# EXTENDED TO MAY 16, 2022

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

A I	For the	2020 calendar year, or tax year beginning $$ JUL $1,$ $2020$ and e	ending J	<u>UN 30, 2021</u>							
<b>B</b> (	Check if applicable	C Name of organization WILLIAM RAINEY HARPER COLLEGE		D Employer identifie	cation number						
	Address change										
	Name change			23-73482	28						
	Initial return Final return/	Number and street (or P.0. box if mail is not delivered to street address)  1200 WEST ALGONQUIN ROAD	E Telephone number 847-397-	ephone number 347-397-3000							
terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 22,500,											
	Amendo return	PALATINE, IL 60067		H(a) Is this a group re							
	Applica tion pending	F Name and address of principal officer. LACKA BROWN		for subordinates							
		SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in	cluded? Yes No						
		mpt status: X 501(c)(3)	r 527	· ·	list. See instructions						
		e: ► WWW.HARPERCOLLEGE.EDU/FOUNDATION	1	H(c) Group exemptio							
	art I	organization: X Corporation	•	•	1 State of legal domicile: IL						
ø	1 8	Briefly describe the organization's mission or most significant activities: $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$									
Governance	<u>]</u>	ENHANCES THE QUALITY OF THE EDUCATIONAL EN									
erne	2 (	Check this box   if the organization discontinued its operations or dispose	ed of more								
8	3 1			3	33						
	1	Number of independent voting members of the governing body (Part VI, line 1b)			33						
Activities &		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			0						
ĭ		Total number of volunteers (estimate if necessary)			1 068						
Act		Fotal unrelated business revenue from Part VIII, column (C), line 12			1,968.						
_	l br	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····								
	8 (	Contributions and grants (Dort VIII line 1h)		Prior Year 3,193,762.	Current Year 21,875,936.						
ine	9 6	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		0.	0.						
Revenue	10	Program service revenue (Part VIII, line 2g)  nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		334,207.	53,666.						
Re	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-25,706.	-26,683.						
	1	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,502,263.	21,902,919.						
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,293,985.	2,670,057.						
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.						
S	45 0	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.						
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.						
ē	. b ⊺	Fotal fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright$ 94,23									
û	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		188,626.	235,928.						
	18 7	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,482,611.	2,905,985.						
	19 F	Revenue less expenses. Subtract line 18 from line 12		1,019,652.	18,996,934.						
Net Assets or				ginning of Current Year	End of Year						
sets	20	Total assets (Part X, line 16)		31,854,265.	56,698,898.						
TA A	21	Total liabilities (Part X, line 26)		111,049.	119,946.						
		Net assets or fund balances. Subtract line 21 from line 20		31,743,216.	56,578,952.						
	art II	Signature Block			Lorented and a second backet State						
		ties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is						
true	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of which	cii preparei	nas any knowledge.							
Ci~	_	Signature of officer		I Date							
Sig Her		LAURA BROWN, CHIEF ADVANCEMENT OFFICER		2410							
пеі	•	Type or print name and title									
		Print/Type preparer's name Preparer's signature		Date Check	PTIN						
Paid		HEATHER BONIFAS, CPA HEATHER BONIFAS,	CPA 0	2/09/22 if self-employ							
		Firm's name SIKICH LLP	10		36-3168081						
	· -	Firm's address 1415 W. DIEHL RD. SUITE 400		5 Em							
	-	NAPERVILLE, IL 60563-2349		Phone no. (6	30)566-8400						
Ma	<u>y the</u> IR	S discuss this return with the preparer shown above? See instructions	<u></u>		X Yes No						

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE HARPER COLLEGE EDUCATIONAL FOUNDATION WAS ESTABLISHED IN 1973 AS A
	NON-PROFIT (501 [C][3]) ORGANIZATION TO PROVIDE FUNDING AND RESOURCES
	FOR THE COLLEGE NOT AVAILABLE THROUGH NORMAL GOVERNMENT AND TAX SOURCES. MONEY AND RESOURCES RAISED BY THE FOUNDATION ARE USED TO
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes X No
	prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
 4а	(Code: ) (Expenses \$ 2,688,165. including grants of \$ 2,670,057.) (Revenue \$
Tu	SCHOLARSHIPS: THE FOUNDATION OVERSEES MORE THAN 225 SCHOLARSHIPS AND
	AWARDS TO OVER 1,005 INDIVIDUALS ANNUALLY. THESE SCHOLARSHIPS PROVIDE
	ASSISTANCE AND SUPPORT TO STUDENT SCHOLARS AND STUDENTS FACING BARRIERS
	TO ACADEMIC ACHIEVEMENT.
	PROGRAM GRANTS: THE FOUNDATION PROVIDES SEED MONEY FOR EXCELLENCE IN
	TEACHING AND LEARNING THROUGH THE RESOURCES FOR EXCELLENCE GRANT
	PROCESS. SOME PAST GRANT RECIPIENTS INCLUDE PROGRAMS THAT SERVE WOMEN,
	MINORITY STUDENTS AND STUDENTS WITH DISABILITIES, AS WELL AS DEGREE
	PROGRAMS IN THE FIELDS OF HEALTHCARE, MANUFACTURING AND SCIENCE.
	ART: THE FOUNDATION COLLECTS AND MAINTAINS A BODY OF WORKS OF ART FOR
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4-	
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ▶ 2,688,165.
	Form <b>990</b> (2020)

# WILLIAM RAINEY HARPER COLLEGE EDUCATIONAL FOUNDATION

Form 990 (2020)

Page 3 Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	_X_	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		<u>X</u>
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			7.7
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		37	
	Schedule D, Part III	8	<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?			37
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			37
	Part VI	11a		<u>X</u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40	v	
	Schedule D, Parts XI and XII	12a	X	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	400		v
40	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		
D	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	14b		х
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
15		15		х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10		16		Х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
.,		17		Х
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
	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? If "Yes."	10		
	,	19		х
20a	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<del></del>
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	

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### Form 990 (2020)

WILLIAM RAINEY HARPER COLLEGE EDUCATIONAL FOUNDATION

Part 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	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24 a	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
h		24b		<del></del>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		<u> </u>
C	, , ,	24c		
	any tax-exempt bonds?			<del>                                     </del>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			3,7
	Schedule L, Part I	25b		<u> </u>
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% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
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
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 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	X	
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? <i>If</i> "Yes." <i>complete</i>			
	Schedule N, Part II	32		Х
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		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
-	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		<del></del>
-	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par		, 55		
	Check if Schedule O contains a response or note to any line in this Part V			
	Elizable Collision of Collision of Total County into in this Full V		Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	140
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 5  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U		1c		
	(gambling) winnings to prize winners?	10		

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# WILLIAM RAINEY HARPER COLLEGE

Form 990 (2020)

EDUCATIONAL FOUNDATION 23-7348228 Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За Х **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a **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 Accounts (FBAR). **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a Х 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х 7с d If "Yes." indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year?

Form 990 (2020)

X

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," see instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

23-7348228 Page 6 Form 990 (2020) 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 33 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 33 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Х Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

Form **990** (2020)

SUZETTE TOLENTINO, SR. DIRECTOR OF FINANCE & OPERATIONS - 847-925-6182

 $_{
m IL}$ 

60067

1200 W. ALGONQUIN ROAD, PALATINE,

### Form 990 (2020) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

<b>(A)</b> Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one n an	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) LAURA J. BROWN	20.00								100 051	06 604
(EX-OFFICIO) CHIEF ADVANCE	20.00			Х				0.	193,971.	26,694.
(2) HEATHER ZOLDAK	40.00	-							116 811	01 004
ASSO. EXEC. DIREC.FOUNDATI	1 00			Х				0.	116,711.	21,004.
(3) RICHARD P. HOHOL	1.00	.,		,,					_	0
PRESIDENT	1 00	Х		Х				0.	0.	0.
(4) WILLIAM KESLER	1.00	3,7		,,					_	•
(5) PATTY MOYER	1.00	Х		Х				0.	0.	0.
(5) PATTY MOYER  VP DEVELOPMENT	1.00	Х		х				0.	0.	0
(6) RAFAEL MALPICA	1.00	Λ		^					0.	0.
VP BOARD MEMBERSHIP	1.00	Х		х				0.	0.	0.
(7) SUSAN ROGERS	1.00								0.	<u></u>
VP PROGRAMS	1.00	Х		х				0.	0.	0.
(8) BRENDA KNOX	1.00							· ·	•	•
TREASURER	1100	х		x				0.	0.	0.
(9) ELLA LIBERMAN	1.00	T-							0.1	
SECRETARY		х		x				0.	0.	0.
(10) JAMES PFEIFFER	1.00									
MEMBER AT LARGE		Х		х				0.	0.	0.
(11) DR. AVIS PROCTOR	1.00									
(EX-OFFICIO)				Х				0.	0.	0.
(12) DIANE HILL	1.00									
(EX-OFFICIO) TRUSTEE LIAIS				Х				0.	0.	0.
(13) DR. NANCY M. CASTLE	1.00									
DIRECTORS		Х						0.	0.	0.
(14) MARK W. CLEARY	1.00									
DIRECTORS		Х						0.	0.	0.
(15) WARNER CRUZ	1.00									
DIRECTORS		Х						0.	0.	0.
(16) POLLY DAVENPORT	1.00								_	_
DIRECTORS		Х					ļ	0.	0.	0.
(17) RANDY L. GREEN	1.00									_
DIRECTORS		X						0.	0.	0 • Form <b>990</b> (2020)

Form **990** (2020) 032007 12-23-20

Form 990 (2020)

Part VII Section A. Officers, Directors

(A)

Name and title

Section A. Officers, Directors, Trust	tees, Key Emp	DIOD	ees,	anu	ΠI	gnes	St C	ompensated Employee	S (continued)				
(A)	(B) Average	(C) Position (do not check more than one box, unless person is both an						(D)	(E) Reportable compensation		F-	(F)	الم
Name and title	hours per							Reportable compensation				timate nount	
	week			id a di				from	from related		aii	other	<i>J</i> 1
	(list any	sctor						the	organization		com	pensa	tion
	hours for	or dire	as as			rted		organization	(W-2/1099-MIS	SC)		om the	
	related organizations	stee	truste		a)	bens		(W-2/1099-MISC)				anizati	
	below	ual tru	ional		ploye	t com						d relati anizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	ııızatı	פו וע
(18) DON HOUCHINS	1.00		_		×	1	_						
DIRECTORS		Х						0.		0.			0.
(19) STEVE JACKSON	1.00									_			_
DIRECTORS	1 00	Х						0.		0.			0.
(20) DANIEL G. KLARAS DIRECTORS	1.00	х						0.		0.			0.
(21) DEE BEAUBIEN	1.00	Λ						0.		0.			<u> </u>
DIRECTORS	1.00	Х						0.		0.			0.
(22) KATHY GILMER	1.00	22						0.		<u> </u>			<u> </u>
DIRECTORS	1,00	х						0.		0.			0.
(23) MAC GLINN	1.00							-					
DIRECTORS		Х						0.		0.			0.
(24) MONICA MUELLER	1.00												
DIRECTORS	1 00	Х						0.		0.			0.
(25) ERIC PAN	1.00	.,								_			^
DIRECTORS	1.00	Х						0.		0.			0.
(26) SCOT PEPPER DIRECTORS	1.00	x						0.		0.			0.
41. Outstand		-						0.	310,68		4	7,69	
c Total from continuation sheets to Part VII								0.	310,00	0.		<i>,</i> , o.	0.
d Total (add lines 1b and 1c)								0.	310,68	-	4	7,69	
2 Total number of individuals (including but no							o re	eceived more than \$100,	000 of reportable	<del></del>			
compensation from the organization													0
												Yes	No
3 Did the organization list any <b>former</b> officer,	·		•	•	•		_		•				37
line 1a? If "Yes," complete Schedule J for st											3		X
4 For any individual listed on line 1a, is the su											4	Х	
<ul><li>and related organizations greater than \$150</li><li>Did any person listed on line 1a receive or a</li></ul>											4	-21	
rendered to the organization? If "Yes," com									idal for 3ct vices		5		Х
Section B. Independent Contractors	piete Scriedali	<i>- 0 1</i>	UI SC	icii ț	<i>/C/</i> 3/	OII .							
Complete this table for your five highest cor	mpensated inc	lepe	nder	nt co	ntra	acto	rs th	nat received more than \$	100,000 of comp	ensa	tion fro	om	
the organization. Report compensation for t	he calendar ye	ear e	ndir	ng wi	ith c	or wi	thin	the organization's tax y	ear.				
<b>(A)</b> Name and business	addrace	NT/	\ <b>N</b> TT					<b>(B)</b> Description of s	envices		)) ompe	<b>;)</b> nsatio	n
Name and pusitess	auuress	1/(	ONE	<u> </u>				Description of s	ervices		ompe	isatioi	
							$\dashv$						
2 Total number of independent contractors (in	ncluding but no	ot lir	nited	d to t	hos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	•			•	C		-	,					

032008 12-23-20

Form **990** (2020)

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 EDUCATION	NAL FOUN	IDA	TI	ON	<u> </u>				23-734	8228
Part VII Section A. Officers, Directors, Tru	istees, Key En	nplo	yee	s, aı	nd H	lighe	est (	Compensated Employe	es (continued)	
(A)	(E)	(F)								
Name and title	Average		Position					Reportable	Reportable	Estimated
	hours	(cl	heck	all :	ll that apply)			compensation	compensation	amount of
	per week							from	from related	other
		7				loyee		the	organizations	compensation
	(list any hours for	lirecto				emp		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	9e or 0	stee			satec		(***2/1099***********************************		and related
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee				organizations
	below	idual	tution	ъ	Key employee	estoc	-B-I			Ü
	line)	Indiv	Insti	Officer	Key	High	Former			
(27) GEORGEANNA MEHR	1.00									
DIRECTORS		Х						0.	0.	0.
(28) SAM OLIVER	1.00									
DIRECTORS		Х						0.	0.	0.
(29) JACOB H. SADOFF	1.00									
DIRECTORS		х						0.	0.	0.
(30) DREW J. SCHAEFER	1.00							•	•	•
DIRECTORS		х						0.	0.	0.
(31) JEFFREY F. SRONKOSKI	1.00	<del></del>						· ·		
DIRECTORS	100	х						0.	0.	0.
(32) MARIANNE J. STANKE	1.00							•	•	•
DIRECTORS	1.00	Х						0.	0.	0.
(33) W. BRADLEY STETSON	1.00	22							0.	0.
DIRECTORS	1.00	Х						0.	0.	0.
(34) DR. ROBIN S. TURPIN	1.00							0.	0.	0.
DIRECTORS	1.00	Х						0.	0.	0.
(35) THOMAS G. WISCHHUSEN	1.00							0.	0.	0.
DIRECTORS	1.00	Х						0.	0.	0.
(36) WILLIAM PROVAN	1.00	22						0.	0.	0.
DIRECTORS	1.00	Х						0.	0.	0.
(37) MELANIE WITT	1.00	22								0.
DIRECTORS	1.00	Х						0.	0.	0.
								•	•	•
			$\vdash$							
		-								
			$\vdash$	$\vdash$		$\vdash$				
		ł								
		•								
	<u> </u>			<u> </u>			<u> </u>			
T										
Total to Part VII, Section A, line 1c										

Form 990 (2020) EDUCATI
Part VIII Statement of Revenue

			Check if Schedule O contains a resp	onse	or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
S (O	1	_	Federated campaigns 1a						
Contributions, Gifts, Grants and Other Similar Amounts	'								
جَ ق					202,461.				
Ţ\$, Ār			9		202,401.				
<u>ië</u> gi			Related organizations 1d						
ns, Sim			Government grants (contributions) 1e						
er S		f	All other contributions, gifts, grants, and						
ĕ₹			similar amounts not included above 1f		21,673,475.				
g		g	Noncash contributions included in lines 1a-1f 1g	\$	43,512.				
<u>5 g</u>		h	Total. Add lines 1a-1f			21,875,936.			
					Business Code				
ě	2	а							
Program Service Revenue		b							
Se		С							
au		d							
g B		е							
Pr		f	All other program service revenue						
			Total. Add lines 2a-2f						
	3		Investment income (including dividends,						
	•		other similar amounts)			51,171.		1,968.	49,203.
	4		Income from investment of tax-exempt be			,		,	,
	5		Royalties	-					
	3		(i) Rea	 .l	(ii) Personal				
	6	_		.,	(ii) i crooriai				
			Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			[						
	7	а	Gross amount from sales of (i) Securi		(ii) Other				
			assets other than inventory 7a 544,	727.					
		b	Less: cost or other basis						
ne			and sales expenses						
Ven		С	Gain or (loss) 7c 2,	495.					
Be		d	Net gain or (loss)	<u></u>	<u> </u>	2,495.			2,495.
her Revenue	8	а	Gross income from fundraising events (not						
₹			including \$ of						
			contributions reported on line 1c). See						
			Part IV, line 18	8a	28,923.				
		b	Less: direct expenses	8b	55,606.				
			Net income or (loss) from fundraising eve	nts		-26,683.			-26,683.
			Gross income from gaming activities. See						
			Part IV, line 19	- 1					
		b	Less: direct expenses						
			Net income or (loss) from gaming activities	_	•				
			Gross sales of inventory, less returns	<u> </u>					
		_	and allowances	10a					
		h	Less: cost of goods sold	10b					
				_					
		<u> </u>	Net income or (loss) from sales of invento	чу	Business Code				
Sn	44	_			Dusiness Code				
Miscellaneous Revenue	11								
llar		b							
Sce		C	All adds as secure as a						
Ξ̈́			All other revenue						
		e	Total. Add lines 11a-11d			21 002 010		1 060	25 015
	12		<b>Total revenue.</b> See instructions		🟲	21,902,919.	0.	1,968.	25,015.

# Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

0000	Of a last of Oak and La Oa and a comp				
	Check if Schedule O contains a respons		this Part IX(B)	(C)	
	not include amounts reported on lines 6b,	(A) Total expenses	Program service	Management and general expenses	<b>(D)</b> Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	100 006	100 076		
	and domestic governments. See Part IV, line 21	199,276.	199,276.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	2,470,781.	2,470,781.		
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				
3	,				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С					
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
	Investment management fees	50,118.		50,118.	
f		30,110.		30,110.	
g	, ,	176 055	16 155	66 561	04 220
	column (A) amount, list line 11g expenses on Sch 0.)	176,955.	16,155.	66,561.	94,239.
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	444.		444.	
18	Payments of travel or entertainment expenses				
.0	for any federal, state, or local public officials				
40		1,953.	1,953.		
19	Conferences, conventions, and meetings	1,333.	1,333.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	- 122			
23	Insurance	5,133.		5,133.	
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	673.		673.	
b	SUPPLIES	350.		350.	
	PRINTING	302.		302.	
C	111111110	JU4•		JUZ•	
d					
е		2 005 005	0 600 165	100 501	04 020
25	Total functional expenses. Add lines 1 through 24e	2,905,985.	2,688,165.	123,581.	94,239.
26	<b>Joint costs.</b> 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)				

# Form 990 (2020) Part X Balance Sheet

Pai	LA	Daiance Sneet							
		Check if Schedule O contains a response or	note to	any	line in this Part X				
						(A) Beginning	of year		<b>(B)</b> End of year
	1							1	
	2	Savings and temporary cash investments					,022.		3,318,223.
	3	Pledges and grants receivable, net				700	<u>,176.</u>	3	1,723,168.
	4	Accounts receivable, net						4	
	5	Loans and other receivables from any curren	nt or for	mer	officer, director,				
		trustee, key employee, creator or founder, su	ubstant	ial c	ontributor, or 35%				
		controlled entity or family member of any of t	these p	ersc	ns			5	
	6	Loans and other receivables from other disqu	ualified	pers	ons (as defined				
		under section 4958(f)(1)), and persons descri			6				
ts	7	Notes and loans receivable, net			7				
Assets	8	Inventories for sale or use			8				
Ř	9	Prepaid expenses and deferred charges					250.	9	0.
	10a	Land, buildings, and equipment: cost or other	er						
		basis. Complete Part VI of Schedule D							
	b	Less: accumulated depreciation						10c	
	11	Investments - publicly traded securities				24,958	<u>,807.</u>	11	49,823,747.
	12	Investments - other securities. See Part IV, lin			12				
	13	Investments - program-related. See Part IV, li			13				
	14	Intangible assets	1 221		14	4 000 760			
	15	Other assets. See Part IV, line 11		,010.		1,833,760.			
	16	Total assets. Add lines 1 through 15 (must e	31,854			56,698,898.			
	17	Accounts payable and accrued expenses	54	<u>,289.</u>		117,446.			
	18						T.C.O.	18	0.500
	19	Deferred revenue				56	<u>,760.</u>	19	2,500.
	20	Tax-exempt bond liabilities						20	
	21	Escrow or custodial account liability. Complete						21	
es	22	Loans and other payables to any current or f							
Liabilities		trustee, key employee, creator or founder, su							
.iab		controlled entity or family member of any of t						22	
_	23	Secured mortgages and notes payable to un						23	
	24	Unsecured notes and loans payable to unrela						24	
	25	Other liabilities (including federal income tax,							
		parties, and other liabilities not included on li	lines 1/	-24).	Complete Part X				
		of Schedule D				111	0.40	25	110 016
	26	Total liabilities. Add lines 17 through 25				111	,049.	26	119,946.
ý		Organizations that follow FASB ASC 958, or	check	here	<b>▶</b> ▲				
nce		and complete lines 27, 28, 32, and 33.				18,877	600	07	41,965,491.
alaı	27					12,865			14,613,461.
d B	28	Net assets with donor restrictions				12,003	,010.	28	14,013,401.
'n.		Organizations that do not follow FASB AS	U 958,	cne	ck nere				
Net Assets or Fund Balances	20	and complete lines 29 through 33.	ndo					20	
ets	29	Capital stock or trust principal, or current fur						29	
SS	30	Paid-in or capital surplus, or land, building, o				<u> </u>		30	
et 🗸	31	Retained earnings, endowment, accumulated				31,743	216	31	56,578,952.
ž	32	Total liabilities and not assets/fund balances				31,854			56,698,898.
	33	Total liabilities and net assets/fund balances				J J T , U J 4	, 400.	33	50,090,090,

Form	1990 (2020) EDUCATIONAL FOUNDATION	23-	7348	228	Pa	ge 12
Pa	rt 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		,90		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,90		
3	Revenue less expenses. Subtract line 2 from line 1	3		,99		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,74		
5	Net unrealized gains (losses) on investments	5	5	,83	8,8	02.
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,					
	coluṃn (B))	10	56	,57	8,9	<u>52.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>			
					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 in Schedule	Э.	l			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	l			
	separate basis, consolidated basis, or both:		l			
	Separate basis Consolidated basis Both consolidated and separate basis		l			
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	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	ale Audi	t			

Act and OMB Circular A-133? **b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

WILLIAM RAINEY HARPER COLLEGE Name of the organization

Employer identification number 23-73/9229

			ALLONAL FO					3-/340220					
Pa	rt I	Reason for Public (	Charity Status. (	All organizations must o	omplete th	nis part.) S	ee instructions.						
Γhe	organi	zation is not a private found	lation because it is: (F	or lines 1 through 12, c	heck only	one box.)							
1		A church, convention of ch					)(A)(i).						
2	一	A school described in sect					X X7						
3	一	A hospital or a cooperative		•			i).						
4	H	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
7		city, and state:	ation operated in cor	ijanotion with a noopital	dosonbod	III SCCIIO	ii ii o(b)( i)(A)(iii). Liitoi	the hoopital o hame,					
_		An organization operated for	or the benefit of a col	logo or university ewage	l or operat	od by a go	vornmental unit describe	nd in					
5				lege of diliversity owner	o operat	ed by a go	verninental unit describe	5 <b>u</b> III					
_		section 170(b)(1)(A)(iv). (C				-04 1/41/41	, <u>, , , , , , , , , , , , , , , , , , </u>						
6	Н	A federal, state, or local go	-										
7		An organization that norma	-	itial part of its support fi	rom a gove	ernmental	unit or from the general p	oublic described in					
		section 170(b)(1)(A)(vi). (C	•										
8	Щ	A community trust describe	ed in <b>section 170(b)(</b>	1)(A)(vi). (Complete Par	t II.)								
9		An agricultural research org	ganization described	in <b>section 170(b)(1)(A)(</b>	ix) operate	ed in conju	inction with a land-grant	college					
		or university or a non-land-o	grant college of agricu	ulture (see instructions).	Enter the	name, city	, and state of the college	or					
		university:											
10		An organization that norma	ılly receives (1) more t	han 33 1/3% of its supp	ort from c	ontribution	ns, membership fees, and	d gross receipts from					
		activities related to its exen	npt functions, subject	to certain exceptions;	and (2) no	more than	33 1/3% of its support fi	rom gross investment					
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the organization a	ifter June 30, 1975.					
		See section 509(a)(2). (Co	mplete Part III.)			•							
11		An organization organized a	and operated exclusi	velv to test for public sa	fetv. See	section 50	)9(a)(4).						
12	X	An organization organized a	•	•	•			purposes of one or					
		more publicly supported or	•	•	-		· · · · · · · · · · · · · · · · · · ·						
		lines 12a through 12d that	-										
а		Type I. A supporting orga	* *					aivina					
u		the supported organization	•		•	_							
		• • • • •		• • •	i majority C	n the direc	tors or trustees or the st	apporting					
<b>L</b>		organization. You must o			tion with its		d arganization(a) by bay	vin a					
b		Type II. A supporting org	•					-					
		control or management o			ame perso	ns that co	ntrol or manage the supp	оотеа					
	₹	organization(s). You mus											
С	X		- ' '				• •	ed with,					
		its supported organization		-									
d		Type III non-functionally											
		that is not functionally int	tegrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and an attentiv	/eness					
		requirement (see instruct	ions). You must con	plete Part IV, Sections	s A and D,	and Part	V.						
е		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type II, Type III						
		functionally integrated, or	r Type III non-functior	ally integrated supporti	ng organiz	ation.							
f	Ente	r the number of supported o	organizations					1					
g		ide the following information			I (iii) la tha assa								
	(i	) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other					
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)					
MI.	LLI	AM RAINEY											
HA:	RPE	R COLLEGE	36-2582782	6	X		2,665,057.	5,000.					
							2 665 057	5 000					

17360209 765826 0194004.0

# Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Caler	dar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(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.						
	tion B. Total Support	<u> </u>	Т	T	T	<u> </u>	T
	idar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	•				<u> 12  </u>	
13	First 5 years. If the Form 990 is for th			•	•		
Sac	organization, check this box and stop tion C. Computation of Publi						<b>P</b>
				oolumn (f))		14	0/
	Public support percentage for 2020 (li Public support percentage from 2019		•	* * * * * * * * * * * * * * * * * * * *		15	<u>%</u>
	33 1/3% support test - 2020. If the o						
	<b>stop here.</b> The organization qualifies <b>33 1/3% support test - 2019.</b> If the o		-		l line 15 is 33 1/3%		
	and stop here. The organization qual						
	10% -facts-and-circumstances test						
	and if the organization meets the facts						
	meets the facts-and-circumstances te			=	· ·	VITIOW LIE OIGAIII	<b>L</b>
	10% -facts-and-circumstances test	•	•			17a and line 15 is	<b>F</b> 10% or
	more, and if the organization meets the	-					10/001
	organization meets the facts-and-circu				-		
	Private foundation. If the organization		-		•		s
	i di d			<u>,,</u>		edule A (Form 990	

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# 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	ow, piease com	piete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the 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 disqualified persons						
<b>b</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						
alendar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6		(2)==::	(=, == : =	(,	(-,	(7)
dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses						
acquired after June 30, 1975						-
c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	organization's f	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizat	ion,
check this box and stop here						<b>&gt;</b>
Section C. Computation of Public						
15 Public support percentage for 2020 (lin			column (f))		15	%
Public support percentage from 2019 S					16	%
Section D. Computation of Invest					т т	
17 Investment income percentage for 202					17	%
18 Investment income percentage from 20					18	9/
<b>19a 33 1/3% support tests - 2020.</b> If the o						17 is not
more than 33 1/3%, check this box and b 33 1/3% support tests - 2019. If the co	-	-	•			
line 18 is not more than 33 1/3%, check	k this box and s	top here. The orga	nization qualifies a	as a publicly suppo	orted organization	<b>▶</b> □
20 Private foundation. If the organization						▶

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# 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

  If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 in 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 in 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.)

		Yes	No
		100	140
	4	X	
	1	Λ	
	2	Х	
	_	21	
;	3a		Х
;	3b		
	_		
	3с		
	4a		Х
4	4b		
	4c		
	5a		X
	5b		
	5c		
	6		X
	7		X
	Ω		X
	8		Δ
	9a		Х
	9b		X
	9c		X
	<i>3</i> 6		23
_1	l0a		Х
	0b	n-F7)	2000

Par	Supporting Organizations (continued)			
		Y	'es	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 in lines 11b and			
	11c below, the governing body of a supported organization?	3	_	X
	A family member of a person described in line 11a above?	<u>)</u>	_	X
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	<u>.                                    </u>		X
Sec	tion B. Type I Supporting Organizations			
		Y	'es	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? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported			
	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,			
<u> </u>	supervised, or controlled the supporting organization.	L_		
Sec	tion C. Type II Supporting Organizations			
		_ Y	'es	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			
800	the supported organization(s). tion D. All Type III Supporting Organizations			
360	tion B. All Type III Supporting Organizations	$\neg$		
_	Did the constitution and ide to each of the constitution and in the last describe fifth weath of the	_ <del>  Y</del>	'es	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	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	٠,	x	
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?		^	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how  the organization maintained a close and continuous working relationship with the supported organization(s)  2	١,	x	
2	the enganization maintained a cross and continued working relationship man the capported enganization(o).			
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a 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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	٠,	x	
Sec	tion E. Type III Functionally Integrated Supporting Organizations		22	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>			
c	X The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions)	ions)		
2	Activities Test. Answer lines 2a and 2b below.		'es	No
а	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 in 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.		T	
а	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.	)		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	nizations				
1	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 must	complete	Sections A through E.				
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	7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see						

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Part V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ued)	7 7 <b>4</b> 0 2 2 0 Page 1
Section D - Distributions	· // / · · · · · · · · · · · · · · · ·	Continu		Current Year
1 Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2 Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
organizations, in excess of income from activity			2	
3 Administrative expenses paid to accomplish exempt purpose	es of supported organizations	<b>.</b>	3	
4 Amounts paid to acquire exempt-use assets			4	
5 Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5	
6 Other distributions (describe in Part VI). See instructions.	orido dotalio III		6	
7 Total annual distributions. Add lines 1 through 6.			7	
8 Distributions to attentive supported organizations to which the	he organization is responsive			
(provide details in Part VI). See instructions.			8	
9 Distributable amount for 2020 from Section C, line 6			9	
10 Line 8 amount divided by line 9 amount			10	
	(i)	(ii)		(iii)
Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	ns	Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2020 (reason-				
able cause required - explain in Part VI). See instructions.				
3 Excess distributions carryover, if any, to 2020				
a From 2015				
<b>b</b> From 2016				
<b>c</b> From 2017				
<b>d</b> From 2018				
e From 2019				
f Total of lines 3a through 3e				
g Applied to underdistributions of prior years				
h Applied to 2020 distributable amount				
i Carryover from 2015 not applied (see instructions)				
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4 Distributions for 2020 from Section D,				
line 7:				
a Applied to underdistributions of prior years				
<b>b</b> Applied to 2020 distributable amount				
c Remainder. Subtract lines 4a and 4b from line 4.				
5 Remaining underdistributions for years prior to 2020, if				
any. Subtract lines 3g and 4a from line 2. For result greater				
than zero, explain in <b>Part VI.</b> See instructions.				
6 Remaining underdistributions for 2020. Subtract lines 3h				
and 4b from line 1. For result greater than zero, explain in				
Part VI. See instructions.				
7 Excess distributions carryover to 2021. Add lines 3j and 4c.				
8 Breakdown of line 7:				
a Excess from 2016				
b Excess from 2017				
c Excess from 2018				
d Excess from 2019				
e Excess from 2020				
C EACCOS HOTH 2020				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 EDUCATIONAL FOUNDATION 23-7348228 Page 8 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 \$50,00. THE COMPENSATION IS SPLIT FOR INSTITUTIONAL INITIATIVES FOR HARPER COLLEGE FOR THE ROLE OF THE ASSOCIATE EXECUTIVE DIRECTOR/ MAJOR GIFTS OF AND WILLIAM RAINEY HARPER COLLEGE EDUCATIONAL FOUNDATION. 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

COLLEGE IS ON THE INVESTMENT COMMITTEE OF THE FOUNDATION.

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

Schedule A (Form 990 or 990-EZ) 2020

# Schedule A (Form 990 or 990-EZ) 2020 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.)
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 D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

WILLIAM RAINEY HARPER COLLEGE EDUCATIONAL FOUNDATION

**Employer identification number** 23-7348228

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds	or Accounts. Complete if the
	organization answered Tes off offi 550,1 arriv, line	(a) Donor adv	ised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets	held in donor advise	ed funds
	are the organization's property, subject to the organization's e	exclusive legal contro	?	Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for	any other purpose of	conferring
	impermissible private benefit?			
Pa	rt II Conservation Easements. Complete if the organic	anization answered "	Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that appl	y).	
	Preservation of land for public use (for example, recreati	ion or education)	Preservation of	f a historically important land area
	Protection of natural habitat	[	Preservation of	f a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation cont	ribution in the form o	of a conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic structure	cture included in (a)		2c
d	Number of conservation easements included in (c) acquired af	fter 7/25/06, and not	on a historic structu	ıre
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or terminated by the	organization during the tax
	year ▶			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period			
	violations, and enforcement of the conservation easements it h	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations,	and enforcing cons	servation easements during the year
	<b></b>			
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and	enforcing conservat	tion easements during the year
	<b>&gt;</b> \$			
8	Does each conservation easement reported on line 2(d) above		•	
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation		•	
	balance sheet, and include, if applicable, the text of the footnot	ote to the organizatio	n's financial stateme	ents that describes the
Da	organization's accounting for conservation easements.  rt III   Organizations Maintaining Collections of A	Art Historical T	reacures or Ot	har Similar Assats
ı a	Complete if the organization answered "Yes" on Form 9	-	reasures, or Oti	niei Oniniai Assets.
				and become also at warder
та	If the organization elected, as permitted under FASB ASC 958	•		
	of art, historical treasures, or other similar assets held for publications provide in Port VIII the text of the features to its figure			•
h	service, provide in Part XIII the text of the footnote to its finance.			
b	If the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public 6	·		
	provide the following amounts relating to these items:	exhibition, education	, or research in furth	lerance of public service,
	•			<b>•</b> •
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical treas	sures or other simila		
~	the following amounts required to be reported under FASB AS			a gain, provide
•	Revenue included on Form 990, Part VIII, line 1	-		<b>&gt;</b> \$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 202

032051 12-01-20

	t III Organizations Maintaining C	ollections of Art		asures or Othe	r Sim		<del></del>	<u> </u>	
							(continu	ued)	
3									
	collection items (check all that apply):		▼						
a	X Public exhibition	d	=	nange program					
b									
С	X Preservation for future generations								
4	Provide a description of the organization's co						XIII.		
5	During the year, did the organization solicit o						٦	77	
Day	to be sold to raise funds rather than to be ma						_ Yes	X No	
Par	t IV Escrow and Custodial Arrange reported an amount on Form 990, Par		ete if the organizatio	n answered "Yes" or	n Form	990, Part IV,	line 9, or		
	· · · · · · · · · · · · · · · · · · ·	<u> </u>			Sec. of Conf.	. al			
та	Is the organization an agent, trustee, custodi						7 v	N	
	on Form 990, Part X?			• • • • • • • • • • • • • • • • • • • •		∟	Yes	No	
D	If "Yes," explain the arrangement in Part XIII	and complete the foil	lowing table:		Г		A		
	De allembre de la lacción				H	_	Amount		
	Beginning balance					<u>c</u>			
	Additions during the year					d			
_	Distributions during the year					e			
f	Ending balance					lf	7		
	Did the organization include an amount on Fo				-	∟	Yes	∐ No	
Par	If "Yes," explain the arrangement in Part XIII.								
ı aı	t V Endowment Funds. Complete i								
		(a) Current year 27,000,612.	(b) Prior year	(c) Two years back		ree years back		years back	
	Beginning of year balance		25,382,278.	17,459,333.	<del>                                     </del>	<del></del>		441,301.	
	Contributions	2,894,182.	2,318,468.	· · · · · ·	<b>-</b>	3,014,814.		659,092.	
	Net investment earnings, gains, and losses	4,913,758.	617,770.			656,243.		835,274.	
	Grants or scholarships	2,044,276.	1,343,443.	275,475.		249,936.		236,936.	
е	Other expenditures for facilities	220 174	25 530	71 507		224 020		4 643	
_	and programs	-328,174.	-25,539.	-71,507.		-334,838.		-4,643.	
	Administrative expenses	22 002 450	27 000 (12	25 202 270	1.	7 450 222	12	702 274	
g	End of year balance	33,092,450.	27,000,612.		1	7,459,333.	13,	703,374.	
2	Provide the estimated percentage of the curr			) held as:					
	Board designated or quasi-endowment	61.7270	_%						
	Permanent endowment ► 18.7180	%							
С		%							
_	The percentages on lines 2a, 2b, and 2c short	•							
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held ar	nd administered for t	he orga	nization	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						3b		
Day	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment funds.						
Fai			Deat IV Preside O	F 000 B+ V	10 <b>4</b> 7				
	Complete if the organization answered								
	Description of property	(a) Cost or of basis (investm	` '	1 ' '	Accumu eprecia:		(d) Book	value	
	Land	,	Dasis	(Other)	Pricola	.1011			
	Land								
	Buildings								
	Leasehold improvements								
	Equipment			<del>                                     </del>					
	Other Add lines to through 10 (0.4 (1)		<u> </u>	1				0.	
iotal	. Add lines 1a through 1e. (Column (d) must e	auai Form 990. Part 🕽	x. column (B). line 1	UC.)				0.	

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 EDUCATIONAL	FOUNDATION	43	-/348228 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o			l of year market value
(a) Description of Security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	i-ot-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F) (G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	I-of-year market value
(1)	(1)		<b>,</b> , , , , , , , , , , , , , , , , , ,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	n 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)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	15.)	<b>&gt;</b>	
Part X Other Liabilities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	25.)	<b>&gt;</b>	

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 Schedule D (Form 990) 2020

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

EDUCATIONAL FOUNDATION

Revenue per Audited Financial Statements

Pal	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	its wit	n Revenue per Re	turn.	
1				1	28,323,477.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			•	20/323/17/0
a	Net unrealized gains (losses) on investments	2a	5,838,802.		
b	Donated services and use of facilities	2b	576,269.		
c	Recoveries of prior year grants	2c	,		
d	Other (Describe in Part XIII.)		55,605.		
е	Add lines 2a through 2d			2e	6,470,676.
3	Subtract line 2e from line 1			3	21,852,801.
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	50,118.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	50,118.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)  TXII   Reconciliation of Expenses per Audited Financial Stateme			5	21,902,919.
Pa		nts Wi	th Expenses per H	<b>letur</b>	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				2 407 741
1	Total expenses and losses per audited financial statements			1	3,487,741.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	F76 260		
a	Donated services and use of facilities	2a	576,269.		
b	Prior year adjustments	2b			
C	Other losses	2c	55,605.		
d	Other (Describe in Part XIII.)			200	631,874.
е 3	Add lines 2a through 2d			2e 3	2,855,867.
3 4	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	2,033,007.
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	50,118.		
b			30/1101		
	Add lines 4a and 4b			4c	50,118.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,905,985.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I <sup>1</sup> 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit			; Part ː	X, line 2; Part XI,
PAI	RT III, LINE 4:				
THI	E EXTENSIVE COLLECTION IS PREEMINENT IN THE	NOR'	THWEST SUBUR	BS :	FOR THE
PUI	RPOSE OF ARTISTIC STUDY AND COMMUNITY-WIDE A	AESTI	HETIC APPREC	IAT	ION.
PAI	RT V, LINE 4:				
THI	E INTENDED USE OF THE ENDOWMENT FUNDS IS FO	R SCI	HOLARSHIPS A	ND	OTHER
AC	TIVITES THAT SUPPORT THE COLLEGE.				
	THE COURT OF THE C				
	RT X, LINE 2:				
THI	E FOUNDATION IS A NOT-FOR-PROFIT ORGANIZATION	ON T	HAT IS EXEMP	T F	ROM INCOME
TA	XES UNDER SECTION 501(C)(3) OF THE INTERNAL	REV	ENUE CODE AS	OT	HER THAN A
PR.	VATE FOUNDATION. ACCORDINGLY, NO PROVISION	FOR			
03205	I 12-01-20			Sche	dule D (Form 990) 2020

### **SCHEDULE G**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**2020** 

Open to Public Inspection

EDUCATIONAL FOUNDATION					23-7348228		
Part I Fundraising Activities.	Complete if the organization answe	red "Y	es" or	Form 990, Part IV, li	ine 17		
required to complete this part  Indicate whether the organization rais    Mail solicitations	ed funds through any of the following e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with previduals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-governising of onal fundamental	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundraiser have custody or control of from activity		to (c	Amount paid or retained by) fundraiser eed in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No				
otal	I		<b>&gt;</b>				
<b>3</b> List all states in which the organization or licensing.	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	exempt from re	gistration

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

Schedule G (Form 990 or 990-EZ) 2020

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GOLF OUTING	HOPE GIVING		` '
			2021	CIRCLE FUND	4	(add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
ne			71 7	(1)	(	
Revenue	1 Gross receipts		164,544.	23,500.	43,340.	231,384.
_	2	Less: Contributions	135,621.	23,500.	43,340.	202,461.
	3	Gross income (line 1 minus line 2)	28,923.			28,923.
	4	Cash prizes				
S	5	Noncash prizes				
pense	6	Rent/facility costs	1,745.			1,745.
Direct Expenses	7	Food and beverages	23,949.			23,949.
⊡		Entartainment				
	8	Entertainment Other direct expanses	12,956.	6,183.	10,773.	29,912.
	9 10	Other direct expenses		· · · · · · · · · · · · · · · · · · ·		55,606.
		Net income summary. Subtract line 10 from li			······	-26,683.
Pa	rt I	II Gaming. Complete if the organization a		990 Part IV line 19 or r	enorted more than	20,003.
		\$15,000 on Form 990-EZ, line 6a.	anowered res on rem	1000, 1 4111, 11110 10, 01 1	oportou more triari	
		ψτο,οοο οπτ οπτ οσο <u>ΕΕ</u> , πτο σα.		(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						· · · · · · · · · · · · · · · · · · ·
Re	4	Gross revenue				
	•	G1033 Teveride				
	2	Cash prizes				
ses	_	Od311 p1/203				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	_	Other direct expenses				
	<u> </u>	Other direct expenses	V 0/	V 0/		
	6	Volunteer labor	Yes %  No	Yes %     No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>	
		ter the state(s) in which the organization condu				
а	ls t	he organization licensed to conduct gaming ac	tivities in each of these	states?		Yes No
b	If "	No," explain:				
	_					
	_					
		ere any of the organization's gaming licenses re	· · · · · · · · · · · · · · · · · · ·			Yes No
b	lf "	Yes," explain:				

032082 11-25-20

Schedule G (Form 990 or 990-EZ) 2020

# WILLIAM RAINEY HARPER COLLEGE

Sch	nedule G (Form 990 or 990-EZ) 2020 EDUCATIONAL FOUNDATION	23-73	3482	228	Page 3
11	Does the organization conduct gaming activities with nonmembers?			Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?		<b>—</b> ,	Yes	No
12	Indicate the percentage of gaming activity conducted in:				
		ı	ا ءمه		0/
	a The organization's facility		13a		<u>%</u>
	o An outside facility		13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	<b>5</b> :			
	Name				
	Address				
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		,	Yes	☐ No
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amou	unt			
	of gaming revenue retained by the third party  \$\bigs\sum_{\text{quadratic}}\$				
,	of "Yes," enter name and address of the third party:				
•	on 100, onto hame and address of the time party.				
	Name ►				
	Address >				
16	Gaming manager information:				
	Name				
	Gaming manager compensation  \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?		<b>'</b>	Yes	No
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the			
	organization's own exempt activities during the tax year ▶ \$				
Pa	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part	III, line	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				
	, , , , , , , , , , , , , , , , , , , ,				
_					
_					
				_	_
					-
_					

# WILLIAM RAINEY HARPER COLLEGE

Schedule G (Form 990 or 990-EZ) EDUCATIONAL FOUNDATION	23-7348228	Page 4
Schedule G (Form 990 or 990-EZ) EDUCATIONAL FOUNDATION  Part IV Supplemental Information (continued)		

### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

■ Go to www.irs.gov/Form990 for the latest information.

WILLIAM RAINEY HARPER COLLEGE

2020

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

Schedule I (Form 990) 2020

EDUCATION	AL FOUNDA	TION					23-7348228
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	on
criteria used to award the grants or assis	stance?						No
2 Describe in Part IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to	Domestic Organia	zations and Domesti	c Governments. C	complete if the org	anization answered "\	es" on Form 990, Part	IV, line 21, for any
recipient that received more than	\$5,000. Part II can		ional space is need		(c) Mathaul of	T	1
Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
WILLIAM RAINEY HARPER COLLEGE							
1200 WEST ALGONQUIN ROAD							PROGRAM GRANTS, RESOURCE
PALATINE, IL 60067	36-2582782	501(C)(1)	199,276.	0.			FOR EXCELLENCE
2 Enter total number of section 501(c)(3) a	nd government org	ganizations listed in th	ne line 1 table				<b>&gt;</b> 1.
3 Enter total number of other organization	s listed in the line	1 table					

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

23-7348228

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				
AWARDS	11	10,070.	0.						
SCHOLARSHIPS	996	2,455,711.	5,000.	FMV	BOOKSTORE GIFT CARDS				
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	l Iditional information.					
PART I, LINE 2:									
THE FOUNDATION PROVIDES SEED MONEY	FOR EXCE	LLENCE IN	TEACHING A	ND LEARNING					
THROUGH THE RESOURCES FOR EXCELLENCE	CE GRANT	PROCESS. S	SOME PAST G	RANT					
RECIPIENTS INCLUDE PROGRAMS THAT SI	ERVE WOME	N, MINORIT	Y AND UNDE	R-SERVED					
POPULATIONS AND STUDENTS FROM THE P	HARD OF H	EARING COM	MUNITY. TH	E					
FOUNDATION'S SENIOR DIRECTOR FINANCE	CE AND OP	ERATIONS M	ONITORS TH	E					
EXPENDITURE OF THESE GRANTS DURING	THE FISC	AL YEAR AN	ID KEEPS RE	CORD OF ALL					
EXPEDITURES FOR THE GRANTS.									

# SCHEDULE J (Form 990)

Department of the Treasury

**Compensation Information** 

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

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

➤ Go to www.irs.gov/Form990 for instructions and the latest information.

2020

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

WILLIAM RAINEY HARPER COLLEGE EDUCATIONAL FOUNDATION

 $Employer\ identification\ number \\ 23-7348228$ 

			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		_X_
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		<u>X</u>
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		<u>X</u>
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		<u> X</u>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		<u> X</u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2020

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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) LAURA J. BROWN	(i)	0.	0.	0.	0.	0.	0.	0.
(EX-OFFICIO) CHIEF ADVANCE	(ii)	188,793.	0.	5,178.	0.	26,694.		0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii) (i)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(II)						I	

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 M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

WILLIAM RAINEY HARPER COLLEGE EDUCATIONAL FOUNDATION

Employer identification number 23-7348228

Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d) Method of det noncash contribut			
		пррпоцью.	items contributed	Form 990, Part VIII, line 1g				
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	3	18,936.	STOCK QUOTES	S		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts	v	26	19,576.	TPMT 7			
25	Other ► ( HVAC EQUIPMEN ) Other ► (GIFT CARDS )	X X	200	5,000.				
26			200	3,000.	L M A			
27	Other () Other ()							
<u>28</u> 29	Other ( )  Number of Forms 8283 received by the organiz	ation during	the tax year for e	ontributions				
23	for which the organization completed Form 828		,					
	io which the organization completed form oze	, r art v, D	once Actinowicag	ement <b>29</b>			es	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I lines 1 throug	h 28 that it			110
000	must hold for at least three years from the date							
	exempt purposes for the entire holding period?		•	William Croquillou to bo ut		30a		Х
b	If "Yes," describe the arrangement in Part II.					004		
31	Does the organization have a gift acceptance p	olicy that re	quires the review o	of any nonstandard contribut	ions?	31	x	
	Does the organization hire or use third parties of							
	contributions?		•			32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is chec	ked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

# WILLIAM RAINEY HARPER COLLEGE

Schedule M	(Form 990) 2020	EDUCATIONAL	FOUNDATION		23-7348228	Page 2
Part II	Supplemental is reporting in Part	<b>Information.</b> Provide I, column (b), the number distinguishment of the Information.	de the information rec er of contributions, th	quired by Part I, lines 30b, 32b, ne number of items received, or	and 33, and whether the organizate a combination of both. Also comp	tion olete

Schedule M (Form 990) 2020

032142 11-23-20

### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

▶ Go to www.irs.gov/Form990 for the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

WILLIAM RAINEY HARPER COLLEGE EDUCATIONAL FOUNDATION

**Employer identification number** 23-7348228

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PROVIDE AN EDGE OF EXCELLENCE TO COLLEGE PROGRAMS AND SERVICES. THE PURPOSE OF THE FOUNDATION IS TO: SUPPORT THE EDUCATIONAL GOALS OF THE COLLEGE. ASSIST THE COLLEGE IN PROVIDING BROADER EDUCATIONAL OPPORTUNITIES FOR ALUMNI, CITIZENS AND EMPLOYEES. ACQUIRE ADDITIONAL ASSETS FOR THE COLLEGE AND ADMINISTER THESE ASSETS FOR THE GOOD OF THE COLLEGE. ENCOURAGE CORPORATIONS, FOUNDATION AND INDIVIDUALS TO BESTOW ON THE COLLEGE GIFTS, GRANTS OR BEQUESTS OF MONEY OR PROPERTY TO BE USED FOR SPECIAL INSTRUCTION, RESEARCH, SCHOLARSHIPS, ENRICHMENT AND DEVELOPMENT PROGRAMS. ACT IN A FIDUCIARY CAPACITY TO CARRY OUT ANY OF THE FOREGOING PURPOSES. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: THE BENEFIT OF HARPER COLLEGE. THE COLLECTION CONTAINS NEARLY 400 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. FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 IS GIVEN TO THE FOUNDATIONS SENIOR DIRECTOR FINANCE AND OPERATIONS

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

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

AND AUDIT COMMITTEE WHERE IT IS REVIEWED BEFORE FILING.

Schedule O (Form 990 or 990-EZ) 2020

### SCHEDULE R (Form 990)

Part I

# **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

(c)

(d)

(e)

Open to Public Inspection

(f)

OMB No. 1545-0047

Name of the organization

(a)

WILLIAM RAINEY HARPER COLLEGE EDUCATIONAL FOUNDATION

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

(b)

Employer identification number 23-7348228

Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state o foreign country)	or Total inco	me End-of-year		controlling entity	g 
	_						
	_						
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990	), Part IV, line 34, b	pecause it had one	or more related tax-ex	empt	
(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	(f) Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
WILLIAM RAINEY HARPER COLLEGE - 36-2582782							
1200 WEST ALGONQUIN ROAD PALATINE, IL 60067	EDUCATIONAL INSTITUTION	UCATIONAL INSTITUTION   ILLINOIS   501(C)(1)   N/A		N/A		Х	

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

Schedule R (Form 990) 2020

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	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Disprop	proportionate amount in b 20 of Scheduk-		General o	Percentage
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
				1					1		

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Citally:	
		country						Yes	No

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

Yes No

Schedule R (Form 990) 2020

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

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		
	<b>b</b> Gift, grant, or capital contribution to related organization(s)								
С	c Gift, grant, or capital contribution from related organization(s)								
d Loans or loan guarantees to or for related organization(s)									
	Loans or loan guarantees by related organization(s)				1e		Х		
f Dividends from related organization(s)									
g	Sale of assets to related organization(s)				1g		X		
h	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		Х		
- 1	Performance of services or membership or fundraising solicitations for related organization	n(s)			11	Х	X		
m Performance of services or membership or fundraising solicitations by related organization(s)									
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
o Sharing of paid employees with related organization(s)									
						Х			
p Reimbursement paid to related organization(s) for expenses									
q	Reimbursement paid by related organization(s) for expenses				1q		X		
						X			
r Other transfer of cash or property to related organization(s)									
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 mus	st complete thi	s line, including covered re	lationships and transaction thresholds.					
	(a)  Name of related organization Tra	(b)	(c)	(d)					
	· · · · · · · · · · · · · · · · · · ·	ransaction	Amount involved	Method of determining amount invo	i involved				
		type (a-s)							
1)									
2)									
3)									
4)									
5)									
6)									
3216	33 10-28-20	4.2		Schedule F	(Forn	n 990)	2020		

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	Genera manag partn Yes	(k) Al or Percentage ging ownership
									000) 0000

Schedule R (Form 990) 2020