TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2011

	ouric 30, 2011
Prepared for	City Colleges of Chicago Foundation 226 West Jackson Blvd. No. 922 Chicago, IL 60606-6998
Prepared by	Deloitte Tax LLP 111 South Wacker Drive Chicago, IL 60606
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027
Return must be mailed on or before	November 15, 2011
Special Instructions	The return should be signed and dated.

Use Only

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2010 calendar year, or tax year beginning JUL 1. 2010 and ending JUN 30, 2011 Check if applicable: C Name of organization D Employer identification number Address change City Colleges of Chicago Foundation Name change 36~3157624 Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-226 West Jackson Blvd. 922 (312) 553-2735 Amended return City or town, state or country, and ZIP + 4 G Gross receipts \$ 5 146 388 Applica-tion Chicago, IL 60606-6998 H(a) Is this a group return pendina F Name and address of principal officer:Michael Daigler Yes X No for affiliates? 226 West Jackson Blvd, Chicago, IL 60606 H(b) Are all affiliates included? I Tax-exempt status: X 501(c)(3) ___ 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: ▶ www.ccc.edu **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1971 M State of legal domicile: IL Part I Summary Briefly describe the organization's mission or most significant activities: To provide grants for Activities & Governance scholarships. Check this box Implication discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 5 4 0 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 0 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 0. 7b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 519,565 564,333. Revenue Program service revenue (Part VIII, line 2g) 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 149,038 448,160. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 69,892. 668 603 1,082,385. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 399,869 354,580. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 0. 0 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 99,854. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 303,969 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 703,838, 454,434. Revenue less expenses. Subtract line 18 from line 12 <35,235, 627 951. 50 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 4,989,957 5,838,385. 21 39,001 Total liabilities (Part X, line 26) 93,213. let / 4.950.956. Net assets or fund balances. Subtract line 21 from line 20 5,745,172. | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign Kenneth C. Gotsch, Treasurer Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature Paid JULY DEF self-employed Deloitte Tax LLP Preparer Firm's name Firm's EIN Firm's address 🔪 111 South Wacker Drive

Chicago, IL 60606

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

X Yes

Phone no. (312) 486-1000

Part III | Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III Briefly describe the organization's mission: To provide grants for scholarships. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. 3 If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. (Code:) (Expenses \$ 387,563. including grants of \$ 354,580.)(Revenue\$_ The Foundation is organized and shall be operated exclusively for educational purposes to assist in developing and augmenting the resources and carrying out the educational functions of the City Colleges of Chicago, established and operated by the Board of Trustees of Community College District No. 508, Cook County, State of Illinois, to the end that there may be provided in the colleges community broader educational opportunities for and service to the students and alumni of the college and the citizens of this state and nation. The Foundation provides scholarships and skill upgrades to over 300 students. (Code: ______) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ (Code: _____) (Expenses \$ including grants of \$_____) (Revenue \$ 4d Other program services. (Describe in Schedule O.)

(Expenses \$

Total program service expenses ▶

including grants of \$

387,563.

Form 990 (2010) City Colleges of C Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	ļ
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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	MARI		
	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		Х
D	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	_	Х
C	Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11c		Α
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
15	and program service activities outside the United States? 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 assistance to any organization	14b		<u> </u>
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	13		
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	******
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Х
D	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Form 990 (2010) City Colleges of Chicago Form Part IV Checklist of Required Schedules (continued)

21	Did the ergenization report more than \$5,000 of greate and other projects and other projects.	1	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	21	├	X
	and the second of the second o	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			ļ
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a		-		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	l		
	Schedule K. If "No", go to line 25	24a		х
b		24b		
С				
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes, " complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		1	
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
~4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
20	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	-	X
55	· · · · · · · · · · · · · · · · · · ·	_	ļ	v
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity?	33		X
J-T	KINGS II SOUTH OUT OF THE CONTRACT OF THE CONT		x	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	34	$\stackrel{\wedge}{+}$	x
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	35	-+	
u	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		l	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	Million the control of the D. D. and M. C.	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	33		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	<u> </u>		
	Note. All Form 990 filers are required to complete Schedule O	38	х	

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			ugo 4
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0	100	110
b		0		1
С		3800	SEP	4
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	133.50	100	
	filed for the calendar year ending with or within the year covered by this return 2a	0		719-
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		ж
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	y y y y y y y y y y y y y y y y y y y	5b		х
		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	_		
d		7c		X
e	If "Yes," indicate the number of Forms 8282 filed during the year			х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	711	5550	
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		0220	
а	Initiation fees and capital contributions included on Part VIII, line 12		167	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		3.3	
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders		8	
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	100	100	i iv
	Section 501(c)(29) qualified nonprofit health insurance issuers.		911	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			5 10
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1	123	

14b

Х

13b

organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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

	Check if Schedule O contains a response to any question in this Part VI			Х
Sec	tion 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	9		
b	Enter the number of voting members included in line 1a, above, who are independent	5	12.18	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	i la		Eine
	officer, director, trustee, or key employee?	2	х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		N N	
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			8 0
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		9	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		X
ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		
	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	1	.,	
	to conflicts?	12b	х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	40-	x	
12		12c	Δ	х
13	Does the organization have a written decument retention and destruction policy?	13	-	X
14 15	Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	14		-
.5	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		97	
а	The organization's CEO, Executive Director, or top management official	15a		х
		15b		X
	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	100		
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
_	taxable entity during the year?	16a		x
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation		25.00	
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
ec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►IL			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	e for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
9	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ncial	
	statements available to the public.			
:0	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ition: 🕨		
	J. Randall Dempsey - (312) 553-3372			
	226 West Jackson Boulevard, Chicago, IL 60606-6998			

36-3157624



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

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

Х

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 ne	or any related (B)	org:	rganization compens			mpe	nsa	ted any current officer, (D)	director, or trustee. (E)	(F)	
Name and Title	Average			Pos	-	า		Reportable	Reportable	Estimated	
rianie and Thie	hours per	(c				t app	oly)	compensation	compensation	amount of	
	week (describe hours for related organizations in Schedule O)	ustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Ī	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
Cheryl Hyman					\Box	T					
Director	1.00	х						0.	263,000.	109,382.	
Maria Dolores Javier											
Director	1.00	х						0.	143,005.	59,476.	
Jeffery Himmel											
Director	1.00	х						0.	0.	0.	
Terry Newman											
Director	1.00	х						0.	0.	0.	
Martin Cabrera, Jr.											
Director	1.00	Х						0.	0.	0.	
Ray Vazquez						l					
President	1.00	Х		Х				0.	0.	0.	
Michael Daigler											
Executive Director	6.00	Х		Х		<u> </u>	<u> </u>	0.	129,600.	53,901.	
Lester Coney											
Secretary	1.00	Х		Х				0,	0.	0.	
Kenneth C. Gotsch Treasurer	1.00	х		х				0.	175,728.	73,085.	
				**				· ·	173,720.	73,003.	

032007 12-21-10 Form **990** (2010)

	n 990 (2010) City Colleges									36-315762	4 Page
Га	rt VII Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours per	(C) Position (check all that apply)				ı		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
-		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations

С	Sub-total Total from continuation sheets to Part VI	I, Section A					>		0. 0.	711,333	. 0
2	Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization) wh	o re	<u> </u>	711 , 333 ,000 in reportable	
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for so	uch individual		,,,,,							Yes No
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	,000? <i>If "Y</i> es, '	con	nple	te S	che	dule	J fo	or such individual	******************************	4 X
Sec	rendered to the organization? If "Yes," comption B. Independent Contractors										5 X
1	Complete this table for your five highest corthe organization. NONE	npensated ind	eper	nder	nt co	ontra	actor	s th	nat received more than t	\$100,000 of compen	sation from
	(A) Name and business	address						-	(B) Description of se	ervices ((C) Compensation

								1			

2	Total number of independent contractors (in \$100,000 in compensation from the organization from the organization)		t lim	ited	to t	hose 0	e list	ed a	above) who received mo	ore than	

		ii Statement of Rever			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	b	Membership dues	1b					
ts, am	c	Fundraising events	1c	36,000.				
<u>ar</u>	d	Related organizations	1d	363,794.				A SHEET OF
S.E	e	Government grants (contribut						
atio er s	f	All other contributions, gifts, gran						
ēŧ		similar amounts not included abo	ve 1f	164,539.				
got	g	Noncash contributions included in lines	: 1a-1f: \$					
<u>က</u>	h	Total. Add lines 1a-1f		>	564,333.			
				Business Code				
ice	2 a	·						
e e	b	· · · · · · · · · · · · · · · · · · ·						
en S	C	:						
Rei	d							
Program Service Revenue	e							
_	١ '	All other program service reve						
_		Total. Add lines 2a-2f						
	3	Investment income (including			171 404			171 404
		other similar amounts)			171,494.		The state of the s	171,494.
	4	Income from investment of tax		-				
	5	Royalties						
		Creas Banto	(i) Real	(ii) Personal				
	6 a	***************************************	ļ					
	b							
	0	` '	L					
	d	, ,			On Turnish residen			
	/ a	Gross amount from sales of	(i) Securities 4,303,963.	(ii) Other				
	h	assets other than inventory	1,303,303.					
	U	Less: cost or other basis and sales expenses	4,027,297.					
	_	Gain or (loss)						
	i	Net gain or (loss)			276,666.			276,666.
		Gross income from fundraising			2,0,000.			270,000.
nge	0 4	including \$ 36		1				
Other Reve		contributions reported on line						
Ř		Part IV, line 18	•	106,598.				
the	b	Less: direct expenses		36,706.				
0		Net income or (loss) from fund		b	69,892.			69,892.
		Gross income from gaming ac			VIDA CHI SALE CO			MUDDINES DE LINE
		Part IV, line 19		- 1				
	b	Less: direct expenses						
		Net income or (loss) from gami						
	10 a	Gross sales of inventory, less i	- 1					
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sales	_	>				
Ī		Miscellaneous Revenue	e .	Business Code				
	11 a							
	b							
l	С					>		1
	d	All other revenue	1					
	е	Total. Add lines 11a-11d		>				
	12	Total revenue. See instructions.			1,082,385.	0.	0.	518,052.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		<u> </u>		
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				min manifest
	the U.S. See Part IV, line 22	354,580.	354,580.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	38.		38.	· · · · · · · · · · · · · · · · · · ·
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	12,201.		12,201.	
g	Other	12,000.		12,000.	
12	Advertising and promotion	5,341.			5,341
13	Office expenses				
14	Information technology				
15	Royalties				·
16	Occupancy	3,500.		3,500.	· · · · · · · · · · · · · · · · · · ·
17	Travel	2,146.	2,146.	· · · · · · · · · · · · · · · · · · ·	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,735.	1	1,735.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)				
	Equip. Repair & Rental	22,512.	22,512.		
b	Consultant Fees	13,314.	7,314.		6,000
С	Catering	9,393.	1,011.		8,382
d	Entertainment, Trophies	4,689.			4,689
е	Bank & Credit Card Fees	691.		691.	
f	All other expenses	12,294.			12,294
25	Total functional expenses. Add lines 1 through 24f	454,434.	387,563.	30,165.	36,706
26	Joint costs. Check here ▶ if following SOP			, ,	
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising				
	solicitation 12-21-10				Form 990

Page **11**

Form 990 (2010)

Part X | Balance Sheet

				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		123,388.	2	350,649
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		15,839.	4	14,322
	5	Receivables from current and former officers, directors, tru				
		employees, and highest compensated employees. Comple				
		of Schedule L			5	
	6	Receivables from other disqualified persons (as defined un				
		4958(f)(1)), persons described in section 4958(c)(3)(B), and	contributing			
		employers and sponsoring organizations of section 501(c)(, I			
		employees' beneficiary organizations (see instructions)	· · · · · · · · · · · · · · · · · · ·		6	
Assets	7	Notes and loans receivable, net			7	
Ass	8	Inventories for sale or use			8	
	9	Donnard and a company of a contract of the con			9	8,400
	10a	Land, buildings, and equipment: cost or other			7.18 ¹¹ 2.6	
		basis. Complete Part VI of Schedule D 10a				
	Ь	Less: accumulated depreciation 10b			10c	
	11	Investments - publicly traded securities	4,850,730.	11	5,465,014.	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments · program-related. See Part IV, line 11		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,989,957.	16	5,838,385,	
	17	Accounts payable and accrued expenses		39,001.	17	93,213,
	18	Grants payable		······································	18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
s	21	Escrow or custodial account liability. Complete Part IV of S			21	
Liabilities	22	Payables to current and former officers, directors, trustees,	P ^m			
api		highest compensated employees, and disqualified persons				
ت		of Schedule L	1		22	
	23	Secured mortgages and notes payable to unrelated third pa			23	
	24	Unsecured notes and loans payable to unrelated third parti	P-		24	
	25	Other liabilities. Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		39,001.	26	93,213.
		Organizations that follow SFAS 117, check here	and complete			
S		lines 27 through 29, and lines 33 and 34.				
ĕ	27	Unrestricted net assets		125,454.	27	14,695.
ala	28	Temporarily restricted net assets		4,272,033.	28	5,177,008.
g B	29	Permanently restricted net assets	E	553,469.	29	553,469.
Ë		Organizations that do not follow SFAS 117, check here				TWO PROPERTY.
ō		complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds			30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fur			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or ot			32	
ž	33	Total net assets or fund balances		4,950,956.	33	5,745,172.
	i	Total liabilities and net assets/fund balances	4,989,957.	34	5,838,385.	

Form **990** (2010)

. 011	1000 (2010)		-		.90		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI				X		
1	Total revenue (must equal Part VIII, column (A), line 12)						
2							
3	Revenue less expenses. Subtract line 2 from line 1	3		627	,951		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4	,950	,956		
5	Other changes in net assets or fund balances (explain in Schedule O)	5		166	,264		
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	5	,745	,171		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х		
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	х			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O.	1800				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a					
	separate basis, consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit					
	Act and OMB Circular A-133?		3a		х		

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form **990** (2010)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

City Colleges of Chicago Foundation

Employer identification number

36-3157624 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c ____ Type III - Functionally integrated d ___ Type III - Other __ Type I e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (iii) Type of (iv) Is the organization (v) Did you notify the (vi) Is the (i) Name of supported (ii) EIN (vii) Amount of organization in col. (i) organized in the U.S.? organization in col. (i) listed in your organization in col. organization support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes Nο Yes No Yes Nο

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

Schedule A (Form 990 or 990-EZ) 2010

Total

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

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,502,361.	517,235.	528,138.	519,565.	564,333.	3,631,632.
2	Tax revenues levied for the organ-						
	ization'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		
4	Total. Add lines 1 through 3	1,502,361.	517,235.	528,138.	519,565.	564,333.	3,631,632.
	The portion of total contributions						
Ī	by each person (other than a						
	governmental unit or publicly		44 Table 1914				
	supported organization) included		Lei Vita Breit L				
	on line 1 that exceeds 2% of the	REFERENCE				MARKET	
	amount shown on line 11,						
	column (f)						
•	***************************************						2 621 622
	Public support. Subtract line 5 from line 4.						3,631,632.
	ndar year (or fiscal year beginning in)	(=) 0000	(L) 0007	(-) 0000 T	/-N 0000	/.\aa_	(0.T.)
		(a) 2006 1,502,361.	(b) 2007 517, 235.	(c) 2008 528,138.	(d) 2009 519,565.	(e) 2010 564,333.	(f) Total 3,631,632.
	Amounts from line 4	1,302,301.	317,233.	328,138.	319,303.	304,333.	3,631,632.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	174 004	100 000	07.010	440 000	151 101	
_	and income from similar sources	174,284.	190,923.	97,810.	149,038.	171,494.	783,549.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain	1	1				
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						4,415,181.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth tax	year as a section	n 501(c)(3)	
	organization, check this box and stop	here		************			
Sec	tion C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2010 (li					14	82,25 %
15	Public support percentage from 2009	Schedule A, Part I	I, line 14			15	54.59 %
	33 1/3% support test - 2010.If the or					ore, check this box	and
	stop here. The organization qualifies a	as a publicly suppo	orted organization	***************************************			▶ X
b	33 1/3% support test - 2009. If the or						
	and stop here. The organization qualif						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fact						
	meets the "facts-and-circumstances" t						
b	10% -facts-and-circumstances test						
_	more, and if the organization meets the	-					.,,, 01
	organization meets the "facts-and-circ						
18	Private foundation. If the organization			· ·		***********	
10	. Tivate roundation. If the Organization	TOTAL CHECK & L	on on the 13, 10a,	100, 17a, 01 17b,	CHECK THS DOX at	io see instructions	<u></u>

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

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

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and				•		1
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	=					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-			_	†		
	ization's benefit and either paid to					1	
	or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
, ,	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						<u> </u>
	from other than disqualified persons that		9				
	exceed the greater of \$5,000 or 1% of the						
_	amount on line 13 for the year						
	Add lines 7a and 7b						
Sec	Public support (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	/=\ 2006	/L\ 0007	/-\ 0000	T / 13 0000	T () 0010	· · · · · · · · · · · · · · · · · · ·
		(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6 Gross income from interest,						
106	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						*****
D	Unrelated business taxable income			1			
	(less section 511 taxes) from businesses acquired after June 30, 1975						

	Add lines 10a and 10b Net income from unrelated business						
•••	activities not included in line 10b.						
	whether or not the business is						
10	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV.)						
	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	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here						> L
	tion C. Computation of Publi					<u> </u>	
	Public support percentage for 2010 (li					15	%
16	Public support percentage from 2009	Schedule A, Part I	III, line 15			16	%
	tion D. Computation of Inves						
17	Investment income percentage for 20	10 (line 10c, colum	ın (f) divided by lin	e 13, column (f))	*********	17	%
18	Investment income percentage from 2	:009 Schedule A, F	Part III, line 17			18	%
19a	33 1/3% support tests - 2010. If the	organization did no	ot check the box o	n line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qualit	fies as a publicly s	supported organiza	ation	▶ □
b	33 1/3% support tests - 2009. If the						
	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization						▶ □

Schedule B (Form 990, 990-EZ,

Department of the Treasury Internal Revenue Service

or 990-PF)

Schedule of Contributors

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

OMB No. 1545-0047

2010

Name of the organization **Employer identification number** City Colleges of Chicago Foundation 36-3157624 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

City Colleges of Chicago Foundation

36-3157624

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Culinary Hospitality Showcase Dinner 6301 South Halsted Street Chicago, IL 60621	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	City Colleges of Chicago 226 West Jackson Boulevard Chicago, IL 60606	\$363,794.	Person X Payroll
(a) N o.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	Beck's Bookstore Scholarship Fund 4520 North Broadway Chicago, IL 60640	\$36,494.	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	Overhead Electrical Line Workers Program - Commonwealth Edison 440 South LaSalle Street Chicago, IL 60605	\$35,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	Liz Liebman Scholarship Fund 910 North Lake Shore Drive Chicago, IL 60611	\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	Walmart Hospitality and Retail Fund 702 S.W. 8th Street Bentonville, AR 72716	\$15,000.	Person X Payroll

Name of organization Employer identification number

City Colleges of Chicago Foundation 36-3157624

Parti	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	Saundra Banyard Memorial Fund c/o Brenda Aurcroves 12857 B Jamestown Way Lutz, FL 33558	\$\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8	Mortuary Science Program 1900 West Van Buren Street Chicago, IL 60612	\$\$16,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- - - -	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- \$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

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, 11, or 12.

OMB No. 1545-0047 Inspection

Name of the organization

➤ Attach to Form 990. ➤ See separate instructions.

City Colleges of Chicago Foundation

Employer identification number 36-3157624

rd	Organizations Maintaining Donor Advised organization answered "Yes" to Form 990, Part IV, line		Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advised fu	unds
	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		

Pa	rt II Conservation Easements. Complete if the orga	anization answered "Yes" to Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organizatio		
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of an historic	ally important land area
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	- · · · · · · · · · · · · · · · · · · ·		
С			
d	Number of conservation easements included in (c) acquired af		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		anization during the tax
	year▶	, , , , , , , , , , , , , , , , , , , ,	3
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it h		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a	***************************************	
7	Amount of expenses incurred in monitoring, inspecting, and er		***************************************
8	Does each conservation easement reported on line 2(d) above		***************************************
	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	·	· ·
	conservation easements.	one interior order for the cooling of the o	rga neation o accounting for
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 99	· · · · · · · · · · · · · · · · · · ·	
1a	If the organization elected, as permitted under SFAS 116 (ASC	· · · · · · · · · · · · · · · · · · ·	and halance sheet works of art
-	historical treasures, or other similar assets held for public exhib	•	,
	the text of the footnote to its financial statements that describe		public service, provide, in rait Arv,
b	If the organization elected, as permitted under SFAS 116 (ASC		halance sheet works of art, historical
-	treasures, or other similar assets held for public exhibition, edu		
	relating to these items:	ication, of research in faitherance of public si	ervice, provide the following amounts
			▶ ¢
	(i) Revenues included in Form 990, Part VIII, line 1		
_			
2	If the organization received or held works of art, historical treas	-	i, provide
_	the following amounts required to be reported under SFAS 116		.
a	Revenues included in Form 990, Part VIII, line 1		🟲 💲
D	Assets included in Form 990. Part X		▶ \$

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check aff that apply): a	Pa	rt III Organizations Maintaining C	Collections of A	rt, Historical Tr	easures, or Oti	her Similar	Assets (c	 ontinue	: uge : ed)
check all that apply : a	3								
b Scholarly research e Other C Persevation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. 5 During the year (dit the organization solicit or receive donations of art, historical treasures, or other similiar assets to be solicit or rate brunds rather than to be manutained as part of the organization collection? Ves No Part IV Scrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes," explain the arrangement in Part XIV and complete the following table: C Beginning belance 1c Amount 1c Amount 1 b In Tyes, "explain the arrangement in Part XIV and complete the following table: C Beginning belance 2 b Did the organization include an amount on Form 990, Part X, line 21? D If "Yes," explain the arrangement in Part XIV. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1 B Beginning of year balance 6 83, 903, 686, 457, 690, 208. 1 B Beginning of year balance 6 83, 903, 686, 457, 690, 208. 1 B Beginning of year balance 1 C I Tyes, "explain the arrangement in Part XIV. 1 D Beginning of year balance 1 C I Tyes, "explain the extrasted percentage of the year end balance held as: 2 B Board designated or quasi-endowment P 23, 00 96 3 Are there endowment P 23, 00 96 2 Provide the estimated percentage of the year end balance held as: 3 Board designated or quasi-endowment P 23, 00 96 2 Provide the estimated percentage of the year end balance held as: 3 Board designated or quasi-endowment P 23, 00 96 5 Term endowment P 23, 00 96 6 Term endowment P 24, 00 96 7 Term endowment P 26, 00 96 8 A Pere the estimated percentage of the year end balance held as: 8 Board desig				-	_				
b Scholarly research e Other C Persevation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. 5 During the year (dit the organization solicit or receive donations of art, historical treasures, or other similiar assets to be solicit or rate brunds rather than to be manutained as part of the organization collection? Ves No Part IV Scrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes," explain the arrangement in Part XIV and complete the following table: C Beginning belance 1c Amount 1c Amount 1 b In Tyes, "explain the arrangement in Part XIV and complete the following table: C Beginning belance 2 b Did the organization include an amount on Form 990, Part X, line 21? D If "Yes," explain the arrangement in Part XIV. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1 B Beginning of year balance 6 83, 903, 686, 457, 690, 208. 1 B Beginning of year balance 6 83, 903, 686, 457, 690, 208. 1 B Beginning of year balance 1 C I Tyes, "explain the arrangement in Part XIV. 1 D Beginning of year balance 1 C I Tyes, "explain the extrasted percentage of the year end balance held as: 2 B Board designated or quasi-endowment P 23, 00 96 3 Are there endowment P 23, 00 96 2 Provide the estimated percentage of the year end balance held as: 3 Board designated or quasi-endowment P 23, 00 96 2 Provide the estimated percentage of the year end balance held as: 3 Board designated or quasi-endowment P 23, 00 96 5 Term endowment P 23, 00 96 6 Term endowment P 24, 00 96 7 Term endowment P 26, 00 96 8 A Pere the estimated percentage of the year end balance held as: 8 Board desig	а	Public exhibition	d	Loan or exc	hange programs				
c	b	Scholarly research	е						
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sed to raise funds rather than to be maintained as part of the organization collection?	С								
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold for raise funds rather than to be maintained as pair of the organization's collection?	4		ollections and explain	n how they further t	he organization's ex	emnt nurnos	e in Part XIV		
to be sold to raise funds rather than to be maintained as pair of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b if "Yes," explain the arrangement in Part XIV and complete the following table:	5						S HIT CIT / IV.		
Part V Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?							Ves	. Г	□ No
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Pa								
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?				sto ii ti lo organizatio	manowered res t	0 1 01111 030, 1	arriv, mie 3,	Oi	
n Form 990, Part X? b If "Yes," explain the arrangement in Part XIV and complete the following table: Amount	1a			liany for contribution	ne or other accete no	at included			
C Beginning balance C Beginning balance C Beginning balance C Beginning balance C Beginning the year C Beginning the year C It C C Beginning the year C It C C Beginning the year C It C C Beginning balance C It C C Beginning balance C It C C Beginning balance C It Beginning of year balance C Beginning of year balance Beginning of year							□ vor	. г	N
c Beginning balance	h						L	_	NO
C Beginning balance 1d 1d 1d 1d 1d 1d 1d 1	U	in res, explain the analigement in rait XIV	and complete the lo	llowing table.			A		
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 217 b If Yes, explain the arrangement in Part XIV. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance 681,903, 686,457, 699,208, b Contributions c Net investment earnings, gains, and losses 81,615, 21,625, 188,596, c Net investment fearnings, gains, and losses 9 End of year balance 9 Cher expenditures for facilities and programs 10 Administrative expenses 11 Administrative expenses 12 Provide the estimated percentage of the year end balance held as: 12 Board designated or quasi-endowment	_	Paginning halance					Amo	unt	
E Stributions during the year 1 1 1 1 1 1 1 1 1									
Fending balance		Distributions during the year	***************************************			10	·····		
2a Did the organization include an amount on Form 990, Part X, line 21? Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (d) Thre	_	Ending historical				1e			
Description of Part X Part Y Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years years (e) Four years (e)		Ending balance				<u>1f</u>	1 1		
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four year back (e) Four years back (e) Four year year year year year year year yea				21?			\ Yes	L	No
1a Beginning of year balance 681,903, 686,457, 690,208,									
1a Beginning of year balance 681,903. 686,457. 690,208. b Contributions 5,315. 4,642. 175. c Net investment earnings, gains, and losses 81,615. 21,625. 18,596. d Grants or scholarships 22,566. 30,821. 22,266. e Other expenditures for facilities and programs 256. 30,821. 22,266. f Administrative expenses 256. 30,821. 22,266. g End of year balance 746,267. 681,903. 686,457. 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ► 77,00.0 % b Permanent endowment ► 23,00.0 % Yes No. 3a 3a Are there endowment Funds not in the possession of the organization that are held and administered for the organization by: Yes No. 3a(i) X (i) unrelated organizations 3a(i) X 3a(ii) X b If Yes* to 3a(ii), are the related organizations listed as required on Schedule R? 3b Interpretation of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation 1a Land <td< td=""><td>rai</td><td>Lidowillent Fullus. Complete</td><td></td><td></td><td></td><td></td><td> T = =</td><td></td><td></td></td<>	rai	Lidowillent Fullus. Complete					T = =		
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships d Grants or scholarships 22,566. 30,821. 22,266. e Other expenditures for facilities and programs 256. f Administrative expenses g End of year balance 746,267. 681,903. 686,457. 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶ 77.00 % b Permanent endowment ▶ 23.00 % c Term endowment ▶ 23.00 % c Term endowment ▶ 1.00 % 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part V Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other	_					(d) Three year	rs back (e) F	our year	rs back
C Net investment earnings, gains, and losses d Grants or scholarships 22,566, 30,821, 22,266, e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶ 77.00 % b Permanent endowment ▶ 23.00 % c Term endowment ▶ 23.00 % c Term endowment ▶ .00 % 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part V Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other				····					
d Grants or scholarships 22,566, 30,821, 22,266, e Other expenditures for facilities and programs f Administrative expenses g End of year balance 746,267, 681,903, 686,457, 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶ 77,00 % b Permanent endowment ▶ 23,00 % c Term endowment ▶ .00 % 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations 3a(ii) x (ii) related organizations b if "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) basis (other) (c) Accumulated depreciation (d) Book value basis (investment) basis (other) depreciation depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other									100
e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment Part of the endowment Part of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii									MARK.
and programs f Administrative expenses g End of year balance 746, 267. 681, 903. 686, 457. 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶ 77.00 % b Permanent endowment ▶ 23,00 % c Term endowment ▶ .00 % 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	d	Grants or scholarships	22,566.	30,821.	22,266.			1 819	
g End of year balance	е	Other expenditures for facilities							
Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶ 77.00 % b Permanent endowment ▶ 23.00 % c Term endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations					256.		200	100	- 12
2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment	f	Administrative expenses							
Board designated or quasi-endowment ▶ 77.00 % b Permanent endowment ▶ 23.00 % c Term endowment ▶ .00 % 3a Are there endowment tunds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	g	End of year balance	746,267.	681,903.	686,457.			500	
b Permanent endowment ▶ 23,00	2	Provide the estimated percentage of the year	r end balance held a	s:					
Term endowment	а	Board designated or quasi-endowment	77.00	%					
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related orga	b	Permanent endowment ► 23.00	%	_					
by: (i) unrelated organizations 3a(i) x	С	Term endowment ► .00	 6						
by: (i) unrelated organizations 3a(i) x	3a	Are there endowment funds not in the posses	ssion of the organiza	ition that are held a	nd administered for	the organizati	ion		
(ii) unrelated organizations (iii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (other) (b) Cost or other depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other						J		Yes	No
(ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land b Buildings c Leasehold improvements d Equipment e Other		(i) unrelated organizations					3a(+
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (other) (b) Cost or other depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other									x
Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment Des	b	If "Yes" to 3a(ii), are the related organizations	listed as required or	n Schedule R?			3h		†
Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation to Buildings c Leasehold improvements d Equipment e Other		Describe in Part XIV the intended uses of the	organization's endo	wment funds.					
Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (e) Equipment (f) Cost or other basis (other) (h) Cost or other basis	Par	t VI Land, Buildings, and Equipm	ent. See Form 990.	Part X, line 10.					
basis (investment) basis (other) depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other					or other (c) A	Accumulated	(d) B(ok val	
1a Land b Buildings c Leasehold improvements d Equipment e Other			1 ' '	1 ' '	1		(4) 50	OK Vali	ue
b Buildings	1a	Land							
c Leasehold improvements d Equipment e Other									
d Equipment e Other	c	Leasehold improvements	•				-	***************************************	
e Other									
				Coolumn (B) line 1)(c) l				0.



(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			**************************************
(A)			·
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H) (t)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)			· · · · · · · · · · · · · · · · · · ·
Part VIII Investments - Program Related.	Sac Form 000 Dort V lin	. 12	
		e 13.	(c) Method of valuation:
(a) Description of investment type	(b) Book value	C	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7) (8)			
(9)			And the second s
(10)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, lin	 e 15		
<u> </u>) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)	***************************************	***************************************	
(6)			***************************************
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B) lin			
Part X Other Liabilities. See Form 990, Part X	, line 25.		
1. (a) Description of liability		(b) Amount	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			The state of the s
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Fotal. (Column (b) must equal Form 990, Part X, col (B) lin	e 25.)		inization's liability for uncertain tax positions under

		No.			
-	edule D (Form 990) 2010 City Colleges of Chicago Foundation		·	36-31576	524 Page 4
-	rt XI Reconciliation of Change in Net Assets from Form 9	90 to Audited F	inanciai Sta	itements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)				1,082,385
2	Total expenses (Form 990, Part IX, column (A), line 25)				454,434
3	Excess or (deficit) for the year. Subtract line 2 from line 1				627,951
4	Net unrealized gains (losses) on investments				166,264
5	Donated services and use of facilities		5		
6	Investment expenses				
7	Prior period adjustments		7	· · · · · · · · · · · · · · · · · · ·	
8	Other (Describe in Part XIV.)		8		
9	Total adjustments (net). Add lines 4 through 8		9		166,264
10	Excess or (deficit) for the year per audited financial statements. Combine line		10		794,215
Pai	t XII Reconciliation of Revenue per Audited Financial Stat	tements With R	evenue per	Return	
1					1,358,916
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	Net unrealized gains on investments		166,26		
b	Donated services and use of facilities		110,26	7.	
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d			
е	Add lines 2a through 2d				276,531.
3	Subtract line 2e from line 1	***********		3	1,082,385.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIV.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			. 5	1,082,385.
Pa	t XIII Reconciliation of Expenses per Audited Financial Sta				
1	Total expenses and losses per audited financial statements			. 1	564,701.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	110,26	7.	
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
е	Add lines 2a through 2d			2e	110,267.
3	Subtract line 2e from line 1			3	454,434.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	2			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	454,434.
Pa	t XIV Supplemental Information				
Comp	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; F	Part III, lines 1a and	4; Part IV, lines	1b and 2b; F	art V. line 4: Part
	2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also				
Part	V, Line 4: The Foundation's endowment funds are maintained	d to provide			

a pe	rmanent source of income, with the stipulation that the pri	ncipal must			
be i	nvested and kept intact in perpetuity, while using only the	income			
gene	rated.				
Part	X: There is no FIN 48 footnote in the financial statements	for the	·		
year	ended June 30, 2011.				
-	, · · · · · · · · · · · · · · · · · · ·				

SCHEDULE G (Form 990 or 990-EZ)

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization					1710	Employer ide	ntification number
City Colle	ges of Chicago Foundation					36-315762 4	
Fundraising Activities required to complete this par	 Complete if the organization answer. 	ered "	∕es" to	o Form 990, Part IV,	line 1	7. Form 990-E2	Z filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p ividuals or entities (fundraisers) purs	tion of tion of fundra (inclu- rofess	non-g gover alsing ding o ional f	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) funde have c or con contrib	Did raiser ustody trol of utions?	(iv) Gross receipts from activity	to (o	Amount paid r retained by) iundraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
otal			•				
List all states in which the organization or licensing.			utions	or has been notified	it is e	exempt from re	gistration
					··.		



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

		or randialoning over commodition and gr	GOO INGOING ON TONITOO	EE, III 100 T G 1G OD: EIST	evente with gross recei	pro greater triair 40,000.
			(a) Event #1	(b) Event #2	(c) Other events None	(d) Total events
			Showcase Dinner	Humboldt Park Voc.	Hone	(add col. (a) through
ø.			(event type)	(event type)	(total number)	col. (c))
Revenue			110.054	20.504		
Re	1	Gross receipts	112,974.	29,624.		142,598.
	2	Less: Charitable contributions	28,500.	7,500.		36,000.
	3	Gross income (line 1 minus line 2)	84,474.	22,124.		106,598.
	4	Cash prizes				
ses	5	Noncash prizes				<u> </u>
Direct Expenses	6	Rent/facility costs				
Direct	7	Food and beverages	5,400.	2,982.		8,382.
	8	Entertainment				2,000.
	9	Other direct expenses		6,500.		26,324.
		Direct expense summary. Add lines 4 through	. ,			(36,706)
Pa	irt I	Net income summary. Combine line 3, colum Gaming. Complete if the organization	n (d), and line 10	990 Part IV line 19 orr	enorted more than	69,892.
		\$15,000 on Form 990-EZ, line 6a.	answered res to roini	550, 1 art (v, line 15, 0) 1	eported more than	
a			(a) Dia	(b) Pull tabs/instant	(-) Othi	(d) Total gaming (add
enue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
	1	Gross revenue				
		Cook prince				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	└── No	No No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	()
	_					
	8	Net gaming income summary. Combine line 1	, column d, and line 7		>	
9	Ent	er the state(s) in which the organization operat	tes gaming activities:			
		he organization licensed to operate gaming ac		states?		Yes No
		No," explain:		***************************************		
		re any of the organization's gaming licenses re res," explain:	voked, suspended or ter	minated during the tax y	ear?	Yes No
J	11					

Sch	nedule G (Form 990 or 990-EZ) 2010 City Colleges of Chicago Foundation 36-315	7624		Page 3
	Does the organization operate gaming activities with nonmembers?		Yes	No
	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?	.Ш	Yes	☐ No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility	13a		%
	An outside facility	13b	<u> </u>	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address ►			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. 🔲	Yes	☐ No
b	o 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 ►	***************************************		
	Address			
16	Gaming manager information:			
	Name			***************************************
	Gaming manager compensation ▶ \$			
	Description of continuous annial of N			
	Description of services provided			
			······································	
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	solutions 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 ▶ \$			
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii)	and (v), and	Part III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	(see i	nstruc	tions).

				······

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. Department of the Treasury Internal Revenue Service SCHEDULE (Form 990)

² [**Employer identification number** Open to Public OMB No. 1545-0047 Inspection (h) Purpose of grant or assistance 36-3157624 X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

ame and address of organization

(book, if applicable cash grant or government cash assistance cash grant or government or government or government cash assistance cash grant lon-cash grant Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Enter total number of section 501(c)(3) and government organizations City Colleges of Chicago Foundation General Information on Grants and Assistance criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization Name of the organization Parti

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

Schedule I (Form 990) (2010)

Page 2

36-3157624

Schedule I (Form 990) (2010) City Colleges of Chicago Foundation

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

| Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Scholarships Given to Students for Tuition	430	354,580.	.0		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	le the information	required in Part I, Ii	ne 2, and any other	additional information.	
Schedule I, Part I, Line 2: Scholarship applications ar	s are reviewed and	d and		ű.	
decided by college scholarship committees, Requests	for payment	are			
submitted to the Foundation. In addition to other information,	information,	requests			
designate for which term the scholarship is payable and	whether	or not the			
scholarship is refundable to the student (i.e., if t	if there is a cr	credit			
balance on the student's account, whether or not any cr	y credit balance	nce			
resulting from the scholarship is refundable to the	student).	In			
processing payment requests, the Foundation ensures	that all	published			
criteria have been met. Nonrefundable, unused scholarship credit balances	larship credi	t balances			
032102 01-13-11					Social Control of Control

Schedule I (Form 990) 2010 City Colleges of Chicago Foundation	30-315/024	Page 2
Part IV Supplemental Information		
are returned to the Foundation and to the funds from which they originated.		
are recurred to the roundation and to the runds from which they originated.		
	····	
	Personal Control of the Control of t	
	······································	
		

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service **Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

City Colleges of Chicago Foundation

Employer identification number

36-315762**4**

		- 1	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	14 = 3		ya Ma
	Travel for companions Payments for business use of personal residence	1671		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
				13
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			188
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
			7/43	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply.			
	Compensation committee Written employment contract			Build
	Independent compensation consultant Compensation survey or study		777	
	Form 990 of other organizations Approval by the board or compensation committee			
4	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:	-807		
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		x
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	William	141	in.
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	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:			
	The organization?	5a		X
b	Any related organization?	5b		X
	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		X
b	Any related organization?	6b		Х
	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	7		х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		I	
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in		T	
	Regulations section 53 4958-6(c)?	ا م		

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Schedule J (Form 990) 2010

City Colleges of Chicago Foundation

Schedule J (Form 990) 2010

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

36-3157624

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(0)	(a)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(l)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
	€	0	0	0	0	0	0	0.
1 Cheryl Hyman	흳	263,000.	0	0	55,940.	53,442.	372,382.	0.
	<u> </u>		• 0	0	0	0	0	0
2 Maria Dolores Javier	Ξ	143,005.	0	0	30,417.	29,059.	202,481.	0
	€	0.	0	0.	0.	0	0	0.
3 Michael Daigler		129,600.	0	0	27,566.	26,335.	183,501.	0.
	Ξ		0	0.	0.	0	0	0
4 Kenneth C. Gotsch	Ξ	175,728.	0.	0	37,377.	35,708.	248,813.	0
	Ξ							
5	⊞							
	Ξ							
9	(ii)							
	(E)							
7	₿							
	Ξ							
8	▣							
	=							
6	Œ							
	Ξ							
10	3							
	Ξ							
11	Ξ							
	Ξ							
12	9							
	Ξ							
13								
	Ξ							
14	9							
	Ξ							
15								
	Ξ							
16	≘							

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.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization **Employer identification number** City Colleges of Chicago Foundation 36-3157624 Form 990, Part VI, Section A, line 2: Maria Dolores Javier, City Colleges of Chicago ("CCC") Foundation Director and CCC Associate Vice Chancellor/Treasurer reports to Kenneth Gotsch, CCC Foundation Treasurer and CCC Vice Chancellor/CFO, who along with Michael Daigler, CCC Foundation Executive Director, reports to Cheryl Hyman, CCC Foundation Director and Chancellor of City Colleges of Chicago, who herself reports to Martin Cabrera, Jr., who is a Director of CCC Foundation and the Chairman of the Board of Trustees of City Colleges of Chicago. Form 990, Part VI, Section B, line 11: CCC Foundation management provides information to its third party tax preparer to prepare Form 990. Foundation management reviews the Form 990 and provides it to the CCC Foundation Board of Directors prior to filing the Form 990. The Board of Directors reviewed the Form 990 on November 8, 2011. Each member received a copy to pre-review and then asked questions of the accounting manager on how the report was compiled. Form 990, Part VI, Section B, Line 12c: CCC Foundation's Board of Directors ("Board") approved its conflict of interest policy on July 21, 2009 based on discussions with its external auditors. As stated in Article I of the policy, the policy is intended to supplement but not replace any applicable state and federal laws governing conflict of interest applicable to nonprofit and charitable organizations. Article III, paragraph 2 provides assistance to the Board on determining whether an event or transaction causes a conflict of interest to exist. Finally, Article VII provides for periodic reviews of events, transactions, compensation and

Form 990, Part XI, line 5, Changes in Net Assets:

Net unrealized gains on investments:

166,264.

SCHEDULE R

Department of the Treasury Internal Revenue Service (Form 990)

Name of the organization

Parti

Related Organizations and Unrelated Partnerships

2010 Open to Public Inspection OMB No. 1545-0047

Employer identification number 36-3157624 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990. City Colleges of Chicago Foundation

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

Direct controlling entity $\boldsymbol{\varepsilon}$ End-of-year assets **e** Total income ਉ Legal domicile (state or foreign country) Primary activity <u>a</u> Name, address, and EIN of disregarded entity

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Part II

						P						
	(6)	Section 5 (2) (3)	entity?	ş			×					
	3	Section	eu	Yes								
	()	Dire	entity									
		Public charity	status (if section	501(c)(3))								
	\vdash	Exempt Code	section				115		***************************************			
	(၁)	Legal domicile (state or	foreign country)				Illinois					
	(q)	Primary activity				Education-Community	College					
(specification of the specification)	(a)	Name, address, and EIN	of related organization		City Colleges of Chicago - 36-2606236	226 West Jackson Boulevard	Chicago, IL 60606-6998					

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

Schedule R (Form 990) 2010

032161 12-21-10 LHA

City Colleges of Chicago Foundation Schedule R (Form 990) 2010

PartIII

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

Page 2

36-3157624

dress, and ElN Prideation of Related Organization (a) Name, address, and ElN of related organization	(b) (c) (d) (d) (e) (f) (f) (g) (f) (g) (f) (g) (h) (g) (h) (g) (g) (h) (g) (g) (h) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g			Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	(b) (c) (d) (e) (f) (f) (f) (f) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h			
	Legal domicile (state or foreign country)			ations Taxable as a Corporation or '	Prir			

Schedule R (Form 990) 2010

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

Note Complete line 1 if any entity is listed in Date II III an IV at this and 1.1.				-	<u> </u>
A During the top condition of the condit	3			Yes	S No
	s with one or more re	slated organizations listed	in Parts II-IV?		
				1a	×
 b Gift, grant, or capital contribution to other organization(s) 				1 Р	×
c Gift, grant, or capital contribution from other organization(s)				1c ×	
d Loans or loan guarantees to or for other organization(s)				19	×
 Loans or loan guarantees by other organization(s) 				4	×
f Sale of assets to other organization(s)				+	×
g Purchase of assets from other organization(s)				-	×
h Exchange of assets				9 4	×
i Lease of facilities, equipment, or other assets to other organization(s)				=	×
j Lease of facilities, equipment, or other assets from other organization(s)				F	×
k Performance of services or membership or fundraising solicitations for other organization(s)	zation(s)			¥	×
I Performance of services or membership or fundraising solicitations by other organization(s)	zation(s)			=	×
				ᄩ	×
n Sharing of paid employees				1n X	
 Reimbursement paid to other organization for expenses 				10	×
p Reimbursement paid by other organization for expenses				đ	×
				19	×
 Other transfer of cash or property from other organization(s) 				-	×
2 If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete the	is line, including covered	ormation on who must complete this line, including covered relationships and transaction thresholds.		
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved		
(1) City Colleges of Chicago	U	363,931.	Cost/Fair Market Value		
(2) City Colleges of Chicago	Z	110,267.	Cost/Fair Market Value		
(3)					
(4)					
(5)					
(9)					
032163 12-21-10			Schedule R (Form 990) 2010	3 (Form 99	0) 2010

36-3157624

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

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)	(a)		©	(e)	ε	(b)	(E)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all partners section 501(c)(3) organizations?	Share of end-of- year assets	Dispropor- tionate	Code V-UBI amount in box 20	General or managing
			Yes No			of Schedule K-1 (Form 1065)	1.
							•
					******		*******
							
	the desired states of the stat						
					·····		••••••
							·······

Schedule R (Form 990) 2010

Schedule R (Fo	rm 990) 2010	City Colleges of Chicago Foundation	***************************************	36-3157624	Page 5
Part VII Su	rm 990) 2010 upplemental Infor	mation			4
Cc	emplete this part to prov	ride additional information for responses to questions or	n Schedule R (see ins	structions).	
				·	

				·····	· · · · · · · · · · · · · · · · · · ·
······································					
					···

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				······································	

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