# STATE BANKING BOARD OF ILLINOIS Meeting of Monday, January 13, 2014 1:00 p.m.

# Illinois Department of Financial and Professional Regulation Division of Banking 100 West Randolph, Suite 900 Chicago, IL 60601

#### **AGENDA**

- I. Call to Order
- II. Approval of Minutes of the Meeting of October 21, 2013
- III. New Business:
  - Approval of December 31, 2013 Financial Statement of the Illinois Bank Examiners Education Foundation
  - Current condition of the industry
  - Merger and Consolidation Activity
  - IDFPR Proposed Legislative Agenda for 2014
  - Discussion of new Mortgage Rules
  - Discussion of Volcker Rule and its impact on Illinois banks
- IV. Open Discussion from Board members
- V. Open Discussion from the Public
- VI. Adjourn

### MINUTES STATE BANKING BOARD OF ILLINOIS

October 21, 2013, 1:00 PM

# Illinois Department of Financial and Professional Regulation Division of Banking 100 West Randolph, Suite 900

Chicago, IL 60601

#### **MEMBERS PRESENT**

Manuel Flores, Chairman and Acting Secretary Department of Financial and Professional Regulation

Joy French Becker President Farmers Sate Bank & Trust Company Jacksonville, Illinois

Lisa M. Derezinski Public Member Chicago, Illinois

Mark G. Field President The Farmers bank of Liberty Liberty, Illinois

Walter Grady President Seaway Bank and Trust Company Chicago, Illinois

James B. Jurgens President State Bank of Arthur Arthur, Illinois

Mike Polanski Chairman of the Board Village Bank & Trust Arlington Heights

Dory Rand Public Member Chicago, Illinois

Andy Sauk President First Eagle Bank Chicago, Illinois

#### STAFF PRESENT

Scott Clarke, Assistant Director Division of Banking

Thomas J. Olsen, Attorney Division of Banking

Michael Diaz, Deputy General Counsel Division of Banking

Marc Edwards, Manager Bank and Thrift Supervision

Deboree Dixon, Administrative Assistant Division of Banking

#### **GUESTS PRESENT**

Lamont K. Black, Professor DePaul University, Chicago, Illinois

Chairman Flores called the meeting to order at 1:04 pm. A quorum was present. Members and staff introduced themselves.

Approval of the minutes of the meeting of May 14, 2012 – Dory Rand motioned and Lisa Derezinski seconded; minutes approved unanimously.

Approval of the minutes of the meeting of January 14, 2013 – Mike Polanski motioned and Walter Grady seconded; minutes approved unanimously.

#### **OLD BUSINESS**

Scott Clarke stated that there was no old business.

#### **NEW BUSINESS**

Chairman Flores indicated that the Division of Banking has relocated from its offices at 122 South Michigan Avenue to the State of Illinois Thompson Center building at 100 West Randolph Street, Chicago. The move consolidated all three IDFPR Divisions under one roof which assists in enhancing communications between IDFPR Divisions and was saves the Division money in having less money spend on rent.

Chairman Flores indicated that the budget for this fiscal year included funds to hire an additional 10 examiners. We are also taking steps to enhance the training provided to all examiners.

Chairman Flores indicates that he was pleased that the banking conditions in Illinois were improving. Over 80 percent of the state chartered banks had composite ratings of 1 or 2 and that the number of 3, 4 or 5 rated banks in the Chicago metropolitan area had decreased.

#### LEGISLATIVE UPDATE

Michael Diaz, Deputy General Counsel stated that there were nine Bills and two new rules that impacted Illinois state banks as follows:

**Foreclosure Counseling Regulations** (Public Act 98-20; Effective June 11, 2013) This Public Act amends the Illinois Housing Development Act by capping the amount the Illinois Housing Development Authority (IHDA) can recover at 4% of annual appropriation for administrative expenses. Also, IHDA has full authority to determine which jurisdiction would get appropriated foreclosure counseling funds. Section 15-1504.1 creates a circuit court clerk administrative fund to retain 2% of each foreclosure filing fee that a plaintiff/mortgagee pays when filing a foreclosure complaint.

Good Funds for Title Closings (Public Act 98-387; Effective June 16, 2013) Public Act 98-387 amends the Title Insurance Act to reinstate the use of cashier's checks as "good funds" for purposes of title closings (as long as the title insurer or agent and the financial institution issuing the cashier's check are known to each other and agree to the use of a cashier's check as good funds). The qualification of cashier's check as "good funds" is set to expire on January 1, 2015

**ATM Signage** (Public Act 98-415; Effective June 16, 2013) This act amends the Illinois' Electronic Fund Transfer Act by and eliminates the requirement for a physical ATM surcharge sign on the exterior of an ATM if the surcharge is disclosed electronically on the ATM terminal screen and the user has an opportunity to cancel the transaction prior to incurring the fee/surcharge.

**Monetary Floor of Unclaimed Property** (Public Act 98-495; Effective June 16, 2013) The Act amends section 11(b) of the Illinois' Uniform Disposition of Unclaimed Property Act to lower the monetary value floor of unclaimed property that must be reported and remitted to the State Treasurer from \$25 to \$5.

Tenant Rights Under a Bona Fide Lease (Public Act 98-514; Effective November 19, 2013) This act amends Articles IX and XV of the Civil code to provide tenants in bona fide leases rights in cases of foreclosure. The lease of a bona fide leaseholder may only be terminated at the end of the lease *so long as* a 90 day advance written notice of termination has been provided to the bona fide lease holder. If the subsequent owner of a foreclosed on property will occupy the real estate as his or her primary residence, then it is only necessary to provide the bona fide lease holder with a 90 day advance written notice (the leaseholder does not necessarily have the right to live out the duration of the lease). Entries of foreclosure and orders of possession do not affect bona fide lease holders even if they were named as parties in the foreclosure action.

**Promissory Notes Issued to Counties** (Public Act 98-525; Effective August 23, 2013) Counties are now allowed to directly borrow using promissory notes for any corporate purpose from any financial institution provided that the loan is to be repaid within two years. The county's repayment obligation represents a direct general obligation of the county payable from the general funds of the county and such other sources of payment as are otherwise lawfully available.

**Banks Can Prohibit Firearms** (Public Act 98-0063; Effective July 9, 2013 with realistic projections that State Police will not be prepared to begin issuing licenses until early 2014) Permits any business proprietor (e.g. a bank) to prohibit firearms on the premises of the business if the proprietor posts a sign outside the bank. The sign must conform to the yet to be provided guidelines by the State Police.

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The following is a summary of Federal rules enacted during 2013:

#### Risk-Based Capital Final Rule Applicable to Community Banks

Community banks will continue to use current risk weights for residential mortgages when calculating risk-based capital. The possibility of using eight separate risk buckets as previously proposed will not be implemented. Another change from the original proposal is that Trust preferred securities (TruPS) will continue to be permanently included in Tier 1 capital (TruPS issued prior to May 19, 2010 for banking organizations that had less than \$15 billion in assets as of Dec. 31, 2009, or that were in mutual form as of May 19, 2010) instead of phased out over time as proposed. These rules apply to all banks and savings associations; all bank holding companies with more than \$500 million in assets; and all savings and loan companies. For financial institutions with total consolidated assets of less than \$250 billion, the final rule does not apply until Jan.1, 2015. Additionally, a 2.5 percent capital buffer is to be applied to the common equity Tier 1 capital, the Tier 1 capital ratio, and the total capital ratio. This heightened standard of capital buffer must be met with common equity capital. If an institution fails to meet the additional capital buffer there will be a limit on capital payouts and discretionary executive bonuses.

## Final Rules amending the Ability-to-Repay and Qualified Mortgage Rules under Regulation Z

Overall, the rules create three categories of loans with different protections: (1) loans not deemed "qualified mortgages (QM)" that must therefore satisfy the "ability-to-pay" requirements; (2) loans deemed QM that receive safe harbor legal protection because they are not higher interest mortgage loans; and (3) loans deemed QM that receive a rebuttable presumption of legal compliance (a lesser legal protection) because they are higher interest loans. Understanding the general requirements for QMs is necessary to sufficiently differentiate between the three loan categories. Dodd-Frank sets certain feature prerequisites and affordability underwriting requirements for QMs and gives discretion to the Consumer Financial Protection Bureau (CFPB) to decide whether additional underwriting or other requirements should apply. The final rule, being issued on January 10, 2014 by the CFPB, generally prohibits loans with negative amortization, interest-only payments, balloon payments, or terms exceeding 30 years from being QMs. "No-doc" loans where the creditor does not verify income or assets are also precluded from being QMs. Finally, a loan usually is not a QM if the points and fees paid by the consumer exceed three percent of the total loan amount. More information regarding QM criteria can be found within the rule.

A QM receives a "safe harbor" status if it has an annual percentage rate (APR) less than 1.5 percentage points above the average prime offer rate (APOR). "Safe Harbor" loans receive a presumption of compliance by the lender and this presumption is conclusive and not rebuttable.

#### 2. Loans Deemed QM that Receive a Rebuttable Presumption of Legal Compliance

A QM receives a "rebuttable presumption" status if it has an APR that is more than 1.5 percentage points above the APOR. This standard allows for a consumer to "rebut the presumption of compliance" for a QM loan if they showed that despite having made a QM, the creditor did not make a reasonable and good faith determination of their ability to repay the loan.

\*For subordinate-lien mortgages the cutoff between safe harbor and rebuttable presumption status is an APR 3.5% above the APOR.

#### 3. Loans Not Deemed QM that Must Satisfy Ability-to-Pay Requirements

At a minimum, Creditors must consider these following eight underwriting factors when dealing with a loan not deemed to be a QM: (1) Current or reasonable expected income or assets (other than value of the collateral). The creditor may consider assets alone; (2) Consumer's current employment status if the creditor relies on income from their employment; (3) Monthly payment on the covered transaction. Payments on adjustable rate mortgages (ARMs) must reflect use of the "fully indexed rate" or any introductory rate, whichever is greater; (4) The monthly payment on any simultaneous loan that the creditor knows or has reason to know will be made. This includes any loan covered by these rules, or any HELOC that will be secured by the same property as the loan at issue and that is made at, before, or after consummation of the loan; (5) The monthly payment for mortgage-related obligations such as property taxes, insurance, condominium assessments, etc.; (6) Current debt obligations, alimony, and child support; (7) The monthly debt-to-income (DTI) ratio or residual income. Creditors must make a reasonable and good faith determination of consumer's ability to repay; (8) Credit history. Creditors are not required to obtain or consider a consolidated credit score. Creditors may look to nontraditional credit references, such as rental payment history or utility payments.

Mr. Grady asked if staff of banks were allowed to carry weapons into banks. Mr. Diaz indicated that the new concealed carry law allows building owners to make that decision but that the law required building owners to prominently post signs if they intended to prohibit concealed weapons in their facilities. Illinois banks should have their boards make such a decision on employees and visitors to banks. The banking trade associations have signs available to their members free of charge.

#### **LEGAL UPDATE**

#### **CHANGES TO ADMINISTRATIVE RULES**

Dory Rand stated that lot of loans that are foreclosure were poorly written; lacked the proper documentation and received upfront fees. New rules are designed to stop this and require that proper documents get executed. She indicated that there were many that wanted to see these rules postponed until 2015 but in her opinion this will not happen.

#### **UPDATE ON FINANCIAL CONDITION OF ILLINOIS BANKS**

Scott Clarke handed out charts and graphics for the update

Mr. Clarke provided a current update on the financial condition of Illinois state chartered banks. Over 80 percent of the state banks are currently rated a composite 1 or 2. Over 50 percent of the banks in the Chicago metropolitan area are currently rated a composite 3, 4 or 5 however this is down 10 percent from one year ago. He indicated that it was still difficult for community banks with problems to raise capital. We expect that there is a potential for 3 to 4 banks to fail during 2014. The agency remains concerned about the high cost of agricultural land and the potential for an Ag "bubble". The agency also remains concerned about technological risks for banks as well as the investments in municipal bonds. The agency has not seen the level of improvement in commercial real estate that it would like to see.

Mr. Clarke also discussed the increased numbers of mergers and consolidations in the banking industry. This is occurring both with the consolidation of banks owned by multi-bank holding companies as well as with independent community banks.

### Review of the Financial Statements of the Illinois Bank Examiners' Education Foundation as of September 30, 2013

Walter Grady moved, Lisa Derezinski seconded, the financial statements of the Illinois Bank Examiners' Education Foundation as of September 30, 2013. The motion passed unanimously.

#### Proposed Amendments to the Bylaws of the Illinois Bank Examiners' Education Foundation

Joy Becker moved, Dory Rand seconded the proposed amendments to the bylaws of the Illinois Bank Examiners' Education Foundation. The motion passed unanimously.

#### Proposed Resolution 2013-01 Regarding Appointment of Agents of the Board

Joy Becker moved and Mark Fields seconded the approval of Resolution 2013-01. The motion was approved unanimously.

#### **Meeting Schedule for 2014**

The board discussed their desire to meet on the Second Monday of each quarter. Scott Clarke will send out calendars.

#### Report on the Community Banking in the 21st Century Conference

Chairman Flores introduced Professor Lamont Black from DePaul University who served as a moderator at a panel at the recent Conference on Community Banking jointly sponsored by the Federal Reserve and Conference of State Bank Supervisors. Professor Black provided a summary of the conference to the member. The participants in the conference included academics, regulators and community bankers. The Chairman suggested that the members would be interested in reviewing the presentations made at the conference which are available on the Federal Reserve Bank of St. Louis web site.

#### Open Comment period for members of the Board

Several members discussed the problem of finding appraisers and the amount of time it takes to get appraisals. There was lengthy discussion about the value of appraisals but the difficulties banks in rural areas have in finding qualified appraisers..

#### **Open Comment Period for Members of the Public**

None

#### <u>Adjourn</u>

The meeting was adjourned at 3:08 pm.

# ILLINOIS BANK EXAMINERS' EDUCATION FOUNDATION BALANCE SHEET (As of December 31, 2013)

ASSETS:	Money Market Passbook	200,428.44
	Certificates of Deposit	3,075,000.00
	Checking	2,201.30
	Accrued Interest Receivable	3,327.77
	Total Assets	3,280,957.51
LIABILITIES:	Accounts Payable	0.00
FUND EQUITY:	Retained Earnings As of 6/30/13	3,263,951.17
	Income less Expenses for 7/1/13 - 12/31/13	17,006.34
	Total Liabilities and Fund Equity	3,280,957.51

#### FISCAL YEAR 2014 STATEMENT OF REVENUES AND EXPENSES July 1, 2013 Through December 31, 2013

REVENUES:	Interest from Investments	17,753.34	
	Contributions	0.00	
	Total Revenues		17,753.34
EXPENSES:	Training Programs	0.00	
	Fund Transfer	0.00	
	Miscellaneous	747.00	
	Total Expenses		747.00
NET INCOME:			17,006.34

# ILLINOIS BANK EXAMINERS' EDUCATION FUND ACTIVITY July 1, 2013 Through December 31, 2013

BEGINNING BA	3,260,646.44						
ADDITIONS:	FY13 Interest Received in FY14	3,304.73					
	FY14 Interest Received	14,425.57					
	FY14 Contributions	0.00					
		17,730.30					
REDUCTIONS:	FY13 Training Programs Paid in FY14	0.00					
	FY14 Training Programs	0.00					
	FY13 Fund Transfer Paid in FY14	0.00					
	FY14 Fund Transfer	0.00					
	FY13 Miscellaneous Paid in FY14	0.00					
	FY14 Miscellaneous	747.00					
	Total Reductions		747.00				
ENDING BALAI	ENDING BALANCE, December 31, 2013						

# ILLINOIS BANK EXAMINERS' EDUCATION FOUNDATION Investment Summary

**December 31, 2013** 

	1	INVESTMENT			DATE
BANK NAME	COUNTY	AMOUNT	TERM	RATE	OF MATURITY
The Iuka State Bank 303 N. Main Street Iuka, IL 62849	Marion	\$100,000.00	36 Months	1.75%	2/28/2014
The Iuka State Bank 303 N. Main Street Iuka, IL 62849	Marion	\$100,000.00	36 Months	1.75%	2/28/2014
Marshall County State Bank 510 Main Street Varna, IL 61375	Varna	\$100,000.00	36 Months	2.00%	3/1/2014
Bank of Belleville 720 W. Main St., Suite 100 Belleville, IL 62220	St. Clair	\$75,000.00	12 Months	0.50%	3/1/2014
The Iuka State Bank 303 N. Main Street Iuka, IL 62849	Marion	\$1,000,000.00	36 Months	1.75%	5/24/2014
State Bank of Toulon 102 West Main Street P.O. Box 609 Toulon, IL 61483	Stark	\$200,000.00	12 Months	0.40%	6/5/2014
Goodfield State Bank 201 S. Eureka Street Goodfield, IL 61742	Woodford	\$200,000.00	12 Months	0.40%	6/11/2014
Milledgeville State Bank 451 N. Main Ave. P.O. Box 789 Milledgeville, IL 61051	Carroll	\$200,000.00	12 Months	0.45%	6/12/2014
Middletown State Bank P.O. Box 50 Middletown, IL 62666	Logan	\$200,000.00	12 Months	0.40%	6/12/2014
State Bank of Toulon 102 West Main Street P.O. Box 609 Toulon, IL 61483	Stark	\$200,000.00	12 Months	0.40%	6/17/2014
The Iuka State Bank 303 N. Main Street Iuka, IL 62849	Marion	\$100,000.00	24 Months	0.70%	8/6/2014
The Iuka State Bank 303 N. Main Street Iuka, IL 62849	Marion	\$100,000.00	24 Months	0.70%	8/7/2014
The Iuka State Bank 303 N. Main Street Iuka, IL 62849	Marion	\$100,000.00	24 Months	0.70%	8/7/2014
The Iuka State Bank 303 N. Main Street Iuka, IL 62849	Marion	\$100,000.00	36 Months	1.56%	9/15/2014
The Iuka State Bank 303 N. Main Street Iuka, IL 62849	Marion	\$100,000.00	36 Months	1.56%	9/16/2014
State Bank of Nauvoo 1205 Mullholland P.O. Box 218 Nauvoo, IL 62354	Nauvoo	\$100,000.00	36 Months	1.05%	5/18/2015
State Bank of Nauvoo 1205 Mullholland P.O. Box 218	Nauvoo	\$100,000.00	36 Months	1.05%	5/18/2015
Nauvoo, IL 62354		Page 1 of 2			

#### ILLINOIS BANK EXAMINERS' EDUCATION FOUNDATION **Investment Summary December 31, 2013** INVESTMENT DATE COUNTY AMOUNT **RATE** OF BANK NAME **TERM** MATURITY **SUBTOTAL** \$3,075,000.00 Marine Bank A.P.Y. 3050 West Wabash Sangamon \$200,428.44 0.20% Springfield, IL 62701 Marine Bank 3050 West Wabash \$2,201.30 N/A Sangamon Springfield, IL 62701 **TOTAL** \$3,277,629.74

**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)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

A F	or the	2012 calendar year, or tax year beginning $$ JUL $1,$ $20$	<u>12 and</u>	ending J	<u>UN 30, 201</u>	13
Во	heck if	C Name of organization			D Employer iden	ntification number
a	pplicable:	Illinois Bank Examiners' Educat				
	Address change					
Τ	Name change	Doing Business As	37-	-1220866		
	Initial return	Number and street (or P.O. box if mail is not delivered to street add	iress)	Room/suite	E Telephone num	
	Termin-	320 W Washington	,		1 *	17)785-2900
F	Amende Preturn				G Gross receipts \$	38,467.
F	Applica- Ition	Springfield, IL 62786			H(a) Is this a grou	
_	pending	F Name and address of principal officer:Manuel Flore			for affiliates?	
		same as C above	<b>C D</b>		1	s included? Yes No
	·	npt status: $X = 501(c)(3)$ $= 501(c)( )$ (insert no.)	4947(a)(1)	or 527	1	ch a list. (see instructions)
			4547(a)(1)	01 321	i '	
		: ► N/A rganization: X Corporation Trust Association (	Other ►	1 Veer	H(c) Group exemp	7 M State of legal domicile: IL
		Summary	Janet 📂	L Year	oriorination. 136	/ M State of legal doffliche. 111
Га			D.J., a		and master	
e)		riefly describe the organization's mission or most significant activi				
ıau		raining activity for the examinat				
err		heck this box   if the organization discontinued its opera				
Š		umber of voting members of the governing body (Part VI, line 1a)				3 1
20		umber of independent voting members of the governing body (Pa				4 0
es		otal number of individuals employed in calendar year 2012 (Part V				5 0
<u> </u>	6 T	otal number of volunteers (estimate if necessary)				6 0
Activities & Governance	7 a To	otal unrelated business revenue from Part VIII, column (C), line 12				7a 0.
	bΝ	et unrelated business taxable income from Form 990-T, line 34				<u>7b</u> 0.
					Prior Year	Current Year
o l	8 C	ontributions and grants (Part VIII, line 1h)			(	0.
ᇎ		rogram service revenue (Part VIII, line 2g)			(	0.
Revenue		vestment income (Part VIII, column (A), lines 3, 4, and 7d)			67,692	2. 38,467.
œ		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11				0. 0.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column			67,692	
		rants and similar amounts paid (Part IX, column (A), lines 1-3)				0. 0.
		enefits paid to or for members (Part IX, column (A), line 4)				0. 0.
,,		alaries, other compensation, employee benefits (Part IX, column (				0. 0.
Ş		rofessional fundraising fees (Part IX, column (A), line 11e)				<u> </u>
Expenses		otal fundraising expenses (Part IX, column (D), line 25)			<u></u>	
M		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			22,625	5. 50,958.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), lin			22,625	
			6 20)		45,067	
<u>- 8</u>	וט דו	evenue less expenses. Subtract line 18 from line 12		D.	ginning of Current Ye	
Sign	00 T	atal accets (Dort V. line 16)			3,276,442	
Bass		otal assets (Part X, line 16)				
vet Assets or und Balances		otal liabilities (Part X, line 26)				0. 0.
<u>- u</u>		et assets or fund balances. Subtract line 21 from line 20			3,276,442	2. 3,263,951.
		· ·	andes sebestula	a and atatam	ania and to the best o	of multiposition and halfof it is
	-	es of perjury, I declare that I have examined this return, including accompa			· ·	n my knowledge and benef, it is
uue,	correct,	and complete. Declaration of preparer (other than officer) is based on all in	HUI HIAUGH UI W	ilicii preparei	nas any knowledge.	/22/2
٠.		Signature of officer			Date	122/13
Sigr		,			Dato	
Here	e	Manuel Flores, Chairman Type or print name and title		····		
				1 -	Date Check	OTIM:
		Print/Type preparer's name Preparer's signatu	ire 🕕 -	1		
Paid -		llen K Murphy, CPA /-tll K.	1/42	2 1	0-/9-20/3 self-er	
Prep		irm's name Murphy & Associates CPAs	LLC '		Firm's EIN	<u>▶ 27-4404526</u>
Use	Only F	irm's address 1307 S. Seventh Street				
		Springfield, IL 62703			Phone no.	<u>(217) 544-2120</u>
May	the IRS	discuss this return with the preparer shown above? (see instruct	tione\			Y Voc No

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	Provide a means through which funds may be raised, invested, and
	disbursed for continuing education and professional training activity
	for the examination employees of the Illinois Department of Financial
	and Professional Regulation, Division of Banking, an agency of the
2	Did the organization undertake any significant program services during the year which were not listed on
	the 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?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	F0 001
	Accumulated funding for the continuing education and professional
	training of examination employees. Disbursements for conference/seminar
	registration fees and travel expenses.
	regractation rees and traver expenses.
	PWW.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	(Code:
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 50,201.

37-1220866 Page **3** 

Form 990 (2012) Foundation
Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(5) or 4947(g)(1) (other than a private foundation?  1 Yes, "complete Schedule D, etc. organization required to complete Schedule B, Schedule of Contributor@  2 Is the organization engage in indicor or indiced protitical campaign, activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II  3 X  X Section 50 1(q)(3) organization organization engage in lobbying activities, or have a section 501(ii) election in effect during the tax year? If "Yes," complete Schedule C, Part II  5 Is the organization as official organization engage in lobbying activities, or have a section 501(ii) election in effect during the tax year? If "Yes," complete Schedule C, Part II  5 Is the organization as official meritary of the organization engage in lobbying activities, or have a section 501(ii) election in effect during the tax year? If "Yes," complete Schedule C, Part II  5 Is the organization ameritan any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II  6 It the organization ameritan any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II  7 It is the organization maintain collections of works of art, historical treasures, or other similar assess? If "Yes," complete Schedule D, Part II  8 If the organization maintain and part II mere				Yes	No
2 Is the organization required to complete Schedule of Contributional  2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I   3 X  4 Section 501(c)(S) organizations. Did the organization engage in lobbying activities, or have a section 501(f) election in effect during the tax year? If 'Yes, 'complete Schedule C, Part II.  5 Is the organization association for investments of the organization activated funds or accounts for which donors have the right to provide advice on the distribution or investments of amounts in such drands or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such drands or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such drands or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such drands or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such drands or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such drands or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such drands or accounts for which donors have the right to provide advice on the distribution or investment or amounts for the following accounts to provide advice the right of the degral accounts an account to provide advice on the distribution or investment in the right of the proparization report an amount for Part X, line 1911, for such assets in temporarily restribed endowments, permanent endowments, or qualestation report an amount for the following questions is "Part X, line 1912 if "Yes," complete Schedule D, Part X, line 1912 if "Yes," complete Schedule D, Part X, line 1912 if "Yes," complete Schedule D, Part X, line 1912 if "Yes," complete Sched	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
2 Is the organization required to complete Schedule 9, Schedule 9 Contributors?  3 Did the organization and infect or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "New," complete Schedule C, Part I section 501(f)) election in offect during the tax year? If "New," complete Schedule C, Part II.  4 X Section 501(f)) election in offect during the tax year? If "New," complete Schedule C, Part II.  5 Is the organization as action SO1(c)(s), 501(c)(s), 501(c)(		If "Yes," complete Schedule A	_1_	X	
public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) graganizations. 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 s the organization assection 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as adefined in Revenue Procedule C, Part II bit 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, instinct lead areas, or historic attractive? 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 II   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 report an amount for thoughts of the part X, line 10? If "Yes," complete Schedule D, Part IV   Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV   Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV   Did the organization report an amount for other assets in Part X, line 12? If "Yes," complete Schedule D, Part IV   Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its tota	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(c)(4) complete Schedule C, Part II.  5 is the organization as acetion 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98 197 if "Yes," complete Schedule C, Part II Did the organization martial any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part I Did the organization revenue in obligation or investment of amounts in auth funds or accounts? If "Yes," complete Schedule D, Part I Did the organization martial collections of vorks of art. historical treasures, or other to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization martial collections of vorks of art. historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II Did the organization organization and solvers of art. historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II Did the organization, directly or through a related organization, historical treasures, or death organization services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, history or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V Did the organization services or any of the foliowing questions is "Yes," then complete Schedule D, Part V V, II, VIII, IX, or X as applicable.  10 Did the organization seport 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 X Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets the organization report an amount for other assets in Part X, line 15 that is 5% o	3				
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5 Is the organization a section 501(c)(6), 5016(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 (**Ps.,** complete Schedule C, Part III	4				
similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   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   Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic faund areas, or historic structures? 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 II   Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent andowments, or quasi-endowments? If "Yes," complete Schedule D, Part IV   Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent andowments, or quasi-endowments? If "Yes," complete Schedule D, Part IV   Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV   Did the organization report an amount for investments - program related in Part X, line 10? If "Yes," complete Schedule D, Part IV   Did the organization report an amount for investments - program related in Part X, line 10? If "Yes," complete Schedule D, Part IV   Did the organization report an amount for other liabilities in Part X, line 10? If "Yes," complete Schedule D, Part X   Did the organization separate or consolidated financial statements for the tax year include a schedule D, Part X   Did the organization separate or consolidated financial statements for the tax year include a schedule D, Part X   Did the organization separate or consolidated fin		during the tax year? If "Yes," complete Schedule C, Part II	4_		X
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Schedule D, Part III  9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV  10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V   10 X  11 If the organization sanswer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI   11		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		X
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If "Yes," complete Schedule D, Part IV   10   10 the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments, or Part V   10   X   11 the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI   11a   X   11b   X	9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
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c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  116  127  128  139  140  150  150  161  179  187  187  187  187  187  187  18	b	·			
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	20-	Did the organization operate one or more hospital facilities? If "Voc." complete Schodule U			
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Form 990 (2012) Foundation

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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		X
24a				
	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	24a		x
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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			
		25b		x
26	Schedule L, Part I  Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
Z.	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	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	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? 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	29		
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		-21
QZ.		20		X
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		- 21
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		Δ.
3-4		24	X	
35a	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	OFL		
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
36		00		v
07	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		_X_
37	The state of the s			**
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	L

Form 990 (2012) Foundation

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V				$\overline{}$
		***************************************		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<sub>1a</sub>   (	٦	163	140
b			-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and		1		
Ū	(gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		"		<del>                                     </del>
	filed for the calendar year ending with or within the year covered by this return	2a (	n		
h	If at least one is reported on line 2a, did the organization file all required federal employment tax retu		2b		
~	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction		2.0		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	•	За		x
	16 Was II has it filed a Form 000 Thruthis was 0 K like II amounted a superstination in Octobrilla O	•••••••••••••••	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other		30		
	financial account in a foreign country (such as a bank account, securities account, or other financial		4a		x
h	If "Yes," enter the name of the foreign country:	accounty:	Ta		
-	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans		5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to		- 00		
	and another the state of the transport of the state of th	no organization concie	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribu		Ca		
	were not tax deductible?		6b		l
7	Organizations that may receive deductible contributions under section 170(c).		0.5		
a	Britis I at the control of the contr	ervices provided to the payor?	7a		Х
			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w				$\overline{}$
	to file Form 8282?	•	7c	i	Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	1 1			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. [				
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at		8	.	
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	***************************************	9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		.	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	]		
11	Section 501(c)(12) organizations. Enter:			.	
	Gross income from members or shareholders	11a		.	
b	Gross income from other sources (Do not net amounts due or paid to other sources against			.	
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	i <sub>,</sub> 1041?	12a	-	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	]		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	•••••	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.		***************************************		
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1 1			
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c			
			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu.	le O	14b	- 1	

Foundation

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Form 990 (2012) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year1a1								
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	İ							
b	Enter the number of voting members included in line 1a, above, who are independent								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?	2		X					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	6 Did the organization have members or stockholders?								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			<u>X</u>					
•	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		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		-						
а	The governing body?	8a	х						
b	Each committee with authority to act on behalf of the governing body?	8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	, ,							
	Territoria de la contra la		Yes	No					
103	Did the organization have local chapters, branches, or affiliates?	10a	100	X					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		- 2.1					
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х						
i ia b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ila	21						
12a	The state of the s	12a	X						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X						
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	IZU	-22						
C		10-	х						
40	in Schedule O how this was done Did the organization have a written whistleblower policy?	12c	X						
13	Did the organization have a written document retention and destruction policy?	14	X						
14		14	Λ						
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?	4.5	<b>.</b>						
	The organization's CEO, Executive Director, or top management official	15a	X						
b	Other officers or key employees of the organization	15b	X						
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			7.7					
	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 participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure		···						
17	List the states with which a copy of this Form 990 is required to be filed None								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are	availab	le						
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website X Another's website X Upon request Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	rcial						
	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 organiza	tion: 🕨	<b>_</b>						
	Scott D. Clarke, Agent of Board - (217)785-1260								
	320 W Washington St. Springfield, IL 62786			_					

#### Illinois Bank Examiners' Education

Foundation

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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

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.

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 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.

(A)	(B)	J. 3.			C)	,5-0		(D)	(E)	(F)
Name and Title	Average			Pos	itior	ì		Reportable	, .	Estimated
Name and title	hours per	(do	(do not check more than one box, unless person is both an			than	опе	1	Reportable compensation	amount of
	week	offi	cerar	nd a d	lirecto	or/trus	stee)	from	from related	other
	(list any	Şta:						the	organizations	compensation
	hours for	r dire				8		organization	(W-2/1099-MISC)	from the
	related	tee o	ustee			ensat		(W-2/1099-MISC)	,	organization
	organizations	I III	nal tr		loyee	E a				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	밀	Inst	통	Key	光島	ē			
(1) Manuel Flores	1.00									
Chairman		X	<u> </u>					0.	0.	0.
(2) Lisa Derezinski	0.00				ŀ					
Director		X						0.	0.	0.
(3) Dory Rand	0.00									
Director		X						0.	0.	0.
(4) Mark Field	0.00	<u> </u>								**
Director		X						0.	0.	0.
(5) James Jurgens	0.00			$\Box$	<u> </u>					
Director		x			ŀ			0.	0.	0.
(6) Joy French Becker	0.00					$\vdash$	$\vdash$		<u></u>	
Director		x						0.	0.	0.
(7) Andy Salk	0.00	123								<u> </u>
Director	0.00	x						0.	0.	0.
(8) Walter E Grady	0.00									<u></u>
Director	0.00	x	ĺ					0.	0.	0.
(9) S Michael Polanski	0.00								<u> </u>	
Director		x		İ				0.	0.	0.
DITECTOI								<del>                                     </del>	0.	<u>0.</u>
									;	
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V		<u> </u>		<del> </del>			$\vdash$	<del> </del>		· · · · · · · · · · · · · · · · · · ·
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Form 990 (2012) Foundati									37-12	20	866	Р	age 8
Part VII   Section A. Officers, Directors, Trus	stees, Key Em (B)	ploy	ees	<u>, and</u> (0		ghe	st C	compensated Employe (D)				(F)	
Name and title	Average hours per week	box offi	not c , unle	Pos heck ss pe id a d	ition more rson i	than is bot	h an	Reportable compensation from	(E) Reportable compensatior from related			timate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fr org an	pensa om th anizat d relat anizati	e tion ted
to a second distribution of the second secon						~~~~							
		_		:									
		-											
		-											
		-									··-		
						Ĺ			<del> </del>		***		
Sub-total     Total from continuation sheets to Part V     Total (add lines 1b and 1c)	II, Section A							0.		0.	******		0.
2 Total number of individuals (including but recompensation from the organization						e) wł	no re					•••••••••••••••••••••••••••••••••••••••	0
3 Did the organization list any former officer												Yes	No
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the si											3		X
<ul><li>and related organizations greater than \$15</li><li>Did any person listed on line 1a receive or</li></ul>											4		X
rendered to the organization? If "Yes," con Section B. Independent Contractors	•				•			•			5		Х
1 Complete this table for your five highest co	-	-							•	ensa	ation f	rom	
the organization. Report compensation for  (A)  Name and business			endi ONE		ith c	or w	ithin	the organization's tax in the organization's tax in the organization's tax in the organization of second control of second control or seco		C	(C	) nsatio	n
White the transfer of the Annual Annu		***	<i></i>	<b>-</b>				· · · · · · · · · · · · · · · · · · ·			•		
												****	
		MP-11111111											
Total number of independent contractors (     \$100,000 of compensation from the organ	-	ot li	mite	d to	thos (		sted	above) who received m	ore than			000 "	

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Form 990 (2012) Foundation
Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	to any question i	n this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts	1 a	Federated campaigns	1a					3.0,0.0.7
Contributions, Gifts, Grants and Other Similar Amounts	b		1.1					***************************************
δ,ς Ā	c							
洪市	d		1d					
J,S	e							
Ē	f				1			
ള		similar amounts not included abor	ve 1f					
들	g	Noncash contributions included in lines	1a-1f: \$					
<u>ರಿ ೯</u>	h	Total. Add lines 1a-1f		<b>&gt;</b>				
				Business Code				
ë	2 a	winonina			wa			
<u>ہ</u> ∑	b							
Program Service Revenue	c							
ۋ	d							
<u></u>	е	<u> </u>						
<u>a</u>	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f						
	3	Investment income (including	•					
		other similar amounts)			38,467.			38,467.
	4	Income from investment of tax			MID			
	5	Royalties		1				· · · · · · · · · · · · · · · · · · ·
	_		(i) Real	(ii) Personal		ļ		
	6 a	***************************************						
	b					· · · · · · · · · · · · · · · · · · ·		
	C.	Rental income or (loss)	<u> </u>					
	d	,						
	/ a	Gross amount from sales of	(i) Securities	(ii) Other				
	_	assets other than inventory						
	a l	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
_	l	Gross income from fundraising						
nue	" "	including \$			Ì	ļ		
eVe		contributions reported on line				PATERNAM.		
Other Reve		Part IV, line 18						
ţ	ь	Less: direct expenses						-
0	ı	Net income or (loss) from fund		<b>&gt;</b>				
	l	Gross income from gaming ac	_	W				
		Part IV, line 19	a					
	b	Less: direct expenses						
	С	Net income or (loss) from gam	ing activities .					
	10 a	Gross sales of inventory, less	returns					
		and allowances	a		-			
	b	Less: cost of goods sold	b			***************************************		]
	С	Net income or (loss) from sales	s of inventory .	<b>&gt;</b>				
		Miscellaneous Revenue	9	Business Code				
	11 a							
	b	***************************************						10-
	С							
	d	All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			38,467.	0.	0.	38,467.

Form 990 (2012) Foundation
Part IX Statement of Functional Expenses

Seci	tion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must co	omplete column (A).	
	Check if Schedule O contains a respon			*****************	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in	***************************************			
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members		***************************************		
5	Compensation of current officers, directors,				····
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include			VP.II*N.L.N	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	***************************************			******
11	Fees for services (non-employees):				
а	Management				
b	Legal		*****		
С	Accounting	747.		747.	
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				- Town & C.
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	VF-VV-LV-L-L-L-L-L-L-L-L-L-L-L-L-L-L-L-L		·····	
17	Travel	13,217.	13,217.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	36,984.	36,984.	***************************************	<del></del>
20	Interest				·····
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	ermination.		A THE STATE OF THE	
а	Miscellaneous	10.		10.	···········
b					<del>,</del>
С		3110000000			***
d					
е	All other expenses				***************************************
25	Total functional expenses. Add lines 1 through 24e	50,958.	50,201.	757.	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)				

Form 990 (2012)
Part X Balance Sheet

		Check if Schedule O contains a response to any	question in this Part X			
				<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1.	1	1.
	2	Savings and temporary cash investments		3,272,000.	2	3,260,646.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	········
	5	Loans and other receivables from current and for	ormer officers, directors,			
		trustees, key employees, and highest compensation	ated employees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disquali	fied persons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	,,,,			
s		employees' beneficiary organizations (see instr).			6	
Assets	7	Notes and loans receivable, net			7	
As	8	Inventories for sale or use			8	·····
	9	Prepaid expenses and deferred charges	,		9	
	10a					
		basis. Complete Part VI of Schedule D				
		Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line			12	
	13	Investments - program-related. See Part IV, line			13	
	14	Intangible assets		1 111	14	2 201
	15	Other assets. See Part IV, line 11		4,441. 3,276,442.	15	3,304. 3,263,951.
	16	Total assets. Add lines 1 through 15 (must equ		3,4/0,444.	16	3,403,931.
	17 18	Accounts payable and accrued expenses			17	
	19	Grants payable			18	<del>-</del>
	20	Deferred revenue			20	<del></del>
<b>'</b> A	21	Escrow or custodial account liability. Complete I			21	
Liabilities	22	Loans and other payables to current and former			۲.	~~~~
ig:		key employees, highest compensated employee				
Ë		Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrela			23	**************************************
	24	Unsecured notes and loans payable to unrelate	,		24	
	25	Other liabilities (including federal income tax, pa				***************************************
		parties, and other liabilities not included on lines				
					25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
		Organizations that follow SFAS 117 (ASC 958	), check here 🕨 🐰 and			
S		complete lines 27 through 29, and lines 33 an	d 34.			
č	27	Unrestricted net assets		2,331,231.	27	2,318,740.
3ale	28	Temporarily restricted net assets		945,211.	28	945,211.
ğ	29	Permanently restricted net assets			29	
ؾ		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨 🔙			
ő		and complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds			30	V-944.
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or ed			31	
let.	32	Retained earnings, endowment, accumulated in			32	
~	33	Total net assets or fund balances		3,276,442.	33	3,263,951.
	34	Total liabilities and net assets/fund balances		3.276.442.	34	3.263.951.

	. Illinois Bank Examiners' Education		
Forn	1990 (2012) Foundation	37-3	1220866 Page <b>12</b>
Pa	rt XI Reconciliation of Net Assets		
	Check if Schedule O contains a response to any question in this Part XI		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	38,467.
2	Total expenses (must equal Part IX, column (A), line 25)		50,958.
3	Revenue less expenses. Subtract line 2 from line 1		<12,491.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		3,276,442.
5	Net unrealized gains (losses) on investments	5	
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 in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		
	column (B))	. 10	3,263,951.
Pa	rt XII Financial Statements and Reporting	•	<u> </u>

	Check if Schedule O contains a response to any question in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a			
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,			
	consolidated basis, or both:			
	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		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		Form	990 (	2012)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

#### **Public Charity Status and Public Support**

2012

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Illinois Bank Examiners' Education

Employer identification number

			<u> Foundat</u>								7-1220	<u> </u>
Pa	rt I	Reason	for Public Char	ity Status (All organiz	zations mu	st comple	e this par	t.) See inst	ructions.			
he	organ	ization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)				
1		A church, co	nvention of churches	s, or association of chur	ches desc	ribed in <b>s</b> e	ction 170	(b)(1)(A)(i)	١.			
2		A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)							
3		A hospital or	a cooperative hospi	tal service organization o	described	in section	170(b)(1)	(A)(iii).				
4		A medical res	search organization	operated in conjunction	with a hos	pital desc	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter	the hospita	al's name,
		city, and stat	e:									
5		An organizati	ion operated for the	benefit of a college or ur	niversity ov	wned or op	perated by	a governi	nental uni	t describ	ed in	
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)								
6	X	A federal, sta	ite, or local governm	ent or governmental uni	t described	d in sectio	n 170(b)(1	1)(A)(v).				
7		An organizati	ion that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit o	r from the	general	public des	cribed in
			b)(1)(A)(vi). (Comple									
8		A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)						
9		An organizati	ion that normally rec	eives: (1) more than 33	1/3% of its	support f	rom contri	butions, n	nembershi	p fees, a	ind gross re	eceipts from
		activities rela	ted to its exempt fur	nctions - subject to certa	ain excepti	ons, and (	2) no more	than 33 1	/3% of its	support	t from gross	s investment
		income and u	unrelated business to	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization	after June	30, 1975.
			509(a)(2). (Complete									
10		An organizati	ion organized and or	perated exclusively to te	st for publi	ic safety. 9	See sectio	n 509(a)(4	1).			
11		An organizati	ion organized and op	perated exclusively for th	ne benefit d	of, to perfo	orm the fur	nctions of,	or to carr	y out the	purposes	of one or
		more publicly	supported organiza	ations described in secti	on 509(a)( <sup>-</sup>	1) or section	n 509(a)(2	2). See <b>se</b> c	tion 509(	a)(3). Ch	eck the bo	x that
		describes the	e type of supporting	organization and comple	ete lines 1	1e through	11h.					
		a Type I	I b □ T)	/pe li c 🔲 T	ype III - Fu	nctionally	integrated	c	і 🔲 Тур	e III - No	n-functiona	ally integrated
е		By checking	this box, I certify tha	t the organization is not	controlled	directly o	r indirectly	by one o	r more disc	qualified	persons of	ther than
		foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	itions des	cribed in s	ection 509	9(a)(1) or	section 50	9(a)(2).
f		If the organiz	ation received a writ	ten determination from t	the IRS tha	atitis a Ty	pe I, Type	II, or Type	e III			
		supporting or	rganization, check th	nis box								
g		Since August	t 17, 2006, has the o	organization accepted ar	ny gift or co	ontribution	from any	of the foll	owing pers	sons?		
		(i) A person	n who directly or ind	irectly controls, either al	lone or tog	ether with	persons o	lescribed	in (ii) and (	iii) below	'	Yes No
		the gove	erning body of the su	upported organization?							11g(i)	
		(ii) A family	member of a persor	n described in (i) above?	) 						11g(ii	
		(iii) A 35% d	controlled entity of a	person described in (i) o	or (ii) above	∍?					11g(iii	i)
h		Provide the fo	ollowing information	about the supported or	ganization	(s).						
			·	···								
(i)	Name	of supported	(ii) EIN	(iii) Type of organization		rganization			(vi) ls organizatio	the	(vii) Amour	nt of monetary
	orga	nization		(======================================	in col. (i) lis	-	organizat		(i) organiz U.S	ed in the	Su	pport
				above or IRC section (see instructions))	governing	uocement		r support?	U.S	.?		
				(SOS INSULUTIONS),	Yes	No	Yes	No	Yes	No		-
									ļ			
								-	-			
								1				
									1			

#### 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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	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						
3	furnished by a governmental unit to						
	, ,						
_	the organization without charge						
	Total. Add lines 1 through 3				<u> </u>		
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.						<u> </u>
Sec	ction B. Total Support		T	1	·	1	<del></del> -
	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources				,		
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)	•		12	
13	First five years. If the Form 990 is for					on 501(c)(3)	
	organization, check this box and stor	here			•		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2012 (	line 6, column (f) d	ivided by line 11,	column (f))		14	%
	Public support percentage from 2011						%
	33 1/3% support test - 2012. If the						ox and
	stop here. The organization qualifies						
b	33 1/3% support test - 2011. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	•	<del>-</del>	
h	10% -facts-and-circumstances tes						
i.	more, and if the organization meets the	_					
	organization meets the "facts-and-circ				*		
40	Private foundation. If the organization		-				
10	Fitvate touridation. It the organization	in did flot check a	DOX OF HIRE TO, TO	a, 100, 17a, 01 17	D, CHECK HIS DOX	ariu see iristruction	<u> </u>

#### 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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	; 			00.000 mg mg mg mg mg mg mg mg mg mg mg mg mg		
	include any "unusual grants.")	<b></b>					
2	Gross receipts from admissions,						
	merchandise sold or services per-	1					
	formed, or facilities furnished in any activity that is related to the	I					
	organization's tax-exempt purpose						
3	Gross receipts from activities that					~~~	
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-			<u> </u>			
-	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
e	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and	**********		<u> </u>			
7 2	3 received from disqualified persons						
h	Amounts included on lines 2 and 3 received				<u> </u>		
U	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support		1	r	1	η	
	ndar year (or fiscal year beginning in) 🖊	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses		]				
	acquired after June 30, 1975						
	Add lines 10a and 10b						]
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is				ļ		
	regularly carried on				****		
12	Other income. Do not include gain						*****
	or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax vear as a section	on 501(c)(3) organiz	ration.
					-		
Sec	tion C. Computation of Publi	c Support Pe	rcentage				
	Public support percentage for 2012 (li			olumn (f))		15	%
	Public support percentage from 2011					16	%
	tion D. Computation of Inves						
	Investment income percentage for 20			ne 13. column (fl)	***************************************	17	%
	Investment income percentage from 2						
	33 1/3% support tests - 2012. If the						
	more than 33 1/3%, check this box ar						
	33 1/3% support tests - 2011. If the						
	line 18 is not more than 33 1/3%, chec						
	Private foundation. If the organization						

#### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury

#### 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

Internal Revenue Service

Name of the organization

Illinois Bank Examiners' Education Foundation

Employer identification number 37-1220866

Form 990, Part I, Line 1, Description of Organization Mission:
Department of Financial and Professional Regulation, Division of
Banking, an agency of the State of Illinois.
Form 990, Part III, Line 1, Description of Organization Mission:
State of Illinois.
Form 990, Part VI, Section B, line 11: All members of the board receive
copies of the Form 990 and the board approves the submission of the Form
990.
Form 990, Part VI, Section B, Line 12c: Each member files conflict of
interest disclosure statements which are publically available.
Form 990, Part VI, Section B, Line 15: No person receives compensation.
Form 990, Part VI, Section C, Line 18: Documents are available for public
inspection upon request.
Form 990, Part VI, Section C, Line 19: Documents are available for public
inspection upon request.

Department of the Treasury Internal Revenue Service SCHEDULER (Form 990)

# Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ➤ Attach to Form 990.

2012 Open to Public

OMB No. 1545-0047

➤ See separate instructions.

Inspection

Employer identification number Direct controlling 37-1220866 Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax exempt organizations during the tax year.) End-of-year assets **e** Total income Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or foreign country) Illinois Bank Examiners' Education Primary activity Foundation Name, address, and EIN (if applicable) of disregarded entity Name of the organization Part II Part

(g) Section 512(b)(13) controlled ŝ × entity? Yes Direct controlling entity status (if section 501(c)(3)) Public charity Exempt Code (b)(1)(A)(v) section 170 Legal domicile (state or foreign country) Illinois Sovernment regulator Primary activity 9 320 W Washington St. Springfield, IL 62786 Professional Regulation - 20-1568257 Illinois Department of Financial and Name, address, and EIN of related organization

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

Schedule R (Form 990) 2012

Illinois Bank Examiners' Education

Foundation Schedule R (Form 990) 2012

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

Page 2.

37-1220866

General of Percentage managing ownership partner?	***************************************	
General or managing partner?		
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065		
(h) Disproportionate allocations?		
(g) Share of Digendrate are assets		
(f) Share of total income		
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		
(d) Direct controlling entity		
(c) Legal domicile (state or foreign country)		
(b) Primary activity		
(a) Name, address, and EIN of related organization		

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

with the water and the water a									
(a)	(q)	<u></u>	(G)	(e)			Ē	€	;
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Legal domicile Direct controlling Type of entity (State or entity Copp, Scorp, foreign	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage 512(bx13) ownership controlled entity?	Section 512(b)(controlled)(controlled)	(13) 123)
		country)		O tidaty				Yes No	2
The second secon									
	And de Printer Anna Printer Ann	The state of the s							
							12-2011		
						ws.			

Schedule R (Form 990) 2012

# Illinois Bank Examiners' Education

Schedule R (Form 990) 2012 Foundation

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

Page 3.

37-1220866

Schedule R (Form 990) 2012 MMM  $\bowtie$  $\bowtie$ M × × × ×× ×× × 7 Ξ ţ. 10 유 ပ္ 9 # þ 눆 Ë ţ, 4 (d)
Method of determining amount involved ÷ Reimbursement paid to related organization(s) for expenses p Reimbursement paid to related organization(s) for expenses
 q Reimbursement paid by related organization(s) for expenses d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) Dividends from related organization(s) Sale of assets to related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Sharing of paid employees with related organization(s) r Other transfer of cash or property to related organization(s) 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. Other transfer of cash or property from related organization(s) a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity 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? (c) Amount involved (b) Transaction type (a·s) Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Lease of facilities, equipment, or other assets to related organization(s) Gift, grant, or capital contribution from related organization(s) Gift, grant, or capital contribution to related organization(s) (a)
Name of other organization Purchase of assets from related organization(s) Exchange of assets with related organization(s) 232163 12-10-12 Ω o ⊑ 0 ≘ ন্ত ପ୍ର **a** 9 গ্র

37-1220866

Page 4

Illinois Bank Examiners' Education

Foundation Schedule R (Form 990) 2012 Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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.

(k) ercentage wnership			#####	and the second s		
General or Primaraging or partner?						
(h) (i) (j) (k)  Sispapor- Code V-UBI General or Percentage Identials amount in box 20 managing ownership of Schedule K-1 perhera ownership over No. (Form 1065) year No.						
(h) Dispropor- Ionate allocations?		~~~				
(g) Share of end-of-year assets						
(f) Share of total income						
(e) Are all Are all 501(c)(3) 005.7 4) Yes No	***************************************					
(d) Predominant income particular (related, unrelated, excluded from tax under section 512-514) y						
(c) Legal domicile (state or foreign country)						
(b) Primary activity			,			
(a) Name, address, and EIN of entity						

# 37-1220866 Page 5 Foundation Schedule R (Form 990) 2012 Part VII | Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Illinois Bank Examiners' Education

#### ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

(	Till in Nama	of Doord)
(	Fill in Name	(OLDOAFU)

# STATEMENT OF REIMBURSABLE EXPENSES FOR BOARD MEMBERS FOR FY14

PLEASE TYPE. ALL INFORMATION MUST BE LEGIBLE

NAME:		SS# :				
ADDRESS:						
PURPOSE OF TRAVEL: _						
DESTINATION OF TRAVEL	: (ADDRESS OF MEETIN	NG):				
COMMENCED TRAVEL:	(Month, Day, Year)	(Time)	(Miles)			
COMPLETED TRAVEL:	(Month, Day, Year)	(Time)	(Miles)			
Automobile Transportation:	obile Transportation: mile(s) @ .56/mile					
Other Primary Transportation	– Air, Rail, etc (attach recei	ipt)				
Lodging (attach receipt)						
Per Diem / Meal Allowance	(if applicable / allowable)					
Other – (Please (circle) indic Parking, Taxi, etc. Please tap itemized list) Attach addition	e loose receipts to piece of p	paper, attach				
	TOTA	L AMOUNT DUE:				
By signing this form, I certify that, In accordance charged for subsistence were actually paid, that it the journey was performed with all practicable ditransportation or money in lieu thereof for any perequired pursuant to Section 10-101(b) of the Illia	he expenses were occasioned by office business o spatch by the shortest route usually traveled in th art of the journey therein charged for. I also cert	r unavoidable delays requiring the stay ne customary reasonable manner, and t tify that I have a valid driver's license d	in hotels for the time specified; that hat I have not been furnished with and the minimum insurance coverag			
Signature of Board Member	<u> </u>	Date				
Signature of Supervisor / A	 pproval	 Date				

Board Members are to forward their vouchers to their Board Liaison for approval signatures. When all signatures are obtained, please forward to Leslie Ann Dinora, 101 West Jefferson, MC 2-550, Springfield, IL 62702