

Form **990**
 Department of the Treasury
 Internal Revenue Service

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

OMB No 1545-0047
2012
Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012, 2012, and ending 12-31-2012

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: PO BOX 1844
 City or town, state or country, and ZIP + 4: WOODSTOCK, IL 60098

D Employer identification number: 36-4465219
E Telephone number: (815) 338-4483
G Gross receipts \$ 3,195,032

F Name and address of principal officer: ROBIN R DOEDEN, PO BOX 1844, WOODSTOCK, IL 60098

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

1 Briefly describe the organization's mission or most significant activities:
 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 NON PROFIT AGENCIES WITH A CENTRAL, LOCAL ADMINSTRATED FOUNDATION, THE FOUNDATION ALSO SEEKS TO BE A COMMUNITY PARTNER, AND AT TIMES LEADER, IN ADDRESSING LOCAL NEEDS

2 Check this box 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 2012 (Part V, line 2a)	5	6
6 Total number of volunteers (estimate if necessary)	6	1
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	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	610,276	2,328,008
9 Program service revenue (Part VIII, line 2g)		0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	156,866	246,144
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,380	3,837
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	771,522	2,577,989

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	534,939	539,394
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	214,520	169,595
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	244,997	237,034
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	994,456	946,023
19 Revenue less expenses Subtract line 18 from line 12	-222,934	1,631,966

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	11,231,645	13,479,594
21 Total liabilities (Part X, line 26)	253,046	266,627
22 Net assets or fund balances Subtract line 21 from line 20	10,978,599	13,212,967

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: *****
 Date: 2013-04-10
 Type or print name and title: ROBIN R DOEDEN PRESIDENT/CEO

Paid Preparer Use Only
 Preparer's name: CHRYDEN N JUERGENSEN
 Preparer's signature: _____
 Date: 2013-04-10
 Check if self-employed
 PTIN: _____
 Firm's name: EDER CASELLA & CO
 Firm's EIN: _____
 Firm's address: 5400 W ELM STREET SUITE 203
 MCHENRY, IL 60050
 Phone no: (815) 344-1300

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III Yes No

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 NON PROFIT AGENCIES WITH A CENTRAL, LOCAL ADMINISTRATED FOUNDATION, THE FOUNDATION ALSO SEEKS TO BE A COMMUNITY PARTNER, AND AT TIMES LEADER, IN ADDRESSING LOCAL NEEDS

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

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 709,004 including grants of \$ 524,044) (Revenue \$)
MADE GRANTS TO OVER 40 COMMUNITY PROGRAMS BASED ON A GRANT APPLICATION PROCESS AND AWARD CYCLE

4b (Code) (Expenses \$ 15,350 including grants of \$ 15,350) (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 724,354

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> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
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>		No
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>		No
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>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/>	Yes	
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> <input checked="" type="checkbox"/>		No
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> <input checked="" type="checkbox"/>		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/>	Yes	
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> <input checked="" type="checkbox"/>	Yes	
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> <input checked="" type="checkbox"/>		No
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> <input checked="" type="checkbox"/>		No
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> <input checked="" type="checkbox"/>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
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> <input checked="" type="checkbox"/>		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/>	Yes	
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 and XII is optional</i> <input checked="" type="checkbox"/>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
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>		No
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>		No
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 (see instructions)</i>		No
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>		No
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>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules *(continued)*

21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
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>	22	Yes	
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>	23	Yes	
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>	24a		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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>	25b		No
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest 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>	26		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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>	28a		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
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>	28c		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
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>	30		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
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>	32		No
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>	33		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b If "Yes" to line 35a, 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>	35b		
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>	36		No
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>	37		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		No
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		No
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		No
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		No
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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
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		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization		No
	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?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization
ROBIN DOEDEN PO BOX 1844 WOODSTOCK, IL (815) 338-4483

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, or 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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) ROBIN DOEDEN PRESIDENT/CE	40 00	X		X				25,797	0	0
(2) JENNIFER STREIT BOARD CHAIR	2 00	X		X				0	0	0
(3) VERNON SCHILLER BOARD MEMBER	2 00	X						0	0	0
(4) SUZANNE HOBAN SECRETARY	2 00	X		X				0	0	0
(5) BARBARA OUGHTON BOARD MEMBER	2 00	X						0	0	0
(6) DAVID VAN CAMP BOARD MEMBER	2 00	X						0	0	0
(7) KATHY PELZ BOARD MEMBER	2 00	X						0	0	0
(8) RICK SCHILDGEN VICE CHAIRMA	2 00	X		X				0	0	0
(9) CAROLINA SCHOTTLAND BOARD MEMBER	2 00	X						0	0	0
(10) SUSAN SCHOTT BOARD MEMBER	2 00	X						0	0	0
(11) HAL STINESPRING BOARD MEMBER	2 00	X						0	0	0
(12) SCOTT MCCLAIN TREASURER	2 00	X		X				0	0	0
(13) RUSSELL FOSZCZ BOARD MEMBER	2 00	X						0	0	0
(14) JOHN SMALL BOARD MEMBER	2 00	X						0	0	0
(15) RAFAEL CASTENEDA YOUTH BOARD	2 00	X						0	0	0
(16) JOHN SMALL FORMER PRESI	40 00						X	64,192	0	0

Part VIII Statement of Revenue

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

		(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	1a 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 2,328,008					
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f ▶	2,328,008				
Program Service Revenue	2a _____ 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) ▶	211,238			211,238
4 Income from investment of tax-exempt bond proceeds ▶						
5 Royalties ▶						
6a Gross rents		(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
d Net rental income or (loss) ▶						
7a Gross amount from sales of assets other than inventory		(i) Securities	651,949			
		(ii) Other				
		b Less cost or other basis and sales expenses	617,043			
		c Gain or (loss)	34,906			
d Net gain or (loss) ▶		34,906			34,906	
8a 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 ▶				
9a Gross income from gaming activities See Part IV, line 19 a						
		b Less direct expenses b				
	c Net income or (loss) from gaming activities ▶					
10a 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					
11a MANAGEMENT FEES		3,837			3,837	
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d ▶	3,837					
12 Total revenue. See Instructions ▶	2,577,989				249,981	

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)

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

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 United States. See Part IV, line 21	524,044	524,044		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	15,350	15,350		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	25,796	17,214	8,582	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	64,192	42,836	21,356	
7	Other salaries and wages	60,058	14,720	45,338	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	19,549	8,427	11,122	
11	Fees for services (non-employees)				
a	Management				
b	Legal	13,025	1,250	11,775	
c	Accounting	10,480		10,480	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	29,686		29,686	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	33,796	24,046	9,750	
13	Office expenses	3,146	268	2,878	
14	Information technology	1,081	701	380	
15	Royalties				
16	Occupancy	17,227	11,512	5,715	
17	Travel	1,747	139	1,608	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,100	1,100		
20	Interest	14		14	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,959		10,959	
23	Insurance	31,435	26,649	4,786	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	EMPLOYEE HIRING COSTS	35,510	23,500	12,010	
b	CONTRACT SERVICES	26,108		26,108	
c	PRINTING	5,869	5,207	662	
d	TELEPHONE	2,924	1,792	1,132	
e	All other expenses	12,927	5,599	7,328	
25	Total functional expenses. Add lines 1 through 24e	946,023	724,354	221,669	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	24,204	1	21,189
	2 Savings and temporary cash investments	348,750	2	594,851
	3 Pledges and grants receivable, net	50,000	3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	6,825	9	6,470
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,647,390		
	b Less accumulated depreciation	10b 43,773	1,614,577	10c 1,603,617
	11 Investments—publicly traded securities	7,354,787	11	9,382,451
	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	1,832,502	15	1,871,016
16 Total assets. Add lines 1 through 15 (must equal line 34)	11,231,645	16	13,479,594	
Liabilities	17 Accounts payable and accrued expenses	12,424	17	5,718
	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 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	240,622	25	260,909
	26 Total liabilities. Add lines 17 through 25	253,046	26	266,627
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	8,484,682	27	10,680,536
	28 Temporarily restricted net assets	1,832,502	28	1,871,016
	29 Permanently restricted net assets	661,415	29	661,415
	Organizations that do not follow SFAS 117 (ASC 958), 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	10,978,599	33	13,212,967	
34 Total liabilities and net assets/fund balances	11,231,645	34	13,479,594	

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	2,577,989
2	Total expenses (must equal Part IX, column (A), line 25)	2	946,023
3	Revenue less expenses Subtract line 2 from line 1	3	1,631,966
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,978,599
5	Net unrealized gains (losses) on investments	5	562,743
6	Donated services and use of facilities	6	1,145
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	38,514
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	13,212,967

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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited 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	Yes	
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	Yes	
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?		No
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 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

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.

Name of the organization

MCHENRY COUNTY COMMUNITY FOUNDATION

Employer identification number

36-4465219

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 - Non-functionally integrated
- 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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,255,722	1,203,281	787,438	812,756	2,334,723	6,393,920
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	1,255,722	1,203,281	787,438	812,756	2,334,723	6,393,920
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)						3,050,332
6 Public support. Subtract line 5 from line 4						3,343,588

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	1,255,722	1,203,281	787,438	812,756	2,334,723	6,393,920
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,929	-93,421	298,933	168,188	246,144	622,773
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.)				4,380	3,837	8,217
11 Total support (Add lines 7 through 10)						7,024,910

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 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	47.600 %
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	46.350 %

16a 33 1/3% support test—2012. 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

b 33 1/3% support test—2011. 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—2012. 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

b 10%-facts-and-circumstances test—2011. 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

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

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2012.** 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—2011.** 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

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

Facts And Circumstances Test

Explanation

MANAGEMENT FEES 3,837

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2012

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

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.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 showing total number at end of year, aggregate contributions, aggregate grants, and aggregate value.

- 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?
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?

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)
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

Table with 2 columns: Line number, Held at the End of the Year. Rows 2a-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?
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)?
9 In Part XIII, 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 XIII, the text of the footnote to its financial statements that describes these items
1b 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
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

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 XIII

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 XIII and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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	592,239	627,675	579,202	538,975	517,775
b Contributions			51,640	81,300	21,220
c Net investment earnings, gains, and losses	64,258	-9,568	65,153	5,427	
d Grants or scholarships	-12,995	-16,317	-63,645	-46,500	
e Other expenditures for facilities and programs					
f Administrative expenses	-11,795	-9,551	-4,675	-6,484	
g End of year balance	631,707	592,239	627,675	579,202	538,975

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment 25 000 %
 - b** Permanent endowment 75 000 %
 - c** Temporarily restricted endowment
- The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,578,427		1,578,427
b Buildings				
c Leasehold improvements		4,292	1,038	3,254
d Equipment		64,671	42,735	21,936
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,603,617

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

1	Total revenue, gains, and other support per audited financial statements		1	3,180,391
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a 562,743		
b	Donated services and use of facilities	2b 1,145		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d 38,514		
e	Add lines 2a through 2d		2e	602,402
3	Subtract line 2e from line 1		3	2,577,989
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 XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	2,577,989

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

1	Total expenses and losses per audited financial statements		1	946,023
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	946,023
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 XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	946,023

Part XIII 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, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 2D	CHANGE IN BENEFICIAL INTEREST IN TRUST 21,641 CHANGE IN CASH VALUE OF LIFE INSURANCE POLICY 16,873

Schedule I (Form 990)

OMB No 1545-0047

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

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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?
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. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1 contains data: (1) SEE ATTACHMENT, 448,830, SEE ATTACHMENT.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
3 Enter total number of other organizations listed in the line 1 table

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
(1) LION'S CLUB SCHOLARSHIP	3	3,000			
(2) JOE CARNES SCHOLARSHIP	1	1,000			
(3) ERLING NOR SCHOLARSHIP	2	10,000			
(4) JUDY BOISEN SCHOLARSHIP	1	1,350			

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	SCHEDULE I, PAGE 1, 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

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2012

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
MCHENRY COUNTY COMMUNITY FOUNDATION

Employer identification number

36-4465219

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
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 only must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a** The organization?
- b** Any related organization?

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?
- b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOHN SMALL FORMER PRESIDENT/CEO	(i) (ii)	64,192					64,192	

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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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 to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
MCHENRY COUNTY COMMUNITY FOUNDATION

Employer identification number

36-4465219

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - 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 NON PROFIT AGENCIES WITH A CENTRAL, LOCAL ADMINSTRATED FOUNDATION, THE FOUNDATION ALSO SEEKS TO BE A COMMUNITY PARTNER, AND AT TIMES LEADER, IN ADDRESSING LOCAL NEEDS
EXPLANATION ON VOLUNTEERS AND TYPES OF SERVICES OR BENEFITS	FORM 990, PAGE 1, PART I, LINE 6	VOLUNTEER CONSISTS OF NONVOTING BOARD MEMBER
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	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 MANAGER AND CEO 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
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	ALL NEW EMPLOYEES, 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 POLICY AND INITIAL 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 FOUNDATION AND ITS RELATIONSHIPS TO ANY STAFF OR BOARD MEMBER KEEPS THE CONFLICT OF INTEREST POLICY ACTIVE AND ENFORCABLE
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THERE IS ONLY ONE OFFICER AT THE FOUNDATION WHO IS COMPENSATED, THE CEO/PRESIDENT AND THERE ARE NO OTHER "KEY" EMPLOYEES THEIR COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS 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
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, 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
RECONCILIATION OF CHANGES - OTHER	FORM 990, PART XI, LINE 9	CHANGE IN BENEFICIAL INTEREST IN TRUST 21,641 CHANGE IN CASH VALUE OF LIFE INSURANCE POLICY 16,873

Form **4562**
 Department of the Treasury
 Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172
2012
 Attachment
 Sequence No **179**

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

Name(s) shown on return
 MCHENRY COUNTY COMMUNITY FOUNDATION

Business or activity to which this form relates
 INDIRECT DEPRECIATION

Identifying number

 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 (see instructions)	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
6			
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 2011 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	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 2013 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) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	10,959

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 2012	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 2012 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 2012 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 instructions	22	10,959
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	

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No
24b If "Yes," is the evidence written? Yes No
(a) Type of property (list vehicles first)
(b) Date placed in service
(c) Business/investment use percentage
(d) Cost or other basis
(e) Basis for depreciation (business/investment use only)
(f) Recovery period
(g) Method/Convention
(h) Depreciation/deduction
(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)
26 Property used more than 50% in a qualified business use
27 Property used 50% or less in a qualified business use
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles)
31 Total commuting miles driven during the year
32 Total other personal(noncommuting) miles driven
33 Total miles driven during the year Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours?
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization

(a) Description of costs
(b) Date amortization begins
(c) Amortizable amount
(d) Code section
(e) Amortization period or percentage
(f) Amortization for this year
42 Amortization of costs that begins during your 2012 tax year (see instructions)
43 Amortization of costs that began before your 2012 tax year
44 Total. Add amounts in column (f) See the instructions for where to report

Land Conservancy of McHenry County^The	P O Box 352	Woodstock	IL	60098	36-3727476	19,500 00	Land Stewardship Program Creation	We seek funding to increase TLC's capacity to restore 207 acres of land it owns (including managing more than 30 volunteers) steward 70 conservation easements (covering 1,700 acres)
U of I Extension	1102 McConnell Road	Woodstock	IL	60098	37-6000511	15,000 00	4-H Educational Programming	This grant will be used to support educational programming to the 512 youth enrolled in 4-H youth development and reach the 2600 youth and teachers through the 4-H Embryology school program
Raue Center for the Arts	108 Minnie Street	Crystal Lake	IL	60014	36-4147140	14,400 00	Summer Programming	Support for 4 summer programs 1 Piano Conference 2 Musical Theater Camp 3 The Fantastic 4 Concert with Amy Grant
McHenry County Workforce Network	500 Russel Court	Woodstock	IL	60098	E9995-1045-0	13,500 00	Workforce Skills for 2012	Workforce Skills for 2012 ia a vehicle for youth to aquire basic work readiness skills needed by McHenry County employers, who will collaborate with curriculum and facilitation thereof Successful participates will engage with a National Career Readiness
Last Chance House Inc	244 Second Street	Crystal Lake	IL	60014	20 - 2439602	12,000 00	Continue Modernization of House Facilities	Continue replacement of original windows with energy efficient, money saving new ones therefore reducing our annual operating costs
Boone Creek Watershed Alliance	2222 Cherry Valley Road	Bull Valley	IL	60098	36-4481564	10,000 00	Boloria Fen and Meadows Illinois Nature	Ownership of Boloria Fen and Meadows will likely be transferred to the Village of Bull Valley in 2012 becoming Bull Valley's primary, passive recreation area open to the public (BCWA will continue management of the site)
CASA of McHenry County	518 S. Route 31, Suite 205	McHenry	IL	60050	20-1387762	10,000 00	CASAs for Waiting Children helping children gain a voice in court through a CASA member	CASA of McHenry County trains and supports volunteer advocates to be a voice in court for children who have been abused and neglected by their parents
Consumer Credit Counseling Service of McHenry County Inc	P O Box 885 - 400 Russell Court	Woodstock	IL	60098	36-3185383	10,000 00	Helping Seniors	This project is aimed at educating and counseling seniors and low/moderate income families and mentally and physically challenged individuals to organize their finances and create stability
District 200 Education Foundation	PO Box 172	Woodstock	IL	60098	36-3905300	10,000 00	Challenge Corps Robotics	Woodstock Middle School team will attend Robotics Competition in Germany
Family Alliance, Inc	2028 N Seminary Avenue	Woodstock	IL	60098	36-3152022	10,000 00	Safe Service and Scholarships	Recovery Services provides mental health and advocacy services to mature adults dealing with anxiety, grief, loss or depression, allowing services to mauture resiliency within their lives Options include counseling, geriatric psychiatry, and community support
Family Health Partnership Clinic	13707 West Jackson	Woodstock	IL	60098	36 4277029	10,000 00	Capital Fund for new building in Crystal Lake	Belle Allen request to support FHPC to be used for the capital fund for the new building in Crystal Lake
Habitat for Humanity	P O Box 1166	McHenry	IL	60051-1166	36-4000780	10,000 00	A Brush with Kindness	HFH McHenry is seeking a \$10,000 00 grant to continue serving the low-income residents of McHenry County through our "Brush with Kindness" program ABWK provides assistance to low-income homeowners unable to afford critical repairs/maintenance to their existing property ABWK was able to serve 45 McHenry County Families in 2011, and through the kind assistance of benefactors such as MCCF, our 2012 goal is to grow the program 66% to serve 75% needy families HFH McHenry receives client referrals and collaborates with many of McHenry County's social services agencies and looks forward to continuing our many county partnerships Collaborating partners Options & Advocacy and Faith in Action Target population low in-come families (30 - 50 AMI) Number served 75 Families

Hispanic Housing Development Corporation	325 N Wells Street, 8th Floor	Chicago	IL	60654	362889871	10,000 00	Bridging the Digital Divide in our Community	Hispanic Housing provides housing to more than 8000 individuals statewide Walden Oaks Apartments in Woodstock, Illinois is one of the many communities where Hispanic Housing provides housing and Community Technology Center (CTC) for its residents
Marengo United Methodist Church - Parent Day Out Day Care Center	119 E Washington Street	Marengo	IL	60152	36-2644084	10,000 00	Parent's Day Out Day Care Center	Marengo United Methodist Church currently offers a preschool and after school program to children in the Marengo/Union community
McHenry Co PADS	14411 Kishwaukee Valley Road	Woodstock	IL	60098	36-2480845	10,000 00	Donation - McHenry Co PADS from Full Circle Family Fund	Full Circle Fund request to support for McHenry County PADS for program support
Northern Illinois Food Bank	273 Dearborn Court	Geneva	IL	60134	36-3203648	10,000 00	Take 50 Food for Health Grant	NIFB is requesting funds for a Take 50 Food for Health grant to benefit partner agencies in McHenry County Our Directors of Community Nutrition has analyzed products purchased by the Food Bank
Options & Advocacy for McHenry Cnty Raue Center for the Arts	365 Millennium Drive, Suite A	Crystal Lake	IL	60012	36-3948706	10,000 00	Bicultural Support for Children Who have an Autism Spectrum Diagnosis	In June 2011, Options & Advocacy received funding for the Autism Support Program This program provides support and service coordination to children in McHenry County who have an autism spectrum diagnosis
Raue Center for the Arts	108 Minnie Street	Crystal Lake	IL	60014	36-4147140	10,000 00	unrestricted	Belle Allen request to support the Raue Center, unrestricted
Raue Center for the Arts	108 Minnie Street	Crystal Lake	IL	60014	36-4147140	10,000 00	Williams Street Repertory/Mission Imagination In-House Productions	Williams Street Rep is the resident Theatre company of the Raue Center for the Arts and is dedicated to sustaining an artistic process of innovative and emotionally charged work, telling diverse stories and creating an in-house production company
Senior Services Associates, Inc	101 S Grove Avenue	Elgin	IL	60120-6477	36-2775102	10,000 00	Information and Assistance (I&A) for Seniors	The I & A program is the point of entry for seniors who need public services to remain living independently in their homes The program provides older adults access to public services and benefits by teaming seniors with our expert I&A staff
Woodstock Fire/Rescue District	P O Box 423	Woodstock	IL	60098	36-2533288	10,000 00	WFRD Cadet/Apprenticeship Program	WFRD is seeking funds for our Cadet/Apprenticeship program (CAP) Cap is for high school students and yough adults looking to gain necessary education and experience to become certified firefighter/paramedics to serve their communities
Challenger Learning Center for Science & Technology	222 Church Street	Woodstock	IL	60098	36-4382447	9,000 00	Cosmic Camp - An experience that might not happen!	The Center wishes to work with the Harvard School District to offer "COSMIC CAMP" to underserved children
Turning Point, Inc	P O Box 723	Woodstock	IL	60098	36-3163296	9,000 00	Violence Prevention & Education Program (VPEP)	Turning Points Violence Prevention & Education Program (VPEP) is part of our Children's Program The VEPE is appropriate information regarding abuse, bullying and dating violence to children and adolescents in areas schools, churches and community groups
Transitional Living Services	5330 W Elm Street	Mchenry	IL	60050-4029	36-4104887	8,200 00	TLS - New Horizons Pace Van Lease	TLS requests funds for Pace van lease for a year starting Aug 1, 2012 The van will be used to transport homeless veterans residing at New Horizons, a traditional-living center, to and from work and other job-related activities
Adult & Child Therapy Center	708 Washington Street	Woodstock	IL	60098	36-2264411	8,000 00	Early Intervention Program	Adult & Child Therapy Services Early Intervention program is a developmental program serving birth to three with developmental delays, disabilities or at risk conditions
Free Guitars for Future Stars	P O Box 1781	Woodstock	IL	60098	37-1577002	8,000 00	Free Guitars for Future Stars Project	We will provide 150 students with guitars and 8 months of guitar lessons through the school year in an after-school or Saturday lesson group The students are loaned guitars through the lesson program and when the students successfully complete the program
NISRA Foundation	285 Memorial Drive	Crystal Lake	IL	60014	36-3762414	8,000 00	Summer Day Camp Scholarship Program	The funds requested will be used for our Summer Day Camp Scholarship Program NISRA awards scholarships based on financial needs The highest scholarship awarded is at 90%

Animal Services & Assistance Programs, Inc	19309 Kishwaukee Valley Road	Marengo	IL	60152	26-3527153	7,500 00	Guardian Angels	To provide life-saving veterinary services through contract veterinarians to prequalified, low-income, unemployed or social service families in McHenry County in order to prevent suffering and/or death of their family pets due to inability to pay
Encore Music Academy	461 Pierson Street	Crystal Lake	IL	60014	20-3174820	7,500 00	Outreach Music Programs	EMA's Outreach Music Programs offer low-income, special needs and under-served population in McHenry County an exceptional music education experience Grant funding from MCCF would allow EMA's exemplary faculty to teach Head Start and NISRA students
Girls on the Run Northwest Illinois	111 Erick Street Unit 115	Crystal Lake	IL	60014	26-0294648	7,500 00	Financial Assistance Program	Girls on the Run Northwest Illinois is requesting a \$7,500 grant from McHenry County Community Foundation to help ensure that girls in need of financial assistance are able to participate in our program
Main Stay Therapeutic Riding Program	6919 Keystone Road	Richmond	IL	60071	36-3565747	7,500 00	Project iCAN	I CAN trust I CAN be independent I CAN make good choices I CAN respect myself and others Project iCAN engages children, teens and young adults with cognitive, social, emotional and behavioral challenges through experiential learning groups
United Way of McHenry County	4508 Prime Parkway	McHenry	IL	60050	36-6147909	7,350 00	2-1-1 Switch Activation	Activation of 13 switches for the 2-1-1 emergency line
Boy Scouts of America - Blackhawk Area Council	2820 McFarland Road	Rockford	IL	61107	362169127	7,000 00	2012 - Scouting Through Soccer	The Scouting through Soccer program pairs' soccer with the nation's foremost youth program of character development and leadership training Soccer camp provides an experience for boys and girls, many of whom may not have a family tradition of Scouting
Voices in Harmony	P O Box 1690	Crystal Lake	IL	60039	36-3673369	7,000 00	Sing-Along Messiah	Voices in Harmony and community join voices to sing Handel's magnificent master choral oratorio The Messiah The concert is presented with a 25-piece orchestra, 4 professional vocal soloists, and a 125-person choir
Faith in Action	7105 Virginia Road, Suite 25	Crystal Lake	IL	60014	31-1712933	6,000 00	Volunteer Assistance	The senior population continues to grow in staggering numbers This year alone over 10,000 baby boomers a day will turn 65 It is estimated that by 2025, there will be over 91,000 seniors in McHenry County Our volunteers provide no-cost services to these seniors including transportation, short-term respite care, light housekeeping, yard work and friendly visits These volunteers and their services help close the mobility gap and decrease isolation and depression in seniors We are seeking funds to help defray fuel costs for our dedicated volunteers Service area McHenry County Target Population Seniors +60 who need services Approximatley number served 550
Brown Bear Corporation	21007 McGuire Road	Harvard	IL	60033	36-4345259	5,980 00	2012 Crib Replacement Grant - Full Circle Family Fund	2012 Crib Replacement Grant supported by the Full Circle Family Fund Replacement of #23 cribs for there child care center
Pioneer Center for Human Services	4001 Dayton St	McHenry	IL	60050	36-2480845	5,400 00	PADS Transitional Shelter	PADS Transitional Home provides a homelike setting for homeless families and individuals to live while working towards obtaining permanent housing The facility provides on-going shelter 365 days of the year for up to 20 residents at any given time
Pioneer Center for Human Services	4001 Dayton St	McHenry	IL	60050	36-2480845	5,300 00	Medication Assistance	Clients in the Pioneer Center Mental Health (MH) Psycho-Social Rehabilitation program, including those in the intake process often have multiple medical and/or therapeutic needs
Pioneer Center for Human Services	4001 Dayton St	McHenry	IL	60050	36-2480845	5,200 00	DRC "Last Chance"	The YSB Day Reporting Center (DRC) or "Last Chance" and Runaway program provides crisi intervention, case management, and individual, group or family counseling to at-risk youth who are either referred through the juvenile system or are runaways
Big Brothers Big Sisters of McHenry County	4318-B W Crystal Lake Road	McHenry	IL	60050	36-3354265	5,000 00	Big-Little Training	Big-Little Training is designed to be an interactive and creative training about building and strenthening to ultimatley lead to a stronger matches and increased retention rates
Community Action Agency for McHenry County	100 N Benton Street - Suite 3	Woodstock	IL	60098	36-2595926	5,000 00	The Incredible Years	There is a lack of bilinggual therapeutic services in McHenry County, especially for young children and their parents

Environmental Defenders of McHenry County	110 South Johnson Street, Suite 106	Woodstock	IL	60098	23-7176658	5,000 00	Commercial Cardboard Recycling Pilot Project	The environmental Defenders would like to initiate a commercial cardboard recycling program in McHenry County Many big stores currently have the opportunity to recycle, but many small businesses, who want to do the right thing, are unable to participate
Family Health Partnership Clinic	13707 West Jackson	Woodstock	IL	60098	36 4277029	5,000 00	Donation - FHPC from Full Circle Family Fund	Full Circle Fund request to support for Family Health Partnership Clinic for program support
First Congregational Church of Crystal Lake	461 Pierson Street	Crystal Lake	IL	60014	36-2256025	5,000 00	2012-2013 Children's Music Director	Grant to be used in support of the Music Directors salary for the First Congregational Church, Crystal Lake Childrens Music Director - Robin Restrepo 2012 - 2013 fiscal year, which began June 1, 2012
Garden Quarter Neighborhood Resource Center	4508 Garden Quarter Road #36	McHenry	IL	60050	27-0627562	5,000 00	General Programming	The resource center runs an after-school and summer program 5 days a week year-round to engage at-risk youth and their families at the Garden Quarter Apartments and the surrounding neighborhood in McHenry
Habitat for Humanity	P O Box 1166	McHenry	IL	60051-1166	36-4000780	5,000 00	Donation - Habitat for Humanity from Full Circle Family Fund	Full Circle Fund request to support for Habitat for Humanity for program support
Home of the Sparrow	5342 W Elm Street	McHenry	IL	60050	36-3494491	5,000 00	Donation - Home of the Sparrow from Full Circle Family Fund	Full Circle Fund request to support for Home of the Sparrow for program support
Hospice Foundation of Northeastern Illinois	405 Lake Zurich Road	Barrington	IL	60010	36-3305643	5,000 00	"Remember U"	"Remember U" is a monthly grief group for bereaved children ages 6 to 18 and their parents or guardians The goals of the groups are to reinforce healthy coping skills, to alleviate unresolved grief, express memories and verbalize feelings
Land Conservancy of McHenry County^The	P O Box 352	Woodstock	IL	60098	36-3727476	5,000 00	Donation - The Land Conservancy from Full Circle Family Fund	Full Circle Fund request to support for The Land Conservancy for program support
Main Stay Therapeutic Riding Program	6919 Keystone Road	Richmond	IL	60071	36-3565747	5,000 00	Staff & Board Training & Development	In the words of Eleanor Roosevelt, "A leader may not chart the way, may not point out the road, but many leaders and many people must do the building" Main Stay is dedicated to future growth and expansion of services
Pioneer Center for Human Services	4001 Dayton St	McHenry	IL	60050	36-2480845	5,000 00	Pioneer Center Program Support	Pioneer Center Program Support
Sage YMCA	701 Manor Road	Crystal Lake	IL	60014	36-2179782	5,000 00	Teen Summer of Service	Now in the sixth year, the teen summer of service program is designed to provide youth entering ninth and tenth grades the opportunity to give back to their community and develop leadership and employment skills through weekly service and learning opportunities
Wellness Place	1619 West Colonial Place	Palatine	IL	60067	36-4273333	5,000 00	Program Support in McHenry County	Belle Allen request to support Wellness Place to be used for program support as needed in McHenry County
Wellness Place	1619 West Colonial Place	Palatine	IL	60067	36-4273333	5,000 00	Wellness Challenge Golf Classic	To benefit Wellness Place Cancer Education & support Twin Orchard Country Club, Long Grove, IL http://www.wellnessplace.org/golf
Wellness Place	1619 West Colonial Place	Palatine	IL	60067	36-4273333	5,000 00	Wellness Place Offsite Psycho-Social Support Initiative	Wellness Place has taken services direct to the patient whereby licensed oncology specialists outreach to deliver direct support services to oncology offices within the NW Chicago suburbs T
Woodstock Police Department	656 Lake Avenue	Woodstock	IL	60098	36-6006165	5,000 00	Boy Scouts of America Career Explorers	Woodstock Police Career Exploring is open to young men and women ages 14 (and completed 8th grade), through 20 years old with an interest in learning about careers in the field of Law Enforcement L