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| A For the 2021 calendary year, or tax year beginning JUL 1, 2021 and ending JUN 30, 2022 B creat # Charry or organization WILLIAM RAINEY HARPER COLLEGE D Employer identification number B creat # Dirig Dusiness and street (or P.0. box) fmails in tideliver to street address) Room/suite E Telephone number B creat # Dirig Dusiness and street (or P.0. box) fmails in tideliver to street address) Room/suite E Telephone number City or town, state or powhona, country, and 21P of foreign postal code G avearcement 12,855,167. High Is this a ground the industry City or town, state or powhona, country, and 21P of foreign postal code G avearcement 12,855,167. High Is this a ground the industry S AME AS C ABOVE I traceward address of principal officer. LAURA BROWN If and the state of powhona to the industry High Is this a ground the industry S J Webstet> FAmme and address of principal officer. LAURA BROWN High Is this a ground the industry High Is this a ground the industry S J Webstet> FWW. HARPERCOLLEGE. EDU / POUNDATION High Is this a ground the industry High Is this a ground the industry S I webstet> Foreign postal Association Diff I the organization's mission or most significant activities PROVIDES SCHOLARSHIPS AND Entert Mill Co | Depa Inter | artment (nal Reve | of the Treasury nue Service | | | - | | - | | | |
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| average WILLTÂM RAINEY HARPER COLLEGE BUCATIONAL FOUNDATION 23-7348228 Control During Durings an attract (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number Control During Durings and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number Control During Durings and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number Average Filame and address of principal officer: LAURA BROWN SAME AS C ABOVE H(a) Is this a group enturing I Tace exempts tatus: IX 101(c)(1) ((c)(1) ((metron.) 4947(a)(1) or 221 H(b) Are at advanced to legal domicie: IX No I Tace exempts tatus: IX 101(c)(1) Association Other I It may attach at also is an insiston or most significant activities; PROVIDES SCHOLARSHTPS AND I Briefly describe the organization's mission or most significant activities; PROVIDES SCHOLARSHTPS AND 1 I I Briefly describe the organization's mission or most significant activities; PROVIDES SCHOLARSHTPS AND 1 I I I Northeas of the group is down of the organization's mission or most significant activities; ProvIDES SCHOLARSHTPS AND 1 I I I I I I I I I I I I I I I I I I I | _ | | | | | - | | | D Employer identif | icatio | n number |
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| Number and street (of PL. Dox it mail is not derivered to street address) Hommsule E Telephone number 847-397-3000 Average and Average and | | | pe Doing b | usiness as | | | | | 23-73482 | 28 | |
| Signification City or town, state or province, country, and ZIP or foreign postal code G Generacity 12,856,167. Harachemic FALATINE, IL 60067. FORMERTINE, IL 60067. Yes XIN SAME AS C ABOVE FName and address of principal officer. LAURA BROWN Hole Are at subcontantes of the Yes No J Website: WWW. HARPERCOLLEGE.EDU/FOUNDATION HOL Are at subcontantes inclustor? Yes No J Website: WWW. HARPERCOLLEGE.EDU/FOUNDATION L Year of tarradiantics 12/73/M State of legal domicile: IL Part II Summary State of neganization is mission or most significant activities: PROVIDES SCHOLARSHIPS AND State of independent volting members of the governing body (Part VI, line 1a) Immary Immary Immary State of independent volting members of the governing body (Part VI, line 1a) Immary Immary Immary Stata number of individuals employed in calendary var 2021 (Part V, line 2a) Immary Immary Immary Stata number of individuals employed in calendary var 2021 (Part V, line 2a) Immary Immary Immary Stata number of individuals employed in calendary var 2021 (Part V, line 2a) Immary Immary Immary Stata number of individuals employed in calendary var 2021 (Part V, line 2a) Immary Immar | | | Number | and street (or P.O. | . box if mail is ı | not delivered to stre | et address) | Room/suite | E Telephone number | er | |
| available City of town, state or province, country, and 2IP or foreign postal code B 12, 939, 197. PALATINE IL (a) Is this a group return for subordinates? Yes No SME AS C ABOVE SME AS C ABOVE Yes No I tax exempt status: X 501(c)(3) 501(c) (-) (-) (insert no.) 4947(a)(1) or State J website: WWW. HARPERCOLLEGE.EDU/FOUNDATION H(G) real subordinates Web No Frame argination: X] Constation To constain To subordinates Yes No Pathatine: WWW. HARPERCOLLEGE.EDU/FOUNDATION H(G) real subordinates Web Yes No Pathatine: Direction: Signature of the organization discontinued its operations or disposed of more than 25% of its net assets. No State of legal domicile: IL Pathatine: If the organization discontinue dis operations or disposed of more than 25% of its net assets. 3 3 Number of individuals employed in calendary year 2021 (Part V, line 2a) 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | Final 1200 WEST ALGONQUIN ROAD 847 | | | | | | | 847-397- | 300 | 0 |
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| J Website: ▶ WW. HARPERCOLLEGE. EDU/FOUNDATION H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other ▶ L Year of formation: 1973] M State of legal domicile: IL Part II Summary It he organization's mission or most significant activities: PROVIDES SCHOLLARSHIPS AND ENHANCES THE QUALITY OF THE EDUCATIONAL ENVIRONMENT AND PROGRAMMING. 3 31 2 Check this tox ▶ If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of independent voting members of the governing body (Part VI, line 1a) 4 31 5 Totat number of individuals employed in calendar year 2021 (Part V, line 2a) 6 00 6 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 7a 5,388. b Net unrelated business taxable income from Form 990T, Part I, line 11 Prior Year Current Year 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 53,6666 129,912.2 11 Other revence (Part VIII, column (A), lines 1,4, da, dc, dc, co., to., and 11e) 21,902,919.4 4,599,112.2 12 Totat numbraing expenses (Part X, column (A), lines 1,3,4, and 7d) 23,592.8< | | | SAME | | | | | | | | |
| K form of organization: X Corporation Trust Association Other ▶ L Year of formation: 1973 M State of legal domicile; TL Part Summary I Bridly describe the organization's mission or most significant activities: PROVIDES SCHOLARSHIPS AND ENHANCES THE QUALITY OF THE EDUCATIONAL ENVIRONMENT AND PROGRAMMING. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 3 3 1 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 3 3 3 1 6 TOtal number of induces (settimate if necessary) 6 7 3 5 0< | | | | | | | | or 527 | | | |
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| 14 Benefits paid to or for members (Part IX, column (A), line 4) 0.00.0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0.00.00.0 16a Professional fundraising fees (Part IX, column (A), line 11e) 0.00.00.00.00.00.00.00.00.00.00.00.00.0 | | 12 | Total revenue | add lines 8 throu | igh 11 (must e | equal Part VIII, co | lumn (A), line 12) | | | | |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0.0000 16a Professional fundraising fees (Part IX, column (A), line 11e) 0.0000 b Total fundraising expenses (Part IX, column (D), line 25) 93,015. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 235,928.270,476. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,905,985.8,180,651. 19 Revenue less expenses. Subtract line 18 from line 12 18,996,9343,481,539. 20 Total assets (Part X, line 16) 26,698,898.50,154,930. 21 Total liabilities (Part X, line 26) 119,946.380,508. 22 Net assets or fund balances. Subtract line 21 from line 20 56,578,952.49,774,422. 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. Signature of officer LAURA BROWN, CHIEF ADVANCEMENT OFFICER | | 13 | | | | | | | - | | |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 93,015. 235,928. 270,476. 17 Other expenses (Part IX, column (A), lines 11a.11d, 11f.24e) 235,928. 270,476. 2,905,985. 8,180,651. 18 Total expenses. Add lines 13.17 (must equal Part IX, column (A), line 25) 2,905,985. 8,180,651. 19 Revenue less expenses. Subtract line 18 from line 12 18,996,934. -3,481,539. 20 Total assets (Part X, line 16) 56,698,898. 50,154,930. 21 Total liabilities (Part X, line 26) 119,946. 380,508. 22 Net assets or fund balances. Subtract line 21 from line 20 56,578,952. 49,774,422. Part II Signature Block Signature of officer Date Intro, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Net expenses of officer LAURA BROWN, CHIEF ADVANCEMENT OFFICER | | 14 | - | | - | | | | | | |
| 19 Other expenses (rartix, column (x), lines trartid, rm24e) 18 Total expenses. Add lines 13.17 (must equal Part IX, column (A), line 25) 2,905,985. 8,180,651. 19 Revenue less expenses. Subtract line 18 from line 12 18,996,934. -3,481,539. 20 Total assets (Part X, line 16) 56,698,898. 50,154,930. 21 Total liabilities (Part X, line 26) 119,946. 380,508. 22 Net assets or fund balances. Subtract line 21 from line 20 56,578,952. 49,774,422. 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. Signature of officer Date | es | 15 | Salaries, other | compensation, er | mployee bene | efits (Part IX, colu | mn (A), lines 5-10) | | - | | |
| 19 Other expenses (Fart X, Column (A), lines Trama, m246) 18 Total expenses. Add lines 13.17 (must equal Part IX, column (A), line 25) 2,905,985. 8,180,651. 19 Revenue less expenses. Subtract line 18 from line 12 18,996,934. -3,481,539. 20 Total assets (Part X, line 16) 56,698,898. 50,154,930. 21 Total liabilities (Part X, line 26) 119,946. 380,508. 22 Net assets or fund balances. Subtract line 21 from line 20 56,578,952. 49,774,422. 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. Signature of officer Date | ens | 16a | Professional fi | undraising fees (Pa | art IX, column | (A), line 11e) | 02 0 | 1 5 | 0. | | <u>0.</u> |
| 19 Other expenses (rartix, column (x), lines trartid, rm24e) 18 Total expenses. Add lines 13.17 (must equal Part IX, column (A), line 25) 2,905,985. 8,180,651. 19 Revenue less expenses. Subtract line 18 from line 12 18,996,934. -3,481,539. 20 Total assets (Part X, line 16) 56,698,898. 50,154,930. 21 Total liabilities (Part X, line 26) 119,946. 380,508. 22 Net assets or fund balances. Subtract line 21 from line 20 56,578,952. 49,774,422. 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. Signature of officer Date | n N N | . b | | | | | | | 235 028 | | 270 476 |
| 19 Revenue less expenses. Subtract line 18 from line 12 18,996,9343,481,539. 19 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 56,698,898. 50,154,930. 21 Total liabilities (Part X, line 26) 119,946. 380,508. 22 Net assets or fund balances. Subtract line 21 from line 20 56,578,952. 49,774,422. Part II Signature Block 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 | _ | 1 1 | | | | | | | | - | |
| Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 56, 698, 898. 50, 154, 930. 21 Total liabilities (Part X, line 26) 119, 946. 380, 508. 22 Net assets or fund balances. Subtract line 21 from line 20 56, 578, 952. 49, 774, 422. 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 Signature of officer Date LAURA BROWN, CHIEF ADVANCEMENT OFFICER Date | | | | | | | | | | <u> </u> | |
| 20 Total assets (Part X, line 16) 56, 698, 898. 50, 154, 930. 21 Total liabilities (Part X, line 26) 119, 946. 380, 508. 22 Net assets or fund balances. Subtract line 21 from line 20 56, 578, 952. 49, 774, 422. 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 Signature of officer Date LAURA BROWN, CHIEF ADVANCEMENT OFFICER Date | | - | Nevenue less | expenses. Subtrac | | | <u></u> | | | | |
| 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 Signature of officer Date LAURA BROWN, CHIEF ADVANCEMENT OFFICER | ets c | 20 | Total assets (F | Part X line 16) | | | | | | 5 | |
| 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 Signature of officer Date LAURA BROWN, CHIEF ADVANCEMENT OFFICER | Asse | 21 | | | | | | | | | |
| 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 Signature of officer Date Here LAURA BROWN, CHIEF ADVANCEMENT OFFICER | Net | 22 | | | | | | | | 4 | |
| true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here LAURA BROWN, CHIEF ADVANCEMENT OFFICER | | | | | | | | I | | • - | , , |
| true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here LAURA BROWN, CHIEF ADVANCEMENT OFFICER | Und | er pen | alties of perjury, | I declare that I have | examined this r | eturn, including acc | companying schedule | es and statem | ents, and to the best of m | y know | ledge and belief, it is |
| Here LAURA BROWN, CHIEF ADVANCEMENT OFFICER | | | | | | | | | | | · |
| Here LAURA BROWN, CHIEF ADVANCEMENT OFFICER | | | | | | | | | | | |
| | Sig | n | | | | | | | Date | | |
| | Her | e | | | CHIEF A | DVANCEMEI | NT OFFICE | R | | | |

| | Print/Type preparer's name | Preparer's signature | Date | Check PTIN | | | | | |
|------------|--|----------------------|--------------|-------------------------|--|--|--|--|--|
| Paid | HEATHER BONIFAS, CPA | HEATHER BONIFAS, | CPA 02/15/23 | self-employed P01711657 | | | | | |
| Preparer | Firm's name SIKICH LLP | | Firm's | sEIN ▶ 36-3168081 | | | | | |
| Use Only | Firm's address 🖌 1415 W. DIEHL RD | . SUITE 400 | | | | | | | |
| | NAPERVILLE, IL 6 | 0563-2349 | Phone | e no. (630)566-8400 | | | | | |
| May the II | May the IRS discuss this return with the preparer shown above? See instructions X Yes No | | | | | | | | |
| | | | | | | | | | |

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2021)

| | 990 (2021) EDUCATIO | NAL FOUNDATION | 23-734 | 18228 Pag | ge 🖌 |
|-------|--|---------------------------------------|--|--------------------|---------|
| Par | | • | III | Г | X |
| 1 | Briefly describe the organization's mission: | onse of note to any line in this Part | III | L | <u></u> |
| • | , , | JCATIONAL FOUNDATI | ON WAS ESTABLISHED IN 19 | 73 AS A | |
| | | | PROVIDE FUNDING AND RESC | | |
| | | | ORMAL GOVERNMENT AND TAX | | |
| | SOURCES. | | | | |
| 2 | Did the organization undertake any significa | ant program services during the year | ar which were not listed on the | | |
| | prior Form 990 or 990-EZ? | | | Yes X | No |
| | If "Yes," describe these new services on So | | | | |
| 3 | | | conducts, any program services? | Yes X | No |
| | If "Yes," describe these changes on Sched | | | | |
| 4 | | | hree largest program services, as measured by | - | |
| | revenue, if any, for each program service re | | t of grants and allocations to others, the total e | xpenses, and | |
| 12 | | | 7,910,175.) (Revenue \$ | | |
| та | SCHOLARSHIPS: THE FOUN | IDATION OVERSEES M | ORE THAN 225 SCHOLARSHIE | S AND | — |
| | | | LY. THESE SCHOLARSHIPS | | |
| | | | ARS AND STUDENTS FACING | | ; |
| | TO ACADEMIC ACHIEVEMEN | ΙΤ. | | | |
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| | | | LUDE PROGRAMS THAT SERVE | | |
| | | | ABILITIES, AS WELL AS DE ANUFACTURING AND SCIENCE | | |
| | FROGRAMS IN THE FIELDS | OF HEADTHCARE, M | ANOFACIONING AND SCIENCE | ₩ | |
| | ART: THE FOUNDATION CO | LLECTS AND MAINTA | INS A BODY OF WORKS OF A | ART FOR | |
| 4b | | |) (Revenue \$ | | |
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| 4c | (Code:) (Expenses \$ | including grants of \$ |) (Revenue \$ | | |
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| | | | | | |
| 4d | Other program services (Describe on Schee | dule O.) | | | |
| | | cluding grants of \$ |) (Revenue \$ |) | |
| 4e | Total program service expenses | 7,944,835. | | 000 /- | |
| 32002 | 12-09-21 | | OR CONTINUATION(S) | Form 990 (2 | :021 |
| | 22 765826 4103948.0 | 3 |)50 WILLIAM RAINEY HARPE | // - | |
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EDUCATIONAL FOUNDATION

Form 990 (2021)

Part IV Checklist of Required Schedules

| 23-7348228 _P | age 3 |
|-------------------------|-------|
|-------------------------|-------|

| | | | Yes | No |
|--------|---|------|-----|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | Х | <u> </u> |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Х | <u> </u> |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 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 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | Х | <u> </u> |
| 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 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | Х | <u> </u> |
| 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. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | | X |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| с | 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 | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | Х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| 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 | | X |
| 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 | | X |
| 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 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Х | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes," | | | |
| | complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II | 21 | Х | |
| 132003 | 12-09-21 | Form | 990 | (2021) |

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2021.05050 WILLIAM RAINEY HARPER COL 41039481

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|-----|--|-----------|------|-------|----------|
| Pa | rt IV Checklist of Required Schedules (continued) | | | | |
| | | _ | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | L | 22 | Х | <u> </u> |
| 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 | Х | <u> </u> |
| 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 | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | 24b | | <u> </u> |
| С | 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 | | <u> </u> |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | 24d | | <u> </u> |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | | |
| | Schedule L, Part I | 🏼 | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | ······ _ | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% control | | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III . | - | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, | | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | | |
| | "Yes," complete Schedule L, Part IV | ····· ⊢ | 28a | | X |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | Þ | 28b | | X |
| С | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | | |
| | "Yes," complete Schedule L, Part IV | ····· | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | ······ | 29 | Х | <u> </u> |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | | |
| | contributions? If "Yes," complete Schedule M | | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | ······ - | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | | |
| | Schedule N, Part II | ····· - | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | ····· | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | 37 | |
| | Part V, line 1 | ····· F | 34 | Х | v |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | F | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | 0.5. | | |
| | 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 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | H | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | | v | |
| Pa | Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance | <u></u> | 38 | Х | <u> </u> |
| ra | Check if Schedule O contains a reasonable or note to any line in this Dort V | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | <u></u> | | V | |
| | | Б | | Yes | No |
| | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a | 5 | | | |
| b | | <u> </u> | | | |
| с | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | 4. | | |
| | (gambling) winnings to prize winners? | L | 1c | | |

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132004 12-09-21

Form 990 (2021)

EDUCATIONAL FOUNDATION

| 23-7348228 Page 5 |
|-------------------|
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| | 990 (2021) EDUCATIONAL FOUNDATION | 23-7348 | 228 | Р | age |
|----|---|------------------------------|-----|-----|-----|
| ar | V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | | |
| | | | | Yes | No |
| 28 | 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 | | | |
| h | If at least one is reported on line 2a, did the organization file all required federal employment tax return | | 2b | | |
| 5 | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e_{-file} . See instruction | | 20 | | |
| 3a | | | 3a | х | |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule | | 3b | X | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other a | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial a | | 4a | | X |
| b | If "Yes," enter the name of the foreign country | , | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A | counts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac | tion? | 5b | | X |
| с | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did th | | | | |
| | | - | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributi | ons or gifts | | | |
| | were not tax deductible? | - | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser | vices provided to the payor? | 7a | Х | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 7b | Х | |
| с | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa | as required | | | |
| | to file Form 8282? | | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co | ontract? | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra | act? | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Fo | rm 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza | tion file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | 9b | | |
| 0 | Section 501(c)(7) organizations. Enter: | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | _ | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | _ | | |
| 1 | Section 501(c)(12) organizations. Enter: | | | | |
| | 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 | | | |
| 2a | 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 | _ | | |
| 3 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | 1 1 | | | |
| | organization is licensed to issue qualified health plans | 13b | - | | |
| | Enter the amount of reserves on hand | 13c | | | |
| | | | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu | | 14b | | |
| 5 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner | | | | |
| | excess parachute payment(s) during the year? | | 15 | | X |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | | |
| | | income? | 16 | | X |
| 3 | Is the organization an educational institution subject to the section 4968 excise tax on net investment | | | | |
| | If "Yes," complete Form 4720, Schedule O. | | | | |
| | If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in | any | | | |
| | If "Yes," complete Form 4720, Schedule O. | any | 17 | | |

| WIDDIAH NAII | | |
|--------------|------------|---|
| EDUCATIONAL | FOUNDATION | N |

23-7348228 Page 6

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 on Schedule O. See instructions.

| | Check if Schedule O contains a response or note to any line in this Part VI | | | | | X | |
|--------|--|---------------------------|-------------------------|--------|---------|--------|--|
| Sec | tion A. Governing Body and Management | | | | | | |
| | | | | | Yes | No | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 31 | | | | |
| | 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 on Schedule O. | | | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | 1b | 31 | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | o with a | any other | | | | |
| | officer, director, trustee, or key employee? | | | 2 | | X | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | e direc | t supervision | | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | | | 3 | | X | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form S | 90 wa | s filed? | 4 | | X | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's as | sets? | | 5 | | X | |
| 6 | Did the organization have members or stockholders? | | | 6 | | X | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or ap | point | one or | | | | |
| | more members of the governing body? | | | 7a | | X | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, s | tockho | lders, or | | | | |
| | persons other than the governing body? | | | 7b | | X | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | ar by the | e following: | | | | |
| а | The governing body? | | | 8a | Х | | |
| b | Each committee with authority to act on behalf of the governing body? | | | 8b | Х | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea | | | | | | |
| | organization's mailing address? If "Yes." provide the names and addresses on Schedule O | | | 9 | | X | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Re | evenue | Code.) | | | | |
| | | | , | | Yes | No | |
| 10a | Did the organization have local chapters, branches, or affiliates? | | | 10a | | X | |
| | If "Yes," did the organization have written policies and procedures governing the activities of such ch | | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | | | 10b | | | |
| 11a | 1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | | | | | | |
| b | b Describe on 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 | Х | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | | | 12b | Х | | |
| с | Did the organization regularly and consistently monitor and enforce compliance with the policy? // " | res." d | escribe | | | | |
| | on Schedule O how this was done | · · · · · · · · · · · · · | | 12c | Х | | |
| 13 | Did the organization have a written whistleblower policy? | | | 13 | Х | | |
| 14 | Did the organization have a written document retention and destruction policy? | | | 14 | Х | | |
| 15 | Did the process for determining compensation of the following persons include a review and approva | al by in | dependent | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | |
| а | The organization's CEO, Executive Director, or top management official | | | 15a | | X | |
| b | Other officers or key employees of the organization | | | 15b | | X | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger | nent w | ith a | | | | |
| | taxable entity during the year? | | | 16a | | X | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate | te its p | articipation | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ | nizatior | ı's | | | | |
| | exempt status with respect to such arrangements? | | | 16b | | | |
| Sec | tion C. Disclosure | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed NONE | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a | nd 990 | -T (section 501(c)(3)s | only) | availat | ble | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | | | |
| | Own website Another's website X Upon request Other <i>(explain</i>) | n on Sc | hedule O) | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, co | onflict o | of interest policy, and | financ | cial | | |
| | statements available to the public during the tax year. | | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's boo | | | | 1.0.5 | | |
| | SUZETTE TOLENTINO, SR. DIRECTOR OF FINANCE & OPERAT | I'ION | <u>is - 847-92</u> | 5-6 | 182 | | |
| | 1200 W. ALGONQUIN ROAD, PALATINE, IL 60067 | | | | 000 | | |
| 132006 | 12-09-21 | | | Form | 990 | (2021) | |
| | 7 | | | | | | |

Form 990 (2021)

| WILLIAM RAINEY HARPER COLLEGE |
|-------------------------------|
|-------------------------------|

| Form 990 (2 | D21) EDUCAT | FIONAL FOUNDATIC | ON | 23- |
|-------------|------------------------|-------------------------|-------------------------|----------------|
| Part VII | Compensation of Office | rs, Directors, Trustees | , Key Employees, Highes | st Compensated |
| ······· | Employees, and Indepe | ndent 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

| | | l | <u>2</u> u | | | - por | oure | | | (Г) |
|--------------------------------------|-------------------|--------------------------------|-----------------------|-----------|--------------------|---------------------------------|--------|----------------------|------------------------------|------------------------|
| (A) | (B) | | | رد Pos | C) ition | n | | (D) | (E) | (F) |
| Name and title | Average | | not c | heck | more | than o | | Reportable | Reportable | Estimated |
| | hours per week | | | | | s both pr/trus | | compensation from | compensation from related | amount of other |
| | (list any | tor | | | | | | the | organizations | compensation |
| | hours for | direc | | | | Ð | | organization | (W-2/1099-MISC/ | from the |
| | related | ee or | Istee | | | insate | | (W-2/1099-MISC/ | 1099-NEC) | organization |
| | organizations | trust | al tru | | oyee | ompe | | 1099-NEC) | | and related |
| | below | Individual trustee or director | Institutional trustee | Cer | Key employee | Highest compensated employee | ner | | | organizations |
| | line) | Indiv | Insti | Officer | Key | High | Former | | | |
| (1) LAURA J. BROWN | 20.00 | | | | | | | | | |
| (EX-OFFICIO) CHIEF ADVANCEMENT OFFIC | 20.00 | | | Х | | | | 0. | 197,573. | 1,881. |
| (2) HEATHER ZOLDAK | 40.00 | | | | | | | | | |
| ASSO. EXEC. DIREC.FOUNDATION AND MAJ | | | | Х | | | | 0. | 116,978. | 19,145. |
| (3) RICHARD P. HOHOL | 1.00 | | | | | | | | | |
| PRESIDENT | | Х | | Х | | | | 0. | 0. | 0. |
| (4) GEORGEANNA MEHR | 1.00 | | | | | | | | | |
| IMMEDIATE PAST PRESIDENT | | Х | | Х | | | | 0. | 0. | 0. |
| (5) PATTY MOYER | 1.00 | | | | | | | | | |
| VP DEVELOPMENT | | Х | | Х | | | | 0. | 0. | 0. |
| (6) RAFAEL MALPICA | 1.00 | | | | | | | | | |
| VP BOARD MEMBERSHIP | | X | | Х | | | | 0. | 0. | 0. |
| (7) SUSAN ROGERS | 1.00 | | | | | | | | | |
| VP PROGRAMS | | х | | х | | | | 0. | 0. | 0. |
| (8) BRENDA KNOX | 1.00 | | | | | | | | | |
| TREASURER | | х | | х | | | | 0. | 0. | 0. |
| (9) ELLA LIBERMAN | 1.00 | | | | | | | | | |
| SECRETARY | | х | | х | | | | 0. | 0. | 0. |
| (10) JAMES PFEIFFER | 1.00 | | | | | | | | | |
| MEMBER AT LARGE | | х | | х | | | | 0. | 0. | 0. |
| (11) DR. AVIS PROCTOR | 1.00 | | | | | | | | | |
| (EX-OFFICIO) | | 1 | | х | | | | 0. | 0. | 0. |
| (12) DIANE HILL | 1.00 | | | | | | | | | |
| (EX-OFFICIO) TRUSTEE LIAIS | | 1 | | х | | | | 0. | 0. | 0. |
| (13) BRIAN BATTLE | 1.00 | | | | | | | | | |
| DIRECTORS | | x | | | | | | 0. | 0. | 0. |
| (14) DEE BEAUBIEN | 1.00 | | | | | | | | | |
| DIRECTORS | | х | | | | | | 0. | 0. | 0. |
| (15) JOHN E. CHAPMAN | 1.00 | | | | | | | | | |
| DIRECTORS | | x | | | | | | 0. | 0. | 0. |
| (16) MARK W. CLEARY | 1.00 | | | | | | | | | |
| DIRECTORS | | x | | | | | | 0. | 0. | 0. |
| (17) WARNER CRUZ | 1.00 | | | | | | | | | |
| DIRECTORS | | x | | | | | | 0. | 0. | 0. |
| 132007 12-09-21 | 1 | | | | | | | | | Form 990 (2021) |

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132007 12-09-21

EDUCATIONAL FOUNDATION

| Form 990 (2021) EDUCATION | IAL FOUN | IDA | TI | ON | | | | | 23-73 | 482 | 28 | Page 8 |
|---|------------------|--------------------------------|-----------------------|---------|--------------|---------------------------------|--------|---------------------------------|-------------------|-----------------|--------------|---------------|
| Part VII Section A. Officers, Directors, Trust | tees, Key Emp | oloy | ees, | and | l Hig | ghes | t C | compensated Employee | s (continued) | | | |
| (A) | (B) | | , | (0 | | | | (D) | (E) | | | (F) |
| Name and title | Average | | | Posi | ition | | | Reportable | Reportable | | | mated |
| | hours per | | | | | than o s both | | compensation | compensatior | n | | ount of |
| | week | | | | | or/trus | | from | from related | | | ther |
| | (list any | ctor | | | | | | the | organizations | 3 | comp | ensation |
| | hours for | r dire | | | | eq | | organization | (W-2/1099-MIS | C/ | fro | m the |
| | related | tee o | ustee | | | ensat | | (W-2/1099-MISC/ | 1099-NEC) | | orgar | nization |
| | organizations | ll trus | nal tr | | oyee | duo | | 1099-NEC) | | | and | related |
| | below | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | | organ | izations |
| | line) | Ind | lnst | Offi | Key | Em | For | | | $ \rightarrow $ | | |
| (18) RAJU DATLA | 1.00 | | | | | | | | | | | |
| DIRECTORS | | Х | | | | | | 0. | | 0. | | 0. |
| (19) POLLY DAVENPORT | 1.00 | | | | | | | | | | | |
| DIRECTORS | | Х | | | | | | 0. | | 0. | | 0. |
| (20) KATHY GILMER | 1.00 | | | | | | | | | | | |
| DIRECTORS | | х | | | | | | 0. | | 0. | | 0. |
| (21) DON HOUCHINS | 1.00 | | | | | | | | | | | |
| DIRECTORS | | х | | | | | | 0. | | 0. | | 0. |
| (22) STEVE JACKSON | 1.00 | | | | | | | | | | | • • |
| DIRECTORS | | х | | | | | | 0. | | 0. | | Ο. |
| (23) DANIEL G. KLARAS | 1.00 | | | | | | | | | <u> </u> | | |
| DIRECTORS | 1.00 | х | | | | | | 0. | | 0. | | 0. |
| (24) DEIRDRE MANNA | 1.00 | Λ | | | | | | 0. | | <u>••</u> | | 0. |
| | 1.00 | 77 | | | | | | 0 | | | | 0 |
| DIRECTORS | 1 0 0 | Х | | | | - | | 0. | | 0. | | 0. |
| (25) JOSEPH MARTIN | 1.00 | | | | | | | | | | | 0 |
| DIRECTORS | 1 | Х | | | | | | 0. | | 0. | | 0. |
| (26) MONICA MUELLER | 1.00 | | | | | | | | | | | |
| DIRECTORS | | Х | | | | | | 0. | | 0. | | 0. |
| 1b Subtotal | | | | | | | | 0. | 314,55 | | 21 | ,026. |
| c Total from continuation sheets to Part VI | , Section A | | | | | | | 0. | | 0. | | 0. |
| d Total (add lines 1b and 1c) | | | | | <u></u> | | | 0. | 314,55 | 1. | 21 | ,026. |
| 2 Total number of individuals (including but no | ot limited to th | ose | liste | d ab | ove |) wh | o re | eceived more than \$100, | 000 of reportable | | | |
| compensation from the organization | | | | | | | | | | | | 0 |
| | | | | | | | | | | | ١ | res No |
| 3 Did the organization list any former officer, | director, truste | ee, k | ey e | mpl | oyee | e, or | hig | hest compensated empl | oyee on | | | |
| line 1a? If "Yes," complete Schedule J for su | - | | • | • | - | | | | | | 3 | X |
| 4 For any individual listed on line 1a, is the su | | | | | | | | | | | | |
| and related organizations greater than \$150 | | | | | | | | | | - E | 4 | x |
| 5 Did any person listed on line 1a receive or a | | | | | | | | | | ···· - | · | |
| rendered to the organization? If "Yes," com | - | | | | - | | | - | | | 5 | x |
| Section B. Independent Contractors | | 2 J 10 | or su | CHĻ | Jers | 011 . | | | | <u></u> | 5 | 1 23 |
| 1 Complete this table for your five highest cor | monopoted ind | lana | odor | t oc | ntro | actor | | hat reactived more than ¢ | 100 000 of comp | opootiu | on fron | |
| the organization. Report compensation for t | • | • | | | | | | | • | CIISalia | | 1 |
| | ne calendar ye | ear e | nuin | y w | | | | | | | | |
| (A) Name and business | address | м | ONE | 7 | | | | (B) Description of s | ervices | Co | (C) mpens | sation |
| | | INC | | | | | _ | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | _ | | | | | |
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| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 2 Total number of independent contractors (ir | ncluding but no | ot lin | nited | l to t | thos | se lis | ted | above) who received mo | ore than | | | |
| \$100,000 of compensation from the organiz | | | | | C | | | | | | | |
| SEE PART VII, SECTION | A CONT | IN | UA' | TI | ON | S | HE | ETS | | F | orm 9 | 90 (2021) |

132008 12-09-21 9

| Form 990 EDUCATION | VAL FOUN | | | | | | | _ | 23-734 | 8228 |
|--|---|--|-----------------------|---------|--------------|--------------------------------|--------|--|--|---|
| Part VII Section A. Officers, Directors, Tru | | | | | | lighe | est (| Compensated Employe | ees (continued) | |
| (A) Name and title | (B) Average hours | AveragePositionhours(check all that apply) | | | | | y) | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of |
| | per week (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest com pensated em ployee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| (27) SAM OLIVER DIRECTORS | 1.00 | x | | | | | | 0. | 0. | 0. |
| (28) SCOT PEPPER DIRECTORS | 1.00 | x | | | | | | 0. | 0. | 0. |
| (29) WILLIAM PROVAN DIRECTORS | 1.00 | x | | | | | | 0. | 0. | 0. |
| (30) JACOB H. SADOFF DIRECTORS | 1.00 | x | | | | | | 0. | 0. | 0. |
| (31) DREW J. SCHAEFER DIRECTORS | 1.00 | x | | | | | | 0. | 0. | 0. |
| (32) W. BRADLEY STETSON | 1.00 | | | | | | | | | |
| DIRECTORS (33) ANTHONY WAY | 1.00 | X | | | | | | 0. | 0. | 0. |
| (34) THOMAS G. WISCHHUSEN | 1.00 | X | | | | | | 0. | 0. | 0. |
| DIRECTORS (35) MELANIE WITT | 1.00 | X | | | | | | 0. | 0. | 0. |
| DIRECTORS | | x | | | | | | 0. | 0. | 0. |
| | | - | | | | | | | | |
| | | - | | | | | | | | |
| | | - | | | | | | | | |
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| | | - | | | | | | | | |
| | | | | | | | | | | |
| Total to Part VII, Section A, line 1c | | <u></u> | | | <u></u> | | | | | |

132201 04-01-21

WILLIAM RAINEY HARPER COLLEGE EDUCATIONAL FOUNDATION

| | | | EDUCATIONAL F | OUNDATION | | | 23-7348 | 228 Page 9 |
|--|------|--------|--|-----------------------|---------------------------------|--------------------------|------------------|-------------------------|
| Pa | rt \ | / | Statement of Revenue | | | | | |
| | | | Check if Schedule O contains a response | or note to any line | | | | |
| | | | | | (A) Totol revenue | (B) Related or exempt | (C) Unrelated | (D) Revenue excluded |
| | | | | | Total revenue | | business revenue | from tax under |
| | | | | | | | | sections 512 - 514 |
| ts ts | 1 | а | Federated campaigns 1a | | | | | |
| ran | | b | Membership dues 1b | | | | | |
| , G | | с | Fundraising events 1c | 128,756. | | | | |
| , Gifts, Grants nilar Amounts | | | Related organizations 1d | | | | | |
| s, G milà | | | Government grants (contributions) 1e | | | | | |
| ion: Si | | | All other contributions, gifts, grants, and | | | | | |
| Contributions, Gift and Other Similar | | | similar amounts not included above 1f | 4,465,638. | | | | |
| Iditi | | q | Noncash contributions included in lines 1a-1f | 244,577. | | | | |
| Cor | | - | Total. Add lines 1a-1f | | 4,594,394. | | | |
| <u> </u> | | | | Business Code | | | | |
| Ø | 2 | а | | | | | | |
| vice | - | b | | | | | | |
| Ser | | c | | | | | | |
| , m | | d | | ├ ─── ├ | | | | |
| gra Re | | | | ├ ─── ├ | | | | |
| Program Service Revenue | | e f | All other program service revenue | | | | | |
| - | | | | | | | | |
| | 3 | | Total. Add lines 2a-2f Investment income (including dividends, intere | | | | | |
| | 3 | | | | 130,914. | | 5,388. | 125,526. |
| | | | other similar amounts) | | 130,914. | | 5,500. | 125,520. |
| | 4 | | Income from investment of tax-exempt bond p | | | | | |
| | 5 | | Royalties | | | | | |
| | - | | | (ii) Personal | | | | |
| | 6 | | Gross rents 6a | | | | | |
| | | | Less: rental expenses 6b | | | | | |
| | | | Rental income or (loss) 6c | | | | | |
| | | | Net rental income or (loss) | | | | | |
| | 7 | а | Gross amount from sales of (i) Securities | (ii) Other | | | | |
| | | | assets other than inventory 7a 8,091,891. | | | | | |
| | | b | Less: cost or other basis | | | | | |
| anı | | | and sales expenses 7b 8,092,893. | | | | | |
| evenue | | С | Gain or (loss) | | | | | |
| Ř | | d | Net gain or (loss) | ► | -1,002. | | | -1,002. |
| Other | 8 | а | Gross income from fundraising events (not | | | | | |
| đ | | | including \$ 128,756. of | | | | | |
| | | | contributions reported on line 1c). See | | | | | |
| | | | Part IV, line 18 8a | | | | | |
| | | b | Less: direct expenses 8b | 64,162. | | | | |
| | | с | Net income or (loss) from fundraising events | ► | -25,194. | | | -25,194. |
| | 9 | | Gross income from gaming activities. See | | | | | |
| | | | Part IV, line 19 9a | | | | | |
| | | b | Less: direct expenses 9b | | | | | |
| | | | Net income or (loss) from gaming activities | | | | | |
| | 10 | | Gross sales of inventory, less returns | | | | | |
| | | | and allowances 10a | a | | | | |
| | | b | Less: cost of goods sold 10k | | | | | |
| | | | Net income or (loss) from sales of inventory | | | | | |
| | | | · · · · · · · · · · · · · · · · · · · | Business Code | | | | |
| snc | 11 | а | | | | | | |
| nec | | b | | | | | | |
| ella wei | | c | | | | | | |
| Miscellaneous Revenue | | | All other revenue | | | | | |
| Σ | | | Total. Add lines 11a-11d | | | | | |
| | 12 | | Total revenue. See instructions | | 4,699,112. | 0. | 5,388. | 99,330. |
| 13200 | | | | F | , · · · <i>,</i> – – – · | | , . | Form 990 (2021) |

11

WILLIAM RAINEY HARPER COLLEGE EDUCATIONAL FOUNDATION

| | ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon | se or note to any line in t | his Part IX | | |
|---------|--|------------------------------|---|--|---------------------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | 2 066 542 | 2 066 542 | | |
| • | and domestic governments. See Part IV, line 21 | 2,066,542. | 2,066,542. | | |
| 2 | Grants and other assistance to domestic | E 012 622 | E 012 622 | | |
| - | individuals. See Part IV, line 22 | 5,843,633. | 5,843,633. | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. 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 10 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (nonemployees): | | | | |
| a L | Management | | | | |
| b | | | | | |
| с С | Accounting | | | | |
| d e | Lobbying Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | 62,079. | | 62,079. | |
| ' g | Other. (If line 11g amount exceeds 10% of line 25, | 0270750 | | 0270750 | |
| 9 | column (A), amount, list line 11g expenses on Sch 0.) | 174,948. | 17,206. | 64,727. | 93,015 |
| 12 | Advertising and promotion | _/_// | | | |
| 13 | Office expenses | | | | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Traval | 784. | | 784. | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 12,279. | 12,279. | | |
| 20 | Interest | · | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | 6,060. | | 6,060. | |
| 24 | Other expenses. Itemize expenses not covered | | | | |
| | above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), | | | | |
| | amount, list line 24e expenses on Schedule 0.) | | | | |
| а | MISCELLANEOUS | 8,826. | | 8,826. | |
| b | ARTWORK | 5,175. | 5,175. | | |
| с | SUPPLIES | 239. | | 239. | |
| d | PRINTING | 86. | | 86. | |
| е | All other expenses | 0.100.171 | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 8,180,651. | 7,944,835. | 142,801. | 93,015 |
| 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) | | | | Farm 990 (000) |

132010 12-09-21

Form 990 (2021)

Part IX Statement of Functional Expenses

10480222 765826 4103948.0

Form 990 (2021)

12

WILLIAM RAINEY HARPER COLLEGE EDUCATIONAL FOUNDATION

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 1 1 Cash - non-interest-bearing 3,318,223. 3,886,854. Savings and temporary cash investments 2 2 1,723,168. 127,451. Pledges and grants receivable, net 3 3 Accounts receivable, net 4 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 7 Notes and loans receivable, net Assets 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation 10b 10c 46,140,625. 49,823,747. 11 11 Investments - publicly traded securities Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 1,833,760. 0. Other assets. See Part IV, line 11 15 15 50,154,930. 56,698,898. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 117,446. 380,508. Accounts payable and accrued expenses 17 17 18 18 Grants payable 2,500. 0. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 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 25 of Schedule D 119,946. 380,508. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 41,965,491. 36,999,209. 27 27 Net assets without donor restrictions 12,775,213. Net assets with donor restrictions 14,613,461. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 56,578,952. 49,774,422. Total net assets or fund balances 32 32 56,698,898. 50,154,930. 33 33 Total liabilities and net assets/fund balances

Form 990 (2021)

132011 12-09-21

Form 990 (2021)

| WILLIAM | RAINEY | HARPER | COLLEGE |
|----------|--------|--------------|---------|
| EDIICATI | NAL FO | יחדיייברואוז | ง |

| Form | 990 (2021) EDUCATIONAL FOUNDATION | 23- | 7348 | 228 | Pag | ge 12 |
|------|---|-----------------------|------|-------------|-------------|--------------|
| Par | t XI Reconciliation of Net Assets | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | <u></u> | | |
| | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | <u>,699</u> | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | ,180 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | ,481 | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | ,578 | | |
| 5 | Net unrealized gains (losses) on investments | 5 | - 3 | ,322 | <u>, 99</u> | <u>91.</u> |
| 6 | Donated services and use of facilities | 6 | | | | |
| 7 | Investment expenses | 7 | | | | |
| 8 | Prior period adjustments | 8 | | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | | |
| | column (B)) | 10 | 49 | <u>,774</u> | .,42 | 22. |
| Par | t 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 X Accrual Other | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | О. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | 2a | | <u>X</u> |
| | 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 | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | | 2b | X | |
| | 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: | | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| с | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audit, | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sche | edule O. | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | gle Audi [.] | t | | | |
| | Act and OMB Circular A-133? | | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | red audit | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | 3b | | |

Form **990** (2021)

132012 12-09-21

| SCHEDULE A (Form 990) Department of the Treasury Internal Revenue Service | | | Co | Public Chai | | OMB No. 1545-0047 2021 Open to Public Inspection | | | | |
|--|-------|------------------|-----------------|-------------------------|---|--|------------------|------------------|---------------|----------------------------|
| | | the organization | | | /Form990 for instruction HARPER COLLI | | le latest li | normation. | Employer | identification number |
| Nam | | ine organizatio | | ATIONAL FOU | | 266 | | | | 3-7348228 |
| Pa | rt I | Reason | | | All organizations must c | omplete th | nis nart) S | oo instruction | | J-7J40220 |
| | | | | | | | | | 13. | |
| | organ | | - | | For lines 1 through 12, cl | - | | WAV: | | |
| 1 | | | | | n of churches described | | n 170(a)(1 |)(A)(I). | | |
| 2 | | | | | Attach Schedule E (Form | | | •\ | | |
| 3 | | • | • | | inization described in se | | | | | the been it all a manage |
| 4 | | | - | ation operated in cor | njunction with a hospital | described | III Sectio | A)(1)(d)011 A | J(III). Enter | the hospital's hame, |
| - | | city, and state | - | with a banafit of a cal | laga ar university award | or operate | | verementel | nit describe | |
| 5 | | | | | lege or university owned | or operate | ed by a go | vernmental u | nit describe | |
| ~ | | | | Complete Part II.) | and a local tendence of the set for | | | 6.5 | | |
| 6 | | | - | - | ental unit described in | | | | | |
| 7 | | • | | | ntial part of its support fr | om a gove | ernmental | unit or from th | ne general p | oublic described in |
| ~ | | - | | omplete Part II.) | | | | | | |
| 8 | | - | | | 1)(A)(vi). (Complete Part | | | | | |
| 9 | | • | - | - | in section 170(b)(1)(A)(i | | - | | - | - |
| | | | or a non-land-g | grant college of agricu | ulture (see instructions). | Enter the r | name, city | , and state of | the college | or |
| | | university: | | | | | | | | |
| 10 | | | | | than 33 1/3% of its supp | | | | | |
| | | | | | t to certain exceptions; a | | | | | - |
| | | | | | (less section 511 tax) fro | m busines | ses acqui | red by the org | janization a | iπer June 30, 1975. |
| | | | | mplete Part III.) | | | | | | |
| 11 | | - | - | - | vely to test for public saf | • | | | | |
| 12 | X | - | - | - | vely for the benefit of, to | | | | • | |
| | | | | - | d in section 509(a)(1) o | | | | | Dineck the box on |
| | _ | - | - | ••• | supporting organization | - | | | - | |
| а | | | | | upervised, or controlled I | • • • • | - | | | |
| | | | - | | gularly appoint or elect a | majonty o | i the alrea | tors or truste | es or the st | ipporting |
| h | | ¬ ~ | | complete Part IV, Se | | ion with it | oupporte | d organizatio | n(a) by bay | ing |
| b | | | | - | or controlled in connect | | | - | | - |
| | | | - | t complete Part IV, | anization vested in the sa | ane persoi | is that co | ILTOI OF ITIATIA | ge the supp | Joned |
| с | x | | | | g organization operated i | in connoct | ion with a | nd functional | lly intograte | d with |
| C | _ 23 | | | | . You must complete F | | | | ily integrate | a with, |
| d | | 7 | - | | orting organization operation | | | | tod organi- | zation(s) |
| u | | •• | - | • • | ation generally must sati | | | | • | . , |
| | | | | v | nplete Part IV, Sections | • | | • | | 1611655 |
| е | | 7 | | | vritten determination from | | | | | |
| e | | | • | | nally integrated supportir | | | турет, туре | п, туре п | |
| f | Ente | er the number of | | | | | | | | 1 |
| | | | | about the supported | d organization(s) | | | | | |
| <u> </u> | | i) Name of suppo | | (ii) EIN | (iii) Type of organization | (iv) Is the orga in your governi | inization listed | (v) Amount o | f monetary | (vi) Amount of other |
| | | organization | | | (described on lines 1-10 above (see instructions)) | Yes | No | support (see ir | nstructions) | support (see instructions) |
| WII | LLI. | AM RAIN | ΞY | | | | | | | |
| HAI | RPE | R COLLEO | GE | 36-2582782 | 6 | х | | 6,069 | 9,415. | 1,840,760. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| <u>Tota</u> | | | | | | | | 6,069 |),415. | 1,840,760. |

WILLIAM RAINEY HARPER COLLEGE EDUCATIONAL FOUNDATION

| 23-7348228 | Page 2 |
|------------|--------|
|------------|--------|

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

| Se | ction A. Public Support | | | | | | |
|-------------|--|---------------------|----------------------|----------------------|---------------------|---------------------|------------------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | 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) | | | | | | |
| | Public support. Subtract line 5 from line 4. ction B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| | Amounts from line 4 | (a) 2017 | (b) 2018 | (0) 2019 | (0) 2020 | (e) 2021 | |
| 8 | Gross income from interest, | | | | | | |
| 0 | 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 VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, | etc. (see instructi | ons) | | | 12 | |
| 13 | First 5 years. If the Form 990 is for th | ne organization's f | irst, second, third, | fourth, or fifth tax | year as a section 5 | 501(c)(3) | |
| | organization, check this box and stop | o here | | | | | |
| Se | ction C. Computation of Publi | c Support Pe | rcentage | | | | |
| | Public support percentage for 2021 (I | | | .,, | | 14 | % |
| | Public support percentage from 2020 | | | | | 15 | % |
| 16 a | 33 1/3% support test - 2021. If the o | organization did ne | ot check the box o | on line 13, and line | 14 is 33 1/3% or n | nore, check this bo | ox and |
| | stop here. The organization qualifies | | - | | | | |
| k | 33 1/3% support test - 2020. If the o | | | | | | |
| | and stop here. The organization qual | | | | | | |
| 17a | 10% -facts-and-circumstances test | | | | | | - |
| | and if the organization meets the fact | | | - | - | VI how the organi | zation |
| | meets the facts-and-circumstances te | - | | • • • • | • | 17a and line 17 ia | |
| k | 10% -facts-and-circumstances test | - | - | | | | 10% or |
| | more, and if the organization meets the | | | | | | |
| 10 | organization meets the facts-and-circu | | | - | | | |
| 10 | Private foundation. If the organization | T UIU HOL CHECK a | | oa, 100, 17a, 0117 | D, CHECK THIS DOX 2 | | s ► (Form 990) 2021 |
| | | | | | | | |

132022 01-04-22

Schedule A (Form 990) 2021

Part II

| WILLIAM | RAINEY | HARPER | COLLEGE |
|---------|--------|--------|---------|
| | | | _ |

Schedule A (Form 990) 2021 EDUCATIONAL FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that | | | | | | |
| are not an unrelated trade or bus- | | | | | | |
| iness under section 513 | | | | | | |
| 4 Tax revenues levied for the organ- | | | | | | |
| ization's benefit and either paid to | | | | | | |
| 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 disgualified 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) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (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 on 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 VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First 5 years. If the Form 990 is for th | e organization's fi | rst, second, third, | fourth, or fifth tax | year as a section | 501(c)(3) orgar | nization, |
| check this box and stop here | | | | | | |
| Section C. Computation of Publi | c Support Per | rcentage | | | | |
| 15 Public support percentage for 2021 (I | ine 8, column (f), c | livided by line 13, | column (f)) | | 15 | % |
| 16 Public support percentage from 2020 | Schedule A, Part | III, line 15 | | | 16 | % |
| Section D. Computation of Inves | tment Income | e Percentage | | | | |
| 17 Investment income percentage for 20 |)21 (line 10c, colui | mn (f), divided by l | ine 13, column (f)) | | 17 | % |
| 18 Investment income percentage from 2 | 2020 Schedule A, | Part III, line 17 | | | 18 | % |
| 19a 33 1/3% support tests - 2021. If the | | | on line 14, and lin | e 15 is more than | 33 1/3%, and I | ine 17 is not |
| more than 33 1/3%, check this box ar | | | | | | |
| b 33 1/3% support tests - 2020. If the | | | | | | 3%, and |
| line 18 is not more than 33 1/3%, che | ck this box and s f | top here. The orga | anization qualifies | as a publicly supp | orted organiza | tion ► |
| 20 Private foundation. If the organizatio | | | | | | ▶□ |
| 132023 01-04-22 | | | | | | lule A (Form 990) 2021 |
| | | 17 | 1 | | | |

^{2021.05050} WILLIAM RAINEY HARPER COL 41039481

WILLIAM RAINEY HARPER COLLEGE EDUCATIONAL FOUNDATION

Yes No

Schedule A (Form 990) 2021 EDU(Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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132024 01-04-21

Х 1 Х 2 х 3a 3b 3c Х 4a 4b 4c Х 5a 5b <u>5c</u> х 6 Х 7 Х 8 х 9a Х 9b Х 9c Х 10a 10b

Schedule A (Form 990) 2021

| Sche | | 34822 | <u>8 Pa</u> | age 5 |
|------|---|-------|-------------|--------------|
| Pa | rt IV Supporting Organizations (continued) | | | |
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | X |
| | A family member of a person described on line 11a above? | 11b | | X |
| С | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | X |
| Sec | ction B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> <i>organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i> | | | |
| • | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | 5 1 5 11 5 | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| Sec | supervised, or controlled the supporting organization. | 2 | | |
| | | | V. | |
| 4 | Ware a majority of the examination's directors or tructure during the tay year also a majority of the directors | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | 1 | | |
| Sec | the supported organization(s). ction D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | 163 | |
| • | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | х | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| 2 | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | х | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a | | | |
| 3 | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | | | | |
| | supported organizations played in this regard. | 3 | Х | |

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b

| С | X | The organization supported a governmental entity. | Describe in Part VI how you sup | poorted a governmental entity (see instructions). |
|---|---|---|---------------------------------|---|
|---|---|---|---------------------------------|---|

- Activities Test. Answer lines 2a and 2b below. 2
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 132025 01-04-22

3b Schedule A (Form 990) 2021

2a

2b

3a

Yes No

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2021.05050 WILLIAM RAINEY HARPER COL 41039481

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WILLIAM RAINEY HARPER COLLEGE EDUCATIONAL FOUNDATION

| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Support | ng Organi | izations | | | |
|------|---|-----------|----------------|--------------------------------|--|--|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. | | | | | |
| | All other Type III non-functionally integrated supporting organizations mu | | • | | | |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) | | |
| 1 | Net short-term capital gain | 1 | | | | |
| 2 | Recoveries of prior-year distributions | 2 | | | | |
| 3 | Other gross income (see instructions) | 3 | | | | |
| 4 | Add lines 1 through 3. | 4 | | | | |
| 5 | Depreciation and depletion | 5 | | | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | | | |
| | collection of gross income or for management, conservation, or | | | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | | | |
| 7 | Other expenses (see instructions) | 7 | | | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) | | |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | | | |
| | instructions for short tax year or assets held for part of year): | | | | | |
| a | Average monthly value of securities | 1a | | | | |
| b | Average monthly cash balances | 1b | | | | |
| C | Fair market value of other non-exempt-use assets | 1c | | | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | | | |
| е | Discount claimed for blockage or other factors | | | | | |
| | (explain in detail in Part VI): | | | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | | | |
| 3 | Subtract line 2 from line 1d. | 3 | | | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | | | |
| | see instructions). | 4 | | | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | | | |
| 6 | Multiply line 5 by 0.035. | 6 | | | | |
| _7 | Recoveries of prior-year distributions | 7 | | | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | | | |
| Sect | ion C - Distributable Amount | | | Current Year | | |
| _1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | | | |
| 2 | Enter 0.85 of line 1. | 2 | | | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | | | |
| 5 | Income tax imposed in prior year | 5 | | | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | | | |
| | emergency temporary reduction (see instructions). | 6 | | | | |
| | | | | | | |

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

132026 01-04-22

Schedule A (Form 990) 2021

| _ | dule A (Form 990) 2021 EDUCATIONAL F | | | | 3-7348228 Page 7 |
|------|---|-------------------------------|---------------------------------------|------|---|
| | t V Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | nizations (continu | ied) | |
| Sect | ion D - Distributions | | | | Current Year |
| _1 | Amounts paid to supported organizations to accomplish exer | | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exemp | t purposes of supported | | | |
| | organizations, in excess of income from activity | | 2 | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | 6 | 3 | | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | | 5 | |
| _6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2021 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | <i>w</i> | (11) | 10 | |
| Sect | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributior Pre-2021 | IS | (iii) Distributable Amount for 2021 |
| 1 | Distributable amount for 2021 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2021 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2021 | | | | |
| а | From 2016 | | | | |
| b | From 2017 | | | | |
| C | From 2018 | | | | |
| d | From 2019 | | | | |
| e | From 2020 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| h | Applied to 2021 distributable amount | | | | |
| i | Carryover from 2016 not applied (see instructions) | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2021 from Section D, | | | | |
| | line 7: \$ | | | | |
| a | Applied to underdistributions of prior years | | | | |
| b | Applied to 2021 distributable amount | | | | |
| C | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2021, if | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | |
| | than zero, explain in Part VI. See instructions. | | | | |
| 6 | Remaining underdistributions for 2021. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2022. Add lines 3j | | | | |
| | and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| | Excess from 2017 | | | | |
| b | Excess from 2018 | | | | |
| C | Excess from 2019 | | | | |
| d | Excess from 2020 | | | | |
| e | Excess from 2021 | | | | |

Schedule A (Form 990) 2021

132027 01-04-22

Schedule A (Form 990) 2021

WILLIAM RAINEY HARPER COLLEGE EDUCATIONAL FOUNDATION

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PAGE 5, SECTION D, LINE 2:

WILLIAM RAINEY HARPER COLLEGE PAID FOR THE SALARY OF THE ASSOCIATE

EXECUTIVE DIRECTOR/MAJOR GIFTS OF WILLIAM RAINEY HARPER COLLEGE

EDUCATIONAL FOUNDATION. 1/4 OF COMPENSATION IS FOR INSTITUTIONAL

INITIATIVES FOR HARPER COLLEGE AND 3/4 FOR THE ROLE OF THE ASSOCIATE

EXECUTIVE DIRECTOR/MAJOR GIFTS OF WILLIAM RAINEY HARPER COLLEGE

EDUCATIONAL FOUNDATION.

WILLIAM RAINEY HARPER COLLEGE PAID FOR A PORTION OF THE SALARY OF THE

ASSOCIATE EXECUTIVE DIRECTOR/MAJOR GIFTS OF WILLIAM RAINEY HARPER

COLLEGE EDUCATIONAL FOUNDATION. THE FOUNDATION PAID FOR \$50,000. THE

COMPENSATION IS SPLIT FOR INSTITUTIONAL INITIATIVES FOR HARPER COLLEGE

AND FOR THE ROLE OF THE ASSOCIATE EXECUTIVE DIRECTOR/ MAJOR GIFTS OF

WILLIAM RAINEY HARPER COLLEGE EDUCATIONAL FOUNDATION. THE FOUNDATION

PAID FOR 100% OF THE ANNUAL GIVING AND EVENTS MANAGER'S SALARY AND

BENEFITS.

THE FOUNDATION WORKS CLOSELY WITH THE COLLEGE AND ACTS AS THE

FUNDRAISING ARM OF THE COLLEGE.

PART IV, SECTION A, LINE 2:

WILLIAM RAINEY HARPER COLLEGE IS A GOVERNMENTAL ENTITY AND DOES NOT

HAVE AN IRS DETERMINATION

SCHEDULE A, PAGE 5, SECTION D, LINE 3:

EXECUTIVE VICE PRESIDENT OF FINANCE AND ADMINISTRATIVE SERVICES OF THE

22

COLLEGE IS ON THE INVESTMENT COMMITTEE OF THE FOUNDATION.

132028 01-04-22

Schedule A (Form 990) 2021

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WILLIAM RAINEY HARPER COLLEGE EDUCATIONAL FOUNDATION

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PAGE 5, SECTION E, LINE 1C:

THE FOUNDATION'S ACTIVITIES (SCHOLARSHIPS AND GRANTS) PERFORM THE

FUNCTION OF, OR CARRY OUT THE PURPOSES OF, THE COLLEGE. IF THE

FOUNDATION WAS NOT PERFORMING THESE ACTIVITIES FOR THE COLLEGE, THE

COLLEGE WOULD ENGAGE IN THESE ACTIVITIES THEMSELVES. WITHOUT THE

ACTIVITIES OF THE FOUNDATION, THE COLLEGE MAY NOT BE ABLE TO OBTAIN THE

RESOURCES TO PROVIDE SCHOLARSHIPS, TEACHING EXCELLENCE GRANTS, AND

PROGRAM GRANTS.

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

132028 01-04-22

| SC | HEDULE D | Supplementa | I Financial Statements | | OMB No. 1545-0047 |
|---------|------------------------|--|---|----------------------|----------------------------|
| | n 990) | | anization answered "Yes" on Form 990, | | 2021 |
| Depart | ment of the Treasury | | 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b Attach to Form 990. | | Open to Public |
| Interna | Revenue Service | | 00 for instructions and the latest informa | | Inspection |
| Nam | e of the organizatio | | | | r identification number |
| Pa | t I Organizat | EDUCATIONAL FOUNDAT | d Funds or Other Similar Funds o | | <u>3-7348228</u> |
| I u | | answered "Yes" on Form 990, Part IV, line | | Accounto. | |
| | | | (a) Donor advised funds | (b) Funds an | d other accounts |
| 1 | Total number at end | d of year | | | |
| 2 | | contributions to (during year) | | | |
| 3 | | grants from (during year) | | | |
| 4 | | end of year | | | |
| 5 | | | vriting that the assets held in donor advise | d funds | |
| | are the organization | n's property, subject to the organization's e | exclusive legal control? | | Yes No |
| 6 | • | | dvisors in writing that grant funds can be u | | |
| | | | donor advisor, or for any other purpose co | ÷ | |
| Pa | impermissible privat | te benefit? | | | Yes No |
| | | | anization answered "Yes" on Form 990, P | art IV, line 7. | |
| 1 | | ervation easements held by the organization of land for public use (for example, recreated to the section of th | · · · · · · · · · · · · · · · · · · · | a historically impo | rtant land area |
| | | natural habitat | , <u> </u> | a certified historic | |
| | | of open space | | | |
| 2 | | • • | ed conservation contribution in the form o | f a conservation e | asement on the last |
| | day of the tax year. | с с . | | | at the End of the Tax Year |
| а | Total number of cor | nservation easements | | 2a | |
| b | | | | | |
| с | Number of conserva | ation easements on a certified historic stru | icture included in (a) | 2c | |
| d | Number of conserva | ation easements included in (c) acquired a | fter 7/25/06, and not on a historic structur | e 🛛 | |
| | | | | | |
| 3 | | | eased, extinguished, or terminated by the o | organization during | j the tax |
| | year | | | | |
| 4 | | here property subject to conservation eas | | | |
| 5 | • | on have a written policy regarding the peri prcement of the conservation easements it | | | Yes No |
| 6 | , | | holds? nandling of violations, and enforcing conse | | |
| Ŭ | | | | | y daning the year |
| 7 | | es incurred in monitoring, inspecting, hand | ling of violations, and enforcing conservation | on easements dur | ing the year |
| | ▶\$ | | | | • |
| 8 | Does each conserva | ation easement reported on line 2(d) above | e satisfy the requirements of section 170(h |)(4)(B)(i) | |
| | and section 170(h)(4 | 4)(B)(ii)? | | | Yes No |
| 9 | In Part XIII, describe | e how the organization reports conservation | on easements in its revenue and expense s | tatement and | |
| | balance sheet, and | include, if applicable, the text of the footn | ote to the organization's financial statemer | nts that describes | the |
| Do | | unting for conservation easements. | Art Historical Tracquires or Oth | or Similar Ao | |
| Fai | | - | Art, Historical Treasures, or Oth | | 5615. |
| | | the organization answered "Yes" on Form | | d balance aboat y | |
| Ia | • | | not to report in its revenue statement an lic exhibition, education, or research in fur | | |
| | | | cial statements that describes these items | - | |
| b | | | 3, to report in its revenue statement and ba | | sof |
| - | - | | exhibition, education, or research in furthe | | |
| | | g amounts relating to these items: | | | , |
| | - | | | > \$ | |
| | | | | N A | |
| 2 | If the organization r | eceived or held works of art, historical trea | asures, or other similar assets for financial | gain, provide | |
| | the following amour | nts required to be reported under FASB A | SC 958 relating to these items: | | |
| | | | | | |
| | | | | > \$ | |
| LHA | For Paperwork Re | duction Act Notice, see the Instructions | for Form 990. | Sche | dule D (Form 990) 2021 |
| 13205 | 10-28-21 | | 20 | | |
| | | | 38 | | |

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| | | RAINEY HAP | | GE | | 00 80 | 40000 | | • |
|------------|---|---------------------------------|-----------------------|----------------------|--------------------------|--------------|-----------------|-------|--------------|
| | | ONAL FOUNDA | | | | 23-73 | | | age 2 |
| | t III Organizations Maintaining C | | | | | | s (continu | ued) | |
| 3 | Using the organization's acquisition, accession | on, and other records | s, check any of the | following that make | significant | use of its | | | |
| | collection items (check all that apply): | | . . | | | | | | |
| а | X Public exhibition | d | | change program | | | | | |
| b | X Scholarly research | e | Other | | | | | | |
| С | X Preservation for future generations | | | | | | | | |
| 4 | Provide a description of the organization's co | • | | • | | ose in Part | XIII. | | |
| 5 | During the year, did the organization solicit o | | | | | _ | ٦., | 77 | ٦ |
| Dor | to be sold to raise funds rather than to be ma | | | | | | Yes | Δ | No |
| Fai | t IV Escrow and Custodial Arrang | | ete if the organizat | on answered "Yes" o | n Form 99 | 0, Part IV, | line 9, or | | |
| | reported an amount on Form 990, Par | | | | | | | | |
| 1 a | Is the organization an agent, trustee, custodi | | • | | | | ٦., | | ٦ |
| | on Form 990, Part X? | | | | | ∟ | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fol | lowing table: | | | | A | | |
| | | | | | - | | Amount | | |
| | Beginning balance | | | | | | | | |
| | Additions during the year | | | | | | | | |
| е | Distributions during the year | | | | | | | | |
| f | Ending balance | | | | 1 f | | - | | 1 |
| | Did the organization include an amount on Fe | | | | • • • • • • | L | Yes | | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | | | |
| Par | t V Endowment Funds. Complete i | | | | | | (-) [| | heel |
| | | (a) Current year | (b) Prior year | (c) Two years back | . , | years back | . , | | |
| | Beginning of year balance | 33,092,450. | 27,000,612 | | · · | 459,333. | | 703, | |
| | Contributions | 9,910,394. | 2,894,182 | | | 050,334. | | 014, | |
| | Net investment earnings, gains, and losses | -3,318,154. | 4,913,758 | - | | 076,579. | | 656, | |
| | Grants or scholarships | 2,004,542. | 2,044,276 | . 1,343,443. | | 275,475. | | 249, | 936. |
| е | Other expenditures for facilities | | | | | | | | |
| | and programs | -747,850. | -328,174 | -25,539. | | -71,507. | - | 334, | 838. |
| f | Administrative expenses | | | | | | | | |
| g | End of year balance | 38,427,998. | 33,092,450 | . 27,000,612. | 25, | 382,278. | 17, | 459, | 333. |
| 2 | Provide the estimated percentage of the curr | • | e (line 1g, column (| a)) held as: | | | | | |
| | Board designated or quasi-endowment | 71.2200 | _% | | | | | | |
| | Permanent endowment $\blacktriangleright \frac{17.2537}{11.2537}$ | % | | | | | | | |
| С | Term endowment 11.5263 | % | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | uld equal 100%. | | | | | | | |
| 3a | Are there endowment funds not in the posse | ssion of the organiza | tion that are held a | and administered for | the organiz | ation | г | | |
| | by: | | | | | | | Yes | No |
| | (i) Unrelated organizations | | | | | | 3a(i) | | X |
| | (ii) Related organizations | | | | | | 3a(ii) | | X |
| b | If "Yes" on line 3a(ii), are the related organiza | tions listed as require | ed on Schedule R | · | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | wment funds. | | | | | | |
| Par | t VI Land, Buildings, and Equipm | | | | | | | | |
| | Complete if the organization answere | d "Yes" on Form 990 |), Part IV, line 11a. | See Form 990, Part > | (, line 10. | | | | |
| | Description of property | (a) Cost or o basis (investm | | | Accumulat epreciation | | (d) Book | value | e |
| 1a | Land | | | | | | | | |
| | Buildings | | | | | | | | |
| | Leasehold improvements | | | | | | | | |
| | Equipment | | | | | | | | |
| | Other | | | | | | | | |
| | Add lines 1a through 1e. (Column (d) must e | | X column (R) line | 10c) | | | | | 0. |
| | | <u>and comoverally</u> | | | | | e D (Form | 990) | |

WILLIAM RAINEY HARPER COLLEGE FOUCATIONAL FOUNDATION

| Schedule [| D (Form 990) 2021 | EDUCATIONAL | FOUNDATION | | 23-7348228 Page 3 |
|--------------------|-----------------------------|--|---|--|--------------------------|
| Part VII | | Other Securities. | | | |
| | Complete if the orga | anization answered "Yes" | on Form 990, Part IV, line ⁻ | 11b. See Form 990, Part X, line 12. | |
| (a) Descri | ption of security or catego | Ory (including name of security) | (b) Book value | (c) Method of valuation: Cost or | end-of-year market value |
| (1) Financ | ial derivatives | | | | |
| (2) Closely | y held equity interests | | | | |
| (3) Other | | | | | |
| (A) | | | | | |
| (B) | | | | | |
| (C) | | | | | |
| (D) | | | | | |
| (E) | | | | | |
| (F) | | | | | |
| (G) | | | | | |
| (H) | | | | | |
| | (b) must equal Form 990, | , Part X, col. (B) line 12.) 🕨 | | | |
| Part VII | I Investments - F | Program Related. | | | |
| | Complete if the orga | anization answered "Yes" | on Form 990, Part IV, line [.] | 11c. See Form 990, Part X, line 13. | |
| | (a) Description of i | nvestment | (b) Book value | (c) Method of valuation: Cost or | end-of-year market value |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| | (b) must equal Form 990. | Part X, col. (B) line 13.) 🕨 | | | |
| Part IX | | | | | |
| | Complete if the orga | anization answered "Yes" | on Form 990, Part IV, line [.] | 11d. See Form 990, Part X, line 15. | |
| | | (a) | Description | | (b) Book value |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| | umn (b) must equal For | rm 990 Part X col (R) line | 9 15.) | | |
| Part X | Other Liabilities | <u>ан 330, ган х, сон (Б) ште</u> S. | , 10., | | |
| | Complete if the orga | anization answered "Yes" | on Form 990, Part IV, line [.] | 11e or 11f. See Form 990, Part X, line | e 25. |
| 1. | (a) De | scription of liability | · · · | | (b) Book value |
| | deral income taxes | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) Tatal (0) (| | | | | <u> </u> |
| | | | <u>25.)</u> | | |
| Z. Liability | y for uncertain tax posi | mons. In Part XIII, provide | the text of the footnote to | the organization's financial statement | its that reports the |

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... 🚺

132053 10-28-21

Schedule D (Form 990) 2021

| | WILLIAM RAINEY HARPER COLLE | GE | | | | |
|---|--|--------|--------------------|-------|---------|--------------|
| Sche | dule D (Form 990) 2021 EDUCATIONAL FOUNDATION | | | 23- | 7348228 | Page 4 |
| Par | t XI Reconciliation of Revenue per Audited Financial Statemen | nts Wi | th Revenue per Re | turn. | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 1,973, | ,117. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | | |
| а | Net unrealized gains (losses) on investments | 2a | -3,322,991. | | | |
| b | Donated services and use of facilities | | 594,913. | | | |
| с | Recoveries of prior year grants | | | | | |
| d | Other (Describe in Part XIII.) | | 64,162. | | | |
| е | Add lines 2a through 2d | | | 2e | -2,663, | |
| 3 | Subtract line 2e from line 1 | | | 3 | 4,637, | <u>,033.</u> |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 62,079. | | | |
| b | Other (Describe in Part XIII.) | 4b | | | | |
| с | Add lines 4a and 4b | | | 4c | | <u>,079.</u> |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | | | 4,699, | ,112. |
| Pa | t XII Reconciliation of Expenses per Audited Financial Stateme | nts W | ith Expenses per F | Retur | n. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 8,777, | ,647. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | | |
| а | Donated services and use of facilities | 2a | 594,913. | | | |
| b | Prior year adjustments | 2b | | | | |
| С | Other losses | 2c | | | | |
| d | Other (Describe in Part XIII.) | 2d | 64,162. | | | |
| е | Add lines 2a through 2d | | | 2e | | ,075. |
| 3 | Subtract line 2e from line 1 | | | 3 | 8,118, | <u>,572.</u> |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 62,079. | | | |
| b | Other (Describe in Part XIII.) | 4b | | | | |
| С | Add lines 4a and 4b | | | 4c | | ,079. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | | 5 | 8,180, | ,651. |
| Pa | t XIII Supplemental Information. | | | | | |

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 III, LINE 4:

THE EXTENSIVE COLLECTION IS PREEMINENT IN THE NORTHWEST SUBURBS FOR THE

PURPOSE OF ARTISTIC STUDY AND COMMUNITY-WIDE AESTHETIC APPRECIATION.

ART COLLECTION TRANSFERRED OWNERSHIP TO HARPER COLLEGE IN FY22 JAN 2022.

PART V, LINE 4:

THE INTENDED USE OF THE ENDOWMENT FUNDS IS FOR SCHOLARSHIPS AND OTHER

ACTIVITES THAT SUPPORT THE COLLEGE.

PART X, LINE 2:

THE FOUNDATION IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM INCOME

TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AS OTHER THAN A

41

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Schedule D (Form 990) 2021

Part XIII Supplemental Information (continued)

PRIVATE FOUNDATION. ACCORDINGLY, NO PROVISION FOR INCOME TAX EXPENSE IS

INCLUDED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE

Schedule D (Form 990) 2021

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE

64,162.

64,162.

FORM 990 SCHEDULE D PART III LINE 1B(II):

DURING THE YEAR, THE ORGANIZATION TRANSFERRED ITS FULL ART COLLECTION TO

THE WILLIAM RAINEY HARPER COLLEGE, A 501(C)(1) NONPROFIT ORGANIZATION.

Schedule D (Form 990) 2021

132055 10-28-21

| SCHEDULE G | Suppleme | ntal Information Regarding | Func | Iraisi | ng or Gaming A | ctiv | ities (| DMB No. 1545-0047 |
|---|--|--|--|--|---|-------|--|--|
| (Form 990) | Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. | | | | | | | 2021 |
| Department of the Treasury | ► Attach to Form 990 or Form 990-EZ. | | | | | | | Open to Public |
| Internal Revenue Service | | to www.irs.gov/Form990 for instr | | | the latest information | on. | | Inspection |
| Name of the organization | EDUCATI | RAINEY HARPER COL | | | | | 23-7348 | |
| | complete this par | Complete if the organization answe t. | ered "Y | es" or | n Form 990, Part IV, li | ine 1 | 7. Form 990-EZ | filers are not |
| a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list | tions email solicitations itations blicitations on have a written o ted in Form 990, P) highest paid indiv | f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu | tion of tion of fundra (incluc rofessi | non-g gover aising ling of onal fu | overnment grants nment grants events ficers, directors, trus undraising services? | | Yes | |
| (i) Name and addres or entity (fund | | (ii) Activity | (iii) fundr have c or cor contrib | ustody itrol of | (iv) Gross receipts from activity | tò (e | Amount paid or retained by) fundraiser ted in col. (i) | (vi) Amount paid to (or retained by) organization |
| | | | Yes | No | | | | |
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| | | on is registered or licensed to solicit o | contrib | utions | or has been notified | it is | exempt from re | l gistration |
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| LHA For Paperwork R | eduction Act Noti | ice, see the Instructions for Form 9 | 990 or | 990-E | Ζ. | | Schedule | e G (Form 990) 2021 |

132081 10-21-21

| | WILLIAM RAINEY HARPER COLLEGE | | | | | | | |
|-----------------|-------------------------------|---|--------------------------|-----------------|------------------|-----------------|---------------|---------------------------|
| Sch | edu | | ONAL FOUNDAT | | | | 23- | 7348228 Page 2 |
| Pa | | | | | orm 990, Parl | t IV, line 18, | | |
| | | of fundraising event contributions and gr | oss income on Form 990 |)-EZ, lines 1 a | nd 6b. List e | vents with | gross receipt | s greater than \$5,000. |
| | | | (a) Event #1 | (b) Ev | ent #2 | (c) Othe | er events | (d) Total events |
| | | | GOLF OUTING | THEATR | | | | (add col. (a) through |
| | | | FISCAL YEAR | EVENT | | | 5 | col. (c)) |
| e | | | (event type) | (event | type) | (total r | number) | |
| Revenue | 1 | Gross receipts | 137,184. | | 9,500. | 2 | 1,040. | 167,724. |
| | 2 | Less: Contributions | 100,472. | | 9,500. | 1 | 8,784. | 128,756. |
| | 3 | Gross income (line 1 minus line 2) | 36,712. | | | | 2,256. | 38,968. |
| | | | | | | | | |
| | 4 | Cash prizes | | | | | | |
| S | 5 | Noncash prizes | | | 3,450. | | | 3,450. |
| bense | 6 | Rent/facility costs | 1,786. | | | | | 1,786. |
| Direct Expenses | 7 | Food and beverages | 34,694. | | | | | 34,694. |
| | 8 | Entertainment | | | | | | |
| | 9 | Other direct expenses | | | | 1 | 3,645. | 24,232. |
| | 10 | Direct expense summary. Add lines 4 through | | | | | ► | 64,162. |
| _ | 11 | Net income summary. Subtract line 10 from I | | | | | ► | -25,194. |
| Pa | rt I | | answered "Yes" on Forn | n 990, Part IV | ', line 19, or r | reported mo | ore than | |
| | | \$15,000 on Form 990-EZ, line 6a. | | (b) Pull to | bs/instant | | | (d) Total gaming (add |
| Ine | | | (a) Bingo | bingo/progr | | (c) Othe | er gaming | col. (a) through col. (c) |
| Revenue | | | | | | | | |
| Å | 1 | Gross revenue | | | | | | |
| | | | | | | | | |
| es | 2 | Cash prizes | | | | | | |
| xpense | 3 | Noncash prizes | | | | | | |
| Direct Expense | 4 | Rent/facility costs | | | | | | |
| | 5 | Other direct expenses | | | | | | |
| | | · | Yes% | Yes_ | % | Yes_ | % | |
| | 6 | Volunteer labor | No | No | | No | | |
| | 7 | Direct expense summary. Add lines 2 throug | n 5 in column (d) | | | | ► | |
| | | | | | | | | |
| | 8 | Net gaming income summary. Subtract line 7 | from line 1, column (d) | | | | ► | |
| | | | | | | | | |
| | | ter the state(s) in which the organization condu | | -1-10 | | | | |
| | | he organization licensed to conduct gaming a No," explain: | | | | | | Yes No |
| , N | | | | | | | | |
| | | | | | | | | |
| | | 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? | | | | | | |
| 10a | We | ere any of the organization's gaming licenses re | evoked, suspended, or te | erminated du | ring the tax y | vear? | | Yes No |
| | | ere any of the organization's gaming licenses re Yes," explain: | | | ring the tax y | vear? | | Yes No |
| | | | | | ring the tax y | /ear? | | Yes No |
| | | | | | ring the tax y | /ear? | | Yes No |

| WILLIAM RAINEY HARPER COLLEGE | WILLIAM | RAINEY | HARPER | COLLEGE |
|-------------------------------|---------|--------|--------|---------|
|-------------------------------|---------|--------|--------|---------|

| Sch | edule G (Form 990) 2021 | EDUCATIONAL B | FOUNDATION | 23-7 | 348228 | Page 3 |
|-------|---|--------------------------------|---|------------|-----------------|-----------|
| 11 | Does the organization conduct g | aming activities with nonme | mbers? | | Yes | No |
| 12 | | | , or a member of a partnership or other entity formed | | Yes | No |
| 13 | Indicate the percentage of gamir | | | | | |
| | | | | | 13a | % |
| | | | | | 13b | % |
| 14 | Enter the name and address of t | he person who prepares the | organization's gaming/special events books and record | ds: | | |
| | Name | | | | | |
| | Address 🕨 | | | | | |
| 15a | Does the organization have a co | ntract with a third party from | n whom the organization receives gaming revenue? | | Yes | No No |
| b | If "Yes," enter the amount of gar of gaming revenue retained by th | | e organization 🕨 💲 and the amo | ount | | |
| с | If "Yes," enter name and address | | | | | |
| | Name 🕨 | | | | | |
| | Address 🕨 | | | | | |
| 16 | Gaming manager information: | | | | | |
| | Name 🕨 | | | | | |
| | Gaming manager compensation | ▶ \$ | | | | |
| | Description of services provided | ▶ | | | | |
| | | | | | | |
| | Director/officer | Employee | Independent contractor | | | |
| 17 | Mandatory distributions: | | | | | |
| а | Is the organization required unde | er state law to make charitat | ble distributions from the gaming proceeds to | | | |
| | retain the state gaming license? | | | | Yes | No No |
| b | Enter the amount of distributions organization's own exempt activ | • | be distributed to other exempt organizations or spent | in the | | |
| Pa | rt IV Supplemental Info | rmation. Provide the exp | anations required by Part I, line 2b, columns (iii) and (v) and ditional information. See instructions. | ; and Part | III, lines 9, 9 | 9b, 10b, |
| | 100, 100, 10, 200 170, 2 | | | | | |
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| 13208 | 33 10-21-21 | | 4.5 | Schedu | le G (Form | 990) 2021 |

| WILLIAM | RAINEY | HARPER | COLLEGE |
|----------|---------|---------|---------|
| EDUCATIO | ONAL FC | UNDATIO | N |
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| Schedule G (Form 990) | EDUCATIONAL FOUNDATION | 23-7348228 Page 4 |
|---|------------------------|------------------------|
| Schedule G (Form 990) Part IV Supplemental Info | ormation (continued) | |
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| | | Schedule G (Form 990) |

| SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service Name of the organization WILLIAM R EDUCATION | Go Compl | PER COLLEGE | d Individua | ls in the Ŭn i on Form 990, Pa m 990. | ted States rt IV, line 21 or 22. | | OMB No. 1545-0047 2021 Open to Public Inspection Employer identification number 23-7348228 |
|---|---|---|--|--|--|---------------------------------------|--|
| Part I General Information on Grants a | | | | | | | |
| Does the organization maintain records a criteria used to award the grants or assis Describe in Part IV the organization's propert II Grants and Other Assistance to recipient that received more than \$ | stance? ocedures for monit Domestic Organiz | oring the use of grant zations and Domestic | funds in the United Governments. C | l States. Complete if the org | anization answered "Y | | X Yes No |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| WILLIAM RAINEY HARPER COLLEGE 1200 WEST ALGONQUIN ROAD PALATINE, IL 60067 | 36-2582782 | 501(C)(1) | 230,782. | 1,835,760. | APPRAISAL | ART COLLECTION | PROGRAM GRANTS, RESOURCE FOR EXCELLENCE |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization: | | | l e line 1 table | | l | 1 | <u>1.</u> |

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

Schedule I (Form 990) 2021

EDUCATIONAL FOUNDATION

23-7348228

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 noncash assistance |
|---|---------------------------|-----------------------------|---------------------------------------|--|---------------------------------------|
| | | | | | |
| WARDS | 16 | 11,200. | 0. | | |
| | | | | | |
| CHOLARSHIPS | 2043 | 5,827,433. | 5,000. | FMV | BOOKSTORE GIFT CARDS |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Part IV Supplemental Information. Provide the informatior | n required in Part I, lin | e 2; Part III, column | (b); and any other ac | ditional information. | |
| | · · · | | • | | |
| ART I, LINE 2: | | | | | |
| HE FOUNDATION PROVIDES SEED MON | EY FOR EXCE | LLENCE IN | TEACHING A | ND LEARNING | |

THROUGH THE RESOURCES FOR EXCELLENCE GRANT PROCESS. SOME PAST GRANT

RECIPIENTS INCLUDE PROGRAMS THAT SERVE WOMEN, MINORITY AND UNDER-SERVED

POPULATIONS AND STUDENTS FROM THE HARD OF HEARING COMMUNITY. THE

FOUNDATION'S SENIOR DIRECTOR FINANCE AND OPERATIONS MONITORS THE

EXPENDITURE OF THESE GRANTS DURING THE FISCAL YEAR AND KEEPS RECORD OF ALL

EXPEDITURES FOR THE GRANTS.

| SCI | HEDULE J | Compensation Information | I | OMB No. 1 | 545-004 | 47 |
|------|---|---|--------------|----------------|---------|--------|
| | rm 990) | For certain Officers, Directors, Trustees, Key Employees, and Highest | | 00 | | |
| (| | Compensated Employees | | 20 | 27 | |
| | | Complete if the organization answered "Yes" on Form 990, Part IV, line 23. | | Open to | Publ | ic |
| | tment of the Treasury al Revenue Service | Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. | | Inspe | | |
| | e of the organization | Employer i | dentificatio | on nui | mber | |
| | Ū. | WILLIAM RAINEY HARPER COLLEGE EDUCATIONAL FOUNDATION | | 7348228 | | |
| Pa | rt I Question | s Regarding Compensation | | | - | |
| | | | | | Yes | No |
| 1a | Check the appropri- | ate box(es) if the organization provided any of the following to or for a person listed on Form | 990, | | | |
| | | line 1a. Complete Part III to provide any relevant information regarding these items. | | | | |
| | First-class or c | | nal use | | | |
| | Travel for com | panions Payments for business use of personal re | sidence | | | |
| | Tax indemnific | ation and gross up payments | S | | | |
| | Discretionary s | pending account Personal services (such as maid, chauffer | ır, chef) | | | |
| | | | | | | |
| b | If any of the boxes of | on line 1a are checked, did the organization follow a written policy regarding payment or | | | | |
| | reimbursement or p | rovision 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 office | rs, including the CEO/Executive Director, regarding the items checked on line 1a? | | 2 | | |
| | | | | | | |
| 3 | Indicate which, if ar | y, of the following the organization used to establish the compensation of the organization's | i | | | |
| | CEO/Executive Dire | ctor. Check all that apply. Do not check any boxes for methods used by a related organization | on to | | | |
| | establish compensa | tion of the CEO/Executive Director, but explain in Part III. | | | | |
| | Compensation | committee Written employment contract | | | | |
| | Independent c | ompensation consultant Compensation survey or study | | | | |
| | Form 990 of of | ther organizations Approval by the board or compensation c | ommittee | | | |
| | | | | | | |
| 4 | During the year, did | any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | | |
| | organization or a re | lated organization: | | | | |
| | | e payment or change-of-control payment? | | 4 a | | X |
| | | eive payment from a supplemental nonqualified retirement plan? | | | | X |
| С | | eive payment from an equity-based compensation arrangement? | | 4c | | x |
| | If "Yes" to any of lin | es 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | | |
| | | | | | | |
| | |)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | | |
| 5 | - | n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio | n | | | |
| | contingent on the re | | | - | | v |
| | | | | | | X X |
| D | | ation? | | <u>5b</u> | | |
| • | | r 5b, describe in Part III. | - | | | |
| 6 | - | n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation of a company of | n | | | |
| - | contingent on the n | | | 60 | | x |
| | | ntion? | | | | X |
| U | | ation? r 6b, describe in Part III. | | <u>6b</u> | | |
| 7 | | | | | | |
| ' | | n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | 7 | | x |
| 0 | | es 5 and 6? If "Yes," describe in Part III | | 7 | | |
| | | reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | 8 | | x |
| | | ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | | ····· O | | |
| 9 | | d the organization also follow the rebuttable presumption procedure described in | | 9 | | |
| I HA | | 53.4958-6(c)? eduction Act Notice, see the Instructions for Form 990. | | ule J (Forn | 1 990 | 2021 |

132111 11-02-21

WILLIAM RAINEY HARPER COLLEGE EDUCATIONAL FOUNDATION

Schedule J (Form 990) 2021

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 on 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 aren't 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 and/or 1099-NEC compensation | | | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) | |
|--------------------|-------------|--|---|---|-----------------------------------|-------------------------|------------------------------------|---|--|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 | |
| (1) LAURA J. BROWN | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| | (ii) | 192,410. | 5,163. | 0. | 0. | 1,881. | 199,454. | 0. | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
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| | (ii) | | | | | | | | |
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| | (i) | | | | | | | | |
| | (ii) (i) | | | | | | | | |
| | (i) (ii) | | | | | | | | |
| | (i) (i) | | | | | | | | |
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| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |

Schedule J (Form 990) 2021

Page 2

23-7348228

EDUCATIONAL FOUNDATION

Schedule J (Form 990) 2021

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.

PART I, LINE 3:

WILLIAM RAINEY HARPER COLLEGE PAID FOR THE SALARY OF THE ASSOCIATE

EXECUTIVE DIRECTOR/MAJOR GIFTS OF WILLIAM RAINEY HARPER COLLEGE

EDUCATIONAL FOUNDATION. 1/4 OF COMPENSATION IS FOR INSTITUTIONAL

INITIATIVES FOR HARPER COLLEGE AND 3/4 FOR THE ROLE OF THE ASSOCIATE

EXECUTIVE DIRECTOR/MAJOR GIFTS OF WILLIAM RAINEY HARPER COLLEGE EDUCATIONAL

FOUNDATION.

WILLIAM RAINEY HARPER COLLEGE (SUPPORTED ORGANIZATION) USES A COMPENSATION

SURVEY/STUDY AND APPROVAL BY THE BOARD/COMPENSATION COMMITTEE TO DETERMINE

THE SALARY FOR LAURA BROWN.

Schedule J (Form 990) 2021

| | HEDULE M rm 990) | | Nonc | ash Contri | butions | | OMB No. 1545-0047 |
|----------|---|--|--------------------------------------|---|--|----------|--|
| | ment of the Treasury I Revenue Service | Complete if the org Attach to Form 990 Go to www.irs.gov/ | | 2021 Open to Public Inspection | | | |
| Name | e of the organization | WILLIAM RAIN | EY HAR | Employer | r identification number | | |
| | | EDUCATIONAL | FOUNDA | 3-7348228 | | | |
| Par | rt I Types of F | Property | | | | | |
| | | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | | (d) d of determining ontribution amounts |
| 1 | Art - Works of art | | | | | | |
| 2 | Art - Historical treasu | ures | | | | | |
| 3 | | ests | | | | | |
| 4 | Books and publication | ons | | | | | |
| 5 | Clothing and househ | nold goods | | | | | |
| 6 | Cars and other vehic | cles | | | | | |
| 7 | Boats and planes | | | | | | |
| 8 | | | | | | | |
| 9 | Securities - Publicly | traded | X | 6 | 237,013. | STOCK QU | OTES |
| 10 | Securities - Closely h | neld stock | | | | | |
| 11 | Securities - Partners | hip, LLC, or | | | | | |
| | trust interests | | | | | | |
| 12 | Securities - Miscellar | neous | | | | | |
| 13 | Qualified conservation Historic structures | on contribution - | | | | | |
| 14 | Qualified conservation | on contribution - Other | | | | | |
| 15 | Real estate - Resider | ntial | | | | | |
| 16 | | ercial | | | | | |
| 17 | | | | | | | |
| 18 | Collectibles | | | | | | |
| 19 | Food inventory | | | | | | |
| 20 | | upplies | | | | | |
| 21 | Taxidermy | | | | | | |
| 22 | Historical artifacts | | | | | | |
| 23 | Scientific specimens | ; | | | | | |
| 24 | Archeological artifac | | | | | | |
| 25 | · · · · | FT CARDS) | X | 100 | 5,000. | | |
| 26 | Other 🕨 (<u>MA</u> | GAZINE PUBL) | X | 2 | 2,564. | FMV | |
| 27 | Other 🕨 (|) | | | | | |
| 28 | Other 🕨 (|) | | | | | |
| 29 | | 83 received by the organized by the orga | | | | | |
| | for which the organiz | zation completed Form 82 | 83, Part V, D | onee Acknowledge | ement 29 | | |
| | | | | | | | Yes No |
| 30a | • • • | • | | | orted in Part I, lines 1 throug | • | |
| | | | | I contribution, and | which isn't required to be us | ed for | No. No. |
| _ | | r the entire holding period | ? | | | | <u>30a X</u> |
| | | e arrangement in Part II. | | | . | | 37 |
| 31 | - | • · · | - | - | of any nonstandard contribut | ions? | <u>31 X</u> |
| 32a | | | | • | it, process, or sell noncash | | 32a X |
| h | If "Yes," describe in | Part II | | | | | |
| 33 | | | olumn (c) fo | r a type of property | for which column (a) is chec | ked | |
| 00 | describe in Part II. | an croport an amount III C | | | is which column (a) is chec | | |
| LHA | | eduction Act Notice, see | the Instruct | tions for Form 990 | | Sche | dule M (Form 990) 2021 |
| ` | | | | | - | 00110 | |

132141 11-17-21

| <u>Schedule</u> M | (Form 990) 2021 | EDUCATIONAL FOUNDATION | 23-7348228 | Page 2 |
|-------------------|--|---|---|---------------|
| Part II | Supplemental is reporting in Part this part for any ac | Information. Provide the information required by Part I, lines 30b, 32b, and 33, I, column (b), the number of contributions, the number of items received, or a combiditional information. | and whether the organization of both. Also complete | on ete |
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| 132142 11-17-2 | 1 | | Schedule M (Form 9 | 90) 2021 |
| | | 53 | | |

WILLIAM RAINEY HARPER COLLEGE

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

OMB No. 1545-0047 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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. WILLIAM RAINEY HARPER COLLEGE EDUCATIONAL FOUNDATION

Inspection Employer identification number 23-7348228

L

Open to Public

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

VISION

THE HARPER COLLEGE EDUCATIONAL FOUNDATION STRIVES TO PROVIDE ALL HARPER

COLLEGE STUDENTS WITH OPPORTUNITIES TO TRANSFORM THEIR LIVES AND ENRICH

THE COMMUNITY THROUGH EDUCATION WITHOUT FINANCIAL BARRIERS.

MISSION

THE HARPER COLLEGE EDUCATIONAL FOUNDATION CONNECTS THE COLLEGE TO THE

GREATER COMMUNITY, ALUMNI, BUSINESSES AND LEADERS BY INSPIRING AND

ALIGNING DONOR PASSION AND GENEROSITY THROUGH PHILANTHROPIC SUPPORT FOR

STUDENTS AND PROGRAM ENRICHMENTS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THE COLLECTION CONTAINS NEARLY 400 THE BENEFIT OF HARPER COLLEGE.

PIECES AND IS VALUED AT APPROXIMATELY \$2.8 MILLION. THIS EXTENSIVE

COLLECTION IS PREEMINENT IN THE NORTHWEST SUBURBS FOR THE PURPOSE OF

ARTISTIC STUDY AND COMMUNITY-WIDE AESTHETIC APPRECIATION. ART

COLLECTION TRANSFERRED OWNERSHIP TO HARPER COLLEGE IN FY22 JAN 2022.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS GIVEN TO THE FOUNDATIONS SENIOR DIRECTOR FINANCE AND OPERATIONS

AND AUDIT COMMITTEE WHERE IT IS REVIEWED BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY IS EMAILED TO ALL FOUNDATION BOARD MEMBERS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021 132211 11-11-21

54

| Schedule O (Form 990) 2021 | Page 2 |
|--|---|
| Name of the organization WILLIAM RAINEY HARPER COLLEGE EDUCATIONAL FOUNDATION | Employer identification number 23-7348228 |
| TO BE SIGNED AND RETURNED AT THEIR ANNUAL ONE ON ONE MEETI | NG WITH THE |
| FOUNDATION CHIEF ADVANCEMENT OFFICER. POLICY REQUIRES THAT | ALL POTENTIAL |
| CONFLICTS OF INTEREST SHALL BE PRESENTED IN WRITING TO THE | FOUNDATION |
| PRESIDENT AND THE FOUNDATION CHIEF ADVANCEMENT OFFICER FOR | PURPOSES OF |
| REVIEW AND POSSIBLE REMEDIAL ACTION. SUCH ACTION MAY INCLU | DE HOLDING |
| INFORMATION ON FILE, INFORMING THE BOARD OF THE APPEARANCE | OF CONFLICT OF |
| INTEREST, OR REQUIRING THE CHIEF ADVANCEMENT OFFICER TO EI | THER CEASE AND |
| DESIST ACTIVITY OR TO RELINQUISH FOUNDATION DIRECTORSHIP. | |
| | |

FORM 990, PART VI, SECTION B, LINE 15:

ALL COMPENSATION IS PAID BY A RELATED PARTY WILLIAM RAINEY HARPER COLLEGE.

THE FOUNDATION RELIED ON A HARPER COLLEGE'S COMPENSATION PROCEDURES TO ESTABLISH TOP MANAGEMENT OFFICIAL'S COMPENSATION. HARPER COLLEGE HAD A SALARY SURVEY DONE IN THE EDUCATIONAL ADVANCEMENT FOR THE MIDWEST REGION FROM CASE AND INDICATE THAT TOP MANAGEMENT POSITIONS ARE COMPENSATED COMPETITIVELY BASED ON ORGANIZATIONAL SIZE, RESPONSIBILITY AND EXPERIENCE.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, 990, AUDITED FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY IS AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST. ALL REQUEST WILL BE SUBMITTED TO, FULFILLED AND LOGGED BY THE FOUNDATION SENIOR DIRECTOR FINANCE AND OPERATIONS.

132212 11-11-21

10480222 765826 4103948.0

| Department of the Treasury Internal Revenue Service | Related Organization blete if the organization answered ► At ► Go to www.irs.gov/Form990 Y HARPER COLLEGE DUNDATION | Oį | OMB No. 1545-004 2021 Open to Public Inspection entification numb 48228 | | | | | |
|--|--|--|---|---|-----------|---------------------------------|-----------------------------------|---|
| Part I Identification of Disregarded Entities. Completing (a) Name, address, and EIN (if applicable) of disregarded entity | ete if the organization answered "Yes (b) Primary activity | s" on Form 990, Part IV, line 33 (c) Legal domicile (state c foreign country) | (d) | ne End-of-year | assets | Direct c | (f) ontrolling tity |) |
| | ations. Complete if the organization | a answered "Yes" on Form 990 |) Part IV line 34 h | | | ted tax.ever | not | |
| (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)) | Direct co | f) ontrolling tity | | g) 512(b)(13) rolled iity? No |
| WILLIAM RAINEY HARPER COLLEGE - 36-2582782 1200 WEST ALGONQUIN ROAD PALATINE, IL 60067 | EDUCATIONAL INSTITUTION | ILLINOIS | 501(C)(1) | | N/A | | | X |
| | | | | | | | | |

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

Schedule R (Form 990) 2021

WILLIAM RAINEY HARPER COLLEGE EDUCATIONAL FOUNDATION

Schedule R (Form 990) 2021

23-7348228 Page 2

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) | (b) | (c) | (d) | (e) | (f) | (g) | (1 | h) | (i) | (j) | (k) |
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign | Direct controlling entity | Predominant income (related, unrelated, excluded from tax under sections 512-514) | Share of total income | Share of end-of-year assets | | ortionate itions? | | Genera manag partne | or Percentage ownership |
| | | country) | | sections 512-514) | | 400010 | Yes | No | K-1 (Form 1065) | Yes | 10 |
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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 | (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 | ent | (i) ction (b)(13) trolled tity? |
|---|--------------------------------|---|--|--|--|---|--------------------------------|-----|---|
| | | country) | | | | | | Yes | No |
| | | | | | | | | | |
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WILLIAM RAINEY HARPER COLLEGE EDUCATIONAL FOUNDATION

Schedule R (Form 990) 2021

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

| Not | te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | 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? | | | |
| а | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | | X |
| | Gift, grant, or capital contribution to related organization(s) | 1b | X | |
| | Gift, grant, or capital contribution from related organization(s) | 1c | | X |
| | Loans or loan guarantees to or for related organization(s) | 1d | | X |
| | Loans or loan guarantees by related organization(s) | 1e | | X |
| | | | | |
| f | Dividends from related organization(s) | 1f | | X |
| g | Sale of assets to related organization(s) | 1g | | X |
| | Purchase of assets from related organization(s) | 1h | | X |
| i | Exchange of assets with related organization(s) | 1i | | X |
| j | Lease of facilities, equipment, or other assets to related organization(s) | 1j | | X |
| | | | | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | 1k | | X |
| | Performance of services or membership or fundraising solicitations for related organization(s) | 11 | | X |
| | Performance of services or membership or fundraising solicitations by related organization(s) | 1m | X | |
| | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | X | |
| | Sharing of paid employees with related organization(s) | 10 | X | |
| | | | | |
| р | Reimbursement paid to related organization(s) for expenses | 1p | X | |
| q | Reimbursement paid by related organization(s) for expenses | 1q | | X |
| | | | | |
| r | Other transfer of cash or property to related organization(s) | 1r | X | |
| s | Other transfer of cash or property from related organization(s) | 1s | | X |
| 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 |
|-------------------------------------|---|-------------------------------|--|
| <u>(1)</u> | | | |
| (2) | | | |
| <u>(3)</u> | | | |
| <u>(4)</u> | | | |
| <u>(5)</u> | | | |
| <u>(6)</u> | | | |

WILLIAM RAINEY HARPER COLLEGE EDUCATIONAL FOUNDATION

Schedule R (Form 990) 2021

23-7348228 Page 4

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) | (b) | (c) | (d) | (e | e) e all | (f) | (g) | (۲ | ו) | (i) | (j) | (k) | |
|------------------------|------------------|---|--|------------------------------|---------------------------|-----|-----|--------------------------|---------------|--|-----------------|------------|-----|
| Name, address, and EIN | Primary activity | Legal domicile | Predominant income (related, unrelated, excluded from tax under sections 512-514) | Are partne 501(org | e all rs sec. c)(3) | | | Dispr tior allocat | opor- nate | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | Genera manac | | age |
| of entity | | (state or foreign country) | excluded from tax under sections 512-514) | org Yes | | | | allocat Yes | tions? | of Schedule K-1 (Form 1065) | partne Yes I | r? ownersi | nip |
| | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | Yes | NO | | | Yes | NO | (1011111000) | Yes | | — |
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Schedule R (Form 990) 2021

Schedule R (Form 990) 2021

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2021

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| Name | : WIL | LIAM RAINE | Y HARPER COLLEG | SE EDUCAT | | | | | | | FEIN: | 23-7348228 | |
|---|--|---------------------------------|-------------------------|---|--------------------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--|
| | Type and Entity: PARTNERSHIP INCOME POST-2017 NOL FE DETAIL CARRYOVER SCHEDULE Section 382 Annual Limitation Section 382 Carryover | | | | | | | | | | | | |
| <u>Section</u> Year Origi- nated | | Original Carryover Amount | Total Amount Used | Section 382 Carryover Amount Used for 06/30/20 | Amount Used for 06/30/21 | Amount Used for | |
| | | 2,907. | 2,907. | 1,180. | 1,727. | | | | | | | | |
| | | 2,201. | | 1,100. | 1,727. | | | | | | | | |
| V Detail Type | E S B C | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | |
| | | | | | | | | | | | | | |
| J / / | | | | | | | | | | | | | |

| | | IAM RAINEY HAR ATIONAL FOUNDA | | | | 23-734 | 822 | 8 |
|--------------------|--|--|--------------------|---|--|-----------|-----|----------------------------------|
| Form | 990-W | Estimated | Тах | on Unrelate | ed Business ot Organizat | Taxable | | OMB No. 1545-0047 |
| (Wo Depa | rksheet) tment of the Treasury al Revenue Service | (and ► Go to www.irs | on Inve s.gov/F | estment Income for orm990W for instruc | Private Foundations) ctions and the latest in the Internal Revenue | FORM 990- | т | 2022 |
| 1 | Unrelated business taxal | ble income expected in the tax y | vear | | | | 1 | |
| 2 | Tax on the amount on li | ne 1. See instructions for tax c | omputat | ion | | | 2 | |
| 3 | Alternative minimum tax | for trusts. See instructions | | | | | 3 | |
| 4 | Total. Add lines 2 and 3 | | | | | | 4 | |
| 5 | Estimated tax credits. Se | e instructions | | | | | 5 | |
| 6 | Subtract line 5 from line | 4 | | | | | 6 | |
| 7 | Other taxes. See instruct | ions | | | | | 7 | |
| 8 | Total. Add lines 6 and 7 | | | | | | 8 | |
| 9 | Credit for federal tax pai | d on fuels. See instructions | | | | | 9 | |
| 10a | | 8. Note: If less than \$500, the Private foundations, see instru | - | | | | | |
| b | | he 2021 return. See instruction for less than 12 months, skip th om line 10a on line 10c | nis line | on: lf | 10b | 834. | | |
| C | | ter the smaller of line 10a or lir | | • | | | 10c | 840. |
| | | | | (a) | (b) | (c) | | (d) |
| 11 | Installment due dates. | See instructions | 11 | | | 03/15/2 | 3 | 06/15/23 |
| 12 | Required installments. columns (a) through (d) the organization uses the | . But see instructions if e annualized income | | | | | | |
| | installment method, the installment method, or is | • | 12 | | | 6 | 30. | 210. |
| 13 | 2021 Overpayment. See | e instructions | 13 | | | | | |
| <u>14</u> LHA | Payment due (Subtract For Paperwork Reduc | line 13 from line 12) tion Act Notice, see instruction | 14 1s. | | | 6 | 30. | 210. Form 990-W (2022) |

| Form 8879-TE | | for a Tax | ature Authorizat Exempt Entity | | F | OMB No. 1545-0047 |
|---|---|--|---|---|--|---|
| | For calendar year 202 | 1, or fiscal year beginning | 1 , 2021, and ending J | JUN 30 , 2 | 20 <u>2 2</u> | 2021 |
| Department of the Treasury Internal Revenue Service | | | RS. Keep for your records 8879TE for the latest infor | | | ZUZ I |
| Name of filer WILLIZ | | HARPER COLLEGE | | 1 | EIN or SSN | |
| EDUCA | FIONAL FOUN | NDATION | | | 23-734 | 18228 |
| Name and title of officer or p | erson subject to tax | LAURA BROWN | | | | |
| Deut L. Truce of | Determined De | CHIEF ADVANCE | MENT OFFICER | | | |
| 51 | | turn Information | | | | |
| Form 5330 filers may ent or 10a below, and the an | er dollars and cents. nount on that line for | . For all other forms, enter w r the return being filed with t | and enter the applicable amo hole dollars only. If you chec his form was blank, then lea the return, then enter -0- on | ck the box on lin ive line 1b, 2b, | ne 1a, 2a, 3a 3b, 4b, 5b, 6 | a, 4a, 5a, 6a, 7a, 8a, 9a, 3b, 7b, 8b, 9b, or 10b, |
| 1a Form 990 check | here ► | b Total revenue, if any | (Form 990, Part VIII, column | (A), line 12) | 1 | lb |
| 2a Form 990-EZ ch | eck here 🕨 🛄 | | (Form 990-EZ, line 9) | | | 2b |
| 3a Form 1120-POL | check here ▶ | | POL, line 22) | | | 3b |
| 4a Form 990-PF ch | | | ment income (Form 990-PF, | | | lb |
| 5a Form 8868 chec | | | 868, line 3c) | | | 5b834. |
| | ck here ► 🗶 | | , Part III, line 4) | | | ib <u>834.</u> |
| 7a Form 4720 chec | | | Part III, line 1) | | | |
| 8a Form 5227 chec | | | l of tax year (Form 5227, Ite | em D) | | 3b |
| 9a Form 5330 chec | | b Tax due (Form 5330, | | | |)b |
| 10a Form 8038-CP of Part II Declara | | b Amount of credit pay | ment requested (Form 803 Officer or Person Sub | sece, Part III, III | ne 22) | 10b |
| acknowledgement of rec of any refund. If applicab entry to the financial insti financial institution to del later than 2 business day payment of taxes to rece personal identification nu PIN: check one box only | eipt or reason for rej le, I authorize the U. tution account indic bit the entry to this a s prior to the payme ive confidential infor mber (PIN) as my sig | ection of the transmission, S. Treasury and its designat ated in the tax preparation s iccount. To revoke a payme int (settlement) date. I also a mation necessary to answe | ERO) to send the return to the (b) the reason for any delay in the Financial Agent to initiate software for payment of the fint, I must contact the U.S. The uthorize the financial institut r inquiries and resolve issues turn and, if applicable, the co | in processing the e an electronic fi federal taxes ow reasury Financic tions involved in s related to the p onsent to electro | ne return or re unds withdra ved on this re al Agent at 1 n the process bayment. I ha onic funds w | efund, and (c) the date wal (direct debit) eturn, and the 888-353-4537 no sing of the electronic ave selected a ithdrawal. |
| X I authorize S | IKICH LLP | | | to | enter my PIN | |
| | | ERO firm na | ne | | | Enter five numbers, but do not enter all zeros |
| with a state ag | | charities as part of the IRS I | . If I have indicated within thi Fed/State program, I also aut | | | • |
| return. If I have | indicated within this | | , I will enter my PIN as my sig eturn is being filed with a stat losure consent screen. | • | | 2 |
| Signature of officer or person sub | ect to tax | | | | Date | • |
| | ation and Authe | | | | | |
| ERO's EFIN/PIN. Enter y number (EFIN) followed b | - | • | | 53777357 enter all zeros | | |
| | | | h the 2021 electronically filed , Modernized e-File (MeF) Inf | | | |
| ERO's signature 🕨 <u>HE</u> Z | ATHER BONII | FAS, CPA | D. | oate ▶ <u>02/</u> 2 | 15/23 | |
| | | | s Form - See Instruct | | | |
| | | | ne IRS Unless Reques | stea 10 Do S | | 9970 TE /005 |
| LHA For Privacy act an | d Paperwork Redu | ction Act Notice, see instr | uctions. | | | Form 8879-TE (2021) |
| | 44.000.00 | | 63 | | | |

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2021.05050 WILLIAM RAINEY HARPER COL 41039481

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| Type or print | Name of exempt organization or other filer, see instruct WILLIAM RAINEY HARPER COLLE EDUCATIONAL FOUNDATION | Taxpayer | Taxpayer identification number (TIN) $23 - 7348228$ | | | |
|---|--|---|--|--------------------------|---|-------------------|
| File by the due date for filing your return. See | Number, street, and room or suite no. If a P.O. box, se 1200 WEST ALGONQUIN ROAD | ee instruct | ions. | | 23 73 | 10220 |
| instructions. | City, town or post office, state, and ZIP code. For a fo PALATINE , IL 60067 | oreign addi | ress, see instructions. | | | |
| Enter the | Return Code for the return that this application is for (file | e a separa | te application for each return) | | | |
| Applicati | on | Return | Application | | | Return |
| Is For Code Is For | | | | | Code | |
| Form 990 | or Form 990-EZ | 01 | Form 1041-A | | | 08 |
| Form 472 | 0 (individual) | 03 | Form 4720 (other than individual) | | | 09 |
| Form 990 | PF | 04 | Form 5227 | | | 10 |
| Form 990 | -T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 |
| Form 990 | -T (trust other than above) | 06 | Form 8870 | | | 12 |
| Form 990 | -T (corporation) | 07 | R. DIRECTOR OF FIN | | | |
| If the c If this box ▶ [1 I re the ▶[2 If tt | quest an automatic 6-month extension of time until organization named above. The extension is for the orga calendar year or X tax year beginning JUL 1 2021 ne tax year entered in line 1 is for less than 12 months, ch Change in accounting period | Group Exe and atta MAX anization's , an neck reaso | mption Number (GEN) I <u>ch a list with the names and TINs of</u> <u>X</u> 15, 2023 , to file return for: d ending | f this is fo all memb | r the whole g ers the extern npt organiza | group, check this |
| | nis application is for Forms 990-PF, 990-T, 4720, or 6069, nonrefundable credits. See instructions. | , enter the | tentative tax, less | 3a | \$ | 800. |
| | nis application is for Forms 990-PF, 990-T, 4720, or 6069, | | | 3b | \$ | 0. |
| | | | | | | |
| | ng EFTPS (Electronic Federal Tax Payment System). See | • | | 3c | \$ | 800. |
| Caution: instructio | If you are going to make an electronic funds withdrawal | (direct det | bit) with this Form 8868, see Form 84 | | d Form 8879 | |

| | | EXTENDED TO MAY 15, 2023 | | | | | | |
|--------------------------------------|----------|---|------------|---|--|--|--|--|
| Form 990-T | E | Exempt Organization Business Income Tax Return | า | OMB No. 1545-0047 | | | | |
| | | (and proxy tax under section 6033(e)) | | | | | | |
| | For cal | endar year 2021 or other tax year beginning JUL 1, 2021 , and ending JUN 30, 202 | 22 | 2021 | | | | |
| Department of the Treasury | | ► Go to www.irs.gov/Form990T for instructions and the latest information. | | | | | | |
| Internal Revenue Service | | Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). | | Open to Public Inspection for 501(c)(3) Organizations Only | | | | |
| A Check box if | | | | | | | | |
| address changed. | | WILLIAM RAINEY HARPER COLLEGE | | | | | | |
| B Exempt under section | Print | EDUCATIONAL FOUNDATION | | 3-7348228 | | | | |
| X 501(c)(3) | | p exemption number instructions) | | | | | | |
| 408(e) 220(e) | Type | 1200 WEST ALGONQUIN ROAD | 4 | | | | | |
| 408A 530(a) | | City or town, state or province, country, and ZIP or foreign postal code | | | | | | |
| 529(a) 529A | | PALATINE, IL 60067 | _ F└_ | Check box if | | | | |
| | | ok value of all assets at end of year > 50,154,930. | | an amended return. | | | | |
| | | X 501(c) corporation 501(c) trust 401(a) trust Other trust | | | | | | |
| H Check if filing only to | | Claim credit from Form 8941 Claim a refund shown on Form 2439 | | | | | | |
| | | ation filing a consolidated return with a 501(c)(2) titleholding corporation | <u></u> | ► | | | | |
| | | ed Schedules A (Form 990-T) | | | | | | |
| | | solphallon a babblalary in an annatod group of a parone babblalary borne order group. | | Yes X No | | | | |
| | | d identifying number of the parent corporation. | 0 4 7 | 005 6100 | | | | |
| | | SUZETTE TOLENTINO, SR. DIRECTOR Telephone number > 8 | 54/- | 923-0102 | | | | |
| | | ss taxable income computed from all unrelated trades or businesses (see | <u> </u> | 1 | | | | |
| | | | 1 | 4,971. | | | | |
| | | | 2 | | | | | |
| 3 Add lines 1 and 2 | | | 3 | 4,971. | | | | |
| | | see instructions for limitation rules) | 4 | 0. | | | | |
| | | taxable income before net operating losses. Subtract line 4 from line 3 | 5 | 4,971. | | | | |
| | | ng loss. See instructions | 6 | | | | | |
| | • | ss taxable income before specific deduction and section 199A deduction. | | | | | | |
| Subtract line 6 fro | | - | 7 | 4,971. | | | | |
| | | rally \$1,000, but see instructions for exceptions) | 8 | 1,000. | | | | |
| | | duction. See instructions | 9 | | | | | |
| 10 Total deductions | | | 10 | 1,000. | | | | |
| 11 Unrelated busine | ss taxa | ble income. Subtract line 10 from line 7. If line 10 is greater than line 7, | | | | | | |
| enter zero | | - | 11 | 3,971. | | | | |
| Part II Tax Com | putati | on | | | | | | |
| 1 Organizations tax | kable a | s corporations. Multiply Part I, line 11 by 21% (0.21) | · <u>1</u> | 834. | | | | |
| 2 Trusts taxable at | trust ra | ates. See instructions for tax computation. Income tax on the amount on | | | | | | |
| Part I, line 11 from | n: 🗌 | Tax rate schedule or Schedule D (Form 1041) | 2 | | | | | |
| 3 Proxy tax. See ins | structio | ns ► | 3 | | | | | |
| 4 Other tax amounts | | | 4 | | | | | |
| 5 Alternative minimu | um tax (| trusts only) | 5 | | | | | |
| | | cility income. See instructions | 6 | | | | | |
| 7 Total. Add lines 3 | throug | h 6 to line 1 or 2, whichever applies | 7 | 834. | | | | |
| LHA For Paperwork F | Reduct | ion Act Notice, see instructions. | | Form 990-T (2021) | | | | |

| Form 9 | 90-T (2021) | | | F | 2 age |
|--------|---|------------------------------------|----------|-----|-------|
| Part | III Tax and Payments | | | | |
| 1a | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | 1a | | | |
| b | Other credits (see instructions) | 1b | | | |
| с | General business credit. Attach Form 3800 (see instructions) | 1c | | | |
| d | Credit for prior year minimum tax (attach Form 8801 or 8827) | 1d | | | |
| е | Total credits. Add lines 1a through 1d | | 1e | | |
| 2 | Subtract line 1e from Part II, line 7 | | 2 | 8 | 34. |
| 3 | Other amounts due. Check if from: Form 4255 Form 8611 Form | | 3 | | |
| 4 | Total tax. Add lines 2 and 3 (see instructions). | eviously deferred under | | | |
| | section 1294. Enter tax amount here | ► | 4 | 8 | 34. |
| 5 | Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) | , line 4 | 5 | | 0. |
| 6a | Payments: A 2020 overpayment credited to 2021 | 6a | | | |
| b | 2021 estimated tax payments. Check if section 643(g) election applies | 6b | | | |
| с | Tax deposited with Form 8868 | <u>6c</u> 800. | | | |
| d | Foreign organizations: Tax paid or withheld at source (see instructions) | 6d | | | |
| е | Backup withholding (see instructions) | 6e | | | |
| f | Credit for small employer health insurance premiums (attach Form 8941) | | | | |
| g | Other credits, adjustments, and payments: Form 2439 | _ | | | |
| | Form 4136 Other Total | ▶ 6g | | | |
| 7 | Total payments. Add lines 6a through 6g | | 7 | | 00. |
| 8 | Estimated tax penalty (see instructions). Check if Form 2220 is attached | | 8 | | 28. |
| 9 | Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed | STATEMENT 2 \blacktriangleright | 9 | | 62. |
| 10 | Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount over | rpaid 📃 🕨 | 10 | | |
| | Enter the amount of line 10 you want: Credited to 2022 estimated tax | Refunded ► | 11 | | |
| Part | IV Statements Regarding Certain Activities and Other Informa | tion (see instructions) | | | |
| 1 | At any time during the 2021 calendar year, did the organization have an interest in | or a signature or other authority | | Yes | No |
| | over a financial account (bank, securities, or other) in a foreign country? If "Yes," the | e organization may have to file | | | |
| | FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter t | he name of the foreign country | | | |
| | here | | | | X |
| 2 | During the tax year, did the organization receive a distribution from, or was it the gr | antor of, or transferor to, a | | | |
| | foreign trust? | | | | X |
| | If "Yes," see instructions for other forms the organization may have to file. | | | | |
| 3 | Enter the amount of tax-exempt interest received or accrued during the tax year | | | _ | |
| 4 | Enter available pre-2018 NOL carryovers here 🕨 \$ Do no | t include any post-2017 NOL car | ryover | | |
| | shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by | | | | |
| 5 | Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 N | IOL carryovers. Don't reduce | | | |
| | the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 f | or the tax year. See instructions. | | | |
| | Business Activity Code | Available post-2017 NOL c | arryover | | |
| | | \$ | | | |
| | | \$ | | | |
| 6a | Did the organization change its method of accounting? (see instructions) | | | | X |
| b | If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990 |)-PF, or Form 1128? If "No," | | | |
| | explain in Part V | | | | |
| Part | V Supplemental Information | | | | |

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

| Sign Here | Under penalties of perjury, I declare that I have examine correct, and complete. Declaration of preparer (other that | an taxpayer) is based on all information of which r CHIE | F ADVANCEN | e best of my kno je. IENT | May the p | the IRS discuss this return with preparer shown below (see |
|-----------------|---|---|------------|---------------------------------|--------------|---|
| | Signature of officer | Date Title | | | instru | uctions)? X Yes No |
| | Print/Type preparer's name HEATHER BONIFAS , | Preparer's signature HEATHER BONIFAS, | Date | Check |] if | PTIN |
| Paid Prepare | СРА | CPA | 02/15/23 | self- employ | eu | P01711657 |
| Use Only | | Firm's name SIKICH LLP | | | | |
| | y | | | | | |
| | Firm's address NAPERVILLE, IL 60563-2349 | | | Phone no. | (6 | 30)566-8400 |
| 123711 01-31 | 1-22 | | | | | Form 990-T (2021) |
| | | 66 | | | | . , |

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| o | 0 | | | |
|---|-------|-------------|---------------|------|
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2021.05050 WILLIAM RAINEY HARPER COL 41039481

WILLIAM RAINEY HARPER COLLEGE EDUCATIONA

23 - 7348228

63.

| FORM 990-T | LATE P | | TEMENT 1 | | |
|-----------------------|-------------------------------|---------------|------------|--------|---------------|
| DESCRIPTION | DATE | AMOUNT | BALANCE | MONTHS | PENALTY |
| TAX DUE DATE FILED | 11/15/22 03/15/23 | 34. | 34. 34. | 4 | 1. |
| TOTAL LATE PAYMENT | PENALTY | | | | 1. |
| FORM 990-T | INTEREST | AND PENALTIES | | STA | ATEMENT 2 |
| ••••• | -T, PART IV NALTY JALTY | | | | 34 28 1 |

TOTAL AMOUNT DUE

SCHEDULE A (Form 990-T)

Department of the Treasury

Internal Revenue Service

Unrelated Business Taxable Income rom an Unrelated Trade or Business

► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

1

B Employer identification number

1

of

23 - 7348228

D Sequence:

WILLIAM RAINEY HARPER COLLEGE Name of the organization Α EDUCATIONAL FOUNDATION

C Unrelated business activity code (see instructions)

523000

| | Describe the unrelated trade or business PARTNERSHIP | | (A) Income | (B) Expenses | (C) Net |
|-----|---|--------|-----------------------|--------------------|---------|
| 1a | Gross receipts or sales | | | | |
| b | Less returns and allowances c Balance > | 1c | | | |
| 2 | Cost of goods sold (Part III, line 8) | 2 | | | |
| 3 | Gross profit. Subtract line 2 from line 1c | 3 | | | |
| 4 a | Capital gain net income (attach Sch D (Form 1041 or Form | | | | |
| | 1120)). See instructions | 4a | | | |
| b | Net gain (loss) (Form 4797) (attach Form 4797). See instructions) | 4b | | | |
| с | Capital loss deduction for trusts | 4c | | | |
| 5 | Income (loss) from a partnership or an S corporation (attach | | | | |
| | statement) | 5 | | | |
| 6 | Rent income (Part IV) | 6 | | | |
| 7 | Unrelated debt-financed income (Part V) | 7 | | | |
| 8 | Interest, annuities, royalties, and rents from a controlled | | | | |
| | organization (Part VI) | 8 | | | |
| 9 | Investment income of section 501(c)(7), (9), or (17) | | | | |
| | organizations (Part VII) | 9 | | | |
| 10 | Exploited exempt activity income (Part VIII) | 10 | | | |
| 11 | Advertising income (Part IX) | 11 | | | |
| 12 | Other income (see instructions; attach statement) STMT 3 | 12 | 5,388. | | 5,388. |
| 13 | Total. Combine lines 3 through 12 | 13 | 5,388. | | 5,388. |
| | Total. Combine lines 3 through 12 rt II Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business inc | ons fo | or limitations on ded | uctions. Deduction | |

| 1 | Compensation of officers, directors, and trustees (Part X) | | 1 | |
|------|--|------|----------|---------------------|
| 2 | Salaries and wages | | | |
| 3 | Repairs and maintenance | | | |
| 4 | Bad debts | | | |
| 5 | Interest (attach statement). See instructions | | | |
| 6 | Taxes and licenses | | 6 | 417. |
| 7 | Depreciation (attach Form 4562). See instructions | | | |
| 8 | Less depreciation claimed in Part III and elsewhere on return | | 8b | |
| 9 | Depletion | | 9 | |
| 10 | Contributions to deferred compensation plans | | | |
| 11 | Employee benefit programs | | 11 | |
| 12 | Excess exempt expenses (Part VIII) | | | |
| 13 | Excess readership costs (Part IX) | | | |
| 14 | Other deductions (attach statement) | | | |
| 15 | Total deductions. Add lines 1 through 14 | | | 417. |
| 16 | Unrelated business income before net operating loss deduction. Subtract line 15 from | | | |
| | column (C) | | 16 | 4,971. |
| 17 | Deduction for net operating loss. See instructions | | 17 | 0. |
| 18 | Unrelated business taxable income. Subtract line 17 from line 16 | | | 4,971. |
| I HA | For Paperwork Reduction Act Notice, see instructions, | | Schedule | A (Form 990-T) 2021 |

| | | Fr |
|--|--|----|
| | | |
| | | |

OMB No. 1545-0047

123741 01-28-22

1

| | ule A (Form 990-T) 2021 | | | | Page 2 |
|---|---|--|---|-----------------|---|
| Part | | nod of inventory valua | tion 🕨 | | · |
| 1 | Inventory at beginning of year | | | 1 | |
| 2 | Purchases | | | | |
| 3 | Cost of labor | | | | |
| 4 | Additional section 263A costs (attach statement) | | | | |
| 5 | Other costs (attach statement) | | | | |
| 6 | Total. Add lines 1 through 5 | | | | |
| 7 | Inventory at end of year | | | | |
| 8 9 | Cost of goods sold. Subtract line 7 from line 6. Enter 1 Do the rules of section 263A (with respect to property | | | | Yes No |
| Part | | | | | |
| 1 | Description of property (property street address, city, s | | | | |
| • | A | | | | |
| | B | | | | |
| | c 🗌 | | | | |
| | D | | | | |
| | | Α | В | С | D |
| 2 | Rent received or accrued | | | | |
| а | From personal property (if the percentage of | | | | |
| | rent for personal property is more than 10% | | | | |
| | but not more than 50%) | | | | |
| b | From real and personal property (if the | | | | |
| | percentage of rent for personal property exceeds | | | | |
| | 50% or if the rent is based on profit or income) | | | | |
| С | Total rents received or accrued by property. | | | | |
| | Add lines 2a and 2b, columns A through D | | | | |
| 3 | Total rents received or accrued. Add line 2c columns A | through D. Enter hore | and an Dart Llina C. a | | 0. |
| 3 | Total tents received of accided. Add line 20 columns A | through D. Enter here | and on Farth, line 0, 0 | | |
| | Deductions directly connected with the income | | | | |
| 4 | Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) | | | | |
| 4 | Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) | | | | |
| 4 5 | in lines 2(a) and 2(b) (attach statement) | | line 6, column (B) | > | 0. |
| | in lines 2(a) and 2(b) (attach statement) | ter here and on Part I | line 6, column (B) | | 0. |
| 5 | in lines 2(a) and 2(b) (attach statement) | ter here and on Part I. ee instructions) | | | 0. |
| 5 Part | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s | ter here and on Part I. ee instructions) | | | 0. |
| 5 Part | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, or | ter here and on Part I. ee instructions) | | | 0. |
| 5 Part | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A | ter here and on Part I. ee instructions) | | | 0. |
| 5 Part | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A B | ter here and on Part I. ee instructions) | | | 0. |
| 5 Part | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A B C C | ter here and on Part I. ee instructions) | | | 0. D |
| 5 Part | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A B C C | ter here and on Part I, ee instructions) ity, state, ZIP code). (| Check if a dual-use. See | instructions. | |
| 5 Part 1 | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A B C Gross income from or allocable to debt-financed property | ter here and on Part I, ee instructions) ity, state, ZIP code). (| Check if a dual-use. See | instructions. | |
| 5 Part 1 | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of B C G Gross income from or allocable to debt-financed property Deductions directly connected with or allocable | ter here and on Part I, ee instructions) ity, state, ZIP code). (| Check if a dual-use. See | instructions. | |
| 5 Part 1 2 3 | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A | ter here and on Part I, ee instructions) ity, state, ZIP code). (| Check if a dual-use. See | instructions. | |
| 5 Part 1 2 3 a | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A | ter here and on Part I, ee instructions) ity, state, ZIP code). (| Check if a dual-use. See | instructions. | |
| 5 Part 1 2 3 a b | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of B C C G Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) | ter here and on Part I, ee instructions) ity, state, ZIP code). (| Check if a dual-use. See | instructions. | |
| 5 Part 1 2 3 a | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of B C C G Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (atdach statement) Total deductions (add lines 3a and 3b, | ter here and on Part I, ee instructions) ity, state, ZIP code). (| Check if a dual-use. See | instructions. | |
| 5 Part 1 2 3 a b c | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A | ter here and on Part I, ee instructions) ity, state, ZIP code). (| Check if a dual-use. See | instructions. | |
| 5 Part 1 2 3 a b | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A | ter here and on Part I, ee instructions) ity, state, ZIP code). (| Check if a dual-use. See | instructions. | |
| 5 Part 1 2 3 a b c 4 | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of B C C G Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (atdach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) | ter here and on Part I, ee instructions) ity, state, ZIP code). (| Check if a dual-use. See | instructions. | |
| 5 Part 1 2 3 a b c | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of B C C Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (atdach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt- | ter here and on Part I, ee instructions) Sity, state, ZIP code). (A | Check if a dual-use. See | instructions. | |
| 5 Part 1 2 3 a b c 4 5 | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of B C C C Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (atdach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement) | ter here and on Part I, ee instructions) city, state, ZIP code). (A | Check if a dual-use. See | e instructions. | D |
| 5 Part 1 2 3 a b c 4 5 6 | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of B C C C C C C C C C C C C C C C C C C | ter here and on Part I, ee instructions) Sity, state, ZIP code). (A | Check if a dual-use. See | instructions. | D |
| 5 Part 1 2 3 a b c 4 5 6 7 | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of B C C C C C C C C C C C C C C C C C C | A | B B % | e instructions. | D |
| 5 Part 1 2 3 a b c 4 5 6 | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of B C C C C C C C C C C C C C C C C C C | A | B B % | e instructions. | D |
| 5 Part 1 2 3 a b c 4 5 6 7 | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of B C C C C C C C C C C C C C C C C C C | A | B B % | e instructions. | D |
| 5 Part 1 2 3 a b c 4 5 6 7 8 | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of B C C C C C C C C C C C C C C C C C C | A Contemporate instructions) Contemporate instructions Contemporate in | B B % y wrt I, line 7, column (A) | e instructions. | D |
| 5 Part 1 2 3 a b c 4 5 6 7 8 9 | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of B C C C C C C C C C C C C C C C C C C | A Enter here and on Part I, ee instructions) City, state, ZIP code). (A . Enter here and on Pa | B B wrt I, line 7, column (A) | e instructions. | D // // // // // // // // // // // // // |

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69 2021.05050 WILLIAM RAINEY HARPER COL 41039481

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| | | | | | | | | | | | | 1 |
|----------------|--|------------------------|------------|----------------------|----------------------|--|----------------------------|-------------------------|------------------------------|----------------------|--|------------|
| Schedu | ule A (Form 990-T) 2021 | itian Dovalting | and D | anta fran | - Control | | anization | , , | | | Pag | e 3 |
| Part | VI Interest, Annu | lities, Royalties | s, and R | | n Control | | - | `` | e instruct | , | | |
| | 1. Name of controlle | d 2 Fr | nployer | | | Exempt Controlled Organizatio al of specified 5. Part of colu | | | | 6. Deductions direct | tlv | |
| | organization | | fication | | ne (loss) | | nents made | that is included in the | | in the | connected with | LIY |
| | 0 | | mber | (see ins | tructions) | | | | lling orga gross inc | | income in column | 5 |
| (1) | | | | | | | | | 9.000 | | | |
| (2) | | | | | | | | | | | | _ |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| | | | | - <u> </u> | Controlled Or | <u> </u> | | | | | | |
| 7 | 7. Taxable Income 8. Net unrelated income (loss) | | | | tal of specif | | 10. Part of that is inc | | | | Deductions directly | |
| | | (see instruct | , | pay | ments mad | е | controlling organization's | | ation's | | connected with come in column 10 | |
| (1) | | (000 | | | | | gross | income | 9 | | | — |
| (1) (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| | | | | | | | Add colum | nns 5 an | d 10. | Ado | d columns 6 and 11. | |
| | | | | | | | Enter here line 8, c | | , | | er here and on Part I ine 8, column (B) | , |
| | | | | | | | | Joiumin | . , | | , () | _ |
| Totals | | | - 11 50 | NA (-) (¬) (4 | <u></u> | <u> </u> | | | 0. | | (|). |
| Part | | ncome of a Se | ction 50 |)1(C)(<i>1</i>), (| | - | 1 | | uctions) | | E Total daduati | |
| | 1. Desc | cription of income | | | 2. Amou incon | | 3. Deduction | | 4. Set-a attach st | | 5. Total deduction and set-aside | |
| | | | | | | | (attach stater | | (| | (add cols 3 and | 4) |
| (1) | | | | | | | | | | | | — |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| | | | | | Add amou column 2 | | | | | | Add amounts i column 5. Ente | |
| | | | | | here and o | | | | | | here and on Par | |
| | | | | | line 9, colu | | | | | | line 9, column (| |
| Totals Part | VIII Explaited E | vomat Activity | | Othor T | bon Adva | 0. | | | | | | 0. |
| 1 | Description of exploite | xempt Activity | ncome | , ouler I | | านอกโ | y nicollie (| see inst | ructions) | | | |
| 2 | Gross unrelated busin | | de or bus | iness Enter | here and o | n Part I | line 10 colum | n (A) | | 2 | | |
| 3 | Expenses directly con | | | | | | | | | ~ | | |
| • | line 10, column (B) | - | | | | | | | | 3 | | |
| 4 | Net income (loss) from | | | | | | | | | | | |
| | | | | | | | | | | 4 | | |
| 5 | Gross income from ac | tivity that is not unr | elated bus | iness incon | ne | | | | | 5 | | |
| 6 | Expenses attributable | | | | | | | | | 6 | | |
| 7 | Excess exempt expension | | | | | | | | | | | |
| | 4. Enter here and on P | art II, line 12 | | | | | | | | 7 | | |

Schedule A (Form 990-T) 2021

123731 01-28-22

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| | ule A (Form 990-T) 2021 | | | | Page 4 |
|---------|---|-------------------------------------|-----------------------|-----------------|--------------------|
| Part | • | | | | |
| 1 | Name(s) of periodical(s). Check box if reportin | ng two or more periodicals on a | a consolidated basis | S. | |
| | <u>A</u> | | | | |
| | B | | | | |
| | c | | | | |
| | | | | | |
| Enter a | amounts for each periodical listed above in the | | | | |
| • | | A | B | C | D |
| 2 | Gross advertising income | | | | 0. |
| | Add columns A through D. Enter here and or | Part I, line 11, column (A) | | ₽ | 0. |
| a | B | | | | |
| 3 | Direct advertising costs by periodical | | | | 0. |
| а | Add columns A through D. Enter here and or | Part I, line TT, column (B) \dots | | | 0. |
| | | | | | |
| 4 | Advertising gain (loss). Subtract line 3 from li | ne | | | |
| | 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column i | n | | | |
| | line 4 showing a loss or zero, do not complete | | | | |
| | lines 5 through 7, and enter zero on line 8 | | | | |
| 5 | Readership costs | | | | |
| 6 | Circulation income | | | | |
| 7 | Excess readership costs. If line 6 is less than | | | | |
| | line 5, subtract line 6 from line 5. If line 5 is le | | | | |
| | than line 6, enter zero | | | | |
| 8 | Excess readership costs allowed as a | | | | |
| - | deduction. For each column showing a gain | on | | | |
| | line 4, enter the lesser of line 4 or line 7 | | | | |
| а | Add line 8, columns A through D. Enter the g | | otal or zero here and | d on | |
| | Part II, line 13 | | | | 0. |
| Part | X Compensation of Officers, Di | rectors, and Trustees | (see instructions) | · | |
| | | | | 3. Percentage | 4. Compensation |
| | 1. Name | 2. Title | | of time devoted | attributable to |
| | | | | to business | unrelated business |
| (1) | | | | % | |
| (2) | | | | % | |
| (3) | | | | % | |
| (4) | | | | % | |
| | | | | | |
| | Enter here and on Part II, line 1 | | | | 0. |
| Part | XI Supplemental Information (Second | ee instructions) | | | |
| | | | | | |
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123732 01-28-22

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23 - 7348228

| FORM 990-T (A) | OTHER INCOME | STATEMENT 3 |
|--------------------------|---------------|-------------|
| DESCRIPTION | | AMOUNT |
| K-1 UBTI | | 5,388. |
| TOTAL TO SCHEDULE A, PAR | RT I, LINE 12 | 5,388. |

| Underpayment of Estimated | Tax by Corporations |
|----------------------------------|---------------------|
|----------------------------------|---------------------|

FORM 990-T

OMB No. 1545-0123

| Department of the Treasury |
|----------------------------|
| Internal Revenue Service |

Form **2220**

Attach to the corporation's tax return.

► Go to www.irs.gov/Form2220 for instructions and the latest information.

| Employer identification number |
|--------------------------------|
| 23-7348228 |

Name WILLIAM RAINEY HARPER COLLEGE EDUCATIONAL FOUNDATION

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

| Part I Requ | lired Annual Payment | | | | |
|-----------------------------|--|-------------------|--------------------------------|-----|------|
| 1 Total tax (see inst | ructions) | | | 1 | 834. |
| 2 a Personal holding | company tax (Schedule PH (Form 1120), line 26) included on line 1 | 2a | | | |
| b Look-back interes | t included on line 1 under section 460(b)(2) for completed long-term | | | | |
| contracts or secti | on 167(g) for depreciation under the income forecast method | 2b | | | |
| • Cradit for fodoral | tay paid on fuels (cao instructions) | 20 | | | |
| | tax paid on fuels (see instructions) 2a through 2c | | | 2d | |
| | rom line 1. If the result is less than \$500, do not complete or file this form. Th | | | | |
| does not owe the | | | | 3 | 834. |
| 4 Enter the tax show | vn on the corporation's 2020 income tax return. See instructions. Caution: I | | | | |
| or the tax year wa | s for less than 12 months, skip this line and enter the amount from line 3 on | line 5 | | 4 | |
| | | | | | |
| 5 Required annual | payment. Enter the smaller of line 3 or line 4. If the corporation is required | to skip line 4, | | | |
| enter the amount | from line 3 | | | 5 | 834. |
| | cons for Filing - Check the boxes below that apply. If any boxes are ch | ecked, the corpor | ation must file Form 22 | 220 | |
| even if | it does not owe a penalty. See instructions. | | | | |

| 6 | | The corporation is using the adjusted seasonal installment method. |
|---|--|--|
|---|--|--|

7 The corporation is using the annualized income installment method.

8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

| | | | (a) | (b) | (C) | (d) |
|----|--|---------|---------------------------|---------------------------|----------|-------------------------|
| 9 | Installment due dates. Enter in columns (a) through (d) the | | | | | |
| | 15th day of the 4th (Form 990-PF filers: Use 5th month), | | | | | |
| | 6th, 9th, and 12th months of the corporation's tax year | 9 | 10/15/21 | 12/15/21 | 03/15/22 | 06/15/22 |
| 10 | Required installments. If the box on line 6 and/or line 7 | | | | | |
| | above is checked, enter the amounts from Sch A, line 38. If | | | | | |
| | the box on line 8 (but not 6 or 7) is checked, see instructions | | | | | |
| | for the amounts to enter. If none of these boxes are checked, | | | | | |
| | enter 25% (0.25) of line 5 above in each column | 10 | 209. | 208. | 209. | 208. |
| 11 | Estimated tax paid or credited for each period. For | | | | | |
| | column (a) only, enter the amount from line 11 on line 15. | | | | | |
| | See instructions | 11 | | | | |
| | Complete lines 12 through 18 of one column | | | | | |
| | before going to the next column. | | | | | |
| 12 | Enter amount, if any, from line 18 of the preceding column | 12 | | | | |
| 13 | Add lines 11 and 12 | 13 | | | | |
| 14 | Add amounts on lines 16 and 17 of the preceding column | 14 | | 209. | 417. | 626. |
| 15 | Subtract line 14 from line 13. If zero or less, enter -0- | 15 | 0. | 0. | 0. | 0. |
| 16 | If the amount on line 15 is zero, subtract line 13 from line | | | | | |
| | 14. Otherwise, enter -0- | 16 | | 209. | 417. | |
| 17 | Underpayment. If line 15 is less than or equal to line 10, | | | | | |
| | subtract line 15 from line 10. Then go to line 12 of the next | | | | | |
| | column. Otherwise, go to line 18 | 17 | 209. | 208. | 209. | 208. |
| 18 | Overpayment. If line 10 is less than line 15, subtract line 10 | | | | | |
| | from line 15. Then go to line 12 of the next column | 18 | | | | |
| Go | to Part IV on page 2 to figure the penalty. Do not go to Part IV | ' if th | ere are no entries on lin | e 17 - no penalty is owed | i. | |
| | A For Department Baduation Act Nation and concrete instr | | | | | Earm 9990 (9091) |

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2021)

FORM 990-T Form 2220 (2021)

WILLIAM RAINEY HARPER COLLEGE EDUCATIONAL FOUNDATION

Part IV Figuring the Penalty

| | | | (a) | (b) | (C) | | (d) |
|---|---|--------|---------------------------|-------------------------|----------|----|-------|
| 9 | Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions | 19 | | | | | |
| 0 | Number of days from due date of installment on line 9 to the | 10 | | | | | |
| • | date shown on line 19 | 20 | | | | | |
| 1 | Number of days on line 20 after 4/15/2021 and before 7/1/2021 | 21 | | | | | |
| 2 | Underpayment on line 17 x Number of days on line 21 x 3% (0.03) | 22 | \$ | \$ | \$ | | \$ |
| 3 | Number of days on line 20 after 6/30/2021 and before 10/1/2021 | 23 | | | | | |
| 1 | Underpayment on line 17 x Number of days on line 23 x 3% (0.03) $\frac{365}{365}$ | 24 | \$ | \$ | \$ | | \$ |
| 5 | Number of days on line 20 after 9/30/2021 and before 1/1/2022 | 25 | | | | | |
| 6 | Underpayment on line 17 x Number of days on line 25 x 3% (0.03) 365 | 26 | \$ | \$ | \$ | | \$ |
| 7 | Number of days on line 20 after 12/31/2021 and before 4/1/2022 | 27 | SEE | ATTACHED W | ORKSHEET | | |
| 8 | Underpayment on line 17 x Number of days on line 27 x 3% (0.03) 365 | 28 | \$ | \$ | \$ | | \$ |
| 9 | Number of days on line 20 after 3/31/2022 and before 7/1/2022 | 29 | | | | | |
| 0 | Underpayment on line 17 x Number of days on line 29 x *% | 30 | \$ | \$ | \$ | | \$ |
| 1 | Number of days on line 20 after 6/30/2022 and before 10/1/2022 | 31 | | | | | |
| 2 | Underpayment on line 17 x Number of days on line 31 x *% | 32 | \$ | \$ | \$ | | \$ |
| 3 | Number of days on line 20 after 9/30/2022 and before 1/1/2023 | 33 | | | | | |
| 4 | Underpayment on line 17 x Number of days on line 33 x *% | 34 | \$ | \$ | \$ | | \$ |
| 5 | Number of days on line 20 after 12/31/2022 and before 3/16/2023 | 35 | | | | | |
| 6 | Underpayment on line 17 x Number of days on line 35 x *% | 36 | \$ | \$ | \$ | | \$ |
| 7 | Add lines 22, 24, 26, 28, 30, 32, 34, and 36 | 37 | \$ | \$ | \$ | | \$ |
| 8 | Penalty. Add columns (a) through (d) of line 37. Enter the to line for other income tax returns | tal he | ere and on Form 1120, lin | e 34; or the comparable | | 38 | \$ 28 |

information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Form **2220** (2021)

112802 01-06-22

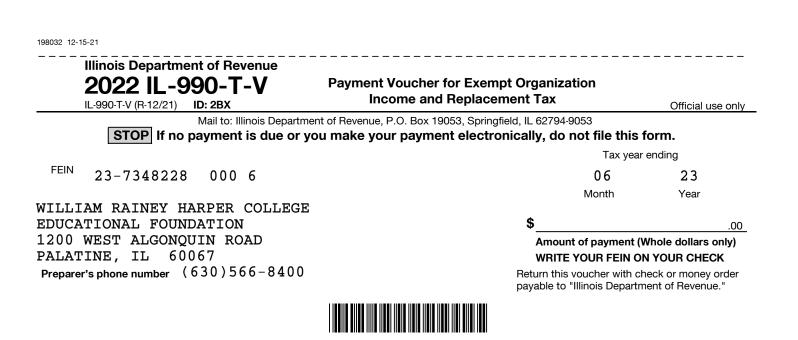
FORM 990-T UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

| DUCATIONAL | FOUNDATION | | | 23-734 | |
|--------------|---------------|--------------------------------|-----------------------------------|------------------------------|----------------|
| (A) *Date | (B) Amount | (C) Adjusted Balance Due | (D) Number Days Balance Due | (E) Daily Penalty Rate | (F) Penalty |
| | | -0- | | | |
| 0/15/21 | 209. | 209. | 61 | .000082192 | |
| 2/15/21 | 208. | 417. | 90 | .000082192 | |
| 3/15/22 | 209. | 626. | 16 | .000082192 | |
| 3/31/22 | 0. | 626. | 76 | .000109589 | |
| 6/15/22 | 208. | 834. | 15 | .000109589 | |
| 6/30/22 | 0. | 834. | 92 | .000136986 | 1 |
| 9/30/22 | 0. | 834. | 46 | .000164384 | |
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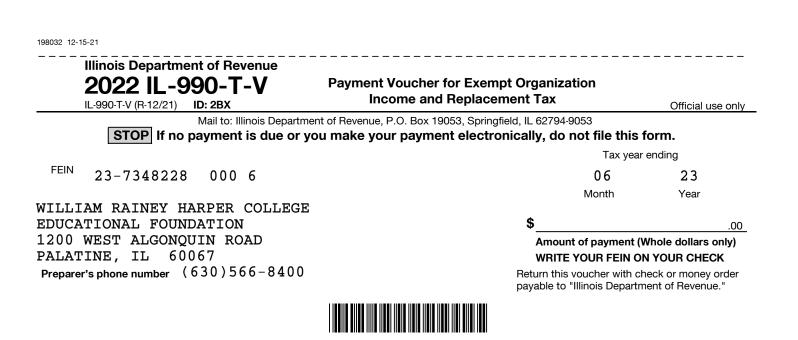
Penalty Due (Sum of Column F).

* Date of estimated tax payment, withholding credit date or installment due date.

112511 04-01-21 IL-990-T-V



IL-990-T-V





Illinois Department of Revenue 2021 Form IL-990-T

Exempt Organization Income and Replacement Tax Return

Due on or before the 15th day of the 5th month (4th month for employee trusts) following the close of the tax year.

| | urn is not for calendar year 2021, enter your fiscal tax year here. | | Enter the amount you are paying. |
|---|--|--|--|
| - | month day year month day year | | 2022 \$ |
| WARNING | For all other situations, see instructions to determine the correct form to use. | ा उ1, 2 | ۲۷۷۲۰. ۲۰۰۲ ۲۰۰۲ ۲۰۰۲ ۲۰۰۲ ۲۰۰۲ ۲۰۰۲ ۲۰۰ |
| - | Identify your exempt organization | D | Enter your federal employer identification no. (FEIN). |
| | r your complete legal business name. | | 23-7348228 |
| | | _ | |
| | e: WILLIAM RAINEY HARPER COLLEGE EDUCAT | E | Check if you are taxed as a corporation. |
| | r your mailing address. | - | |
| | ck this box if either of the following apply: | | Check if you are taxed as a trust. |
| | ou have an address change. | G | Provide the nature of your unrelated trade or business. SEE STATEMENT 1 |
| C/O: | | ц | Check this box if you attached Illinois |
| 0/0. | · | 11 | Schedule 1299-D, Income Tax Credits. |
| Maili | ing address: 1200 WEST ALGONQUIN ROAD | I | Enter your North American Industry Classification |
| | PALATINE State: IL ZIP: 60067 | • | System (NAICS) Code, if applicable. See instructions. |
| , | s is the first or final return, check the applicable box(es). | | |
| |] First return | J | Check this box if you are a 52/53 week filer. |
| | Final return (Enter the date of termination | | |
| Step 2: | Figure your base income or loss | | (Whole dollars only) |
| 1 Un | irelated business taxable income or loss from U.S. Form 990-T. See Instruction | IS. | |
| Att | tach a copy of your U.S. Form 990-T. | | 13,971_0 |
| 2 Illir | nois income and replacement tax and surcharge deducted in arriving at Line 1. | | 2 417 |
| 3 Ba | se income or loss. Add Lines 1 and 2. | | 3 4,388.0 |
| | | | |
| STOP | A If the amount on Line 3 is derived inside Illinois only or if you are an Illinois resi from Step 2, Line 3 on Step 4, Line 12. You may not complete Step 3. (You must | | |
| STOP | | t leave | e Step 3, Lines 4 through 11 blank.) |
| | from Step 2, Line 3 on Step 4, Line 12. You may not complete Step 3. (You must B If any portion of the amount on Line 3 is derived outside Illinois, check this box a | t leave and con | e Stép 3, Lines 4 through 11 blank.) |
| Step 3: | from Step 2, Line 3 on Step 4, Line 12. You may not complete Step 3. (You must B If any portion of the amount on Line 3 is derived outside Illinois, check this box a (Do not leave Lines 6 through 8 blank.) See instructions. | t leave and con necked | e Step 3, Lines 4 through 11 blank.) |
| Step 3: 4 Bu | from Step 2, Line 3 on Step 4, Line 12. You may not complete Step 3. (You must B If any portion of the amount on Line 3 is derived outside Illinois, check this box a (Do not leave Lines 6 through 8 blank.) See instructions. Figure your income allocable to Illinois (Complete only if you ch | t leave and con necked | e Stép 3, Lines 4 through 11 blank.) |
| Step 3: 4 Bu Sc | from Step 2, Line 3 on Step 4, Line 12. You may not complete Step 3. (You must B If any portion of the amount on Line 3 is derived outside Illinois, check this box a (Do not leave Lines 6 through 8 blank.) See instructions. Figure your income allocable to Illinois (Complete only if you ch isiness income or loss included in Line 3 from non-unitary partnerships, partner | t leave and con necked | e Step 3, Lines 4 through 11 blank.) |
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| Step 3: 4 Bu 5 Bu 6 To 7 To 8 Ap 9 Bu 10 Bu 10 Bu 11 Ba 5 5 5 5 5 6 7 7 7 8 8 9 9 10 10 10 10 10 10 10 10 10 10 | from Step 2, Line 3 on Step 4, Line 12. You may not complete Step 3. (You must B If any portion of the amount on Line 3 is derived outside Illinois, check this box a (Do not leave Lines 6 through 8 blank.) See instructions. Figure your income allocable to Illinois (Complete only if you ch isiness income or loss included in Line 3 from non-unitary partnerships, partner shedule UB, S corporations, trusts, or estates. See instructions. It al sales everywhere. This amount cannot be negative. It al sales inside Illinois. This amount cannot be negative. It al sales inside Illinois. This amount cannot be negative. It is iness income or loss apportionable to Illinois. Multiply Line 5 by Line 8. It is iness income or loss apportionable to Illinois from non-unitary partnerships, partnerships, portionment factor. Divide Line 7 by Line 6. Round to six decimal places. It is iness income or loss apportionable to Illinois. Multiply Line 5 by Line 8. It is iness income or loss apportionable to Illinois from non-unitary partnerships, p Schedule UB, S corporations, trusts, or estates. See instructions. It is income or loss allocable to Illinois. Add Lines 9 and 10. P 4: Figure your net replacement tax Net income or loss from Line 3 or Line 11. Replacement tax. Corporations multiply Line 12 by 2.5% (.025); Trusts multiply | and con necked rships 6 7 8 partner | a Step 3, Lines 4 through 11 blank.) A implete all lines of Step 3. Implete all lines of Step 3. id the box on Line B, above.) id the box on Line B, above.) is included on a 4 . . . 9 . . . 9 . . |
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DR _

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty.



Step 5: Figure your net income tax

| 18 | Net income or loss from Line 12. | | 18 | 4,388.00 |
|------|---|----------------------------|------------------|--------------------|
| 19 | Income Tax. See instructions. | | 19 | 307 .00 |
| 20 | Recapture of investment credits. Attach Schedule 4255. | | 20 | .00 |
| 21 | Income tax before credits. Add Lines 19 and 20. | | 21 | 307 .00 |
| 22 | Income tax credits. Attach Schedule 1299-D. | | 22 | |
| 23 | Net income tax. Subtract Line 22 from Line 21. If the amount is nega | ative, enter zero. | 23 | 307 .00 |
| ep (| 6: Figure your refund or balance due | | | |
| 24 | Net replacement tax from Line 17. | | 24 | |
| 25 | Net income tax from Line 23. | | 25 | 307 _{.00} |
| 26 | Compassionate Use of Medical Cannabis Program Act surcharge. Se | e instructions. | 26 | .00 |
| 27 | Sale of assets by gaming licensee surcharge. See instructions. | | 27 | .00 |
| 28 | Total net income and replacement taxes and surcharges. Add Lin | nes 24, 25, 26, and 27. | 28 | 417 _{.00} |
| 29 | Payments. See instructions. | | | |
| | a Credits from previous overpayments. | 29a | .00 | |
| | b Total payments made before the date this return is filed. | 29b | | |
| | c Pass-through withholding reported to you on Schedule(s) | | | |
| | K-1-P or K-1-T. Attach Schedule(s) K-1-P or K-1-T. | 29c | .00 | |
| | d Pass-through entity tax credit reported to you. | | | |
| | Attach Schedule(s) K-1-P or K-1-T. | 29d | .00 | |
| | e Illinois income tax withholding. Attach Form(s) W-2G. | 29e | .00 | |
| 30 | Total payments. Add Lines 29a through 29e. | | 30 | 500.00 |
| 31 | Overpayment. If Line 30 is greater than Line 28, subtract Line 28 from | m Line 30. | 31 | 83 .00 |
| 32 | Amount to be credited forward. See instructions. | | , ♦ 32 | 83 .00 |
| | Check this box and attach a detailed statement if this carryforward is | going to a different FEIN. | ♦ □ ♦ ` | |
| 33 | Refund. Subtract Line 32 from Line 31. This is the amount to be refu | nded. | 33 | .00 |
| 34 | Complete to direct deposit your refund | | | |
| | Routing Number | Checking or Sa | avings | |
| | Account Number | | | |
| | Tax Due. If Line 28 is greater than Line 30, subtract Line 30 from Line | 00 TI · · · | u owe. 35 | .00 |

Form IL-990-T-V. Write your FEIN, tax year ending, and "IL-990-T-V" on your check or money order and make it payable to "Illinois Department of Revenue." Attach your voucher and payment to the front of this form.

Special Note -> Enter the amount of your payment on the top of Page 1 in the space provided.

| Step | Step 7: Sign below - Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete. | | | | | | | | |
|----------------------|--|-----------------------------|-----------------------|-----------------------|-----------------------------------|------------------------------|--------------------------------------|--|--|
| . | | | CH | IIEF | | | X Check if the Department may | | |
| Sign Here | | | | | discuss this return with the paid | | | | |
| nere | Signa | ature of authorized officer | Date (mm/dd/yyyy) Tit | Phor | | preparer shown in this step. | | | |
| Deid | | HEATHER BONIFA | S, CPA | HEATHER BON | IFA | 02/15/2023 | Check if P01711657 | | |
| | Paid Print/Type paid preparer's name | | | Paid preparer's signa | iture | Date (mm/dd/yyyy) | self-employed Paid Preparer's PTIN | | |
| Preparer Use Onlv | | Firm's name SIKI | CH LLP | | | | 36-3168081 | | |
| Use U | niy | Firm's address 🕨 1415 | W. DIEHL RD. | SUITE 400, 1 | N | Firm's phone | (630)566-8400 | | |

If a payment is not enclosed, mail this return to: Illinois Department of Revenue, P.O. Box 19009, Springfield, IL 62794-9009

If a payment is enclosed, mail this return to: Illinois Department of Revenue, P.O. Box 19053, Springfield, IL 62794-9053 ►

FORM IL-990-T NATURE OF TRADE OR BUSINESS STATEMENT 1

PARTNERSHIP INCOME

TO FORM IL-990-T, PAGE 1