Add lines <b>2a</b> through <b>2d</b>			2e	(503,142)
3	Subtract line 2e from line 1			3	1,502,505
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	34,117		
b	Other (Describe in Part XIII.)	4b			
C	Add lines <b>4a</b> and <b>4b</b>			4c	34,117
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			5	1,536,622
Part	·			r Retui	rn.
	Complete if the organization answered "Yes" to Form 990,				
1	Total expenses and losses per audited financial statements			1	1,359,832
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities				
b	Prior year adjustments				
C	Other losses	-			
d	Other (Describe in Part XIII.)		41,745		
e	Add lines 2a through 2d			2e	41,745
3	Subtract line 2e from line 1	i		3	1,318,087
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
а	Investment expenses not included on Form 990, Part VIII, line 7b		34,117	- 1	
b	Other (Describe in Part XIII )				
с 5	Add lines <b>4a</b> and <b>4b</b>			4c	34,117
	XIII Supplemental Information.	10)	· · · · · · ·	5	1,352,204
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	nd 4· Pa	art IV lines 1h and 2h	· Part V	line 4: Part X line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par				
	, Line 1a: In accordance with SFAS116, the Educational Foundation has elect	•			
Farrin	, Line 18. In decordance with 31 A3110, the Educational Foundation has elec-	ied not ti	o report art, matoricar	i casui c	s, and other forms
of non	-cash property retained by the Foundation as revenues. Pages 11 and 12, Se	ction 2a	of the audited financia	al statem	ents states
9111911			Of the dudition interior	statem	
"Collec	ctions of art acquired through purchases and contributions since the Founda	ation's in	ception are not recogn	uzed as a	assets on the
			<u> </u>		
statem	ent of financial position. Contributed collection items are not reflected on th	e financ	ial statements " See So	chedule I	M for the aift count
Storm					miscon donostini.
Part III	, Line 4. Page 11, Section 2g, of the audited financial statements, states "Art	objects a	are held for educationa	I and cu	ratorial purposes
and ar	e subject to a policy that requires proceeds from their sales to be used to ac	quire oth	er items for collection	s." No ite	ems have ever
23					
been s	old				
•••					
Part V	Line 1a, column (a): The audited financial statements for June 30, 2014 state	d that e	ndowment funds were	\$8,083,8	80 However, the
audite	d financial statements for June 30, 2015 stated that endowment fund as of th	e beginn	ing of the year were \$8	,083,875	, an immaterial
differe	nce of \$5				

Schedule D (Form 990) 2014	Page !
Part XIII Supplemental Information (continued)	
Part V, Line 4: The Educational Foundation's endowments are used to make learning accessible to students in need and to enhance the	е
programs and services of Oakton Community College District 535. Specifically, the endowments provide (a) scholarship awards enabling	ng
students to access higher education; and (b) funding for critical initiatives, innovative programs and/or unique learning opportunities to	hat
fall outside the College's annual operating budget.	
Part X, Line 2: As stated on page 11 and 12 of the audited financial statements, "The Foundation is a tax-exempt, not-for-profit organization of the audited financial statements,"	ition
under Section 501(c)(3) of the Internal Revenue Code per the Internal Revenue Service determination letter dated October 1977. The	
Foundation has evaluated its tax positions for all open tax years. Currently, the tax years open and subject to examination by the Interr	nal
Revenue Service are the 2012, 2013 and 2014 tax years. However, the Foundation is not currently under audit nor has the Foundation b	een
contacted by any jurisdiction. Based on the evaluation of the Foundation's tax positions, management believes all tax positions taken	
would be upheld under an examination. Therefore, no provision for the effects of uncertain tax positions has been recorded for the year	ır
ended June 30, 2015 "	
Part XI, Line 2d. Fundraising expenses of \$41,745 were netted in the 990, Part VIII, Statement of Revenue, but were shown as gross reve	enues
ın the audited financial statements, ρ. 7	
Part XI, Line 4a The Statement of Activities - Revenues of the audited financial statements, p. 7 recognized the net investment return. A	As a
	.14.4
result, the \$34,117 in investment expenses was recognized and included to reflect the correct amount in total revenue	
. Part XII, Line 2d: Fundraising expenses of \$41,745 were excluded from the 990, Part IX, Statement of Functional Expenses, but were	
presented in the audited financial statements, p 7.	

# **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.

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs gov/form990.

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number **Oakton Community College Educational Foundation** 36-2917302 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants ☐ Internet and email solicitations ☐ Solicitation of government grants □ Phone solicitations g 

Special fundraising events ☐ In-person solicitations Ы Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (or retained by) fundraiser listed in (III) Did fundraiser have custody or control of contributions? (vi) Amount paid to (or retained by) (i) Name and address of individual (iv) Gross receipts (ii) Activity or entity (fundraiser) from activity organization col (i) Yes No 1 5 6 7 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

	rt II	(Form 990 or 990-EZ) 2014  Fundraising Events. Com than \$15,000 of fundraising gross receipts greater tha	ng event contributions			
0			(a) Event #1  Retirement Gala (event type)	(b) Event #2  ScholarChips F/R (event type)	(c) Other events  4 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts	48,421	24,230	15,995	88,646
ш.	2	Less: Contributions . Gross income (line 1 minus	(22,021)	(1,970)	(2,287)	(26,278)
		line 2)	26,400	22,260	13,708	62,368
	4	Cash prizes		500	500	1,000
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	18,755	16,730	1,962	37,447
Dire	8	Entertainment	500	400	1,500	2,400
	9	Other direct expenses .	800		98	898
	10 11	Direct expense summary. Ad Net income summary. Subtra				41,745 20,623
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 99		ed "Yes" to Form 990	0, Part IV, line 19, or r	eported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct [	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No	,
	7	Direct expense summary Ad	d lines 2 through 5 in co	olumn (d)	•	
	8	Net gaming income summary	/. Subtract line 7 from li	ne 1, column (d)	▶	
g	a Is	iter the state(s) in which the ord the organization licensed to co "No," explain:	onduct gaming activities	in each of these states	5?	. 🗌 Yes 🗌 No
10	 a We	ere any of the organization's g	amıng licenses revoked	, suspended or termina		.   Yes   No

**b** If "Yes," explain:

cnedu	ile G (FORM 990 or 990-EZ) 2014		Pag	3e <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	Yes		No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes	П	Nο
13	Indicate the percentage of gaming activity conducted in:	00		
а	The organization's facility			%
_ b	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records.			
	Name ►			
	Address►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes		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 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	☐ Yes		No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$			
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) a Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional infor instructions).			
·				
				••••
• • • • • • • •				
				••

# SCHEDULEI (Form 990)

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

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

▶ Attach to Form 990.

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$\mathbb{Q}$

OMB No 1545-0047

**Employer Identification number** 36-2917302 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Oakton Community College Educational Foundation

Part I General Information on Grants and Assistance Department of the Treasury Internal Revenue Service Name of the organization

the selection criteria used to award the grants or assistance?

Ę	the selection criteria used to award the grants or assistance?	award the grants	or assistance?					· · · · Ves
2 De	Describe in Part IV the organization's procedures for	zation's procedur	es for monitoring	monitoring the use of grant funds in the United States.	nds in the United	States.		
Part II	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	sistance to Do y recipient that	mestic Organiz received more th	<b>ations and Dom</b> nan \$5,000. Part	າ <b>estic Governm</b> Il can be duplica	ents. Complete ated if additional	If the organization answespace is needed.	c Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, ed more than \$5,000. Part II can be duplicated if additional space is needed.
1 (a) Nar	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Oakto	(1) Oakton Community College							
1600 E Go	1600 E Golf Rd, Des Plaines, IL 60016	36-2681999	170(b)(1)(A)(v	240,195	46,548 FMV	FMV	books, supplies, equipment See Part IV	See Part IV
(2)								
ල								
(4)								
(2)								
(9)								
(ع)								
(8)								
(6)								
(10)								
(11)								
(12)								
6 E	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	501(c)(3) and gov ganizations listed	ernment organization the line 1 table	ions listed in the line 1 table .	ne 1 table			- 0

Schedule I (Form 990) (2014)

Cat No 50055P

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

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

		-				
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Student	1 Student Scholarships	262	492,088	0		
2 Employe	2 Employee Assistance Fund	9	3,850	0		
3 Faculty	3 Faculty Excellence Awards	2	2,000	0		
4 Student	4 Student Emergency Assistance Funds	16	4,104	0		
5 Student	5 Student Merit Awards	2	1,500	0		
9						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	the information re	equired in Part I, line	e 2, Part III, column	(b), and any other addition	onal information.

Part I. Line 2: College-related expenditures for grants, departmental programs, and other specific support activities, and related records are managed by the accounting office of Oakton Community College District 535. Direct disbursements are managed by the Foundation's Coordinator of Resource Development. Both parties are responsible for obtaining adequate support documentation for each claim before expenditures are made. Part II, Section h: The Foundation awards grants to the College to foster educational innovations and other strategic initiatives that support student learning. College departments also access program funds held by the Foundation to cover the costs of expenses that can not be addressed through the College's budget. ...

Part III, Line 2: Employee Assistance is provided upon the recommendation of the College's Chief Human Resources Officer. Its purpose is to provide monetary assistance for employees

affected by a major disaster (flood, fire, etc.), death, or major illness or injury.

Part III, Line 4: Student Emergency Assistance is provided upon the recommendation of the College's Vice President for Student Affairs. Its purpose is to cover the costs of short-term

emergency needs so that students can remain in school and complete their education. Payments are made to third parties on behalf of these students.

# **SCHEDULE J** ·(Form 990)

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Oakto	n Community College Educational Foundation 36-2917:	302		
Part	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			
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees		1	
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
ь	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to		-	-
	explain	1b		
2	Did the example to provide substantiation away to work was a silence of the substantial to the substantial t			~
~	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line			
	1a?	2		
		-		<u> </u>
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			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee ☐ Written employment contract	}		
	☐ Independent compensation consultant ☐ Compensation survey or study			
	☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			,
4	During the year did any nerson listed in Farm 200. Dest/III. Continue A. Ivan 4			
7	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		<b>-</b>
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		<b>V</b>
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.			
	Only coefficin 504/5/(2) 504/5/(4) and 504/5/(60) and 504/5/(60)			
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
•	compensation contingent on the revenues of:			
а	The organization?	5a		
b	Any related organization?	5b		1
	If "Yes" to line 5a or 5b, describe in Part III.			
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:			
а	The organization?	6a		✓
ь	Any related organization?	6b		1
	If "Yes" to line 6a or 6b, describe in Part III.			
7	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	_		1
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject	7		
•	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		1
				<u> </u>
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			·i
	Regulations section 53.4958-6(c)?	ا به ا	- 1	

Schedule J (Form 990) 2014

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

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)()-(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.

Note: The sum of columns (b)(i)—(iii) for each listed muvidual must	פא ה	in listed individual mu		Court of Forms 330, Fa	it vii, section A, ille	e equalitie total amount of rotti 990, rat vii, sectioi A, iire Ta, applicable couriii ( <i>D)</i> ano ( <i>C)</i> amounts for that movidual.	וו (ט) מווט ווו	S IOI tilat iriuivioual.
		(b) Dreakdown C	(b) Dreakdown of W-2 and/or 1099-MISC compensation	oc compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(n) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(b)	in column (B) reported as deferred in prior Form 990
Mercaret as Dresident Care	ε							
1 Community College District 535		294,375	0	0	0	0	294,375	0
Carlee Drummer. Executive	(J)							
2 Director	<u>(ii)</u>	128,985	0	0	0	0	128,985	0
	(1)							
3	€	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7						
	€							
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15	ε							
	€		100000000000000000000000000000000000000					
16	<b>E</b>							

Schedule J (Form 990) 2014

# Schedule J (Form 990) 2014 Part III Supplemental Information

es 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this pa	
, 4b, 4c	
3, 4a,	
1b, 3	
nes 1a, 1b,	
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## **SCHEDULE M** (Form 990)

# **Noncash Contributions**

OMB No 1545-0047

2014

Open To Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

► Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Oakton Community College Educational Foundation 36-2917302 Types of Property (c) (a) (b) (d) Noncash contribution Check If Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g 1 Art - Works of art . 67 0 determined by donor 2 Art - Historical treasures . . . 3 Art-Fractional interests . . 4 Books and publications . 9 340 determined by donor 5 Clothing and household goods . . . . . . . 400 determined by donor 6 Cars and other vehicles . 1 8,858 market determined by donor 3 7 Boats and planes . . . . 8 Intellectual property . . . 9 Securities-Publicly traded . . 10,192 mean value of stock price 10 Securities-Closely held stock . 11 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 864 375 market determined by donor 20 Drugs and medical supplies. 2 275 determined by donor 21 Taxidermy . . . 22 Historical artifacts . . 23 Scientific specimens . 24 Archeological artifacts 25 Other ▶ ( ContributedServices ) 451,112 market determined by donor 26 ✓ Other ► ( Equip/Supplies NEC ) 63 27,300 market determined by donor Other ► ( Auction items ) 27 114 0 market determined by donor 28 Other ► ( Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required 30a **b** If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any non-standard 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . . . . 32a If "Yes," describe in Part II. b 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

describe in Part II.

Part II	Supplemental Information. 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 1, Line	e 1 and Line 33 In accordance with SFAS116, the Educational Foundation has elected not to report art, historical artifacts, and
other form	s of non-cash property as revenues when such items are used to advance the functions of the Educational Foundation Instead,
the Educat	ional Foundation records the monetary value of the gift at zero and the non-monetary value at the amount assigned by the donor
in order to	facilitate completion of Form 8283 if needed Per the inventory as maintained by the museum's curator, the Foundation's art
collection	of 1,023 donated works is valued for insurance purposes at \$2,976,780. The collection is displayed throughout Oakton Community
Part 1, Line	e 25: Oakton Community College District 535 provides accounting and other support to the Educational Foundation
Part 1, Line	es 4, 5, 6, 19, 20, and 26 <sup>.</sup> Items in these categories were received by the Educational Foundation and transferred to Oakton
Communit	y College District 535 to benefit its programs or activities.
	e 27 and Line 33 In accordance with SFAS116, auction items are not recorded as revenue upon receipt. Instead, auction items are
\$500 or mo	
	10-75.
••••	

# SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection

Employer identification number

Oakton Community College Educational Foundation	36-2917302
990, Part VI, Section B, Policies, Line 11b: The Educational Foundation's President, Treasurer, and exte	rnal CPA review the
completed 990 tax return. Copies are also distributed to the Educational Foundation's Executive Comm	ittee, chaired by the Foundation's
President.	
990, Part VI, Section B, Policies, Line 12c: The Educational Foundation's policy manual states, "a mer	nber 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 members	ership committee carefully monitor
the actions of the board members.	
990, Part VI, Section B, Policies, Line 15b: Carlee Drummer was employed by Oakton Community Colle	ge District 535 as the Executive
Director for College Advancement until June 30, 2014. About 50 percent of her time was committed to	serving as the Educational
Foundation's Executive Director. Oakton Community College District 535's Board of Trustees approve	d the annual renewal
of her employment contract for both the college and foundation functional positions. The basis for her	salary at the original hire and
subsequent wage increases has been based on compensation surveys conducted by the College's Hur	man Resources Department.
990, Part VI, Section C, Disclosure, Line 19: Information about the Educational Foundation's governing	documents, conflict of interest policy,
and financial statements are available to the public on request. The Foundation's Statement of Financial	al Position (balance sheet) is included
in the Foundation's Annual Report, which is distributed to 2,500 donors and community residents. No	requests from the public were made
this fiscal year.	
990, Part VII, Lines 12 and 29: These are full-time positions within the Oakton Community College Distr	ict 535, a separately incorporated
entity recognized by the State of Illinois. The Educational Foundation does not provide any compensat	ion for either the college president as
an ex-officio member of the Foundation's Board or to the Executive Director of College Advancement a	s part-time Executive Director of the
Educational Foundation. The portion of the Executive Director of College Advancement's salary as par	t-time Executive Director was included
as part of Contributed Services at approximately 50 percent in prior fiscal years. The position of the Ec	lucational Foundation's Executive
Director has been vacant since 06/30/14, however the former Executive Director received compensation	n in the calendar the year ended 2014.

Name of the organization	Employer identification number
Dakton Community College Educational Foundation	36-2917302
990, Part VIII, Statement of Revenue, Line 7a: The Audit's Notes to Financial Stateme	ents, 3. Investment Return and Fair Value Measurements
(p.12) identifies realized gain on investments of \$360,020. Line 7a summarizes the \$	4,459,121 in gross sales realized from re-balancing the
portfolio, however gross sales are not separately stated in the audit, as the auditors	reported investment returns on a net basis.
990, Part VIII, Statement of Revenue and Part IX, Statement of Functional Expenses:	Contributed Services received from Oakton Community
College District 535 are recognized on Line 1d of the Statement of Revenue and on I	Line 24b of the Statement of Functional Expenses.
Contributed Services are non-cash support services provided by the College to the	Educational Foundation.
990, Part IX, Statement of Functional Expenses, Line 11f: Expenses as identified in t	the Audit's statement of activities (p. 7) did not include
\$34,117 in investment fees as the auditors reported investment revenues as net of e	expenses.
	•••••
	•••••••••••••••••••••••••••••••••••••••
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SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Oakton Community College Educational Foundation

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

▶ Information about Schedule R (Form 880) and its instructions is at www.irs.gov/form990.

2014

OMB No. 1545-0047

Open to Publ

Employer identification number

36-2917302

Part I	Identification of Disregarded Entities Complet	nplete if the organization answered "Yes" on Form 990, Part IV, line 33.	answered "Yes" o	in Form 990, Part	: IV, line 33.			
	(a) Name, address, and EIN (if applicable) of disregarded entity	Prim	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	
(1)								l
(2)								i
(3)								1
(4)								1
(2)								
(9)								1
Part II	Identification of Related Tax-Exempt Organizations Complete If the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.	ations Complete of th ring the tax year.	ne organization an	swered "Yes" on	Form 990, Part IV	V, line 34 becaus	se 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) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	<u>ଳ</u>
							Yes No	
(1) Oakton 1600 E Golf	(1) Oakton Community College District 535 1600 E Golf Rd, Des Plaines, IL 60016. EIN 36-2681999	Higher Education	Illinois	170(b)(1)(A)(v)		N/A	<i>-</i>	
(2)								
(3)							-	
(4)								1
(2)								1
(9)							_	1
ω								1
For Paperw	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	0.	Cat N	Cat No 50135Y		Schedule R	Schedule R (Form 990) 2014	14

Schedule R (1	Schedule R (Form 990) 2014										۵.
Part III	Identification of F	Identification of Related Organizations because it had one or more related organ	s Taxable nizations t	as a Partners reated as a pa	ons Taxable as a Partnership Complete of the organization answered "Yes" on Form 990, Part IV, line 34 ganizations treated as a partnership during the tax year.	the organizat the tax year.	on answerec	"Yes" on	Form 990, Pa	rt IV, line 3	4
	10)	3	3	•	3	ę	(2)	3		9	3

Name, rela	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or	(d) Direct controlling entity	Predon Income (		(f) Share of total income	(g) Share of end-of- year assets	(h) f- Disproportionate allocations?	onate Code V—UBI amount in box 20 of Schedule K-1		(i) General or managing	(k) Percentage ownership
			foreign country)	_	exclud tax u sections	excluded from tax under sections 512-514)							
									Yes	S <sub>O</sub>	Yes	S No	
(1)													
(2)													
(6)													
(4)													
(5)													
(9)													
(2)													
Part IV	Identification of F line 34 because it	Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	ions Taxable	as a Corporal	tion or as a cor	Frust Comp poration or 1	lete if the trust durin	organizatio g the tax ye	n answe	ered "Yes" or	Form 9	90, Paı	π IV,
Name	(a) Name, address, and EIN of related organization	j organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	-	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)		(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ts ownership	age Sect	(i) Section 512(b)(13) controlled entity?
												Yes	ss No
<b>(E)</b>					<del></del>								
(2)													
(3)					_								
(4)													
(5)													
(9)													
۵												_	<u> </u>
											Schedule	R (Form	Schedule R (Form 990) 2014

# Transactions With Related Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Schedule R (Form 990) 2014 Part V Transactio

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.  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?	e or more related organ	nizations listed in Part		Yes No
<ul> <li>a Receipt of (ii) interest, (iii) annuities, (iiii) royalties, or (iv) rent from a controlled entity</li> <li>b Gift, grant, or capital contribution to related organization(s)</li> </ul>				>
c Gift, grant, or capital contribution from related organization(s)				
e Loans or loan guarantees by related organization(s)				\ <u>\</u>
f Dividends from related organization(s)				<b>\</b>
				>
n Furchase of assets from related organization(s)			= <del>=</del>	>
j Lease of facilities, equipment, or other assets to related organization(s)				<b> </b>
k Lease of facilities, equipment, or other assets from related organization(s)				>
			- - - - - -	
<ul> <li>m Performance of services or membership or fundraising solicitations by related organization(s)</li> <li>n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)</li> </ul>				
<b>p</b> Reimbursement paid to related organization(s) for expenses				
<b>q</b> Reimbursement paid by related organization(s) for expenses				>
r Other transfer of cash or property to related organization(s)			1r · · · ·	
s Other transfer of cash or property from related organization (s)	logi out ottlamoo		1s	<b>&gt;</b>   5
		udilig covered relation	Silips allo tralisaction tilles	Olds.
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved
(1) Oakton Community College District 535	1p	240,195	240,195 market	
(2) Oakton Community College District 535	1c, 1m, 1n, 1o	451,112	market	
(3) Oakton Community College District 535	=	62,368	62,368 market	
(4) Oakton Community College District 535	1p	671,703	671,703 market	
(5) Oakton Community College District 535	11.	46,548	46,548 market value assigned by donor	nor
(9)				
			Schedule R (Form 990) 2014	90) 2014

# Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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.

(a) (b) (c) (d) (e) (f)	(a)	(0)	(p)	(e)	ε	(6)	Ξ		s	_
Name, address, and EIN of entity	Primary activity	Legal domicile	Predominant	Are all partners	Share of	Share of	Disproportionate	ate Code V—UBI		Percentage
		country)	unrelated, excluded	501(c)(3)		assets	allocations	of Schedule K-1	partner?	
			from tax under	organizations?	_			(Form 1065)		
			200000000000000000000000000000000000000	Yes No			Yes No	0	Yes No	
(1)										
(2)										
(6)										
(4)										
(5)										
(9)										
(i)			:							
(8)										:
(6)		:								
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										
								Sche	dule R'(For	Schedule R (Form 990) 2014

Part V., Section 2, Line 1: This amount represents grants awarded to and program expenses incurred by Oakton Community College  District 535 for strategic initiatives or general operations
District 535 for strategic initiatives or general operations
Part V. Section 2, Line 2: This amount is contributed by Oakton Community College District 535 to the Educational Foundation for
accounting and operational support
Part V, Section 2, Line 3. This amount represents the gross revenues from fundraising events that go towards scholarships for Oakton students, and towards the College's grants and program expenses
Part V, Section 2, Line 4: This amount represents the amounts reimbursed to Oakton Community College District 535 for student scholarships and for student emergency assistance paid through the College during the fiscal year, net of refunds
Part V. Section 2, Line 5: This amount represents the market value of non-cash contributions of property transferred to Oakton Community
College District 535 to benefit its programs or activities.