

Form **990**

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

2010

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

A For the 2010 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
MCHENRY COUNTY COMMUNITY FOUNDATION
 Doing Business As
 Number and street (or P O box if mail is not delivered to street address) Room/suite
P.O. BOX 1844
 City or town, state or country, and ZIP + 4
WOODSTOCK, IL 60098
F Name and address of principal officer: JOHN SMALL
SAME AS C ABOVE

D Employer identification number
36-4465219

E Telephone number
815-338-4483

G Gross receipts \$ **7,529,756.**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.MCCFDN.ORG**

K Form of organization Corporation Trust Association Other ▶

L Year of formation **2001** **M State of legal domicile** **IL**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: FUND COMMUNITY PROGRAMS THROUGHOUT THE COUNTY		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	13
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	4
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 3,106,854.	Current Year 2,853,460.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<93,421.>	298,933.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 - (must equal Part VIII, column (A), line 12)	3,013,433.	3,152,393.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	218,998.
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)	158,544.	185,158.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
16b		Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	118,324.	148,352.
Net Assets or Fund Balances	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	495,866.	764,715.
	19	Revenue less expenses. Subtract line 18 from line 12	2,517,567.	2,387,678.
	20	Total assets (Part X, line 16)	Beginning of Current Year 8,786,201.	End of Year 11,747,015.
	21	Total liabilities (Part X, line 26)	19,760.	33,217.
	22	Net assets or fund balances. Subtract line 21 from line 20	8,766,441.	11,713,798.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here
 Signature of officer: *John Small*
 Date: **April 25, 2011**
JOHN SMALL, PRESIDENT/CEO
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: **MICHELE L DERCOLE**
 Preparer's signature: *Michele Dercole*
 Date: **APR 25 2011**
 Check if self-employed: PTIN:
 Firm's name: **EDER, CASELLA & CO.**
 Firm's address: **5400 W. ELM STREET, SUITE 203**
MCHENRY, IL 60050
 Firm's EIN: ▶
 Phone no: **(815) 344-1300**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

SCANNED MAY 31 2011

2011

Part III Statement of Program Service Accomplishments

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

X

1 Briefly describe the organization's mission: ESTABLISHED TO ACCEPT DONOR-DIRECTED FUNDS AND UNRESTRICTED ENDOWMENTS TO GRANT SEED OR EXPANSION MONEY FOR UNMET SOCIAL, CULTURAL, EDUCATIONAL, AND CHARITABLE NEEDS THROUGHOUT MCHENRY COUNTY. WHILE PROVIDING PHILANTHROPIC - MINDED CITIZENS AND NONPROFIT AGENCIES WITH

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No X

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No X

4 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.

4a (Code:) (Expenses \$ 595,037. including grants of \$ 421,705.) (Revenue \$) MADE GRANTS TO OVER 40 COMMUNITY PROGRAMS BASED ON A GRANT APPLICATION PROCESS AND AWARD CYCLE

4b (Code:) (Expenses \$ 9,500. including grants of \$ 9,500.) (Revenue \$) SCHOLARSHIPS TO COLLEGE STUDENTS

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 604,537.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		
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? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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 Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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 located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b 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)		

Part IV Checklist of Required Schedules (continued)

	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>		X
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 A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

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

Section 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		
1a			13
b	Enter the number of voting members included in line 1a, above, who are independent		
1b			13
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	X	
8a			
b	Each committee with authority to act on behalf of the governing body?	X	
8b			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
b	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			
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b			
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
12c			
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
15a			
b	Other officers or key employees of the organization	X	
15b			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation 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			

Section 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 for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial 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 **▶**
JOHN SMALL - 815-338-4483
P.O. BOX 1844, WOODSTOCK, IL 60098

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

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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MARK EHLERT BOARD MEMBER	2.00	X					0.	0.	0.	
JENNIFER STREIT CHAIRMAN	2.00	X		X			0.	0.	0.	
VERNON SCHILLER BOARD MEMBER	2.00	X					0.	0.	0.	
SUZANNE HOBAN SECRETARY	2.00	X		X			0.	0.	0.	
BARBARA OUGHTON BOARD MEMBER	2.00	X					0.	0.	0.	
DAVID VAN CAMP BOARD MEMBER	2.00	X					0.	0.	0.	
KATHY PELZ BOARD MEMBER	2.00	X					0.	0.	0.	
RICK SCHILDGEN VICE CHAIRMAN	2.00	X		X			0.	0.	0.	
CAROLINA SCHOTTLAND BOARD MEMBER	2.00	X					0.	0.	0.	
JOHN SMALL BOARD MEMBER	2.00	X					0.	0.	0.	
HAL STINESPRING BOARD MEMBER	2.00	X					0.	0.	0.	
SCOTT MCCLAIN TREASURER	2.00	X		X			0.	0.	0.	
RUSSELL FOSZCZ BOARD MEMBER	2.00	X					0.	0.	0.	
KATE HALMA CEO/EXECUTIVE DIRECTOR	40.00			X			82,491.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1 b Sub-total							82,491.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							82,491.	0.	0.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,853,460.				
	g Noncash contributions included in lines 1a-1f \$		23,205.				
	h Total. Add lines 1a-1f			2,853,460.			
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			206,843.			206,843.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)			92,090.			92,090.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	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 _____							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions				3,152,393.	0.	0.	298,933.

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)

Do not include amounts reported on lines 6b, 7b, 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 organizations in the U.S. See Part IV, line 21	421,705.	421,705.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	9,500.	9,500.		
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	82,491.	55,127.	27,364.	
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	87,302.	41,473.	45,829.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	15,365.	7,834.	7,531.	
11 Fees for services (non-employees):				
a Management				
b Legal	5,440.	2,490.	2,950.	
c Accounting	6,800.		6,800.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	11,944.		11,944.	
g Other	13,795.	522.	13,273.	
12 Advertising and promotion	36,586.	27,859.	8,727.	
13 Office expenses	6,763.	449.	6,314.	
14 Information technology	830.	50.	780.	
15 Royalties				
16 Occupancy	14,693.	9,845.	4,848.	
17 Travel	5,647.	5,135.	512.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,819.	1,424.	395.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,889.		9,889.	
23 Insurance	3,802.	1,414.	2,388.	
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 O.)				
a PRINTING	6,490.	6,073.	417.	
b MEETINGS	6,336.	4,925.	1,411.	
c DUES & EDUCATION	5,657.	1,697.	3,960.	
d TELEPHONE	4,326.	3,029.	1,297.	
e POSTAGE AND DELIVERY	1,864.	1,069.	795.	
f All other expenses	5,671.	2,917.	2,754.	
25 Total functional expenses. Add lines 1 through 24f	764,715.	604,537.	160,178.	0.
26 Joint costs. Check here <input type="checkbox"/> 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				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	14,362.	1	13,546.
	2 Savings and temporary cash investments	322,363.	2	786,432.
	3 Pledges and grants receivable, net	91,800.	3	100,000.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	47.
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,140.	9	2,280.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,610,009.		
	b Less: accumulated depreciation	10b 21,863.		
		1,565,094.	10c	1,588,146.
	11 Investments - publicly traded securities	4,920,071.	11	7,233,616.
	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	1,871,371.	15	2,022,948.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	8,786,201.	16	11,747,015.	
Liabilities	17 Accounts payable and accrued expenses	9,299.	17	10,012.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, 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 to unrelated third parties	9,973.	24	
	25 Other liabilities. Complete Part X of Schedule D	488.	25	23,205.
	26 Total liabilities. Add lines 17 through 25	19,760.	26	33,217.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	6,199,508.	27	9,075,845.
	28 Temporarily restricted net assets	2,048,958.	28	1,976,538.
	29 Permanently restricted net assets	517,975.	29	661,415.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	8,766,441.	33	11,713,798.
	34 Total liabilities and net assets/fund balances	8,786,201.	34	11,747,015.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,152,393.
2	Total expenses (must equal Part IX, column (A), line 25)	2	764,715.
3	Revenue less expenses Subtract line 2 from line 1	3	2,387,678.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,766,441.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	559,679.
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	11,713,798.

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
2d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	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.		

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

2010

Open to Public Inspection

Name of the organization MCHENRY COUNTY COMMUNITY FOUNDATION	Employer identification number 36-4465219
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 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)**.
- 7 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.)
- 9 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.
 - a Type I
 - b Type II
 - c Type III - Functionally Integrated
 - d Type III - Other
- 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).
- f 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
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

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.)

Section A. Public Support

Calendar 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.")	938,919.	566,454.	1255722.	1203281.	787,438.	4751814.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	938,919.	566,454.	1255722.	1203281.	787,438.	4751814.
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)						2306838.
6 Public support. Subtract line 5 from line 4						2444976.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	938,919.	566,454.	1255722.	1203281.	787,438.	4751814.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	73,127.	393,626.	2,929.	<93,421.>	298,933.	675,194.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						5427008.
12 Gross receipts from related activities, etc. (see instructions)					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 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	45.05 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	43.34 %
16a 33 1/3% support test - 2010. 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 ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2009. 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 ▶ <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar 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.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an 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 through 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 \$5,000 or 1% of the amount on line 13 for the year						
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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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.)						
13 Total support (Add lines 9, 10c, 11, and 12)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010
Open to Public
Inspection

Name of the organization

MCHENRY COUNTY COMMUNITY FOUNDATION

Employer identification number

36-4465219

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	10	
2 Aggregate contributions to (during year)	278,883.	
3 Aggregate grants from (during year)	65,935.	
4 Aggregate value at end of year	1,135,610.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
- Protection of natural habitat Preservation of a certified historic structure
- Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

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 all that apply)

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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 sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

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.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	579,202.	538,975.	517,775.		
b Contributions	51,640.	81,300.	21,200.		
c Net investment earnings, gains, and losses	65,153.	5,427.			
d Grants or scholarships	<63,645.>	<46,500.>			
e Other expenditures for facilities and programs		4			
f Administrative expenses	<4,675.>				
g End of year balance	627,675.	579,202.	538,975.		

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment 24.00 %
- b Permanent endowment 76.00 %
- c Term endowment _____ %

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

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,541,572.		1,541,572.
b Buildings				
c Leasehold improvements		4,292.	179.	4,113.
d Equipment				
e Other		64,145.	21,684.	42,461.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) 1,588,146.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(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)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN TRUST	1,935,788.
(2) ASSET HELD FOR RESALE	46,410.
(3) CASH SURRENDER VALUE OF LIFE INSURANCE POLICY	40,750.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	2,022,948.

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) AMOUNT HELD FOR FIRST	
(3) CONGREGATIONAL CHURCH OF CL	23,205.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	23,205.

FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,152,393.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	764,715.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	2,387,678.
4	Net unrealized gains (losses) on investments	4	447,059.
5	Donated services and use of facilities	5	1,440.
6	Investment expenses	6	
7	Prior period adjustments	7	23,883.
8	Other (Describe in Part XIV.)	8	87,297.
9	Total adjustments (net). Add lines 4 through 8	9	559,679.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	2,947,357.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	3,690,439.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	447,059.
b	Donated services and use of facilities	2b	3,690.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	87,297.
e	Add lines 2a through 2d	2e	538,046.
3	Subtract line 2e from line 1	3	3,152,393.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
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 must equal Form 990, Part I, line 12)	5	3,152,393.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	766,965.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	2,250.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	2,250.
3	Subtract line 2e from line 1	3	764,715.
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	
b	Other (Describe in Part XIV.)	4b	
c	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	764,715.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: THE COMMUNITYWORKS ENDOWMENT (PERMANENT ENDOWMENT)

EXISTS TO SUPPORT PROGRAMS WITHIN THE AREAS OF CHILD CARE, WORKFORCE DEVELOPMENT, AND LAND USE AND PROTECTION, IN PERPETUITY.

THE OPERATIONAL ENDOWMENT EXISTS TO SOLIDIFY THE ORGANIZATION'S CONTINUED GROWTH.

PART X LINE 2

Part XIV Supplemental Information *(continued)*

THE ORGANIZATIONS 2007-2009 TAX RETURNS ARE AVAILABLE FOR EXAMINATION BY THE INTERNAL REVENUE SERVICE.

PART XI LINE 8 AND PART XIII LINE 2D -

CHANGE IN VALUE OF BENEFICIAL INTEREST IN TRUST - \$70,430

CHANGE IN SURRENDER VALUE OF LIFE INSURANCE - \$16,867

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

MCHENRY COUNTY COMMUNITY FOUNDATION

Employer identification number
36-4465219

Part I General Information on Grants and Assistance

1 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 criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II 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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY HEALTH PARTNERSHIP CLINIC 13707 WEST JACKSON STREET WOODSTOCK, IL 60098	36-4277029	501 (C) 3	30,000.	0.			THIS GRANT WILL BE USED FOR PROVIDING MEDICAL CARE TO THE UNINSURED OF MCHENRY COUNTY. THIS
HUNTLEY PUBLIC LIBRARY 11000 RUTH RD HUNTLEY, IL 60142	36-3711539		94,988.	0.			THIS GRANT IS IN SUPPORT OF CAPITAL NEEDS FOR THE HUNTLEY AREA PUBLIC LIBRARY, PRIMARY FUND
LANDKEEPERS, LLC 700 MCHENRY AVENUE WOODSTOCK, IL 60098	20-8782905		56,000.	0.			MCHENRY COUNTY COMMUNITY FOUNDATION LAND PRESERVATION PROJECT IS A 75 ACRE RESTORATION
RAUE CENTER FOR THE ARTS 108 MINNIE ST CRYSTAL LAKE, IL 60014	36-4147140	501 (C) 3	57,500.	0.			MISSION IMAGINATION EDUCATIONAL OUTREACH PROGRAM
CENTEGRA HEALTH FOUNDATION 385 MILLENNIUM DRIVE CRYSTAL LAKE, IL 60012	36-3726310	501 (C) 3	6,000.	0.			MISSION IMAGINATION IS AN
WOODSTOCK FIRE/RESCUE DISTRICT PO BOX 423 WOODSTOCK, IL 60098	36-2533288		7,500.	0.			THIS GRANT OF \$1,000 IS FOR: TREE OF LIFE AT WOODSTOCK CENTEGRA, WOODSTOCK, IL. THIS
							WFRD IS SEEKING FUNDS FOR A CADET/APPRENTICESHIP PROGRAM (CAP). CAP IS FOR HIGH SCHOOL STUDENTS AND

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

▶ 12.
▶ 4.

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

36-4465219

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAIN STAY THERAPEUTIC 6919 KEYSTONE ROAD RICHMOND, IL 60071	36-3565747	501 (C) 3	6,000.	0.			MAIN STAY WISHES TO CONTINUE TO OFFER ITS EXPERIENCED INSTRUCTORS, VOLUNTEERS, AND FACILITY THE NEW DIRECTIONS
PIONEER CENTER FOR HUMAN SERVICES 4001 DAYTON STREET MCHENRY, IL 60050	36-2480845	501 (C) 3	6,500.	0.			PSYCHO-SOCIAL REHABILITATION (PSR) PROGRAM PROVIDES A RANGE
THE LAST CHANGE HOUSE INC. 244 SECOND STREET CRYSTAL LAKE, IL 60014	20-2439602	501 (C) 3	12,000.	0.			EXTERIOR SIDING REPAIR AND PAINTING, REPAIR RECONSTRUCTION OF ENTRY AND WALK-UP, INTERIOR
TRANSITIONAL LIVING SERVICES 645 MCHENRY AVENUE WOODSTOCK, IL 60098 FAMILY SERVICE AND COMMUNITY MENTAL HEALTH CENTER - 4100 VETERANS PARKWAY - MCHENRY, IL 60050	36-4104887	501 (C) 3	7,500.	0.			TLC SEEKS FUNDING TO EXPAND ITS AFTERCARE PROGRAM FOR FORMER NEW HORIZONS RESIDENTS WHO FUNDING WILL GO TOWARDS A PROGRAM CREATED FOR FAMILY SUPPORT AND EDUCATION WHILE ON
HOSPICE OF NORTHEASTERN ILLINOIS 405 LAKE ZURICH ROAD BARRINGTON, IL 60010	36-2428268	501 (C) 3	6,500.	0.			FUNDING WILL BE USED FOR PALLIATIVE CARE VISITS FOR LATINO INDIVIDUALS WHO RESIDE IN MCHENRY
TURNING POINT INC PO BOX 723 WOODSTOCK, IL 60098	36-3305643	501 (C) 3	17,500.	0.			TURNING POINT IS ENTERING PHASE TWO OF ITS ECONOMIC EMPOWERMENT PROGRAM FOR VICTIMS OF DOMESTIC
FOX RIVER GROVE PARKS AND RECREATION - 305 ILLINOIS STREET - FOX RIVER GROVE, IL 60021	36-3163296	501 (C) 3	7,500.	0.			THIS GRANT IS FOR THE SUPPORT OF HUNTERS FARM PARK PLAYGROUND EQUIPMENT MIRACLE #74-S251J. THE
WOODSTOCK NOON ROTARY CCH - WOODSTOCK CHRISTMAS CLEARING HOUSE - PO BOX 53 - WOODSTOCK, IL 60098	36-6005881	501 (C) 3	6,434.	0.			SUPPORT FOR CARING OUT THEIR MISSION TO HELP THE LESS FORTUNATE IN THE COMMUNITY IN PROVIDING

Schedule I (Form 990)

LHA

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
WILLIAM E. AND CLAIRE M. JACOBS EDUCATION SCHOLARSHIP FUND	2	6,000.	0.		
FRIENDS OF MCHENRY COMMUNITY COLLEGE FOUNDATION - SCHOLARSHIPS	5	3,500.	0.		

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: THE ORGANIZATION PERFORMS DUE DILIGENCE TO ENSURE THAT GRANTS WILL BE USED FOR CHARITABLE PURPOSES. A GRANT AGREEMENT IS ISSUED WITH EACH GRANT TO OUTLINE THE TERMS OF THE GRANT. BY SIGNING THE AGREEMENT, THE GRANTEE AGREES TO FURNISH THE ORGANIZATION WITH REPORTS REGARDING THE GRANT ACTIVITY. THE GRANTEE AGREES TO USE THE FUNDS SOLELY FOR THE PURPOSES STATED IN THE GRANT PROPOSAL, TO REPAY ANY PORTION OF THE AMOUNT GRANTED WHICH IS NOT USED FOR THE PURPOSE OF THE GRANT, AND TO MAINTAIN BOOKS AND FINANCIAL RECORDS ADEQUATE TO VERIFY ACTIONS RELATED TO THIS GRANT.

Part IV Supplemental Information

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY HEALTH PARTNERSHIP CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT WILL BE USED FOR PROVIDING MEDICAL CARE TO THE UNINSURED OF MCHENRY COUNTY. THIS INCLUDES LAB TESTS, INTERPRETER TIME, NURSING TIME AND NURSE PRACTITIONER TIME.

NAME OF ORGANIZATION OR GOVERNMENT: HUNTLEY PUBLIC LIBRARY

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT IS IN SUPPORT OF CAPITAL NEEDS FOR THE HUNTLEY AREA PUBLIC LIBRARY, PRIMARY FUND PURPOSE.

NAME OF ORGANIZATION OR GOVERNMENT: LANDKEEPERS, LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: MCHENRY COUNTY COMMUNITY FOUNDATION LAND PRESERVATION PROJECT IS A 75 ACRE RESTORATION PROJECT FOR THE PRESERVATION AND RESTORATION OF A PORTION OF LAND CALLED THE OAK SAVANNAHS, WHICH MCCF PURCHASED IN 2009. THE LAND IS ADJACENT TO THE MPEV PROPERTY LOCATED ON RT. 47 IN WOODSTOCK, IL.

NAME OF ORGANIZATION OR GOVERNMENT: RAUE CENTER FOR THE ARTS

(H) PURPOSE OF GRANT OR ASSISTANCE: MISSION IMAGINATION EDUCATIONAL OUTREACH PROGRAM

MISSION IMAGINATION IS AN ENRICHING ARTS EDUCATION OUTREACH PROGRAM THAT PROVIDES PERFORMANCE AND HANDS-ON ACTIVITIES FOR SCHOOL CHILDREN. EACH SEASON, RAUE CENTER PRESENTS PROFESSIONAL ARTISTS IN MUSIC, DANCE AND THEATRE WHO SPECIALIZE IN SCHOOL AND THEATRE ASSEMBLIES, STUDENT WORKSHOPS, TEACHER DEVELOPMENT, FAMILY NIGHTS AND RESIDENCIES.

NAME OF ORGANIZATION OR GOVERNMENT: CENTEGRA HEALTH FOUNDATION

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT OF \$1,000 IS FOR: TREE OF LIFE AT WOODSTOCK CENTEGRA, WOODSTOCK, IL. THIS GRANT OF \$5,000 IS FOR: IN HONOR OF ELISE LEWIS, DONATION TO HOSPITAL.

NAME OF ORGANIZATION OR GOVERNMENT: WOODSTOCK FIRE/RESCUE DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: WFRD IS SEEKING FUNDS FOR A CADET/APPRENTICESHIP PROGRAM (CAP). CAP IS FOR HIGH SCHOOL STUDENTS AND YOUNG ADULTS LOOKING TO GAIN THE NECESSARY EDUCATION, AND EXPERIENCE TO BECOME CERTIFIED FIREFIGHTER/PARAMEDICS TO SERVE THEIR COMMUNITIES OR SEEK A CAREER IN THE FIRE SERVICE OR RELATED FIELD. THE PROGRAM ACCEPTS APPLICANTS FROM THROUGHOUT MCHENRY COUNTY. THE GRANT WILL HELP FUND THE COST OF EQUIPMENT, BOOKS, TUITION AND INSTRUCTORS FOR SLATE CERTIFICATIONS IN FIREFIGHTING AND EMERGENCY MEDICAL SERVICES. BESIDES GRANT FUNDS, THE PROGRAM IS SUPPORTED BY VOLUNTEER TIME, DONATED EQUIPMENT AND LOCAL FUNDING SOURCES.

NAME OF ORGANIZATION OR GOVERNMENT: MAIN STAY THERAPEUTIC

(H) PURPOSE OF GRANT OR ASSISTANCE: MAIN STAY WISHES TO CONTINUE TO OFFER ITS EXPERIENCED INSTRUCTORS, VOLUNTEERS, AND FACILITY TO HEAD START AND FAMILY ALLIANCE OPENING BOTH HEARTS AND MINDS. CHILDREN FROM HEAD START HAVE THE OPPORTUNITY TO LEARN AND CREATE NEW MEMORIES. FAMILY ALLIANCE CLIENTS HAVE THE CHANCE TO RECONNECT WITH OLD MEMORIES FROM THEIR FARM EXPERIENCE.

NAME OF ORGANIZATION OR GOVERNMENT: PIONEER CENTER FOR HUMAN SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: THE NEW DIRECTIONS PSYCHO-SOCIAL REHABILITATION (PSR) PROGRAM PROVIDES A RANGE OF SERVICES FOCUSED TOWARD RECOVERY FROM SERIOUS OR PERSISTENT MENTAL ILLNESS. PSR IS REQUESTING

Part IV Supplemental Information

SUPPORT TO HELP CLIENTS ATTAIN EMPLOYMENT AND MAINTAIN HEALTHY LIFESTYLES. COMPUTERS, EXERCISE EQUIPMENT, DESKS AND CHAIRS WILL BE ADDED TO THE WORKSHOP AND BREAK ROOM AREA TO ASSIST CLIENTS IN REACHING THE GOALS IN THEIR INDIVIDUAL PLANS NECESSARY SO THAT THEY CAN CONTINUE THEIR RECOVERY IN THE COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT: THE LAST CHANGE HOUSE INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: EXTERIOR SIDING REPAIR AND PAINTING, REPAIR RECONSTRUCTION OF ENTRY AND WALK-UP, INTERIOR FLOOR COVERING REPLACEMENT FOR THOSE INDIVIDUALS LIVING IN THIS FACILITY. LAST CHANGE HOUSE ASSISTS ALCOHOLIC MEN IN THEIR PERSONAL RECOVERY.

NAME OF ORGANIZATION OR GOVERNMENT: TRANSITIONAL LIVING SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TLC SEEKS FUNDING TO EXPAND ITS AFTERCARE PROGRAM FOR FORMER NEW HORIZONS RESIDENTS WHO ARE NOW LIVING INDEPENDENTLY. CURRENTLY, ABOUT A DOZEN FORMER RESIDENTS ARE ENROLLED. TLS WOULD LIKE TO TRIPLE SERVICES. AFTERCARE PROGRAMS HAVE PROVEN TO WORK WELL AMONG INDIVIDUALS WHO HAVE CONFRONTED HOMELESSNESS, HAVE VERY LOW INCOMES AND PERSISTENT ISSUES SUCH AS ADDICTIONS, MENTAL ILLNESS AND CHRONIC HEALTH CHALLENGES. AFTERCARE OFFERS CASE MANAGEMENT; PREVENTION AND ACCESS TO NEW HORIZONS FOOD PANTRY AND LAUNDRY FACILITY. THE NEED TO EXPAND THEIR SERVICES IS ESPECIALLY GREAT BECAUSE OF AN ANTICIPATED SURGE OF HOMELESS VETERANS FROM IRAQ AND AFGHANISTAN.

NAME OF ORGANIZATION OR GOVERNMENT:

FAMILY SERVICE AND COMMUNITY MENTAL HEALTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING WILL GO TOWARDS A PROGRAM CREATED FOR FAMILY SUPPORT AND EDUCATION WHILE ON WAITING LISTS FOR

Part IV Supplemental Information

INDIVIDUAL FAMILY THERAPY. THE EIGHT WEEK PROGRAM FAMILY NIGHT,
CONSISTS OF A FAMILY MEAL, CHILDRENS GROUP BY AGE RANGE, A PARENTING
WORKSHOP, AND A MULTIPLE FAMILY ACTIVITY AT THE END OF THE EVENING.
ADDITIONAL COSTS WILL BE MEAL COSTS, GAS CARDS, AND PACE BUS PASSES.

NAME OF ORGANIZATION OR GOVERNMENT: HOSPICE OF NORTHEASTERN ILLINOIS

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING WILL BE USED FOR PALLIATIVE
CARE VISITS FOR LATINO INDIVIDUALS WHO RESIDE IN MCHENRY COUNTY AND ARE
UNABLE TO PAY FOR SERVICES PROVIDED. ONE OF OUR MEDICAL DIRECTORS SPEAKS
FLUENT SPANISH, AND IS FAMILIAR WITH THE CULTURAL SENSITIVITIES OF THIS
POPULATION. PATIENTS APPROPRIATE FOR PALLIATIVE CARE ARE LIKELY TO NEED
PAIN/SYMPTOM CONTROL, COORDINATION AMONG PROVIDERS, AND ASSISTANCE
TRANSITIONING BETWEEN CARE SETTINGS. THE COST PER VISIT IS \$180, WHICH
WOULD COVER 55 ONE-HOUR PALLIATIVE CARE VISITS OR 110 HALF-HOUR VISITS.

NAME OF ORGANIZATION OR GOVERNMENT: TURNING POINT INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TURNING POINT IS ENTERING PHASE TWO
OF ITS ECONOMIC EMPOWERMENT PROGRAM FOR VICTIMS OF DOMESTIC VIOLENCE BY
EXPANDING TO INCLUDE A SECTION AVAILABLE FOR WALK-IN CLIENTS OF THE
AGENCY. THIS PROGRAM WILL FOLLOW THE ILLINOIS COALITION ACTION PLAN
CURRICULUM, DEVELOPED BY REDEVELOPMENT OPPORTUNITIES FOR WOMEN.
CURRENTLY, THIS PROGRAM IS ONLY AVAILABLE TO OUR SHELTER CLIENTS. THE
PROGRAM INCLUDES BUDGETING BASICS, CREDIT CARD DEBT REDUCTION, FINANCIAL
SAFETY, AND EXPLANATIONS OF SAVINGS AND LOAN PROGRAMS. ECONOMIC
EMPOWERMENT IS CRITICAL TO GETTING VICTIMS OF DOMESTIC VIOLENCE PREPARED
FOR INDEPENDENT AND VIOLENCE-FREE FUTURES.

NAME OF ORGANIZATION OR GOVERNMENT: FOX RIVER GROVE PARKS AND RECREATION

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT IS FOR THE SUPPORT OF HUNTERS FARM PARK PLAYGROUND EQUIPMENT MIRACLE #74-S251J. THE VILLAGE OF FOX RIVER GROVE IS CONTRIBUTING \$10,000 OF THE OVERALL BILL OF \$16,434.

NAME OF ORGANIZATION OR GOVERNMENT:

WOODSTOCK NOON ROTARY CCH - WOODSTOCK CHRISTMAS CLEARING HOUSE

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR CARING OUT THEIR MISSION TO HELP THE LESS FORTUNATE IN THE COMMUNITY IN PROVIDING FOOD, WRAPPED GIFTS, BOOKS AND GLOVES TO MORE THAN 950 FAMILIES AND 1,600 CHILDREN EACH YEAR. LAST YEARS GIFTS HELPED MAKE THE HOLIDAYS A REALITY FOR 240 SENIORS THROUGHOUT THE AREA

NAME OF ORGANIZATION OR GOVERNMENT: GIRLS ON THE RUN - MCHENRY COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS FOR OUR CAPACITY BUILDING PROJECT FOR THE 2011 SPRING SEASON WILL BE USED TO GROW OUR PROGRAM BY 10 SCHOOLS IN 2011 AND PROVIDE NECESSARY TOOLS TO RUN A QUALITY PROGRAM. THESE TOOLS ARE NOT LIMITED TO MATERIALS FOR COACHES TRAINING, INCLUDING CPR AND AED CERTIFICATION FOR 80 COACHES, MATERIALS FOR 42 SITES FOR ALL GIRLS TO BE ABLE TO RUN THE 5K IN JUNE 2011. THESE FUNDS WILL GO DIRECTLY TO PROGRAMS IN ALL TOWNS IN MCHENRY COUNTY.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization: **MCHENRY COUNTY COMMUNITY FOUNDATION**
Employer identification number: **36-4465219**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential	X	1	23,205.	FMV BASED ON APPRAIS
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement: **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II.		X
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? b If "Yes," describe in Part II.		X
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2010)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

Open to Public
inspection

Name of the organization

MCHENRY COUNTY COMMUNITY FOUNDATION

Employer identification number

36-4465219

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

A CENTRAL, LOCAL ADMINISTERED FOUNDATION, THE FOUNDATION ALSO SEEKS TO
BE A COMMUNITY PARTNER, AND AT TIMES LEADER, IN ADDRESSING LOCAL NEEDS.

FORM 990, PART VI, SECTION B, LINE 11: AFTER THE ANNUAL AUDIT THE
ACCOUNTING FIRM PROVIDES A DRAFT OF THE 990. THIS DRAFT IS REVIEWED FOR
ACCURACY BY THE AUDIT COMMITTEE, THE FINANCE COORDINATOR AND OTHER STAFF.
BARRING ANY CORRECTIONS, OR AFTER IT IS CORRECTED, THE FINAL DRAFT OF THE
990 IS PRESENTED FOR APPROVAL TO THE BOARD OF DIRECTORS AT A REGULARLY
SCHEDULED MEETING. ONCE THE APPROVAL OF THE BOARD IS OBTAINED THE 990 IS
SUBMITTED PRIOR TO THE DEADLINE.

FORM 990, PART VI, SECTION B, LINE 12C: ALL NEW EMPLOYESS, BOARD MEMBERS,
AND VOLUNTEERS ARE REQUIRED TO SIGN THE CONFLICT OF INTEREST POLICY
IMMEDIATELY AFTER THE RELATIONSHIP INCEPTION. EACH YEAR ALL EMPLOYEES OF
THE FOUNDATION ARE REQUESTED TO REVIEW THE CONFLICT OF INTEREST AND INTIAL
IT. BOARD MEMBERS SIGN A NEW POLICY EACH YEAR AS DO ANY VOLUNTEERS.
POTENTIAL CONFLICTS ARE NOTED IN MINUTES AT BOARD MEETINGS AND BOARD
MEMBERS ABSTAIN FROM VOTING ANY TIME THERE IS ANY POSSIBILITY OF CONFLICT.
CONTINUAL MONITORING OF THE BUSINESS OF THE FOUNDNATION AND ITS
RELATIONSHIPS TO ANY STAFF OR BOARD MEMBER KEEPS THE CONFLICT OF INTEREST
POLICY ACTIVE AND ENFORCABLE.

FORM 990, PART VI, SECTION B, LINE 15: THERE IS ONLY ONE OFFICER AT THE
FOUNDATION WHO IS COMPENSATED; THE PRESIDENT/CEO AND THERE ARE NO OTHER
"KEY" EMPLOYEES. HER COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS

Name of the organization

MCHENRY COUNTY COMMUNITY FOUNDATION

Employer identification number

36-4465219

USING INFORMATION FROM OTHER FOUNDATIONS OF THE SAME SIZE AND GEOGRAPHICAL AREA. INCREASES IN SALARY ARE BASED ON PERFORMANCE AND COST OF LIVING, AND ARE REVIEWED WITH GUIDELINES FROM LIKE FOUNDATIONS.

FORM 990, PART VI, SECTION C, LINE 19: THE FOUNDATION'S WEBSITE STATES THAT THE 990 AND THE MOST RECENT AUDIT ARE AVAILABLE FOR REVIEW UPON REQUEST. REQUESTS FOR THE 990, AUDIT REPORT, GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST STATEMENTS CAN BE MADE THROUGH AN EMAIL OR BY PHONE.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS:	447,059.
DONATED SERVICES AND USE OF FACILITIES:	1,440.
PRIOR PERIOD ADJUSTMENTS:	23,883.
CHANGE IN VALUE OF BENEFICIAL INTEREST IN TRUST	70,430.
CHANGE IN SURRENDER VALUE OF LIFE INSURANCE	16,867.
TOTAL TO FORM 990, PART XI, LINE 5	559,679.

FORM 990, PART XII, LINE 2C

THE PROCESS OF THE AUDIT COMMITTEE'S REVIEW HAS NOT CHANGED FROM THE PRIOR YEAR.

Depreciation and Amortization 990
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

MCHENRY COUNTY COMMUNITY FOUNDATION

FORM 990 PAGE 10

36-4465219

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	9,889.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	9,889.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	