58320 09/25/2013

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

2012 Open to Public Inspection

07/01/12 . and ending For the 2012 calendar year, or tax year beginning 06/30/13 C Name of organization Check if applicable: Employer identification number Address change TRITON COLLEGE FOUNDATION Doing Business As Name change 36-3089812 Number and street (or P.O. box if mail is not delivered to street address) Room/suite Telephone number Initial return 2000 FIFTH AVENUE Terminated City, town or post office, state, and ZIP code Amended return RIVER GROVE 60171 IL 484,707 G Gross receipts \$ Name and address of principal officer: Application pending DAVID J. KING H(a) is this a group return for affiliates? X No Yes 2000 FIFTH AVE Ves No H(b) Are all affiliates included? RIVER GROVE IL 60171 If "No," attach a list, (see instructions X 501(c)(3) 501(c) (insert no.) 4947(a)(1) or 527 WWW.TRITON.EDU Website: H(c) Group exemption number X Corporation Trust Form of organization: Association Other D Year of formation: 1980 M State of legal domicile: Parti Summary 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Activities & Governance 2 Check this box > if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 19 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 19 4 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 0 5 6 Total number of volunteers (estimate if necessary) 0 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** 8 Contributions and grants (Part VIII, line 1h) 465,789 416,838 Revenue 9 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 18,409 34,018 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) _____ <u>2,967</u> -4,68912 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 487,165 446,167 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 400,434 532,851 14 Benefits paid to or for members (Part IX, column (A), line 4) O 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 132,800 3,522 16a Professional fundraising fees (Part IX, column (A), line 11e)

► Total fundraising expenses (Part IX, column (D), line 25) ▶ 0 0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 11,978 13,681 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 545,212 550,054 19 Revenue less expenses. Subtract line 18 from line 12 -103,887 -58.047**Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 860,025 1,032,433 21 Total liabilities (Part X, line 26) 5,852 267,225 22 Net assets or fund balances. Subtract line 21 from line 20 854,173 765,208 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Here SEAN SULLIVAN TREASURER Type or print name and title Print/Type preparer's name Preparer's signature PTIN Check Paid DAVID WASIELEWSKI 09/25/13 self-employed P01402402 Preparer KUTCHINS, ROBBINS & DIAMOND, Firm's name LTD. Firm's EIN 36-3856676 Use Only 1101 PERIMETER DR., STE. 760 SCHAUMBURG, IL 847-240-1040 Phone on May the IRS discuss this return with the preparer shown above? (see instructions)

No

Yes

Form	990 (2012) TRITON COLLEGE FOUR	NDATION	36-3089812	Page 2
Pŧ	ut III Statement of Program Service			
	Check if Schedule O contains a r	<u>response to any questi</u>	on in this Part III	X
1 S	Briefly describe the organization's mission: EE SCHEDULE O	• • • • • • • • • • • • • • • • • • • •	***************************************	
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2	Did the organization undertake any significant prog	ram services during the yea	r which were not listed on the	
	prior Form 990 or 990-EZ?		***************************************	Yes X No
3	If "Yes," describe these new services on Schedule			
3	Did the organization cease conducting, or make sig services?		• • •	
	If "Yes," describe these changes on Schedule O.		***************************************	Yes X No
4	Describe the organization's program service accom-	plishments for each of its th	nree largest program services, as mea	sured by
	expenses. Section 501(c)(3) and 501(c)(4) organization	ations are required to report	the amount of grants and allocations	o others,
	the total expenses, and revenue, if any, for each pr	ogram service reported.		
4a	(Code:) (Expenses \$ 532,	851 including grants o	4 E E 22 O E 1 V C	
T	HE FOUNDATION ACCEPTS GRA	NTS FROM INDIX	JJZ, 651) (Rev JIDUALS - BUSTNESSES	enue \$)
O	RGANIZATIONS TO FUND STUD	ENT SCHOLARSH	IPS, PROGRAM DEVELO	PMENT FACTLITTES
12	MHANCEMENT, EQUIPMENT AND	TEACHING RESC	DURCES, LIBRARY MAT	ERIALS AND OTHER
A	PPROPRIATE PURPOSES RELAT	ED TO THE EDUC	CATIONAL PURPOSES A	ND GOALS OF
T	RITON COMMUNITY COLLEGE.	THE FOUNDATION	N PROVIDED FUNDING	FOR NUMEROUS
8.3	CHOLARSHIPS AND PROGRAMS	IN THE CURREN.	r FISCAL YEAR.	

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4b	(Code:) (Expenses \$	including grants o	f &	A
		, moldaling grants o) (Reve	enue \$)

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ác	(Code:) (Expenses \$	in all all all all all all all all all al	C ()	
-TO .	(Code:) (Expenses \$	including grants o	f\$) (Reve	nue \$)
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	·			
	Other program services. (Describe in Schedule O.) (Expenses \$ including	grants of \$) (Revenue \$	

Part IV Checklist of Required Schedules

the street organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 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 5 Is the organization a section 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV 9 Did the organization services? If "Yes," complete Schedule D, Part IV 9 Did the organization are an amount in Part X, ine 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, dobt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part VI 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10; If "Yes," complete Schedule D, Part VI 11 If the organization report an amount for investments—other securities in P	
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the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X The Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year inclu	x
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12a Did the organization obtain separate, independent audited financial extension (ASC 740)? If "Yes," complete Schedule D, Part X	
Schedule D. Parts XI and XII	
1 323 1	
The first in some and it was a state of the	
the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13	X
14a Did the organization maintain an office employees or agents outside of the United States?	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	X
fundraising, business, investment, and program service activities outside the United States, or aggregate	
foreign investments valued at \$100,000 or more? If "Yes," complete Schedulo E. Borto Lond IV	v
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	X
organization or entity located outside the United States? If "Ves." complete Schodule E. Borte II and IV	x
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	
to Individuals located outside the United States? If "Yes " complete Schedule E. Borto III and IV	x
Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	
Part IX, column (A) lines 6 and 11e2 if "Ves." complete Schodule C. Dort Land instruction	x
8 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	
Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	İ
9 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	
If "Yes," complete Schedule G, Part III	1
Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b	x

Part IV Checklist of Required Schedules (continued)

			·	
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization		Yes	No
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		ж	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States	. 21	<u> </u>	<u> </u>
	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	22	-A.	
	organization's current and former officers, directors, trustees, key employees, and highest compensated	Į		
	employees? If "Yes," complete Schedule J	00		-U-
24a	***************************************	23		X
	\$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 25	24-		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	. 240		<u> </u>
	to defeace any tax axampt hando?	245		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	24d		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25-		-U-
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a		Х
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes " complete Schedule I. Part I			7.5
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or	25b		X
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II			3.5
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26		X
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	i l		
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III			7.5
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27	i kananan	X
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		<u> </u>
	Schedule L, Part IV			7.5
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28b		X
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		ļ	47
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		X
	conservation contributions? If "Yes," complete Schedule M		ĺ	T.F
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		X
٠	Part I			**
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		<u> </u>
	complete Schedulo N. Bort II			42
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u> </u>
	Sections 301,7701-2 and 301,7701-32 if "Yes." complete Schodulo P. Port I			72
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	33		X
	or IV and Part V line 1			v
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		<u>X</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		X
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		
	related organization? If "Yes." complete Schedule R. Part V. line 2		ļ	v
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Port VB			-س
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		<u> </u>
	102 Note All Form 000 Stars are used by		v	
	197 Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2012) TRITON COLLEGE FOUNDATION 36Part V Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response to any question in this Po

	Check if Schedule O contains a response to any question in this Part V			<u> </u>		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	ا الما	0	***********	Yes	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1a 1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	[10]	U			
	reportable gaming (gambling) winnings to prize winners?			4-	97000	v
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			1c		X
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ne?		2b	\$1500 V.110	980000
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	130: 21		Zb		0.55
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	-1		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		-42
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authorit		<u>an</u>		
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	ancial	,	ļ		
	account)?	arrorar		4a		x
b	If "Yes," enter the name of the foreign country: ▶					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accour				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	, , , , , , , , , , , , , , , , , , , ,		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?	• • • • • • • • • • • • • • • • • • • •	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		45
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	 e				
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		x
b	if "Yes," did the organization include with every solicitation an express statement that such contribution	ns or			T I	
•	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	oods				
	and services provided to the payor?			7a	x	49157611774
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s	****************			
	required to file Form 8282?			7c		X
đ	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
6	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	**!********	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ict?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For	m 8899	as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ion file	a Form 1098-C	? 7h	1	X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			John State		
۵	organization, have excess business holdings at any time during the year?		************	8		
9	Sponsoring organizations maintaining donor advised funds.					
a b	Did the organization make any taxable distributions under section 4966?			9a		
10	Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:			9b		
а		ı				
b	Initiation fees and capital contributions included on Part VIII, line 12	10a		(333)		
1	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:	10b		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
a	Gross income from members or shareholders	1				
b	Gross income from other sources (Do not net amounts due or paid to other sources	11a		077 0740		Political Political
_	against amounts due or received from them					
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b		[[[] [] [] [] [] [] [] [] []		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12a	-0.000000000000000000000000000000000000	eterety stat
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	12b				
а	Is the organization licensed to issue qualified health plans in more than one state?					
	Note. See the instructions for additional information the organization must report on Schedule O.			13a		\$4.000.00F
b	Enter the amount of reserves the organization is required to maintain by the states in which			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
-	the proprientian is lineared to be an a second to be a second to b	406				
C	Enter the amount of reserves on hand	13b			1	
	Did the organization receive any payments for indoor tanning services during the tax year?	13c				angingi. Te
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule			14a		X
	- The state of the state of payments in the provide all explanation in Schedule	<u>U</u>		14b		

製の事が見	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. 8			
	Check if Schedule O contains a response to any question in this Part VI	see insti	ructioi	ns.
Sec	ction A. Governing Body and Management		<u></u>	
			TV	T _N
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 19	130000000	Yes	No
	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		1020.03	
	committee, explain in Schedule O.	200 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
b	i l			
2		-		
-	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			
3	***************************************	. 2	-	X
	Did the organization delegate control over management duties customarily performed by or under the direct	_		
4	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	 	X
6	Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	5	 	X
7a		. 6		X
Ia	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
h	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	. 7b	220000000000000000000000000000000000000	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	j:		
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	ļ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
500	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Ж
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue C	Code.)		
40-	Did the accession to the last of the state o		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	<u> </u>	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	. 10b		
11a	5 Provide the form of the form of the governing body before ming the form:	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
40	describe in Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	Control of the Contro	2000	
a	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		<u> </u>
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	500000		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		2000	
	organization's exempt status with respect to such arrangements?	. 16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ IL			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Dupon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: ► SUSAN ZEFELDT 2000 FIFTH AVENUE			
RJ	IL 60171 70	8-45	6-0	300

orm 990 (2012) 🎞	RITON (COLLEGE	FOUNDAT	PTON
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Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W 27 (655 (MGG))	organization . and related organizations
(1) FABIOLA AMEZCUA										
DIRECTOR	1.00	x						o	o	o
(2) AL BIANCALANA								<u> </u>	<u> </u>	<u> </u>
DIDECEON	1.00								_	
DIRECTOR (3) JOHN CADERO	0.00	X				-		0	0	0
(3) OCILLY CAMPLICO	1.00									
DIRECTOR	0.00	X						o	0	0
(4) LUKE CASSON									· · · · · · · · · · · · · · · · · · ·	
	1.00									
DIRECTOR	0.00	X				1		0	0	0
(5) MICHAEL CASTELLA	1.00									
DIRECTOR	0.00	x						o	0	0
(6) JOHN HARRIS	3.00	46						<u></u>	V	· ·
DIRECTOR	1.00	x						0	0	0
(7) MICHAEL MAZZA								,		
	1.00					***************************************				
DIRECTOR	0.00	X						0	0	0
(8) DR. PATRICIA GRA	1.00									
DIRECTOR	0.00	x						0	0	0
(9) DR. QUINCY MARTI				-					<u> </u>	<u> </u>
	1.00									
DIRECTOR	0.00	X						0	0	0
(10) DR. PREET-PAL SA										
DIRECTOR	1.00	x						0	0	0
(11) COLLEEN MAZZUCA-										
DIRECTOR	1.00 0.00	x						0	•	·
DAA	0.00	v		<u> </u>		<u></u>		U	0	5 990

Fan VII Section A. Unicers	s, Directors, Tru	ustee	s, K	ey E	mp	oyees	s, a	nd Highest Compensated	Employees (continued)	
(A) Name and title	(B)				C)			(D)	(E)	(F)
waine and the	Average hours per	(d	lo not		sition : more	than or	16	Reportable compensation	Reportable compensation from	Estimated amount of
	week					is both		from	related	other
	(list any hours for	ļ		,	1 =	or/truste		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	or div	Institutional	Officer	Key	쁄	Former	(W-2/1099-MISC)	(** #**********************************	organization
	organizations below dotted	recto	ution	ď	emp	est c	ner			and related organizations
	line)	Individual trustee or director	al tr		Key employee	duo				or genizations
) ře	trustee		(0)	Highest compensated employee				
		╄	\ "	<u> </u>	<u> </u>	8.				
(12) RONALD SERPICO	1 00									
DIRECTOR	1.00	x								
(13) DENISE SMITH-GAI		_A		 	 	-		0	0	0
	1.00									
DIRECTOR	0.00	X						0	0	o
(14) MARK R. STEPHENS			 			+ +			<u> </u>	V
	1.00									
DIRECTOR	0.00	X	ļ					0	0	0
(15) BART SMITH			Ī							
	1.00		ļ							
DIRECTOR	0.00	X		1				o	0	0
(16) DAVID J. KING										
	1.00							:		
PAST PRESIDENT	0.00	X	ļ	X				0	0	0
(17) RICHARD F. PELLE	GRINO									
	1.00									
VICE PRESIDENT	0.00	X		X				0	0	0
(18) SEAN SULLIVAN										
	1.00									•
TREASURER	0.00	X	ļ	X	<u> </u>			0	0	0
(19) THOMAS OLSON										
	1.00									
PRESIDENT	0.00	X		X	<u> </u>			0	0	0
1b Sub-total					٠٠٠;		▶			
c Total from continuation shee	ets to Part VII,	Secti	on A	١	• • • • •]	•			
d Total (add lines 1b and 1c) . 2 Total number of individuals (individuals (individual) (indivi	cluding but not l	imita	d to	thoo	o lin	tod ob	<u> </u>		**********	
reportable compensation from	the organization	กาลยะ ว ▶	0	เกอร	e us	ted at	OVE	e) who received more than	\$100,000 in	
										Yes No
3 Did the organization list any fo	rmer officer, dir	ector	, or	trust	ee, k	cey en	nplo	oyee, or highest compensa	ted	
employee on line 1a? If "Yes," 4 For any individual listed on line	complete Sche	dule .	J for	SUC	n ind	lividua	 	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3 X
organization and related organ	izations greater	than	րտ \$15	abte OO.O	com oz II	pensa f "Yec	IUOI O	n and other compensation to complete Schedule I for suc	rom the	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
individual										4 X
Did any person listed on line to	a receive or acc	rue c	comp	ens	ation	i trom	an	v unrelated organization or	individual	
for services rendered to the org		'es,"	com	plete	Scl	nedule	: ل <u>د</u>	for such person		5 X
1 Complete this table for your five										
Complete this table for your fiv compensation from the organizer.	e nignest compi ation. Report co	erisa ombe	ted i ensa	naep tion i	ena for th	ent co ne cal	ntri end	actors that received more t lar year ending with or with	han \$100,000 of in the organization's tax yo	nr
Nama and i	(A) ousiness address					1	-	at your orang mar of was	(B) on of services	(C) Compensation
Harre ald I	Justiless aduless			·				Descripti	on of services	Compensation
				· · · · · · · · · · · · · · · · · · ·						
						İ				

2 Total number of independent of	ontractors (inclu	ıding	but	not I	imite	ed to t	hos	e listed above) who		
received more than \$100,000 c	or compensation	tron	i the	orga	aniza	ation I	<u> </u>		0	

P	art V		n ent of Reve if Schedule (i nue O contair	is a response	to any question in	this Part VIII		
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ants	1a	Federated cam		1a					
Sec	b	Membership di		1b					
Ā	c	Fundraising ev	ents	1c	70,828				
<u>a</u>	d	Related organi		1d					
SiS,	е	Government grants (contributions)	1e					
e jo	f	All other contributions		}					
듗		and similar amounts		1f	346,010				
ont.	g								
<u>0</u> 8	h	Total. Add line	<u>s 1a–1f</u>		·	416,838			
Program Service Revenue Contributions, Gifts, Grants Program Service Revenue And Other Similar Amounts	_				Busn. Code				
eve	2a								
eg.	b								
ž	C								
Š	a								
Jrail	e								
Ę,	-	All other progra							
	3	Total. Add line							
	3	Investment inco				34 010			
	4	Income from in	ar amounts)		.,	34,018			34,018
	5								
	3	Royalties	(i) Real		(ii) Personal				Anale, egginala es un ligar l'herine e receiv
	6a	Gross rents	(i) Neai		(II) Personal				
	b	Less: rental exps.							
	C	Rental inc. or (loss)			TATA DELLEVATION OF THE PARTY O				Annual Control of the
	d	Net rental incor	me or (loss)		<u> </u>				
		Gross amount from	(i) Securities	11111111111	(ii) Other				
		sales of assets other than inventory	(i) Cookings		(ii) Outer				And the second s
	b	Less: cost or other							
	~	basis & sales exps.		***					
	l .	Gain or (loss)							Charles and the control of the contr
		Net gain or (los	ss)						
•		Gross income from							
Other Revenue		(not including \$							
3Ve		of contributions re							1 1 2 1 1 2 1 1 2 1 2 1 2 1 2 1 2 1 2 1
ĕ		See Part IV, line 1			33,851			a parameter and the control of	
the	b	Less: direct exp	penses	b	38,540				
0	1	Net income or (raising eve		-4,689			
		Gross income from		7					
		See Part IV, line 1							
	b	Less: direct exp	enses	b					
		Net income or (ing activitie	es			Constitution of the control of the c	perior and proceedings of the period of the selection of the
	10a	Gross sales of	inventory, less						
		returns and allo	wances	а					
	b	Less: cost of go	oods sold	b					
	С	Net income or (loss) from sale:	of invento	ory ▶				V14.35 - 47.143 - 41.445 - 41.45 - 41.45 - 41.45 - 41.45 - 41.45 - 41.45 - 41.45 - 41.45 - 41.45 - 41.45 - 41.
		Misce	ellaneous Revenue		Busn. Code	(169) 4 A		200	
	11a								warmen in the control of the control
	b	*******							
	С								
	d	All other revenu	ıe						
	е	Total. Add lines	s 11a–11d		>				
	12	Total revenue.	See instruction	s		446,167	0	0	34,018

Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must o	complete all columns. All oth	er organizations must co	mploto column (A)	
	Check if Schedule O contains a resp	conse to any question in this	Part IX	inplete column (A).	
D	o not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	o, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising
1			0.700.1000	general expenses	expenses
	organizations in the U.S. See Part IV, line 21	507,524	507,524		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	25,327	25,327		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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	3,150		3,150	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	372		372	
11	Fees for services (non-employees):				
а	· · · · · · · · · · · · · · · · · · ·				
b		4,200		4,200	
C	***************************************				
d	· · · · · · · · · · · · · · · · · · ·	200			
e	g ,				
f	.,,,	5,320		5,320	
g					
	(A) amount, list line 11g expenses on Schedule O.)				·
12	Advertising and promotion				
13	Office expenses	504		504	
14 15	Information technology				
16	Royalties				
17	Occupancy				
10	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	<u> </u>	, , , , , , , , , , , , , , , , , , ,		
20	Inforcet				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,680		1,680	
24	Other expenses. Itemize expenses not covered			1,000	
	above (List miscellaneous expenses in line 24e. If	7 (50.00 (
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	OUTSIDE SERVICES	1,000		1,000	
b	FEES	621		621	
С	PAYROLL FEES	215		215	
d	MISCELLANEOUS	141		141	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	550,054	532,851	17,203	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

	Check if Schedule O contains a response to any question in				
		(A) Beginning of y			(B) End of year
1	=	149	, 869	1	232,536
2	Savings and temporary cash investments	į .		2	
3	Pleages and grants receivable, net			3	
4	Accounts receivable, net	13	819	4	33,103
5	Loans and other receivables from current and former officers, dire	ors,			
	trustees, key employees, and highest compensated employees.				
	Complete Part II of Schedule L			5	
6	Loans and other receivables from other disqualified persons (as d	ned under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contri	ting employers and			
	sponsoring organizations of section 501(c)(9) voluntary employees	peneficiary			
ر دار	organizations (see instructions). Complete Part II of Schedule L			6	
7				7	
0	Inventories for sale or use			8	
9	rrepaid expenses and deterred charges			9	
10a	Land, buildings, and equipment: cost or				
	other basis. Complete Part VI of Schedule D 10a				
	Less: accumulated depreciation 10b	<u> </u>		10c	
11	Investments—publicly traded securities	696,	337	11	766,794
12	Investments—other securities. See Part IV, line 11			12	
13	Investments—program-related. See Part IV, line 11			13	
14	intangible assets			14	
15	Other assets, see Partiv, line 11			15	
16	Total assets. Add lines 1 through 15 (must equal line 34)			16	1,032,433
17	Accounts payable and accrued expenses	5,	852	17	17,225
18	Grants payable			18	250,000
19	Deferred revenue	J		19	
20	rax-exempt borid liabilities			20	
21	Escrow of custodial account liability. Complete Part IV of Schedule)		21	
22	Loans and other payables to current and former officers, directors				
22	trustees, key employees, highest compensated employees, and				
	disqualified persons. Complete Part II of Schedule L			22	
23	Secured mortgages and notes payable to unrelated third parties			23	
24	Unsecured notes and loans payable to unrelated third parties			24	
25	Other liabilities (including federal income tax, payables to related t			l	
	parties, and other liabilities not included on lines 17-24). Complete				
26	of Schedule D			25	
20	Total liabilities. Add lines 17 through 25		852	26	267,225
	Organizations that follow SFAS 117 (ASC 958), check here ▶	X and			
27	complete lines 27 through 29, and lines 33 and 34.				
28	Unrestricted net assets	564,		27	421,014
29	Temporarily restricted net assets	269,		28	324,075
23	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check h		119	29	20,119
	complete lines 30 through 34.	e▶ ∐ and			
27 28 29 30 31					
31	Capital stock or trust principal, or current funds			30	
32	Paid-in or capital surplus, or land, building, or equipment fund			31	
32 33	Retained earnings, endowment, accumulated income, or other fun	1		32	
34	Total lichilities and not assets for all helicing			33	765,208
<u> 1944</u>	Total liabilities and net assets/fund balances	860,	U25	34	1,032,433

Form **990** (2012)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2012)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TRITON COLLEGE FOUNDATION

Employer identification number

odenovania		Make a		GE LOONDWITON							38T7			
P	art I	Reas	on for Public Charity	Status (All organizations	must co	omplete	this p	art.) Se	ee ins	tructio	ns.			
The	orga	nization is not	t a private foundation becaus	se it is: (For lines 1 through 11,	check onl	y one box	(.)							
1				sociation of churches described										
2			scribed in section 170(b)(1)			, ,	76 76-7							
3				ce organization described in se	ction 170	/b)/1\/A)	(iii)							
4	П			d in conjunction with a hospital				W4WAW	iii\ Ent	er tha h	ocnitalie r	ama		
	لبسبا	city, and stat		a in conjunction that a hospital	accombcc	ini ocotic	,,, ,,,o(r	,,(,)(,) (1117s tarit	.01 (110 11)	ospital s i	anne,	,	
5		•		of a college or university owned	or opposed	in a series and								
J	لبا				or operat	ed by a g	overnm	entai un	it descr	ibea in				
_			(b)(1)(A)(iv). (Complete Part	,										
6				overnmental unit described in s										
7	X	An organizat	tion that normally receives a	substantial part of its support fr	om a gov	ernmenta	I unit or	from the	e gener	al public	:			
	punnen		section 170(b)(1)(A)(vi). (C											
8		A community	y trust described in section :	170(b)(1)(A)(vi). (Complete Par	t II.)									
9		An organizat	ion that normally receives: (1) more than 33 1/3% of its sup	port from	contributi	ons, me	mbersh	ip fees,	and gro	ss			
				npt functions—subject to certain										
				nd unrelated business taxable in										
				0, 1975. See section 509(a)(2)				.,						
10				exclusively to test for public saf										
11	П			exclusively for the benefit of, to					v aut th	6				
				ed organizations described in s										
				he type of supporting organizati						Section				
		a Type		c Type III–Function										
е		i	<u></u>	panization is not controlled direction			d		e IIIIV	on-funct	ionally int	egrat	ea	
e	لــا			er than one or more publicly sup										
		or section 50		ar than one or more publicly sup	ported or	ganizatio	is descr	ibeu in :	section	509(a)(1)			
£				remination from the 100 th of 11 to		T 11	_	**1						
f				ermination from the IRS that it is	a Type I	, Type II,	or Type	III supp	orting					
		=	check this box	<u> </u>										
g				tion accepted any gift or contrib	ution fron	n any of the	ne							
		following pe										,		
				ontrols, either alone or together	with pers	ons descr	ibed in (ii) and			_		Yes	No
			w, the governing body of the	******								<u>lg(i)</u>		
			member of a person descri								11	g(ii)		<u></u>
		(iii) A 35% c	controlled entity of a person of	described in (i) or (ii) above?							11	lg(iii)		
h		Provide the	following information about t	he supported organization(s).										
() Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Did y	ou notify	(vi)	ls the	(vii) Am	ount of	monete	ary
	org	anization		(described on lines 1-9	1	isted in your		nization in		tion in col.		suppo	ert	
				above or IRC section (see instructions))	governing	document?		of your port?		ized in the S.?				
				(See mandonomay)	Yes	No	Yes	No	Yes	No				
A)														
B)														
			ļ											
C)														
Ψ,														
D)					 	 			ļ					
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E)					-				 				 	
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ota	ı													
VIC				 				reversionini		140000000				

Part III 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							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 201	12	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	189,438	250,714	381,075	465,789	41	6,838	1,703,854
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				***************************************			
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	189,438	250,714	381,075	465,789	41(6,838	1,703,854
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)							.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
e	Public support. Subtract line 5 from line 4.							111,300
<u>6</u>	tion B. Total Support					Solid Solid Strategy	1000000000	1,592,554
	ndar year (or fiscal year beginning in)	(a) 2008	/h) 0000	(-) 0040				
7	Amounts from line 4		(b) 2009	(c) 2010	(d) 2011	(e) 201		(f) Total
8	Gross income from interest, dividends.	189,438	250,714	381,075	465,789	416	5,838	1,703,854
Ü	payments received on securities loans, rents, royalties and income from similar sources	20,834	17,125	22,470	18,409	34	1,018	112,856
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
11	Total support. Add lines 7 through 10							1,816,710
12	Gross receipts from related activities, etc.	(see instructions)				-34000000000	12	33,851
13	First five years. If the Form 990 is for the			urth, or fifth tax vea	er as a section 501	(n)(3)		33,031
	organization, check this box and stop her	е						> [7]
Sec	tion C. Computation of Public Sι	ipport Percent	tage				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·····
14	Public support percentage for 2012 (line 6	, column (f) divided	by line 11, colum	n (f))			14	87.66%
15	Public support percentage from 2011 Scho	edule A, Part II, lin	n 1/			1	15	85.78%
16a	33 1/3% support test—2012. If the organ	ization did not che	ck the box on line	13, and line 14 is 3	3 1/3% or more. ch	neck this		<u> </u>
	box and stop here. The organization quali	ifies as a publicly s	upported organiza	tion				▶ X
þ	33 1/3% support test—2011. If the organ				5 is 33 1/3% or mo	······ яе.		
	check this box and stop here. The organiz	zation qualifies as	a publicly supporte	4				▶ □
17a	10%-facts-and-circumstances test—201	2. If the organizati	on did not check a	box on line 13, 16	a, or 16b, and line	14 is		— []
	10% or more, and if the organization meet	s the "facts-and-ci	cumstances" test.	check this box and	d stop here . Explai	in in		
	Part IV how the organization meets the "fa	icts-and-circumstai	nces" test. The org	anization qualifies	as a publicly suppo	orted		
	organization							>
b	10%-facts-and-circumstances test-201	1. If the organizati	on did not check a	box on line 13, 16	a. 16b. or 17a. and	l line	********	
	15 is 10% or more, and if the organization	meets the "facts-a	nd-circumstances	" test, check this be	ox and stop here.	MI IO		
	Explain in Part IV how the organization me	ets the "facts-and-	circumstances" te	st. The organization	n qualifies as a nut	olicly		-
	Anna a stant - remaining the					-		▶ □
18	Private foundation. If the organization did	not check a box o	on line 13, 16a, 16	o, 17a, or 17b, che	ck this box and see	 ∋	• • • • • • • • • • • • • • • • • • • •	······································
	instructions							▶ □

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.

Sec	ction A. Public Support	quality ander	ine tests listed	below, please	complete Part	11.)	***************************************
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	/A Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		(8) 2000	(6) 2010	(u) 2011	(e) 2012	(f) Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b				***************************************		
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support					Appendicate the section of the NASA Washington.	
Cale	ndar year (or fiscal year beginning in) 🗲	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6					(4) = 3 + 2	(1) , O.C.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	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						MANUAL III III III III III III III III III I
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)				***************************************		· · · · · · · · · · · · · · · · · · ·
14	First five years. If the Form 990 is for the	organization's firs	t, second, third, fo	urth, or fifth tax yea	ar as a section 50°	I(c)(3)	
	organization, check this box and stop her	e	*********				>
Sec	tion C. Computation of Public Sເ	ipport Percen	tage				-
15	Public support percentage for 2012 (line 8	, column (f) divide	d by line 13, colum	nn (f))		15	%
16	Fublic support percentage from 2011 Sche	edule A, Part III, Iir	ne 15				%
	tion D. Computation of investme	nt income Pei	rcentage				
17	Investment income percentage for 2012 (li	ne 10c, column (f)	divided by line 13	, column (f))		17	%
18	investment income percentage from 2011	Schedule A, Part	III, line 17			18	%
19a	33 1/3% support tests—2012. If the organ	nization did not ch	eck the box on line	14, and line 15 is	more than 33 1/39	% and line	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	17 is not more than 33 1/3%, check this bo	ox and stop here.	The organization of	qualifies as a public	cly supported orga	nization	▶ □
b	33 1/3% support tests—2011. If the organ	nization did not ch	eck a box on line 1	4 or line 19a, and	line 16 is more tha	an 33 1/3%, and	
	line 18 is not more than 33 1/3%, check th	is box and stop h e	ere. The organizat	ion qualifies as a p	ublicly supported	organization	>
20	Private foundation. If the organization did	not check a box	on line 14, 19a, or	19h check this ho	v and see instructi		

Schedule A (Fi	orm 990 or 990-EZ) 2012	TRITON	COLLEGE :	FOUNDATIO	N	36-3089812	Page 4
Part IV	Supplemental Inf Part II, line 17a or instructions).	ormation. Cor 17b; and Part	nplete this par III, line 12. Als	rt to provide the so complete this	e explanations requ s part for any addit	uired by Part II, line 10; ional information. (See	
•			• • • • • • • • • • • • • • • • • • • •	***************************************	***************************************	******************************	**********
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			• • • • • • • • • • • • • • • • • • • •				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

Name of the organization Employer identification number

Open to Public Inspection

Ţ	RITON COLLEGE FOUNDATION		36-3089812
0.17	Organizations Maintaining Donor Advised Fu	ands or Other Similar Funds or	Accounts Complete if the
10743	organization answered "Yes" to Form 990, Part I	IV, line 6.	toodanio. Complete ii aic
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that	at the assets held in donor advised	
	funds are the organization's property, subject to the organization's exc	clusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	writing that grant funds can be used	L. 100 L. 100
	only for charitable purposes and not for the benefit of the donor or don	or advisor, or for any other numose	
	conferring impermissible private benefit?		Yes No
Pi	irt II Conservation Easements. Complete if the orga		990 Part IV line 7
1	Purpose(s) of conservation easements held by the organization (check	k all that apply).	300,1.01.11,111.07.
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically im	nortant land area
	Protection of natural habitat	Preservation of a certified historic	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conse	ervation contribution in the form of a conse	ervation
	easement on the last day of the tax year.		
			Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	lotal acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic structure inc	cluded in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17	7/06, and not on a	
	Introduction admirate and the first facilities for the state of the st		2d
3	Number of conservation easements modified, transferred, released, e.	xtinguished, or terminated by the organiza	tion during the
	tax year ▶		
4	Number of states where property subject to conservation easement is	located >	
5	Does the organization have a written policy regarding the periodic mor		
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enfor	cing conservation easements during the vi	ear
7	Amount of expenses incurred in monitoring, inspecting, and enforcing	conservation easements during the year	
	> \$		
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)	
	(i) and section 170(h)(4)(B)(ii)?		Yes No
9	in Part XIII, describe now the organization reports conservation easer	nents in its revenue and expense statemer	it, and
	balance sheet, and include, if applicable, the text of the footnote to the	e organization's financial statements that d	escribes the
	organization's accounting for conservation easements.		
۲a	rt III Organizations Maintaining Collections of Art,	Historical Treasures, or Other S	Similar Assets.
-	Complete if the organization answered "Yes" to F		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), r	not to report in its revenue statement and t	palance sheet
	works of art, historical treasures, or other similar assets held for public		erance of
	public service, provide, in Part XIII, the text of the footnote to its finance	cial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), t	to report in its revenue statement and bala	nce sheet
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	erance of
	public service, provide the following amounts relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1	***************************************	> \$
	(iii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical treasures, or		vide the
	following amounts required to be reported under SFAS 116 (ASC 958)	relating to these items:	
a	Revenues included in Form 990, Part VIII, line 1	***************************************	» \$
b	Assets included in Form 990, Part X		▶ \$

che	edule D (Form 990) 2012 TRITON C	OLLEGE FOUR	MOTTATI	36-3	3089812	; ti
	rt III Organizations Maintainir			escures or Oth	or Similar Ac	Page 2
3	Using the organization's acquisition, access	sion, and other record:	s, check any of the foil	owing that are a signi	ficant use of its	sets (continued)
	collection items (check all that apply):	,	e, or one day of the following	overing that are a sign	iloani ase oi ils	
а	Public exhibition	d 🗍	Loan or exchange prog	orams		
b	Scholarly research		Other			
C	Preservation for future generations					
4	Provide a description of the organization's	collections and explain	how they further the c	organization's exempt	purpose in Part	
	XIII.					
5	During the year, did the organization solicit	or receive donations of	of art, historical treasur	es, or other similar		
. 2027 . T	assets to be sold to raise funds rather than	to be maintained as p	art of the organization	s collection?		Yes No
2	IT IX Escrow and Custodial Ar	rangements. Cor	nplete if the organ	ization answered	"Yes" to Form	n 990, Part IV,
	line 9, or reported an amou	unt on Form 990, F	Part X, line 21.			
1a	Is the organization an agent, trustee, custo	dian or other intermedi	iary for contributions or	other assets not		
	Included on Form 990, Part X?		*****************			Yes No
b	If "Yes," explain the arrangement in Part XI	il and complete the fol	lowing table:			
_	m					Amount
	Beginning balance		***		1c	
u o	Additions during the year			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1d	
C	Distinguists ontaid the heat				1e	
່ 2a	Ending balance Did the organization include an amount on its contract of the	000 D. 4 V. I				
						Yes No
Pa	If "Yes," explain the arrangement in Part XII rt V Endowment Funds. Comp	nlete if the organia	planation has been pro	ovided in Part XIII	Darie Die Erra	
	Endownient Faires. Ooiii	(a) Current year	(b) Prior year			
1a	Beginning of year balance	20,119	20,119	(c) Two years back	(d) Three years b	ack (e) Four years back
b	Contributions	20,113	20,119	39,705		
	Net investment earnings, gains, and					
	losses	1		51,613		<u> </u>
d	Grants or scholarships			31,013		
e	Other expenditures for facilities and					
	programs			-19,586		***
f	Administrative expenses			20,000		
g	End of year balance	20,119	20,119	20,119		
2	Provide the estimated percentage of the cur	rrent year end balance				
а	Board designated or quasi-endowment	%	3, (-,,, .		•	
þ	Permanent endowment ► 100.00 %					
С	Temporarily restricted endowment ▶	%				
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%.				
3a	Are there endowment funds not in the posse	ession of the organizat	tion that are held and a	dministered for the		
	organization by:					Yes No
	(ii) unrelated organizations (iii) related organizations	******************	. , , , , , , , , , , , , , , , , , , ,			3a(i) X
	()					(Talii)! X
~	To to outing, and the related organization	is isseed as required of	i Schedule Kir	***************************************		3b
+	Describe in Part XIII the intended uses of th	<u>e organization's endov</u>	vment funds.			
e c	t VI Land, Buildings, and Equ	1		10.		
	Description of property	(a) Cost or other ba	1 '	(4)	ccumulated	(d) Book value
 1 c	1I	(investment)	(other) de	preciation	
ıa L	Land					
D	Buildings					
C	Leasehold improvements					

Schedule D (Form 990) 2012

d Equipment

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

Part VII Ir	ivestments—Other Securities. See Form 9	90, Part X, line 12.	
	(a) Description of security or category	(b) Book value	(c) Method of valuation:
<u> </u>	(including name of security)		Cost or end-of-year market value
Financial derivity	/atives		
(2) Closely-held e	quity interests	ļ	
(3) Other			
(A)	***************************************		
(B)	***************************************		
(C)	**!************************************		
(u)	***************************************		
(트)	***************************************	J	
		-	
(4)			
(H)			
(I) =			
Fotal. (Column (b)	must equal Form 990, Part X, col. (B) line 12.)		
Part VIII In	vestments—Program Related. See Form 9		
	(a) Description of investment type	(b) Book value	(c) Method of valuation:
(4)			Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Part IX O	must equal Form 990, Part X, col. (B) line 13.) ther Assets. See Form 990, Part X, line 15.	•	
raicix O			
(1)	(a) Description		(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
10)			
	must equal Form 990, Part X, col. (B) line 15.)		
Part X Of	ther Liabilities. See Form 990, Part X, line 2	5	<u> </u>
l H	(a) Description of liability	(b) Book value	
(1) Federal incor	me taxes	(5) 5500 (4500	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
10)			
11)			
	must equal Form 990, Part X, col. (B) line 25.)		
EIN 10 /ACC 7/			

	e D (Form 990) 2012 TRITON COLLEGE FOUNDATION		36-308981	2	Page 4
Part	Tion The Control of t	nts With	Revenue per Re	turn	
1 To	otal revenue, gains, and other support per audited financial statements			1	494,309
2 A	mounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
a N	et unrealized gains on investments	2a	14,922		
b D	onated services and use of facilities	2b			
c R	ecoveries of prior year grants	2c		7.10	
d O	ther (Describe in Part XIII.)	_2d	38,540	TATALON AND THE PARTY OF THE PA	
2 C	dd lines 2a through 2d			2e	53,462
3 St	ubtract line 2e from line 1	T		3	440,847
	mounts included on Form 990, Part VIII, line 12, but not on line 1:				
a in b O	vestment expenses not included on Form 990, Part VIII, line 7b	4a	5,320	723.0520	
c Ad	ther (Describe in Part XIII.)	4b			
5 To	dd lines 4a and 4b otal revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)			4c	5,320
	to (The had to the Table Country of the 12.)			5	446,167
1 To	XII Reconciliation of Expenses per Audited Financial Statem	ents witr	ı Expenses per k		F03 074
2 A	otal expenses and losses per audited financial statements mounts included on line 1 but not on Form 990, Part IX, line 25:		• • • • • • • • • • • • • • • • • • • •	1	583,274
a Do	nnated services and use of facilities	1 . 1			
b Pr	onated services and use of facilities	2a		7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
c Of	ior year adjustments	2b			
d Oi	ther losses	2c 2d	38,540		
e Ac	her (Describe in Part XIII.)	<u>Zu</u>		0-	30 E40
3 St	id lines 2a through 2d ubtract line 2e from line 1			2e	38,540 544,734
4 Ar	nounts included on Form 990, Part IX, line 25, but not on line 1:	T	******************	3	344,/34
a In	vestment expenses not included on Form 990, Part VIII, line 7b	4a	5,320		
b O1	her (Describe in Part XIII.)	4b	<u> </u>		
c Ac	Id lines 4a and 4b	40		40	5,320
	ital expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		******************	4c 5	550,054
Part	XIII Supplemental Information			_~	<u> </u>
informat	ne 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also comion. TX - FIN 48 FOOTNOTE	plete this pa	rrt to provide any addit	ional	
	EXEMPT STATUS: THE FOUNDATION IS EXEMPT TION 501(C)(3) OF THE INTERNAL REVENUE CO		FEDERAL INC		
	·				
	TAIN ACTIVITIES NOT RELATED TO THE FOUNDA				
BE	SUBJECT TO TAXATION AS UNRELATED BUSINESS	INCOM	Œ. THE FO	UNDAT	ION FILES
INF	ORMATION RETURNS IN THE U.S. FEDERAL JURI	SDICTI	ON AND ILL:	INOIS	STATE
	ISDICTION. THE FOUNDATION IS NO LONGER S				***************************************
				SDEKA	L AND
STA	TE EXAMINATIONS BY TAX AUTHORITIES FOR YE	ARS BE	FORE 2009.		******************
DAD	T YT TIME OD - DENIENTE PROTECTION THE				
FAIN	T XI, LINE 2D - REVENUE AMOUNTS INCLUDED	IN FIN	IANCIALS - (OTHER	
SPE	CIAL EVENT EXPENSES		\$		38,540

PAR	T XII, LINE 2D - EXPENSE AMOUNTS INCLUDED	IN FI	NANCIALS -	OTHE	R
SPE	CIAL EVENT EXPENSES		Ċ		38,540
			\$	**********	

Schedule D (Form 990) 2012	TRITON	COLLEGE	FOUNDATION		36-3089812	Page 5
Part XIII	Suppleme	ntal Informat	ion (continue	ed)			
			* * * * * * * * * * * * * * * * * * * *			•••••••••••••••••••••••••••••••••••••••	
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding

Fundraising or Gaming Activities

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

See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization TRITON COLLEGE FO					Employer identifie 36-3089	812
Part I Fundraising Activities. Complete Form 990-EZ filers are not required	to complete the	is pai	t.		990, Part IV, line	17.
1 Indicate whether the organization raised funds throug	h any of the followi	ng acti	vities.	Check all that apply.		
a Mail solicitations	e Solicitation	on of no	n-gov	ernment grants		
b Internet and email solicitations	f Solicitation	on of go	vernn	nent grants		
c Phone solicitations	g Special ft	undrais	ing ev	ents		
d In-person solicitations						
 Did the organization have a written or oral agreement or key employees listed in Form 990, Part VII) or entition if "Yes," list the ten highest paid individuals or entities compensated at least \$5,000 by the organization. 	v in connection wit	h profe uant to	ssiona agree	al fundraising conject	2	Yes No
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	raise cust con	id fund- or have ody or trol of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in cot. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3	000000000000000000000000000000000000000					
4						
5						
6						
7						·
8						
9						
10						
Total		L	<u> </u>			
List all states in which the organization is registered or registration or licensing.			utions	or has been notified it	is exempt from	
					***************************************	*************************
	***************					***************************************

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Page 2

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported Part II 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. (a) Event #1 (b) Event #2 (c) Other events (d) Total events GOLF OUTING PRESIDENTIAL RE NONE (add col. (a) through (event type) (event type) (total number) col. (c)) 1 Gross receipts 54,219 50,460 104,679 2 Less: Contributions 39,038 31,790 70,828 3 Gross income (line 1 minus line 2) 15,181 18,670 33,851 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs Direct Expenses 7 Food and beverages 8 Entertainment 17,282 9 Other direct expenses 21,258 38,540 10 Direct expense summary. Add lines 4 through 9 in column (d) 38,540 11 Net income summary. Combine line 3, column (d), and line 10 -4,689 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant Revenue (d) Total gaming (add (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes % Yes % 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine line 1, column d, and line 7 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain:

SCH	edule G (Form 990 or 990-EZ) 2012 TRITON COLLEGE FOUNDATION	36-30898	12		Pag	e 3
11	Does the organization operate gaming activities with nonmembers?			Yes	ermani a a a	No
12	is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		-		ш	
	formed to administer charitable gaming?			Yes		No
13	Indicate the percentage of gaming activity operated in:	ļ	1	_		
а	The organization's facility An outside facility	13a				%
b	To a delicated in the second s	13b				%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:					
	Name >					
	Address ▶					
15a	Does the organization have a contract with a third party from whom the organization receives gaming		,,,,,,,			
h	revenue? If "Yes," enter the amount of gaming revenue received by the ergonization by the			Yes		No
U	over the construction and the configuration of the control of the	he				
С	amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party:					
	Name ▶					
	Address ▶					
16	Gaming manager information:	***************				

	Gaming manager compensation ▶ \$					
	Description of services provided ▶					
	Director/officer Employee Independent contractor					
17	Mandatory distributions:					
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to					
	rotain the state appairs lissues 0					
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or			Yes		No
	spent in the organization's own exempt activities during the tax year > \$					
Pari	Supplemental Information. Complete this part to provide the explanations required by	/ Part I line 2h	·			
	columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable	Also complet	'; o thi	e		
····	part to provide any additional information (see instructions).	The complet	<i>5</i> (11)			
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Schedule G (Form 990 or 990-EZ) 2012

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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047 7 0 7 8

Open to Public Inspection

% ¥ Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, (h) Purpose of grant or assistance Employer identification number Yes EDUCATIONAL 36-3089812 (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance 507,524 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable General Information on Grants and Assistance TRITON COLLEGE FOUNDATION (b) EIN Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? IL 60171 (a) Name and address of organization or government 2000 FIFTH AVENUE (1) TRITON COLLEGE RIVER GROVE Name of the organization Part Part m (2) 3 4 (5) (9) 8 8 6

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

Page 2

.5	TRITON COLLEGE FOUNDATION	· ·	36-3089812		O O C C C C C C C C C C C C C C C C C C
Part III Can be duplicated if additional space is needed.	to Individuals in the U lional space is needed.	Inited States. Comp	olete if the organization	n answered "Yes" to Form	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHOLARSHIPS	58	25,327	HID TO THE TAXABLE TO	The analysis of the state of th	TO TAXABLE AND THE PROPERTY OF
2	The state of the s	internal distriction of the state of the sta			
3			POVIS — POVVOIS — PRODUCE PROCESSAN LIA — III III III — POVIS — PROCESSAN LIA — III III III — POVIS — PROCESSAN LIA — III III III III — POVIS — PROCESSAN LIA — III III III III III III III III III		
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Part IV Supplemental Information. Complete this part to prinformation.	mplete this part to provi	ide the information re	equired in Part I, line	ovide the information required in Part I, line 2, Part III, column (b), and any other additional	any other additional
PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS	S FOR MONITORII	NG THE USE OF	F GRANT FUNDS		
THE FOUNDATION REIMBURSES TUITION AND FEES DIRECTLY TO TRITON COLLEGE	TUITION AND FE	ES DIRECTLY 1	TO TRITON COL	LEGE FOR	
QUALIFYING STUDENTS AFTER	AFTER VERIFYING ENRO	ENROLLMENT WITH	THE COLLEGE.		

Schedule I (Form 990) (2012)

DAA

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047
2012
Open to Public Inspection

Name of the organization

TRITON COLLEGE FOUNDATION

Employer identification number 36-3089812

JV-JV07012
FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES
TRITON COLLEGE FOUNDATION (THE "FOUNDATION") IS A NONPROFIT ORGANIZATION
WHOSE PURPOSE IS TO ASSIST IN THE FURTHERANCE OF EDUCATION ACTIVITIES AND
OBJECTIVES AT TRITON COLLEGE, COMMUNITY COLLEGE DISTRICT NO. 504 (THE
"COLLEGE"). THE FOUNDATION RECEIVES, ADMINISTERS, AND DISTRIBUTES FUNDS TO
THE COLLEGE FOR VARIOUS GRANTS AND SCHOLARSHIPS.
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTING FIRM (CPA) PREPARES THE
FOUNDATION'S FORM 990 AND SUBMITS THE FORM TO THE FOUNDATION'S MANAGEMENT
STAFF FOR REVIEW. AN ELECTRONIC COPY OF THE FORM IS ALSO PROVIDED TO ALL
MEMBERS OF THE BOARD FOR REVIEW. QUESTIONS AND COMMENTS ON THE FORM BY THE
EXECUTIVE DIRECTOR AND BOARD MEMBERS ARE DIRECTED BACK TO THE CPA FOR
RESOLUTION. AFTER ALL DISCUSSION POINTS ARE RESOLVED, THE FORMS ARE
FINALIZED AND PROVIDED TO THE TREASURER FOR FINAL REVIEW AND SIGNATURE.
THE FORM 990 IS ALSO ATTACHED TO THE ILLINOIS FORM AG-990-IL WHICH REQUIRES
SIGNATURES OF TWO OFFICERS. THIS PROVIDES THE OPPORTUNITY FOR A FINAL
REVIEW BY A SECOND OFFICER.
FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
COMPENSATION IS APPROVED BY THE BOARD OF DIRECTORS
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
AVAILABLE UPON REQUEST