"CHANGE of Accounting PERIOD"

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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

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

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning January 1, 2013, and ending September 30, 20 13

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 McHenry County Community Foundation
Number and street (or P O box if mail is not delivered to street address) P.O. Box 1844 Room/suite
City or town, state or province, country, and ZIP or foreign postal code Woodstock, IL 60098

D Employer identification number 36-4465219
E Telephone number 815-338-4483
G Gross receipts $ 18,639,436

F Name and address of principal officer Robin R. Doeden - Same as C above

H(a) Is this a group return for subordinates? ☐ Yes ☑ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

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

J Website: ▶ WWW MCCFDN.org

H(c) Group exemption number ▶ N/A

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ **L** Year of formation 2001 **M** State of legal domicile IL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: Provide grant support to tax exempt charitable organizations.

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	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	0
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	N/A

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	2,328,008	861,280
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	246,144	1,013,775
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,837	4,252
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,577,989	1,879,307
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	539,394	749,799
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	169,595	0
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 118,801		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	237,034	340,943
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	946,023	1,090,742
19	Revenue less expenses. Subtract line 18 from line 12	1,631,966	788,565

Net Assets or Fund Balances		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	13,479,594	14,101,263
21	Total liabilities (Part X, line 26)	266,627	375,777
22	Net assets or fund balances. Subtract line 21 from line 20	13,212,967	13,725,486

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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
▶ Richard Schildgen, Board Chair — 8-17-14
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ | Firm's EIN ▶
Firm's address ▶ | Phone no

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

6/7

24

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III . . . . ☑

1 Briefly describe the organization's mission:

The Foundation is organized and operated to foster, support, develop and maintain charitable activities and vital human and educational services by supporting and carrying out the charitable purposes of The Chicago Community Trust by promoting the mental, moral, intellectual and physical improvement, assistance and relief of the inhabitants of McHenry County, Illinois, by making grants and otherwise working for the betterment of the quality of life. See Schedule O for additional information.

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 $ 893,792 including grants of $ 749,799) (Revenue $)

Philanthropic grantmaking institution

See attached list of grants - Schedule I

4b (Code:) (Expenses $ including grants of $) (Revenue $)

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 ▶ 893,792

Part IV Checklist of Required Schedules

		Line	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	✓	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		✓
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		✓
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	✓	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		✓
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	✓	
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? *If "Yes," complete Schedule D, Part VI*	11a	✓	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		✓
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		✓
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? *If "Yes," complete Schedule D, Part IX*	11d	✓	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	✓	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	✓	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	✓	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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? *If "Yes," complete Schedule F, Parts I and IV.*	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV.*	16		✓
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		✓
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		✓
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		✓
20 a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	✓	
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	✓	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		✓
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? *If "Yes," complete Schedule L, Part I*	25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		✓
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		✓
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? *If "Yes," complete Schedule L, Part IV*	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		✓
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? *If "Yes," complete Schedule L, Part IV*	28c		✓
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		✓
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? *If "Yes," complete Schedule R, Part I*	33		✓
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	✓	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
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)? *If "Yes," complete Schedule R, Part V, line 2*	35b		✓
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		✓
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	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . ☐

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

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

Check if Schedule O contains a response or note to any line in this Part VI . . . ☑

Section A. Governing Body and Management

			Line	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.	1a 9			
b	Enter the number of voting members included in line 1a, above, who are independent .	1b 9			
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?		2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		3		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		✓
6	Did the organization have members or stockholders?		6		✓
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?		7a		✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		8a	✓	
b	Each committee with authority to act on behalf of the governing body?		8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		✓

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ Illinois

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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: ▶ The Chicago Community Trust, Attn Carol Crenshaw, 225 North Michigan Avenue, Suite 2200, Chicago, IL 60601

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . ☑

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's **current** key employees, if any See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order· individual trustees or directors; institutional trustees, officers; key employees; highest compensated employees, and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (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) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) Vernon Schiller Director	2 hours	✓						0	0	0
(2) Suzanne Hoban Secretary	2 hours	✓		✓				0	0	0
(3) Barbara Oughton Director	2 hours	✓						0	0	0
(4) Kathy Pelz Director	2 hours	✓						0	0	0
(5) Rick Schildgen Chair	2 hours	✓		✓				0	0	0
(6) Carolina Schottland Director	2 hours	✓						0	0	0
(7) Susan Schott Director, Treasurer	2 hours	✓		✓				0	0	0
(8) Hal Stinespring Director (Term 5/13)	2 hours	✓						0	0	0
(9) Scott McClain Vice Chair	2 hours	✓		✓				0	0	0
(10) Russell Foszcz Director	2 hours	✓						0	0	0
(11) John Small Director (Term 6/13)	2 hours	✓						0	0	0
(12) Robin Doeden Executive Director	40 Hours				✓			24,405	0	1,392
(13) Carol Crenshaw Assistant Treasurer	1 Hours			✓				0	243,073	27,107
(14)										

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

(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): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										

		D	E	F
1b	**Sub-total** ▶	24,405	243,073	27,107
c	**Total from continuation sheets to Part VII, Section A** ▶			
d	**Total (add lines 1b and 1c)** ▶	24,405	243,073	28,499

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
No independent contractors paid more than $100,000		

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

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
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	861,280				
	g Noncash contributions included in lines 1a-1f: $						
	h **Total.** Add lines 1a–1f ▶			861,280			
Program Service Revenue			Business Code				
	2a						
	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) ▶			103,191			103,191
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
		(i) Real	(ii) Personal				
	6a Gross rents						
	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 17,670,713	(ii) Other				
	b Less: cost or other basis and sales expenses	16,760,129					
	c Gain or (loss)	910,584					
	d Net gain or (loss) ▶			910,584			910,584
	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 Administrative Fees			4,252			4,252
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a–11d ▶			4,252			
	12 **Total revenue.** See instructions. ▶			1,879,307			1,018,027

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 or note to any line 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	749,799	749,799		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22 . . .				
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				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . .				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	5,010	2,506	498	2006
c Accounting	7,575	3,789	756	3,030
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	48,964		48,964	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) .	22,152	9,056	2,215	10,881
12 Advertising and promotion				
13 Office expenses	6,889	3,445	689	2,758
14 Information technology	791	396	79	316
15 Royalties				
16 Occupancy	13,490	6,745	1,349	5,396
17 Travel	3,096	1,548	310	1,238
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings .	30,574	15,287	3,057	12,230
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization .	6,978	3,489	698	2,791
23 Insurance	28,701	14,351	2,870	11,480
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 Leased Employee Expenses (Schedule O)	149,311	74,656	14,931	59,724
b Development/ Communications	17,358	8,679	1,736	6,943
c				
d				
e All other expenses Miscellaneous	54	46		8
25 **Total functional expenses.** Add lines 1 through 24e	1,090,742	893,792	78,149	118,801
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		21,189	1	62,593
	2	Savings and temporary cash investments		594,851	2	785,796
	3	Pledges and grants receivable, net			3	375,000
	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		6,470	9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,647,389			
	b	Less: accumulated depreciation	10b 50,750	1,603,617	10c	1,596,639
	11	Investments—publicly traded securities		9,382,451	11	9,327,645
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		1,871,016	15	1,953,590
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		13,479,594	16	14,101,263
Liabilities	17	Accounts payable and accrued expenses		5,718	17	106,468
	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		260,909	25	269,309
	26	**Total liabilities.** Add lines 17 through 25		266,627	26	375,777
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		10,680,536	27	11,510,887
	28	Temporarily restricted net assets		1,871,016	28	2,214,599
	29	Permanently restricted net assets		661,415	29	0
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ 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		13,212,967	33	13,725,486
	34	Total liabilities and net assets/fund balances		13,479,594	34	14,101,263

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,879,307
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,090,742
3	Revenue less expenses. Subtract line 2 from line 1	3	788,565
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,212,967
5	Net unrealized gains (losses) on investments	5	(428,468)
6	Donated services and use of facilities	6	900
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	151,522
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	13,725,486

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other ________ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		✓
b	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: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis	2b	✓	
c	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.	2c		✓
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?	3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047
2013
Open to Public Inspection

Name of the organization	Employer identification number
McHenry County Community Foundation	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 33⅓% 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 33⅓% 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?

		Yes	No
(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?	11g(i)		✓
(ii) A family member of a person described in (i) above?	11g(ii)		✓
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		✓

h Provide the following information about the supported organization(s).

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of monetary support
(A) The Chicago Community Trust	36-2167000	8	✓		✓		✓		0
(B) The Chicago Community Foundation	36-3432023	7	✓		✓		✓		0
(C)									
(D)									
(E)									
Total									0

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)** 2009	**(b)** 2010	**(c)** 2011	**(d)** 2012	**(e)** 2013	**(f)** Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 2009	**(b)** 2010	**(c)** 2011	**(d)** 2012	**(e)** 2013	**(f)** Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) . . . 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . 14 %

15 Public support percentage from 2012 Schedule A, Part II, line 14 . . . 15 %

16a **33 1/3% support test—2013.** 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—2012.** 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—2013.** 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—2012.** 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	%

19a **33⅓% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33⅓% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, 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.** 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).

On June 10, 2013 The McHenry County Community Foundation received notification from the IRS that the foundation was being reclassified as a Type I supporting organization under 509 (a)(3) of the Internal Revenue Code. Based on this determination, The McHenry County Community Foundation is no longer required to complete Part II of Schedule A.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization: McHenry County Community Foundation

Employer identification number: 36-4465219

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	11	
2	Aggregate contributions to (during year)	11,840	
3	Aggregate grants from (during year)	213,094	
4	Aggregate value at end of year	1,090,930	

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? ☑ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☑ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (e.g., recreation or education)
- ☐ Preservation of an historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part 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.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

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

b If "Yes," explain the arrangement in Part 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	631,707	592,239	627,675	579,202	538,975
b	Contributions/ Transfers	6,756,623			51,640	81,300
c	Net investment earnings, gains, and losses	418,147	64,258	(9,568)	65,153	5,427
d	Grants or scholarships	(501,552)	(12,995)	(16,317)	(63,645)	(46,500)
e	Other expenditures for facilities and programs					
f	Administrative expenses	(157,627)	(11,795)	(9,551)	(4,675)	(6,484)
g	End of year balance	7,147,298	631,707	592,239	627,675	579,202

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

a Board designated or quasi-endowment ▶ 100 %

b Permanent endowment ▶ 0 %

c Temporarily restricted endowment ▶ 0 %

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)		✓
	(ii) related organizations	3a(ii)		✓
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.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. 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	1,359	2,933
d	Equipment		64,670	49,391	15,279
e	Other				

Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶ 1,596,639

Part VII Investments—Other Securities.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

Part VIII Investments—Program Related.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Beneficial Interest in Trust	1,839,600
(2) CSV Of Life Insurance Policy	107,520
(3) Prepaid Expenses	6,470
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	1,953,590

Part X Other Liabilities.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Funds Held for Others (Agency Endowments)	269,309
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	269,309

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☑

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
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	

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

1	Total expenses and losses per audited financial statements			1	
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	
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	

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.

Part V, Line 4: To provide dollars to achieve the mission and goals of the McHenry County Community Foundation.

(Primarily provide dollars for grant making and administrative services.)

Part X, Line 2: The Trust* and it's affiliates received tax determination letters from the Internal Revenue Service indicating that they are tax exempt organizations under Section 501(c)(3) of the Internal Revenue Code and, except for taxes pertaining to unrelated business income are exempt from federal and state income taxes. No provision has been made for income taxes in the accompanying consolidated financial statements as the Trust has had no significant business income

* The financial statements are issued on a consolidated basis, which includes the Trust and all the related organizations

Part XIII Supplemental Information *(continued)*

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization: McHenry County Community Foundation

Employer identification number: 36-4465219

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) See attached list of grants Schedule I Exhibit I-1							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . ▶ 74

3 Enter total number of other organizations listed in the line 1 table . . . . ▶ 0

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						
2						
3						
4						
5						
6						
7						

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Part 1, Line 2 - Procedure for Monitoring the use of grant funds

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.

McHenry County Community Foundation
EIN #36-4465219
Form 990 - Schedule I
Fiscal Year 2013

(a) Name and Address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
4-C Community Coordinated Child Care, 667 Ridgeview Drive McHenry, IL 60050	23-7160437	501(c)(3)	5,970 00	N/A	N/A	N/A	
Adult & Child Therapy Services, 708 Washington Street Woodstock, IL 60098	36-2264411	501(c)(3)	7 500 00	N/A	N/A	N/A	
Adult & Child Therapy Services, 708 Washington Street, Woodstock, IL 60098	36-2264411	501(c)(3)	2,500 00	N/A	N/A	N/A	General operating support
Alexander Leigh Center for Autism 620 North Route 31, Crystal Lake, IL 60012	32-0146038	501(c)(3)	7,625 00	N/A	N/A	N/A	
Animal Services & Assistance Programs, 19309 Kishwaukee Valley Road, Marengo, IL 60152	26-3527153	501(c)(3)	10,000 00	N/A	N/A	N/A	
Big Brothers Big Sisters of McHenry County, Inc , 4318 West Crystal Lake Road, Suite B, McHenry, IL 60050-4299	36-3354265	501(c)(3)	10,000 00	N/A	N/A	N/A	General operating support
Big Brothers Big Sisters of McHenry County, Inc , 4318 West Crystal Lake Road, Suite B, McHenry, IL 60050-4299	36-3354265	501(c)(3)	7,500 00	N/A	N/A	N/A	
Big Brothers Big Sisters of McHenry County, Inc , 4318 West Crystal Lake Road, Suite B, McHenry, IL 60050-4299	36-3354265	501(c)(3)	2,500 00	N/A	N/A	N/A	"Littles" Bowling Sponsor
BraveHeart Therapeutic Riding & Educational Center, 7319 Maxon Road, Harvard, IL 60033	32-0034746	501(c)(3)	10,000 00	N/A	N/A	N/A	
CASA McHenry County, 518 South Route 31, #205, McHenry, IL 60050	20-1387762	501(c)(3)	10,000 00	N/A	N/A	N/A	Advocacy for Abused Children
Centegra Health System Foundation, 385 Millennium Drive, Crystal Lake, IL 60012	36-3726310	501(c)(3)	10,000 00	N/A	N/A	N/A	Telehealth remove monitoring device program
Challenger Learning Center for Science & Technology, 222 East Church Street, Woodstock, IL 60098	36-4382447	501(c)(3)	66 666 66	N/A	N/A	N/A	Assistant Director/Program Coordinator
Challenger Learning Center for Science & Technology, 222 East Church Street, Woodstock, IL 60098	36-4382447	501(c)(3)	10,000 00	N/A	N/A	N/A	Astronaut Training with a Bit of Mars Mania for Harvard Students'
Challenger Learning Center for Science & Technology, 222 East Church Street, Woodstock, IL 60098	36-4382447	501(c)(3)	10,000 00	N/A	N/A	N/A	Astronaut Training with a Bit of Mars Mania for Woodstock Students
Consumer Credit Counseling Services of McHenry County 400 Russel Court, P O Box 885, Woodstock, IL 60098	36-3185383	501(c)(3)	10,000 00	N/A	N/A	N/A	Helping Seniors, low-moderate income families and mentally and physically challenged individuals to organize their finances
Encore Music Academy, 461 Pierson Street Crystal Lake, IL 60014	20-3174820	501(c)(3)	7,500 00	N/A	N/A	N/A	Outreach Music Programs
Environmental Defenders of McHenry County 110 South Johnson Street, Suite 106, Woodstock, IL 60098	23-7176658	501(c)(3)	4 272 00	N/A	N/A	N/A	
Environmental Defenders of McHenry County, 110 South Johnson Street Suite 106, Woodstock, IL 60098	23-7176658	501(c)(3)	2,160 00	N/A	N/A	N/A	Electronics Recycling Project

Family Alliance, Inc , 2028 North Seminary Avenue, Woodstock IL 60098-2626	36-3152022	501(c)(3)	6 565 00	N/A	N/A	N/A	General operating support
Family Health Partnership Clinic, 13707 W Jackson, Woodstock, IL 60098-3188	36-4277029	501(c)(3)	10 000 00	N/A	N/A	N/A	Community Education Kitchen at Sage Center for Care
Family Health Partnership Clinic, 13707 W Jackson, Woodstock, IL 60098-3188	36-4277029	501(c)(3)	5,000 00	N/A	N/A	N/A	Program support
Free Guitars for Future Stars P O Box 1781, Woodstock, IL 60098	37-1577002	501(c)(3)	8,000 00	N/A	N/A	N/A	Free Guitars for Future Stars Guitar Program
Friends of Moraine Hills State Park, 1510 South River Road McHenry, IL 60051	26-4116340	501(c)(3)	12 200 00	N/A	N/A	N/A	Outdoor Educational & Interpretive Panel Signage
Garden Quarter Neighborhood Resource Center 4508 Garden Quarter Road, #36, McHenry, IL 60050	27-0627562	501(c)(3)	10,000 00	N/A	N/A	N/A	
Garden Quarter Neighborhood Resource Center, 4508 Garden Quarter Road, #36, McHenry IL 60050	27-0627562	501(c)(3)	7,500 00	N/A	N/A	N/A	Volunteer Resources
GiGi's Playhouse McHenry, 5404 West Elm Streeet, Suite A, McHenry, IL 60050	20-0058563	501(c)(3)	9,500 00	N/A	N/A	N/A	Technology Center
Girl Scouts of Northern Illinois, 12 N124 Coombs Road, Elgin, IL 60124	36-2358083	501(c)(3)	10,000 00	N/A	N/A	N/A	Prairie Restoration at Mary Ann Beebe Center
Girls on the Run of Northwest Illinois, 111 Erick Street, Unit 115, Crystal Lake IL 60014	36-4331462	501(c)(3)	10 000 00	N/A	N/A	N/A	Girls on the Run Program Support
Habitat for Humanity of McHenry County, PO Box 1166, McHenry, IL 60051-9019	36-4000780	501(c)(3)	5,000 00	N/A	N/A	N/A	A Brush with Kindness
Habitat for Humanity of McHenry County, PO Box 1166, McHenry, IL 60051-9019	36-4000780	501(c)(3)	5,000 00	N/A	N/A	N/A	A Brush with Kindness
Harvard Community Unit School District 50, 401 North Division Street, Harvard, IL 60033		501(c)(3)	6,000 00	N/A	N/A	N/A	F O C U S (Focus on Completing Ultimate Success) Program
Main Stay Therapeutic Riding Program, 6919 Keystone Road, Richmond, IL 60091	36-3565747	501(c)(3)	8,750 00	N/A	N/A	N/A	Animal Assisted Activities Program
McHenry County Adult Program P O Box 1823, Woodstock, IL 60098	36-4479427	501(c)(3)	6,035 00	N/A	N/A	N/A	Physical Therapy equipment and Therapeutic Horseback Riding Services
McHenry County College 8900 US Highway 14 Crystal Lake, IL 60012-2761		501(c)(3)	4,800 00	N/A	N/A	N/A	Latino Empowerment Conference
McHenry County College, 8900 US Highway 14, Crystal Lake, IL 60012-2761		501(c)(3)	1,133 95	N/A	N/A	N/A	Scholarship for Christian Gonzalez Hermandez
McHenry County College, 8900 US Highway 14, Crystal Lake, IL 60012-2761		501(c)(3)	475 00	N/A	N/A	N/A	Scholarship for Christian Gonzalez Hermandez
McHenry County Fair Association, P O Box 375, Woodstock, IL 60098	36-6108234	501(c)(3)	10,000 00	N/A	N/A	N/A	
McHenry County Fair Association P O Box 375, Woodstock, IL 60098	36-6108234	501(c)(3)	5,000 00	N/A	N/A	N/A	Beef barn
McHenry County Fair Association, P O Box 375, Woodstock, IL 60098	36-6108234	501(c)(3)	3,000 00	N/A	N/A	N/A	Beef barn at the McHenry County Fairgrounds
McHenry County Fair Association P O Box 375, Woodstock IL 60098	36-6108234	501(c)(3)	3 000 00	N/A	N/A	N/A	General operating support
McHenry County Government Center McHenry County Workforce Network, 2200 North Seminary Avenue Woodstock, IL 60098		501(c)(3)	10,000 00	N/A	N/A	N/A	Workforce Skills for 2013

McHenry County Historical Society, P O Box 434, Union, IL 60180	36-6124793	501(c)(3)	5 000 00	N/A	N/A	N/A	Traveling Back in Time transportation initiative
McHenry County Historical Society, P O Box 434 Union, IL 60180	36-6124793	501(c)(3)	4 000 00	N/A	N/A	N/A	Quilt Barn location map and Interactive Tour
McHenry County Historical Society, P O Box 434 Union, IL 60180	36-6124793	501(c)(3)	1 000 00	N/A	N/A	N/A	Museum Window Renovation
McHenry County Music Center, 401 Country Club Road, Crystal Lake IL 60014	36-3166311	501(c)(3)	5 550 00	N/A	N/A	N/A	General operating support
NISRA Foundation, 285 Memorial Drive, Crystal Lake IL 60014	36-3762414	501(c)(3)	8 300 00	N/A	N/A	N/A	Summer Day Camp Fee Assistance Program
Northern Illinois Food Bank 273 Dearborn Court, Geneva, IL 60134	36-3203648	501(c)(3)	10 000 00	N/A	N/A	N/A	Take 50 Foods 2 Encourage
Not-For-Profit Resources, Inc , P O Box 386 McHenry, IL 60051	27-1235653	501(c)(3)	5 000 00	N/A	N/A	N/A	General operating support
Not-For-Profit Resources, Inc , P O Box 386, McHenry, IL 60051	27-1235653	501(c)(3)	3,000 00	N/A	N/A	N/A	Nonprofit Education Assistance
Options & Advocacy for McHenry County, 365 Millennium Drive, Suite A, Crystal Lake, IL 60012	36-3948706	501(c)(3)	9,995 00	N/A	N/A	N/A	Saving Trees and Improving Efficiencies
Pioneer Center for Human Services, 4001 Dayton Street, McHenry, IL 60050-8377	36-2480845	501(c)(3)	9,000 00	N/A	N/A	N/A	Senior Generations
Pioneer Center for Human Services, 4001 Dayton Street, McHenry, IL 60050-8377	36-2480845	501(c)(3)	8 500 00	N/A	N/A	N/A	PADS Transitional Shelter Renovation
Pioneer Center for Human Services, 4001 Dayton Street, McHenry, IL 60050-8377	36-2480845	501(c)(3)	5,200 00	N/A	N/A	N/A	Client Transportation Assistance
Pioneer Center for Human Services, 4001 Dayton Street, McHenry, IL 60050-8377	36-2480845	501(c)(3)	4,800 00	N/A	N/A	N/A	Client Medication Assistance
Pioneer Center for Human Services 4001 Dayton Street, McHenry, IL 60050-8377	36-2480845	501(c)(3)	2 500 00	N/A	N/A	N/A	General operating support
Pioneer Center for Human Services, 4001 Dayton Street, McHenry, IL 60050-8377	36-2480845	501(c)(3)	2,500 00	N/A	N/A	N/A	Program support
Principled Minds, 227 North Throop Street, Woodstock, IL 60098	20-5015417	501(c)(3)	5,000 00	N/A	N/A	N/A	Don't Kick Penguins In-School Presentations
Principled Minds, 227 North Throop Street, Woodstock, IL 60098	20-5015417	501(c)(3)	2,500 00	N/A	N/A	N/A	Bullying Workshop for Middle School Teachers
Raue Center for the Arts 108 Minnie St , Crystal Lake, IL 60014-4332	36-4147140	501(c)(3)	24 000 00	N/A	N/A	N/A	General operating support
Raue Center for the Arts, 108 Minnie St , Crystal Lake, IL 60014-4332	36-4147140	501(c)(3)	10,000 00	N/A	N/A	N/A	Williams Street Repertory/Mission ImaginationIn-House Productions
Raue Center for the Arts, 108 Minnie St , Crystal Lake, IL 60014-4332	36-4147140	501(c)(3)	6,000 00	N/A	N/A	N/A	$1,000 for 1000 Club and $5,000 for General operating support
Raue Center for the Arts, 108 Minnie St , Crystal Lake, IL 60014-4332	36-4147140	501(c)(3)	5 000 00	N/A	N/A	N/A	General operating support
Raue Center for the Arts, 108 Minnie St , Crystal Lake, IL 60014-4332	36-4147140	501(c)(3)	5 000 00	N/A	N/A	N/A	General operating support
Sage YMCA 701 Manor Road, Crystal Lake IL 60014	36-2179782	501(c)(3)	5,000 00	N/A	N/A	N/A	Teen Summer of Service
Sage YMCA 701 Manor Road Crystal Lake IL 60014	36-2179782	501(c)(3)	2 500 00	N/A	N/A	N/A	Explore 30 Camp Reading Program

Senior Care Volunteer Network, 7105 Virginia Road, Suite 25 Crystal Lake, IL 60014	31-1712933	501(c)(3)	11,000 00	N/A	N/A	N/A	Development Coordinator
Senior Care Volunteer Network, 7105 Virginia Road, Suite 25, Crystal Lake, IL 60014	31-1712933	501(c)(3)	5 000 00	N/A	N/A	N/A	Program support
Senior Care Volunteer Network, 7105 Virginia Road Suite 25, Crystal Lake, IL 60014	31-1712933	501(c)(3)	5,000 00	N/A	N/A	N/A	General operating support
Senior Services Associates, Inc 101 South Grove Avenue, Elgin, IL 60120	36-2775102	501(c)(3)	10,000 00	N/A	N/A	N/A	Information and Assistance for Older Adults
Spring Grove Fire Protection District, 8214 Richardson Road, Spring Crove, IL 60081		501(c)(3)	6,000 00	N/A	N/A	N/A	Explorer Post 1800 - Personal Protective Equipment
Thresholds, Inc , 4101 North Ravenswood Avenue, Chicago, 60613-2193	36-2518901	501(c)(3)	7,500 00	N/A	N/A	N/A	Streamlining the prescription provision process at Thresholds' McHenry County Program
Thresholds, Inc , 4101 North Ravenswood Avenue, Chicago, 60613-2193	36-2518901	501(c)(3)	5,000 00	N/A	N/A	N/A	General operating support
Transitional Living Services, 5330 West Elm Street McHenry IL 60050	36-4104887	501(c)(3)	20,000 00	N/A	N/A	N/A	New Horizons Employment Specialist
Turning Point, 11019 Northwest Highway 14, Woodstock, IL 60098-0723	36-3163296	501(c)(3)	15,000 00	N/A	N/A	N/A	Courthouse Liaison
Turning Point, 11019 Northwest Highway 14, Woodstock, IL 60098-0723	36-3163296	501(c)(3)	9,819 90	N/A	N/A	N/A	General operating support
University of Illinois Extension, 1102 McConnell Road, Woodstock, 60098		501(c)(3)	15,000 00	N/A	N/A	N/A	
University of Illinois at Urbana-Champaign, Financial Aid Office 620 East John Street, MC-303, Champaign, IL 61820		501(c)(3)	1,000 00	N/A	N/A	N/A	Scholarship for Samantha Reis
Veterans Assistance Commission of McHenry County 2200 North Seminary Avenue, B-180, Woodstock, IL 60098-2637	36-3903950	501(c)(3)	5,736 00	N/A	N/A	N/A	2013 VAC Service Expansion
Wellness Place, 1619 West Colonial Parkway, Palatine, IL 60067-4732	36-4273333	501(c)(3)	7,500 00	N/A	N/A	N/A	McHenry County - Wellness Place Cancer Connections
Williams Street Repertory, 5063 Williams Street Repertory Crystal Lake, IL 60014	27-5244146	501(c)(3)	20,000 00	N/A	N/A	N/A	General operating support
Woodstock Christian Life Services dba Hearthstone Communities, 920 North Seminary Avenue, Suite 201, Woodstock, IL 60098	36-3186415	501(c)(3)	10,000 00	N/A	N/A	N/A	General operating support
Woodstock Christian Life Services dba Hearthstone Communities, 920 North Seminary Avenue Suite 201, Woodstock, IL 60098	36-3186415	501(c)(3)	5 000 00	N/A	N/A	N/A	Voices of Veterans Across the Generations
Woodstock Christian Life Services dba Hearthstone Communities, 920 North Seminary Avenue, Suite 201, Woodstock, IL 60098	36-3186415	501(c)(3)	2,569 25	N/A	N/A	N/A	
Woodstock Public Library, 414 West Judd Street, Woodstock, IL 60098		501(c)(3)	6,500 00	N/A	N/A	N/A	Saving and Sharing the Past Local History through Look at Illinois
		Total Amount	**668,122 76**				
		# of Grants	**84 00**				
		# of Organizations	**74 00**				

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047
2013
Open to Public Inspection

Name of the organization: McHenry County Community Foundation
Employer identification number: 36-4465219

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any 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?	**4a**		✓
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		✓
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.	**4c**		✓
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		✓
b	Any related organization? If "Yes" to line 5a or 5b, describe in Part III.	**5b**		✓
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?	**6a**		✓
b	Any related organization? If "Yes" to line 6a or 6b, describe in Part III.	**6b**		✓
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		✓
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	**8**		✓
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**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 (i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
1 Carol Crenshaw	(i)							
	(ii)	241,891	0	1,183	20,728	6,379	270,181	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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.

Ms. Crenshaw is a paid employee of the The Chicago Community Trust, EIN #36-2167000, which is a related organization

Ms. Crenshaw provides financial and administrative support to the McHenry County Community Foundation. Ms. Crenshaw does not receive compensation from the McHenry County Community Foundation for services rendered.

Ms. Robin Doeden is a paid employee (under $150,000) of The Chicago Community Trust, and is leased to the McHenry County Community Foundation as their Executive Director.

See Schedule O for additional information.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization	Employer identification number
McHenry County Community Foundation	36-4465219

Form 990 - 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 with a central, local administered foundation, the foundation also seeks to be a community partner, and at times leader, in addressing local needs

On June 10, 2013, the Internal Revenue Service issued a tax determination letter which reclassified The McHenry County Community Foundation as a Type I supporting Organization of The Chicago Community Trust. At the conclusion of its tax reporting period ending December 31, 2013, The McHenry County Community Foundation implemented the reporting change Effective January 1, 2013, The McHenry County Community Foundation began operating as a Supporting Organization of The Chicago Community Trust. Upon becoming a supporting organization of the Trust, McHenry changed its accounting period from the year ending December 31 to the fiscal year ending September 30 The change in the accounting period coincides with the accounting reporting period of the Supported Organization. This tax filing represents a short year for The McHenry County Community Foundation, January 1, 2013 through September 30, 2013

Form 990, Part VI, Section B Policies, Line 11

The Form 990 is reviewed and approved by the Chair, Treasurer and Executive Director before filing with the IRS. Subsequent to filing the return is reviewed by the Finance Committee and the full board

Form 990, Part I, Line 6

Volunteer consists of a nonvoting Board Member

Form 990, Part VI, Section C Disclosure, Line 19

Documents are made available to the public as requested. The foundation's website states that the 990 and the most recent audit are available for review upon request. In addition, request for the 990's, audit reports , governing documents and the conflict of interest statements can be made through an e-mail or by phone.

Name of the organization	Employer identification number
McHenry County Community Foundation	36-4465219

Form 990, Part VII, Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees, Column B

Activities of the Board include: attending and preparing for board meetings including grant reviews, strategic planning, and various administrative matters; serving on various sub-committees of the Foundation; recruiting new board members; and representing the Foundation at various events

Form 990, Part XII, Financial Statements and Reporting, Line 2C

The audit committee of the supported organization, The Chicago Community Trust assumes responsibility for oversight of the audit, review of the financial statements and selection of the independent accountants.

Form 990, Part XI, Reconciliation of Net Assets, Line 9

Change in Beneficial Interest in Trust $118,659. Change in cash value of Life Insurance Policy $32,863

Form 990, Part VI, Line 12C - Enforcement of Conflicts Policy

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 when there is a 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 active and enforceable.

Form 990, Part IX, Statement of Functional Expenses, Line 24B, Leased Employee Expenses

The McHenry County Community Foundation had leased employees during fiscal year 2013. Total leased employee expenses were approximately $149,311.

Name of the organization
McHenry County Community Foundation

Employer identification number
36-4465219

McHenry County Community Foundation
Form 990 - EIN#36-4465219
Part IX Statement of Functional Expenses - Line 24 (a)
Fiscal Year Ended September 30,2013

	A Total	B Program Services	C Management & General	D Fund Raising
Leased Employee Expenses: (1)				
Wages	130,383.00	65,192.00	13,038.00	52,153.00
Pension Plan Contributions	-	-	-	-
Other Employee Benefits	6,114.00	3,057.00	611.00	2,446.00
Payroll Taxes	12,814.00	6,407.00	1,281.00	5,126.00
	149,311.00	**74,656.00**	**14,930.00**	**59,725.00**

(1) Employees are leased from The chicago Community Trust, a related 501 C 3 organization EIN #36-2167000

See further explanation on Schedule J

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047
2013
Open to Public Inspection

Name of the organization: McHenry County Community Foundation
Employer identification number: 36-4465219

Part I **Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1) The Chicago Community Trust 225 N. Michigan Ave., Suite 2200, Chicago, IL 60601 -EIN #36-2167000	Philan. Grantmaking	IL	501(c)(3)	8	N/A		✓
(2) The Chicago Community Foundation 225 N. Michigan Ave., Suite 2200, Chicago, IL 60601 -EIN #36-3432023	Philan. Grantmaking	IL	501(c)(3)	7	N/A		✓
(3)							
(4)							
(5)							
(6)							
(7)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Line	Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		✓
b	Gift, grant, or capital contribution to related organization(s)	1b		✓
c	Gift, grant, or capital contribution from related organization(s)	1c		✓
d	Loans or loan guarantees to or for related organization(s)	1d		✓
e	Loans or loan guarantees by related organization(s)	1e		✓
f	Dividends from related organization(s)	1f		✓
g	Sale of assets to related organization(s)	1g		✓
h	Purchase of assets from related organization(s)	1h		✓
i	Exchange of assets with related organization(s)	1i		✓
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		✓
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		✓
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		✓
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		✓
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		✓
o	Sharing of paid employees with related organization(s)	1o	✓	
p	Reimbursement paid to related organization(s) for expenses	1p		✓
q	Reimbursement paid by related organization(s) for expenses	1q		✓
r	Other transfer of cash or property to related organization(s)	1r		✓
s	Other transfer of cash or property from related organization(s)	1s		✓

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1) The Chicago Community Trust	o	149,311	Accrual
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions).