PUBLIC DISCLOSURE COPY
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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

AI	OF LIFE	2000 Cal	iendar year, or tax year beginning JUL 1, 2008	and ending	JUN 30, 2009				
В	Check if applicabl	440 1110	C Name of organization		D Employer identif	ication number			
	Addre	e print or	City Colleges of Chicago Foundation		j				
	Name chang		Doing Business As		36-31	57624			
	Initial return	See	Number and street (or P.O. box if mail is not delivered to street address	ess) Room/su	te E Telephone numb	er			
	Termir		226 West Jackson Blvd	1001	· 1	553-2780			
	Ameni		City or town, state or country, and ZIP + 4		G Gross receipts \$	640,807.			
$\overline{\Box}$	Applic	a-	Chicago, IL 60606-6998		H(a) Is this a group				
	pendir	_	ne and address of principal officer:Michael Mutz		for affiliates?	Yes X No			
			West Jackson Blvd, Chicago, IL 60606		H(b) Are all affiliates in				
$\overline{}$	Tax-ex		us: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or	527	— ''	a list. (see instructions)			
			, ccc, edu	, , , , , , , , , , , , , , , , , , , ,	H(c) Group exempti	•			
~~			n: x Corporation Trust Association Other	L Ye		M State of legal domicile: IL			
-		Summ							
13-76	T		scribe the organization's mission or most significant activities: To	provide gr	ants for				
& Governance		scholar	Name of the last o	- 					
Ē	2	Check thi	s box if the organization discontinued its operations or	disposed of m	ore than 25% of its asse	ets.			
Š	3		of voting members of the governing body (Part VI, line 1a)			1			
Ğ	4		of independent voting members of the governing body (Part VI, line						
δ. - α0.	5		ber of employees (Part V, line 2a)						
ìŧi	6	Total num	ber of volunteers (estimate if necessary)			· - · · · · · · · · · · · · · · · · · ·			
Activities	7a	Total gros	ss unrelated business revenue from Part VIII, line 12, column (C)		76				
⋖			ated business taxable income from Form 990-T, line 34			<u> </u>			
	1				Prior Year	Current Year			
a	8	Contribut	ions and grants (Part VIII, line 1h)	f	517,235				
Revenue	9		service revenue (Part VIII, line 2g)	r		· · · · · · · · · · · · · · · · · · ·			
	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)		190,923	97,810.			
Œ	11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,265					
			nue - add lines 8 through 11 (must equal Part VIII, column (A), line	715,423					
			od similar amounts paid (Part IX, column (A), lines 1-3)		208,095				
			······································						
Ø	I		oaid to or for members (Part IX, column (A), line 4) other compensation, employee benefits (Part IX, column (A), lines						
nse.	16a		nal fundraising fees (Part IX, column (A), line 11e)						
Expenses	l b		draising expenses (Part IX, column (D), line 25)						
ŵ	17		penses (Part IX, column (A), Ilnes 11a-11d, 11f-24f)		32,736	. 213,535.			
			enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		240,831				
			less expenses. Subtract line 18 from line 12		474,592				
58	3]				Beginning of Year	End of Year			
Sets	20	Total asse	ets (Part X, line 16)		4,930,484				
A	21		lities (Part X, line 26)	· · · · · · · · · · · · · · · · · · ·	29,475				
Net Assets	22	Net asset	s or fund balances. Subtract line 21 from line 20		4,901,009				
P	art II	Signa	ture Block						
-		Under pena	altles of perkury, I declare that I have examined this return, including accompanying sched to Declaration of preparer (other than officer) is based on all information of which prepar	dules and slatemer	ts, and to the best of my knowle	edge and belief, it is true, correct,			
		and comple	No. Declaration of prepare foliage than oncest is based on all information of which prepar	rer nas any knowiei	1ge.				
Sig	ļn		let the		1 7-7	11-2010			
He	re	Sign	nature of officer		Date				
		Ker	nneth Gotsch, Treasurer						
		Тур	e or print name and title	•					
Pal	d	Preparer's	s \	ate		arer's identifying number instructions)			
_		signature	Allulille	2/11/10	self- employed ▶ ☐ PC	0444307			
	parer's Only	Firm's nam yours if	e (or / Deloitte Tax LLP		EIN >810-10105772-				
USI	villy	self-employ							
		21P + 4	Chicago, IL 60606		Phone no.	(312) 486-1000			
Ma	v tho I	DC diecue	s this return with the preparer shown above? (see instructions)		- Ladinini La	Y Von No			

	990 (2008)	City Colleges of Ch		36-31576	24	Page 2
Pal	t III Statem	ent of Program Service Acc	complishments (see instructions)			
Ī	Briefly describe	the organization's mission:				
	-	grants for scholarships				
?	Did the organiz	ration undertake any significant progr	am services during the year which were not li	oto-t an	 	
•			<u> </u>		Yes	TV N.
	the prior Form 9	***************************************			L Yes	LA_INC
		be these new services on Schedule			——————————————————————————————————————	
3			nificant changes in how it conducts, any prog	ram services?	LYes	X No
		be these changes on Schedule O.				
4	· ·		h of the organization's three largest program			
			ection 4947(a)(1) trusts are required to report t	he amount of grants and		
	allocations to o	thers, the total expenses, and reven	ue, if any, for each program service reported.			
i a	(Code:) (Expenses \$	514,644. including grants of \$	02,285.)(Revenue\$		
		ion is organized and shall h				
	educational	purposes to assist in deve	loping and augmenting the		•	
	resources an	nd carrying out the education	onal functions of the City			
	Colleges of	Chicago, established and or	perated by the Board of Trustees			
			Cook County State of Illinois			
			in the colleges community broader		• • • • • • • • • • • • • • • • • • • •	
			ice to the students and alumni of			
			tate and nation. The Foundation			
			training programs to over 300			
	students.	and and an application of the ap	s craining programs to over 500			
	Beddenes,					
						
4b	(Code:	\(Cupperson \text{\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\e	harballa a manaka a f fb) /D		
+1)	(Code:) (Expenses \$	including grants of \$) (Revenue \$		
				·····		
						
						
						
			,			
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$		
			- •			
		-				
						
						
	*******	~~~···································		***************************************		
						
						
4 04	Other pressure	condess (Describe to Outside Co.)				
1d		services. (Describe in Schedule O.)				
	(Expenses \$	Including gran				
ما	Total program	carvica avnancac 🕨 🕏	514 644 (Advist annual Dark IV Line O.	C		

Form **8868** (Rev. April 2009)

5

Department of the Treasury Internal Revenue Service

Applic on for Extension of Time To Exempt Organization Return

File a separate application for each return.

e an OMB No. 1545-1709

, ţ

		(TET)
If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box. If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on	page 2 of this form).	
Oo not complete Part II unless you have already been granted an automatic 3-month extension on		
Part I Automatic 3-Month Extension of Time. Only submit original (no copies n	eeded).	
corporation required to file Form 990-T and requesting an automatic 6-month extension - check the compared to	s box and complete	>
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 700 of file income tax returns.		
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month autonoted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a corounust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the www.irs.gov/efile and click on e-file for Charities & Nonprofits.	8868 electronically if (amposite or consolidate	ed Form 990-T. Instead,
Type or Name of Exempt Organization	Emplo	yer identification number
CITY COLLEGES OF CHICAGO FOUNDATION	36	-3157624
file by the his part and room arguita no life BO have ear instructions		······································
ilingyour 226 WEST JACKSON BLVD, NO. 1001		
cturn. Sea nstructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHICAGO, IL 60606		
Check type of return to be filed(file a separate application for each return):		
X Form 990 Form 990-T (corporation)	Form 4720	
Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust)	Form 5227	
Form 990-EZ Form 990-T (trust other than above)	Form 6069	
Form 990-PF Form 1041-A	Form 8870	
TYS T YID TO IXTGUONTMIX		
• The books are in the care of VALERIE HIGHSMITH		
Telephone No. ► 312-553-3372 FAX No. ►		>
 If the organization does not have an office or place of business in the United States, check this t If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 	If this is for	the whole group, check this
box . If it is for part of the group, check this box and attach a list with the names	and FINs of all membe	rs the extension will cover.
DOX . If it is for part of the group, check this box . and attach a list with the realise	and an income	
1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) exten FEBRUARY 15, 2010 , to file the exempt organization return for the organ is for the organization's return for:		he extension
calendar year or		
► X tax year beginning JUL 1, 2008 , and ending JUN 30	, 2009	_
2 If this tax year is for less than 12 months, check reason: Initial return	nal return C	Change in accounting period
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, le	ss anv	
nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated		
tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if require		
deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment Sy.		. ST / 'A
See instructions.	3c	\$ N/A
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 845	63-EO and Form 8879-E	O for payment instructions.
LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.		Form 8868 (Rev. 4-2009
Fig. 1 of 1 strong transming about the strong and stron		

823831 05-26-09



Certified Article Number

7160 3901 9845 3495 2060 SENDERS RECORD Form 990 (2008) 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	L
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u> </u>
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? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any 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	ļ	Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			1
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		ŀ	
	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			ļ
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	ļ
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11		×
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was	4.0	۱.,	
10	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	х
13 14a	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a	 -	×
b	Did the organization maintain an office, employees, or agents outside of the U.S.? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	148	\vdash	<u> </u>
D	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity	-	<u> </u>	-
	located outside the United States? If "Yes," complete Schedule F, Part II	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
•	located outside the United States? If "Yes," complete Schedule F, Part III	16		х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	 	x
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	\vdash
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	·	x
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 57 If "Yes," complete Schedule J	23	Х	
24a	S The state of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.			l
	If "No", go to question 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	ļ	L
¢	and the state of t			
_	any tax-exempt bonds?	24c	<u> </u>	<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	ļ	ļ
258	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
L	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ļ	X
b	Bullet and and and and an an an analysis of the analysis of th			l u
26	prior year? If "Yes," complete Schedule L, Part I	25b	-	X
20	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	00		x
27	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial	26	┼	+^
~-	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		x
	Total to a portion to duon arrandificular it Tos, Complete Scriedule E, Part III	<u> </u>		_ ^

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Form 990 (2008) City Colleges of Chicago For Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:	光彩,		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an	\$ 13	- 14 E	E.
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			340946
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	<u> </u>	Х
þ	Have a family member who had a direct or indirect business relationship with the organization?	1		1
	If "Yes," complete Schedule L, Part IV	28b		Х
C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional		ŀ	
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c	<u> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			1
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	ļ.		
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33	<u> </u>	Х
34	Was the organization related to any tax-exempt or taxable entity?			ł
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	<u> </u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?		1	
	If "Yes," complete Schedule R, Part V, line 2	35	<u> </u>	x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			}
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes, " complete Schedule R, Part VI	37		х
	and that is distinct to a partitioning for reductal mounts and parposes in Tes, complete contests in the system.		000	

Form 990 (2008)

Form 990 (2008) City Colleges of Chicago Foundation

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		\$ N-48		
	U.S. Information Returns. Enter ·0· if not applicable	1a	_0		X.2.
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	in The	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and r	reportable gaming			1
	(gambling) winnings to prize winners?		1c	X	L
28	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			K\$X\ (*)	3,77
	filed for the calendar year ending with or within the year covered by this return	2a	0		ele a
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu		2b	(on the second	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see		2.3.2	44. 1	36.3
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed by this return?	3a		X
	• • • • • • • • • • • • • • • • • • • •		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other				
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a	7 ° 2 ' 2	X
þ	If "Yes," enter the name of the foreign country:		 [] ,		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank and			
	Financial Accounts.			``	T T
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transit		5b		 ^- -
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Tax Shelter Transaction?	-	5c		Ì
R=			6a		x
	If "Yes," did the organization include with every solicitation an express statement that such contributions		Ou		
~	were not tax deductible?	•	6b		
7	Organizations that may receive deductible contributions under section 170(c).	•••••	1.573		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of mor	re than \$75?	7a	- State - State	х
þ	At the second se				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v	vas required			
	to file Form 8282?		7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		till þ Samsa	
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a	personal		3.	
	benefit contract?		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conf				X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required	***************************************		X	
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-	•	7h	Х	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec		2/3/3 21.538		
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring or		123.0	تست	
	excess business holdings at any time during the year?		8	// / / - 5	X
a a	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?		9a	1111.5	X
b	Did the organization make a distribution to a donor, donor advisor, or related person?			 	X
10	Section 501(c)(7) organizations. Enter: N/A		··· 30		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter: N/A		—	1 1 285	
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b		.	1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	n 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
			-	~~~	12000

36-3157624

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management	·		
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,		2.5.	
	processes, or changes in Schedule O. See instructions.	-	1 - 10g 177	-0
1a	Enter the number of voting members of the governing body 11			
b	Enter the number of voting members that are independent 1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			ujar ji
-	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		x
6	Does the organization have members or stockholders?	6	-	X
· ·	Does the organization have members, stockholders, or other persons who may elect one or more members of the	H		
, ,	- · · · · · · · · · · · · · · · · · · ·	7a		х
h	governing body? 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	1.77.63	G 91.5	
•	by the following:	14 14		
9	The governing body?	8a	x	<u>-</u> -
- A	Each committee with authority to act on behalf of the governing body?	8b	x	
	Does the organization have local chapters, branches, or affiliates?	9a	- A	x
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	- 04		
U	and branches to ensure their operations are consistent with those of the organization?	9b		
10		- 50		
	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	x	
11		-10		
• •	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		x
Sec	tion B. Policies			<u> </u>
000			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	162	X
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	120		
~	to conflicted	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12.0		
·	In Schedule O how this is done	12c		
13		13		х
14	Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy?	14		×
15	Did the process for determining compensation of the following persons include a review and approval by independent	14	3. 3.	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
	The supplied COS COS OF THE DISTRICT	4E=		×
a		15a		x
D	Describe the process in Schedule O. (see instructions)	15b		 ^
182	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	de sid		
iva	• • • • • • • • • • • • • • • • • • • •	40-		X
h	taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	16a		
b				
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	ننسند		
500	exempt status with respect to such arrangements? tion C. Disclosure	16b		L
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	tor		
	public inspection. Indicate how you make these available. Check all that apply.			
40	Own website X Another's website X Upon request			
19	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.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	tion:	-	
	Valeria Highsmith - 312-553-3372			
	226 West Jackson Boulevard, Chicago, IL 60606-6998			

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter ·0· in columns (D), (E), and (F) if no compensation was paid.
- 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.

(A) Name and Title	(B) Average hours per	(C) Position (check all that apply					ıly)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	week	Individual trustee or director	Institutional trustae	Officer	Кеу етрюуве	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
Sandra Dixon		T	Г	\Box	T	1					
Director	1.00	х						0.	0.	0	
James Dyson		Τ					<u> </u>				
Director	1,00	х						0.	0.	0	
Jeffrey Himmel			1	T	Г		Г				
Director	1,00	x						0.	0.	0	
Terry Newman		П									
Director	1.00	x	ŀ		l			0.	٥.	0	
James Tyree		Π		1							
Director	1,00	х		İ				0.	0,	0	
Michael Mutz		Г	Π				П				
Executive Director	6.00	х	}	х	1			0.	155,785.	60,647	
Wayne Watson				Γ			П				
Director	1.00	х	ŀ	1				0.	324,000.	126,133	
Maria Dolores Javier	1				Γ						
Director	1.00	х	L	<u>L</u> .]			0.	143,005.	55,672	
Ray Vazquez											
President	1,00	х		x				0.	0.	0	
Lester Coney		Π	Г	Π	Ţ						
Secretary	1.00	х		х	<u>l</u>		L	0.	0,	0	
Kenneth Gotsch							Ţ				
Treasurer	1.00	х	_	х		\vdash	-	0.	175,728.	68,411	
		\vdash	-								
		-		-		-					
		 -	-	-		 	-				
		-	\vdash		-	-	-				
				\vdash	-	\vdash	-				

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(A)	(B)	mpic			}		est	(D)	(E)			(F)	
Name and title	Average hours per week	rdirector			that a			Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organization (W-2/1099-MIS	on d is	am comp fro orga	ount on other pensation the anization i relate	of cion on ed
		Individ	Institut	Officer	Key em	Highes	Former				orga	nizatio	ons
													
						_	_						
		_											
		-					_						
	ļ	<u> </u>	<u> </u>		_						<u></u>		
		-			_		_						
Total Total number of individuals (including those compensation from the organization	e in 1a) who re	ceiv	ed r	nore	the	เก \$1		•		518.		310,	863.
3 Did the organization list any former officer,	director or tru	uste	e, ke	y en	nplo	yeə,	, or l	highest compensated e	mployee on			Yes	No
line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su and related organizations greater than \$15	um of reportat	ole c	omp	ens	atlo	n an	d ot	her compensation from	the organization	· [3	x	Х
5 Did any person listed on line 1a receive or a the organization? If "Yes," complete Sched Section B. Independent Contractors											5		х
1 Complete this table for your five highest co the organization. NONE	ompensated in	dep	ende	ent c	ont	ract	ors	that received more than	\$100,000 of co	npens	ation 1	rom	
(A) Name and business							(B) Description of	services	С	(C) Compensation			
				·				-	······································	 	· • • • • • • • • • • • • • • • • • • •		
-													
2 Total number of Independent contractors (from the organization ▶	including thos	se in	1) w	ho r	ece	ived	mo	re than \$100,000 in con	npensation				

Statement of Revenue

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Page 9 36-3157624

Table Tabl							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Fundamental organizations Td 134,371 1 1 1 1 1 1 1 1 1	रे रे	1 a	Federated campaigns		1a					
Fundamental organizations Td 134,371 1 1 1 1 1 1 1 1 1	호등				1b				All Table Arman	J.A.
All collected organizations Id 124, 371,	S, E	C	Fundralsing events		10	49,891.				
e Government grants (contributions) to 1 f All other contributions, giving yans, and similar amounts not included above 1 f A contributions replaced in large 1-1 f B recover contributions replaced on line 1c), See Part IV, line 18	<u>a</u> a	d	Related organizations		1d	124,371.	o carriero			
Business Code 2	ξ.Ē	е	Government grants (contribut	ions)	10					
Business Code 2	ž s	f	All other contributions, gifts, gran	ts, and		•				THE STATE OF THE S
Business Code 2	후		similar amounts not included above	ve	1f	353,876.		1364	1. 大学直接学	
Business Code 2	멸	g	Noncash contributions included in lines	1a-1f: \$_						7
2 a b c c c control from service revenue g Total. Add lines 2x 2!	<u>ن ۾</u>	h	Total. Add lines 1a-1f				528,138,			
2 Total. Add lines 28:21 3 Investment Income (Including dividends, interest, and other similar amounts) 97,810. 97,810. 4 Income from investment of lax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross Rents 6 a Gross Rents 6 a Gross Rents 6 a Gross amount from sales of assets other than inventory 6 a Gross amount from sales of assets other than inventory 6 a Gross income from fundraising events 6 a Gross income from gaming activities 6 a Gross sales of inventory, less returns and allowances 8 a Gross sales of inventory, less returns and allowances 8 b Less: cost of goods sold b c Net income or (loss) from gaming activities 6 b C Net income or (loss) from sales of inventory, less returns and allowances 8 Business Code 11.8 b C C Gross sales of inventory, less returns 6 Gross sales of goods sold b C Net income or (loss) from sales of inventory 6 Gross sales of goods sold b C Net income or (loss) from sales of inventory C Gross sales of goods sold b C Net income or (loss) from sales of inventory G Gross sales of goods sold C C Gross sales of goods sold C Gross sales of goods sol						Business Code	. 10			
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Part IV, line 18 a 14,859. b Less: direct expenses b 14,859. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c C d All other revenue e Total. Add lines 11a-11d 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e 625, 948. 0. 0. 97,810	盲		including \$ 49	,891.	of					
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e 625, 948. 0 . 0 . 97, 810	ş		contributions reported on line	1c). Se	90					
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e 625, 948. 0 . 0 . 97, 810	ğ		Part IV, line 18				■ 9 台 () 「) せいにんしょうしゅう かんしょく か			
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b Less: direct expenses b c Net income or (loss) from gaming activities		9 a								
c Net income or (loss) from gaming activities		: -				·····	# ### ################################			
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C Net income or (loss) from sales of inventory			and allowances	• • • • • • • • • • • • • • • • • • • •						
Miscellaneous Revenue Business Code 11 a							4, csp (FATER RESIDE)	Massached in it.		estas i
11 a	ł				entory		us toga dis escentario.			
b c d All other revenue e Total. Add lines 11a-11d		11 -	······································	10		Dusiness Code				
C d All other revenue e Total. Add lines 11a-11d 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e 625, 948. 0. 0. 97, 810				· · · · · · · · · · · · · · · · · · ·					 	-
d All other revenue e Total. Add lines 11a-11d 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e 625, 948. 0. 0. 97, 810				· · · · · · · · · · · · · · · · · · ·		-	 			
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12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			- Total Add lines 11a.11d		• • • • • • • • • • • • • • • • • • • •	· -	 		p-Week	latans i
							625 949	Best - Libita Hétali	1	97 810
	83200			-, o, ou, i	. u, ou, ac	, rev, and rite	1 020,340	<u>'</u>	·	<u> </u>

36-3157624

POINT 990 (2000)

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). (A) Total expenses (D) Fundraising Do not include amounts reported on lines 6b, Management and Program service 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 2 Grants and other assistance to individuals in 302,285. 302,285 the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 11 Fees for services (non-employees): a Management b Legal 13 13 22 22 c Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees _____ g Other Advertising and promotion 74,877 74,877. 12 13 Office expenses 14 Information technology 110,050 110,050, 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 3,256 3,256 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 23 845 845 Insurance Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) Conslt Fees - PR 9.500 9,500 Prog Specf Mgmnt & Supl 7,499 7,499 6,427 Other Expense 6,427 C Consit Fees - Perf Arts đ 750 750 296 e Credit Card Fees 296 All other expenses Total functional expenses. Add lines 1 through 24f 515,820, 25 514,644 1,176 ٥. 26 Joint Costs. Check here
if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

			(A) Beginning of year		(B) End of						
	1	Cash - non-interest-bearing		1							
	2	Savings and temporary cash investments	4,920,484.	2	5	,124	963				
	3	Pledges and grants receivable, net	•••	3							
	4	Accounts receivable, net	10,000.	4			673				
	5	Receivables from current and former officers, directors, trustees, key									
		employees, or other related parties. Complete Part II of Schedule L		5							
	6	Receivables from other disqualified persons (as defined under section		J . 7							
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete									
		Part II of Schedule L		6							
ž.	7	Notes and loans receivable, net		7							
Assets	8	Inventories for sale or use		8							
4	9	Prepaid expenses and deferred charges		9							
	10a										
	b	Less: accumulated depreciation. Complete			534 J.S.	370 2					
		Part VI of Schedule D 10b		10c							
	11	Investments · publicly traded securities		11							
	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)		16	5	,125	,636.				
	17	Accounts payable and accrued expenses		17		114	499				
	18	Grants payable		18							
	19	Deferred revenue		19							
	20	Tax-exempt bond liabilities		20							
S	21	Escrow account liability. Complete Part IV of Schedule D		21							
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,									
iat		highest compensated employees, and disqualified persons. Complete Part II									
_		of Schedule L		22							
	23	Secured mortgages and notes payable to unrelated third parties		23							
	24	Unsecured notes and loans payable		24							
	25	Other liabilities. Complete Part X of Schedule D		25							
	26	Total liabilities. Add lines 17 through 25	29,475.	26		114	499				
4.5		Organizations that follow SFAS 117, check here X and complete									
alances	07	lines 27 through 29, and lines 33 and 34.	Market in the second			- 300					
lan	27	Unrestricted net assets	106,432.				472				
	28	Temporarily restricted net assets			4	,332					
בַּי	29	Permanently restricted net assets	. 1,168,473.	29	(S. VC) (J. S. VC)	553	469				
Ī		Organizations that do not follow SFAS 117, check here and			ing a fine of the contract of		* 4				
S	30	complete lines 30 through 34.				A					
Net Assets or Fund B	30 31	Capital stock or trust principal, or current funds	··	30							
tΑ	32	Paid-in or capital surplus, or land, building, or equipment fund		31							
Ne	33	Retained earnings, endowment, accumulated income, or other funds		32							
	34	Total liabilities and not proceed found belonger	4,901,009.	33		,011					
Pai		Total liabilities and net assets/fund balances Financial Statements and Reporting	4,930,484.	34		,125	636				
L:::::	2.731.	Trinancial otatements and neporting				Yes	No				
1	Acco	ounting method used to prepare the Form 990: Cash X Accrual	Other		<u> </u>						
2a		e the organization's financial statements compiled or reviewed by an independe					x				
b	Were	e the organization's financial statements audited by an independent accountant	**************************************		2a	x					
	If "Ye	95" to lines 2a or 2b, does the organization have a committee that sections rec	nonelhility for oversisht of the	a audit	20		 				
•	revie	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?									
3a	Asa	result of a federal award, was the organization required to undergo an audit or	audite as set forth in the Cine	Δdit	2c	X					
		and OMB Circular A-133?		_	3a		х				
b		es," did the organization undergo the required audit or audits?	***************************************	· · · · · · · · · · · · · · · · · · ·	3b	 					
83201						990	0000				

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

			ges of Chicago Fou						36-	3157624		
Part	Reason	for Public Char	ity Status (All organiz	zations mu	ist comple	te this par	t.) (see ins	tructions)				
The organ	nization is not	a private foundation	because it is: (Please ch	neck only o	ne organi	zation.)	••	,				
1	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ection 170	(b)(1)(A)(i).				
2	A school des	scribed in section 17	70(b)(1)(A)(ii). (Attach Sc	hedule E.))							
3 🖳	A hospital or	a cooperative hospi	ital service organization	described	In section	170(b)(1)	(A) (iii). (At	tach Sche	dule H.)			
4 📖	A medical re	search organization	operated in conjunction	with a hos	spital desc	ribed in s e	ection 170	(b)(1)(A)(ii	i). Enter th	e hospital	s nam	10,
	city, and sta											
5 X	An organizat	ion operated for the	benefit of a college or u	niversity o	wned or o	perated by	/ a govern	mental uni	t describe	d in		
	section 170	X(b)(1)(A)(iv). (Comple	ete Part II.)									
6	A federal, sta	ate, or local governm	ent or governmental uni	it describe	d in sectio	n 170(b)(1)(A)(v).					
7 📖	An organizat	ion that normally rec	eives a substantial part	of its supp	ort from a	governme	ental uniț d	or from the	general p	ublic desc	i bedir	in
	section 170	(b)(1)(A)(vi). (Comple	ete Part II.)									
8 🖳	A community	y trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 📖	An organizat	ion that normally rec	eives: (1) more than 33	1/3% of its	s support f	rom contr	ibutions, n	nembershi	p fees, an	d gross red	elpts	from
	activities rela	ated to its exempt fu	nctions - subject to certa	ain except	ions, and (2) no more	than 33 •	1/3% of its	support f	rom gross	invest	tment
	income and	unrelated business t	axable income (less sec	tion 511 ta	ax) from bu	sinesses	acquired t	y the orga	ınization a	fter June 3	0, 197	75.
·	See section	509(a)(2). (Complete	e the Part III.)									
10			perated exclusively to te									
11			perated exclusively for ti									or
			ations described in secti				2). See se e	ction 509(a)(3). Che	ck the box	that	
			organization and compl									
	a Type	· ·			e III - Fund					Type III • C		
e			at the organization is not									
_			han one or more publicly						9(a)(1) or s	ection 509	(a)(2).	
f			tten determination from	the IRS th	at it is a Ty	pe I, Type	II, or Typ	e III				
		rganization, check th										. لــــ
g			organization accepted ar									
			ilrectly controls, either al								Yes	No
	the gov	erning body of the s	upported organization?			·····				11g(i)		
	(II) A family	member of a persoi	n described in (i) above?			· . • · · · · · · · · · · · · · · · · ·				11g(ii)		ļ
	(III) A 35%	controlled entity of a	person described in (i)	or (ii) abov	e?					[11g(ili)		<u> </u>
h	Provide the I	following information	about the organizations	the organ	nization su	oports.						
		7	I din tons of									
	of supported	(II) EIN	(III) Type of organization	(iv) is the	organization sted in your	(v) Did yo	u notify the tion in col.	(vi) ls organizatio	the	(vii) Am	ount o	if
org	anization		(described on lines 1-9		document?		r support?	organizátio (I) organiz U.S	ed in the	supp	ort	
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
			(ace manuchona))	103	110	100	140	165	140			
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Total				1	' '							
	Oriviany Ant	d Panorusels De de	l ction Act Notice, see t	<u> </u>		<u> </u>	<u>L</u>	<u> </u>				
area ror I	THEOLY MOLEST	in i. ohai Môtic Liedh	CHUN ACL NOTICE, SEE T	ne instruc	LIONS FOR I	rorm 990,	,	Schedul	e A (Form	990 or 99	J-EZ)	2008

Schedule A (Form 990 or 990-EZ) 2008 City Colleges of Chicago Foundation 36-3157624 Page 2 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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004(b) 2005(c) 2006 (d) 2007 (e) 2008 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 261,978 517,235 528,138 2,939,133. 129,421 1,502,361 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 - 3 129 421 261 978 1,502,361 517,235 528 138 2,939,133. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 1,164,079. 6 Public Support, Subtract line 5 from line 4. 1,775,054. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 517,235 7 Amounts from line 4 129,421 261,978 1,502,361 528,138 2,939,133. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 45,750 190,923 and income from similar sources 118,834 174,284 97,810 627,601, 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 3,566,734. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 49.77 % 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 66.11 % 16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization **X** b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions > ______ Schedule A (Form 990 or 990-EZ) 2008

Schedule A (Form 990 or 990-EZ) 2008 Page 3 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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge ... 6 Total. Add lines 1 - 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.)

14	check this box and stop here	on 501	(c)(3) organization,
Se	ction C. Computation of Public Support Percentage		
15	Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)	15	%
16	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%
<u>Se</u>	ction D. Computation of Investment Income Percentage		
17		17	%
18		18	%
ı	a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organic 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is no line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly support foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see in	zation ore tha corted o	n 33 1/3%, and organization

Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008 Open to Public Inspection

Name of the organization

City Colleges of Chicago Foundation

Employer identification number

36-3157624

Pa		d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(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 advi	sed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or	donor advisor or other impermissible p	rivate benefit? Yes No
Pa	rt II Conservation Easements. Complete if the orga	anization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or pl	easure) Preservation of an hi	storically important land area
	Protection of natural habitat		fied historic structure
	Preservation of open space		•
2	Complete lines 2a-2d if the organization held a qualified conse	ervation contribution in the form of a cor	nservation easement on the last day
	of the tax year.	·	
			Held at the End of the Year
a	Total number of conservation easements		2a
þ	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic stru	icture included in (a)	2c
d	Number of conservation easements included in (c) acquired a		
3	Number of conservation easements modified, transferred, rele		
	year >	-	-
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri		
	enforcement of the conservation easements it holds?		Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, an	d enforcing easements during the year	
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizati	on's financial statements that describes	s the organization's accounting for
l ma	conservation easements.		
4.4	Tt III Organizations Maintaining Collections of	Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form 9	990, Part IV, line 8.	
4	If the approximation of the description is a second of the		
ıa	If the organization elected, as permitted under SFAS 116, not		
	treasures, or other similar assets held for public exhibition, ed		ublic service, provide, in Part XIV, the text of
_	the footnote to its financial statements that describes these it		
IJ	If the organization elected, as permitted under SFAS 116, to receive a simple content to the state of the sta	eport in its revenue statement and bala	nce sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, or	research in furtherance of public service	e, provide the following amounts relating to
	these items:		. .
	(i) Revenues included in Form 990, Part Vill, line 1	•••••	
0	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical trea		ai gain, provide
_	the following amounts required to be reported under SFAS 11		. .
a h	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X	······································	> \$

Pai	CIII Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures,	or Oth	er Sim	ilar Asse	ts (con	tinued)
3	Using the organization's accession and other	records, check any	of the	following the	at are a signi	ficant us	e of its c	ollection ite	ms (che	ck all	
	that apply):								-		
а	Public exhibition	c		Loan or exc	hange progr	ams					
b	Scholarly research	. 6		Other							
C	Preservation for future generations	•									
4	Provide a description of the organization's co	ellections and explain	in how t	hav furthar t	he amanizat	ion's ave	nont nur	nnen in Da	+ YIV		
5	During the year, did the organization solicit or							JUST III FAI	LAIV.		
•	to be sold to raise funds rather than to be ma	intoined as part of	the even	istorical trea	isuies, or oil	iei siiriia	ır assets	_	Yes		٦
Dai	Trust, Escrow and Custodial	Archaened as part of	rie orga	nization s c	ollection?			L_			No
Exces	reported an amount on Form 990, Par	t X, line 21.	. comp	lete ii organ	ization answ	erea Ye	is" to For	m 990, Pai	rt IV, line	9, or	
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other a	ssets no	t include	<u></u>			
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing	tahle	. * * * * * * * * * * * * * * * * * * *		,	.,,,,,,			
				140101			Γ	T	Amour		
c	Beginning balance						1c	 	Alloui	<u></u>	
ď	Additions during the year						1d	+			
- -	Distributions during the year				······						
í	Distributions during the year	***************************************			*******************	······································	1e	 			
2a	Ending balance	sem 000 Bort V line	. 040			••••••	1f	ا	Tv		Tion-
	If "Yes," explain the arrangement in Part XIV.	Jini 990, Part A, line	211		***************************************			ا	Yes	Ц.	l No
Pai	t V Endowment Funds. Complete if	arabitation and	ave al #\/a	al ta Cama (300 0-411	line 40					
3.0	and the latest complete in						/ 1) The		1		
10	Positiving of year balance	(a) Current year	(D) F	rior year	(c) Two yea	rs dack	(d) Inree	years back	(e) Fou	r years	Dack
I	Beginning of year balance	690,208.				224.56	12301577	, 100 - 100	110	4,,	
b	Contributions	175,			أستاغ بيزيه والسا	٠		فالع وبالأرثي بالمناعد	1. (\$1)\$7, (\$		
C.	Investment earnings or losses	18,596,	All the control		Array Sugar		أنانه بالإمانيان		W.		
đ	Grants or scholarships	22,266.	7 (1) (1) (2)	F S 8, 18-2-				1.44		::::::::::::::::::::::::::::::::::::::	
е	Other expenditures for facilities					317					
	and programs	256,	4/48/2001.c	A A LONG MARK	N. 4	11 4.8	<u>เพื่อ</u> งเอียร์สาส	54.578)			
f	Administrative expenses	0.	3.344.			1574E		Š (ia			
9	End of year balance	686,457,			\$ - \$ - \$40.00 (1.10)		era estados.			11 /1 <u>11 /1 /1 /1 /1 /1 /1 /1 /1 /1 /1 /1 /1 /</u>	
2	Provide the estimated percentage of the year	r end balance held a	as:								
а	Board designated or quasi-endowment		_%								
b	Permanent endowment 80.63	%									
C		6									
3a	Are there endowment funds not in the posses	ssion of the organiz	ation the	at are held a	nd administe	ered for t	he organ	ization			
	by:									Yes	No
	(i) unrelated organizations	**********************							3a(i)		х
	(ii) related organizations								3a(ii)		х
b	If "Yes" to 3a(ii), are the related organizations	listed as required o	n Sche	dule R?					3b		
4	Describe in Part XIV the intended uses of the	organization's endo	owment	funds.			•••••••••••••				
Par	t VI / Investments - Land, Building	s, and Equipm	ent. Se	e Form 990	, Part X, line	10.		,			
	Description of investment	(a) Cost or o			or other (other)	(c) E	epreciat	on	(d) Boo	k valu	.e
	Land		7		<u>,</u>	epropaga a					
b	Buildings	··				N. 1944 194					
6	Leasehold improvements	··						 			
d	Fauinment	[· · · · · · · · · · · · · · · · · · ·		<u> </u>					
e	Equipment Other	·· [· · · · · · · · · · · · · · · · · · ·	-,,						
	Other			4.5.4.		L,					
rytal	. Add lines 1a-1e. (Column (d) should equal Fo	rm 990, Part X, colu	ımn (B),	line 10(c).)				. 🕨			0.

Schedule D (Form 990) 2008 City Colleges of	f Chicago Foundation	36-3157624	Page (
Part VII Investments - Other Securities.	See Form 990, Part X, line 12	2.	
(a) Description of security or category	(b) Book value	(c) Method of valuation:	
(including name of security)		Cost or end-of-year market value	
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
	<u></u>		
		· · · · · · · · · · · · · · · · · · ·	
			
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related.	Pan Form 000 Day V Bund		i tidlen .
		(c) Method of valuation:	
(a) Description of investment type	(b) Book value	Cost or end-of-year market value	
	··	, , , , , , , , , , , , , , , , , , , ,	
			
			·····
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.)	>		
Part IX Other Assets. See Form 990, Part X, Iir			
	a) Description	(b) Book	value
			
			~~~~
	<del></del>		
			<del> </del>
	<del></del>		<del></del>
Total. (Column (b) should equal Form 990, Part X, col (B)	line 15.)		
Part X Other Liabilities. See Form 990, Part )	(, line 25.		H
(a) Description of liability		(b) Amount	
Federal income taxes		•	
		the state of the s	
			1.0
		m és de la companya d	156
		Single-part in the state of	
	•		
Fotal. (Column (b) should equal Form 990, Part X, col (B)	line 25.)		

	edule D (Form 990) 2008 City Colleges of Chicago Foundation			36-3157624	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990	to Financia	l Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		625,948
2	Total expenses (Form 990, Part IX, column (A), line 25)	****************	2		515,820
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		110,128
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities		5		
6	Investment expenses	*******************	6	<del></del>	
7	Prior period adjustments		7		
8	Other (Describe in Part XIV)		8		
9	Total adjustments (net). Add lines 4-8		9		0
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		10		110,128
Pai	t XII   Reconciliation of Revenue per Audited Financial Statem	nents With	Revenue per	Return	
1	Total revenue, gains, and other support per audited financial statements	****************		1	743 747
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			C V. C. S.	
а	Net unrealized gains on investments	2a			
þ	Donated services and use of facilities	2b	102,94	<b>.</b> .	
¢	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)		14,85	9.	
8	Add lines 2a through 2d				117,799,
3	Subtract line 2e from line 1				625 948
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			2/5 Cal	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe In Part XIV)	4b			
C	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)			5	625,948,
Pai	CAN Reconciliation of Expenses per Audited Financial Stater	nents With	Expenses pe	r Return	
1	Total expenses and losses per audited financial statements			1	633,619.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	102,940	) <b>.</b>	
b	Prior year adjustments	2b			
C	Losses reported on Form 990, Part IX, ilne 25	2c		704	
d	Other (Describe in Part XIV)	2d	14,859	기 왕시	
е	Add lines 2a through 2d		******	2e	117,799.
3	Subtract line 2e from line 1			3	515,820.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		5/4)	
	Other (Describe in Part XIV)	4b			
¢	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	***************************************		5	515,820.
	T XIV Supplemental Information				
Comp	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part	III, lines 1a an	d 4; Part IV, lines	1b and 2b; Part V,	line 4; Part
X; Pa	rt XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.				-
Part	V, line 4: The Foundation's endowment funds are maintained to	0			
				-	
prov	ide a permanent source of income, with the stipulation that the	he			•
prin	cipal must be invested and kept intact in perpetuity, while us	sing only			
*1	I				
cne	income generated,				
		···			·
Part	XII Line 2d - Other Addust				- · · - <del> ·</del>
- 01 0	XII, Line 2d - Other Adjustments:		<u></u>		· · · · · · · · · · · · · · · · · · ·
Spec	ial events expense: 14859.		•		
		<del></del>		<del></del>	

Schedule D (Form 990) 2008 Cit Part XIV Supplemental Informati	y Colleges of Chicago Foundation	36-3157624	Page 5
Part XIV Supplemental Informati	ion (continued)		<del></del>
Part XIII, Line 2d - Other Adjust	ments:		
Special events expense: 14859,			
		·	
			<del></del>
· · · · · · · · · · · · · · · · · · ·			
			·
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VIII.		<del></del>	
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### **SCHEDULE G** (Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Open To Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Inspection

Name of the organization						Employer ide	ntification number
	ges of Chicago Foundation					36-3157624	
Part Fundraising Activities.	Complete if the organization ansv	vered "\	es" to	Form 990, Part IV,	lìne 1	7.	
Indicate whether the organization rais     a	e Solicit. f Solicit. g Special or oral agreement with any individual art VII) or entity in connection with viduals or entities (fundraisers) pur	ation of ation of al fundra al (include profess suant to	non-g gover dising ding o ional f agre	overnment grants nment grants events fficers, directors, tru fundralsing services? ements under which	stees }   the 1	Yes	
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have or or con contribu	Did alser ustody trol of utions?	(iv) Gross receipts from activity	to (	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				,
3 List all states in which the organization		t funds	or has	been notified it is ex	Kemp	ot from registrat	on or licensing.

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other Events (d) Total Events Culinary and None (Add col. (a) through Hospitality Showca col. (c)) (event type) (event type) (total number) Gross receipts 64,750 64,750. 2 Less: Charitable contributions 49,891, 49 891. Gross revenue (line 1 minus line 2) ...... 14.859 14,859. Cash prizes Non-cash prizes Direct Expenses Rent/facility costs Other direct expenses _____ 14,859. 14,859. Direct expense summary. Add lines 4 through 7 in column (d) 14,859) 9 Net income summary. Combine lines 3 and 8 in column (d) 0. Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/Instant (d) Total gaming (Add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue ..... Cash prizes Direct Expenses Non-cash prizes Rent/facility costs Other direct expenses Yes Yes Yes Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine lines 1 and 7 in column (d) Nο Yes 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? b if "No," Explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a b if "Yes," Explain: Does the organization operate gaming activities with nonmembers? 11 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? Schedule G (Form 990 or 990-EZ) 2008

Schedule G (Form 990 or 990 EZ) 2008 City Colleges of Chicago Foundation	36-3	157624	P	age 3
· · · · · · · · · · · · · · · · · · ·	l I	P	Yes	No
13 Indicate the percentage of gaming activity operated in:				\$.55 <u>\$.5</u> 5
a The organization's facility		%		2.7.5
b An outside facility	13b	<b>%</b>		,
14 Provide the name and address of the person who prepares the organization's gaming/specia	il events books and records:			ار ان ک
Name >			333000	
Address N		# 12 C		14.33A
Address >	······································			
			e 1	
15a Does the organization have a contract with a third party from whom the organization receives	s gaming revenue?	15a	ger in	3 8 EF DE 1
h If #Von # ontoy the amount of applies you are a bod but he applied by			67.70	
b if "Yes," enter the amount of gaming revenue received by the organization > \$	and the amount		1.3	
of gaming revenue retained by the third party > \$ c If "Yes," enter name and address:				
on res, entername and address.			113 27	
Name >		- 1	\$200 B	
Name >		— 648	140.0	
Address >		14 14 15 14 1 14 1	1837.12	
Address		<del></del>  - :::	1	
16 Gaming manager information:		<u> </u>	\$	
			7	
Name				
Gaming manager compensation > \$			1	
Description of services provided				
		5 2.0		
☐ Director/officer ☐ Employee ☐ Independent contractor		1974 yr		
			8 (5 (5) (4 (4) (3)	
17 Mandatory distributions:		Por I		
a is the organization required under state law to make charitable distributions from the gaming				10
retain the state gaming license?		17a	<u> </u>	<u> </u>
b Enter the amount of distributions required under state law distributed to other exempt organi	zations or spent in the		黄洲	
organization's own exempt activities during the tax year > \$		- 1883G	44	1

Schedule G (Form 990 or 990-EZ) 2008

OMB No. 1545-0047	Open to Public Inspection	Employer identification number	#40.1 CT C	noi N	_	IV, line 21, for any	(h) Purpose of grant or assistance				<b>A</b>
				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	***************************************	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	impendent that section (b) EIN (c) IRC section or government and address of organization financial process of organization financial process of organization or government assistance and address of organization financial financ				
ø,	<ul><li>Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.</li><li>Attach to Form 990.</li></ul>			y for the grants or as		anization answered **	(f) Method of valuation (book, FMV, appraisal, other)				
Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.	s," on Form 990, P. rm 990.			e grantees' eligibilit	ed States.	Complete if the org	(e) Amount of non-cash assistance				
ints and Other Assistance to Organizatio Governments, and Individuals in the U.S.	ion answered "Yes," on F  Attach to Form 990.			ts or assistance, th	nt funds in the Unite	he United States.	(d) Amount of cash grant				
Grants ar Goven	lete if the organizat	undation		e amount of the gran	toring the use of grar	Organizations in t	(c) IRC section if applicable				yanizations
	► Comp	of Chicago Fo	and Assistance	to substantiate the	ocedures for moni	Governments and	(b) EIN				nd government or
		on City Colleges	General Information on Grants and Assistance	Does the organization maintain records to substantioning an assistance?	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	d Other Assistance to	1 (a) Name and address of organization or government				Enter total number of section 501(c)(3) and government organizations
SCHEDULE   (Form 990)	Department of the Treasury Internal Revenue Service	Name of the organization	Part i General In	1 Does the organiz	2 Describe in Part I	Part II Grants and	1 (a) Name and ad or gov				2 Enter total numbe

(f) Description of non-cash assistance 36-3157624 (book, FMV, appraisal, other) (Form 990) 2008 City Colleges of Chicago Foundation Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance ď ö ö o 1,650. 295,247 4.369 (c) Amount of cash grant 1 019 the requests designate for which term the scholarship is payable and whether or not Schedule I, Part I, Line 2: Scholarship applications are reviewed and scholarship is refundable to the student (i.e., if there is a credit Requests for payment are balance on the student's account, whether or not any credit balance 439 22 In addition to other information, (b) Number of recipients Use Schedute I-1 (Form 990) if additional space is needed. Scholarships Given to Students for Visas to China Scholarships Given to Students for Conferences Scholarships Given to Students for Textbooks Scholarships Given to Students for Tuition decided by college scholarship committees. (a) Type of grant or assistance submitted to the Foundation. Schedule I (Form 990) 2008 PartIV

Page 2

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processing payment requests, the Foundation ensures that all published

resulting from the scholarship is refundable to the student).

Schedule I (Form 990) 2008

Schedule I (Form 990) 2008 City Colleges of Chicago Foundation	36-3157624	Page 2
Schedule I (Form 990) 2008 City Colleges of Chicago Foundation  Part IV Supplemental Information		
are returned to the Foundation and to the fund from which it originated,		
The state of the s		
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### SCHEDULE J (Form 990)

### **Compensation Information**

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

2008

Open to Public Inspection

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Schedule J (Form 990) 2008

Department of the Treasury Internal Revenue Service Name of the organization ➤ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

City Colleges of Chicago Foundation

Employer identification number

36-3157624

**Questions Regarding Compensation** Yes No ta Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII. Section A, line 1a, Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the 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? 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 Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a: a Receive a severance payment or change of control payment? х b Participate in, or receive payment from, a supplemental nonqualified retirement plan? X X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8. 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: a The organization? x 5a b Any related organization? х 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: a The organization? X b Any related organization? X вb If "Yes" to line 6a or 6b, describe in Part III. 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 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the

initial contract exception described in Regs. section 53.4958 4(a)(3)? If "Yes," describe in Part III

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

City Colleges of Chicago Foundation

Part II | Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed. 36-3157624 Schedule J (Form 990) 2008

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.

Page 2

4

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.

No.		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(2)	(Q)	(3)	Ð
:		(i) Base	(ii) Bonus &	(iii) Other	Deferred	Nontaxable	Total of columns	Compensation
(A) Name		compensation	incentive	compensation	compensation	Denerits	(1)-(1)-(1)-(1)-(1)-(1)-(1)-(1)-(1)-(1)-	reported in pnor Form 990 or Form 990-EZ
	8	0.	0.	0	0	0	0	0
Michael Mutz	(E)	155,785.	0.	0.	0	60,647	216,432.	0.
	Θ	0.	•0	0.	0.	0.	0	0
Wayne Watson	Ξ	324,000.	0	0.	0	126,133.	450,133.	0
	Θ	0.	0	0	0	0	0	0
Maria Dolores Javier	Ξ	143,005.	0	0	0	55,672.	198,677.	0
	Θ		0	0.	.0	0.	0	0
Kenneth Gotsch	(	175,728.	0	0	0	68,411.	244,139.	0.
	Ξ							
	(ii)							
	(3)							
	<u>(II)</u>							
	(i)							
The state of the s	(ii)							
	(3)							
	(II)							
	(i)							
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Schedule J (Form 990) 2008

#### SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
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: James Dyson, Terry Newman, and James Tyree serve together as Directors of CCC Foundation and Trustees of CCC. Lester Coney - CCC Foundation Board Secretary reports to James Tyree at Mesirow Financial, Maria Dolores Javier - 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 Mutz, CCC Foundation Executive Director, reported to Wayne Watson, CCC Foundation Director and Chancellor of City Colleges of Chicago, Form 990, Part VI, Section A, line 10: CCC Foundation management provides information to Deloitte Tax to prepare Form 990. CCC Foundation management reviews the Form 990 and provides it to the CCC Foundation Board of Directors prior to filing the Form 990. Form 990, Part VI, Section B, Line 12c: On July 21, 2009, CCC Foundation's Board of Directors ("Board") approved its conflict of interest policy 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 relationships to ensure that they conform to the Foundation's written policies, are the result of arm's length bargaining, and do not result in an excess benefit transaction

#### **SCHEDULE O** (Form 990)

## **Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047	
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2008	
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inspection	

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number City Colleges of Chicago Foundation 36-3157624 Form 990, Part VI, Section B, Line 15: The CCC Foundation has no employees. Part VII The following people spend time working at City Colleges of Chicago: Kenneth Gotsch (39 hours/week), Michael Mutz (34 hours/week), Maria Dolores Javier (39 hours/week), and Wayne Watson (40 hours/week).

SCHEDULE R

Department of the Treasury Internal Revenue Service Name of the organization (Form 990)

Related Organizations and Unrelated Partnerships

2008 Open to Public Inspection

36-3157624

Employer identification number OMB No. 1545-0047

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. See separate instructions.

Direct controlling entity Œ End-of-year assets Œ Total income 9 Legal domicile (state or foreign country) Primary activity 8 City Colleges of Chicago Foundation Part III Identification of Related Tax-Exempt Organizations Identification of Disregarded Entities Name, address, and EIN of disregarded entity Parti

Francisco de la compressión de las compressións de la compressión					
(A)	(8)	(0)	<u>Q</u>	<u>(i)</u>	Œ
Name, address, and EiN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling
of related organization		foreign country)	section	status (if section 501(c)(3))	entity
City Colleges of Chicago - 36-2606236					
226 West Jackson Boulevard	<b></b>				
Chicago, IL 60606	Community college	Illinois	115		
				•	
	<b>1</b>				
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule R (Form 990) 2008

Schedule R (Form 990) 2008 City Colleges of Chicago Foundation
Part III Identification of Related Organizations Taxable as a Partnership

(A)	(8)	<u>5</u>	( <u>0</u> )	(E)		(F)	(5)	E	6	5
Name, address, and EIN of related organization	ctivity	Legal domicile (state or foreign country)	Direct	Predominant income (related, investment, unrelated)		f total	of ear Is	Disproportionate after affocations?	ZO of (FC	ا گرام ع ق
Part IV Identification of Related Organizations Taxable as a Corporation or Trust	anizations Taxable as a Corp	oration or	Trust							
(A) Name, address, and EIN of related organization	Z	ď	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income		(G) Share of Fend-of-year assets	(H) Percentage ownership
		<b></b>								
		····								
										-
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Page 3	
36-3157624	

Schedule R (Form 990) 2008 City Colleges of Chicago Foundation	36-3157624		Page 3	က္ဆု
Part V Transactions With Related Organizations				
Note. Complete line 1 if any entity is listed in Parts II, III, or IV.		۲	Yes No	اوا
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				O and the last
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	***************************************	<u>.</u>	1	۷,
b Gift, grant, or capital contribution to other organization(s)		+	╅	۱
c Gift, grant, or capital contribution from other organization(s)		<u>۷</u>	╅	١
d Loans or loan guarantees to or for other organization(s)		무	-	×
e Loans or loan guarantees by other organization(s)		<u>ə</u>	7	
		3		
f Sale of assets to other organization(s)		<b>#</b>	7	M I
g Purchase of assets from other organization(s)		Ð,	^	×
		<del>=</del>	7	×
S		<b>=</b>	^	<u>.</u> [
j Lease of facilities, equipment, or other assets from other organization(s)		=	-	×
k Performance of services or membership or fundraising solicitations for other organization(s)		¥	^	_ ا
l Performance of services or membership or fundraising solicitations by other organization(s)		=	7	×
m Sharing of facilities, equipment, mailing lists, or other assets		Ē	7	ای
n Sharing of paid employees		두		
			713 713 875	
Reimbursement paid to other organization for expenses		စ္	$\stackrel{\sim}{+}$	×
p Reimbursement paid by other organization for expenses		<b>a</b>	7	<u>.</u>
q Other transfer of cash or property to other organization(s)		무	7	<u>"</u>
		4	_	<u></u>
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	tion thresholds.			]
( <b>V</b> )	(9)	<u></u>		
ganization(s)	Transaction A	Amount involved	paye	
	(4.1)			
(1) City Colleges of Chicago	υ	1	129,371.	71:
			ì	į
(2) City Colleges of Chicago	z	1,5	554,741.	il.
				1
(4)				1
				1
) b	Schoolule R (Form 990) 2008	R (Form 9	200	[8
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Schedule R (Form 990) 2008 City Colleges of Chicago Foundation

Part VI Unrelated Organizations Taxable as a Partnership

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

(A) (B)	(B)	<u>(</u>	(a)	(E)	Œ	<u> </u>		
NII had seed howeld	Primary activity	Legal domicile	Are all partners	Share of end-of-	Dispropor-	Code V-UB!		አ፣
Name, aboress, and cirk of entity	funda formation	(state or foreign	section 501(c)(3) organizations?		tionate allocations?	amount in box 20 of Schedule K-1		ا مرا
· ·		country)	Yes No		Yes			او
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						Schedule in (Form 990) 2000	7 (nee III	3