Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

benefit trust or private foundation) The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047 Open to Public Inspection

					1 111-1-1-1-1
<u>A</u>	For the	2010 calendar year, or tax year beginning JUL 1, 2010 and ending	g JUN	30, 201	1
В	Check if applicable	C Name of organization	DE	Employer identi	fication number
		IIIInols Bank Examiners' Education			
	Addres change	Foundation			
	Name change	Doing Business As		37-	1220866
]Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/	Suite F 3	Felephone numb	
一	Termin		Suite E	-	<u>7)785</u> -2900
F	□ Ameno				
F	⊒return ⊒Applic: ⊒tion	Springfield, IL 62786		Bross receipts \$	105,570.
L	ltion pendin	9	H(a)) Is this a group	
		F Name and address of principal officer: Manuel Flores		for affiliates?	Yes X No
_		same as C above			ncluded? Yes No
		mpt status: X 501(c)(3)	527	If "No," attach	a list. (see instructions)
		e:▶N/A		Group exempti	
		organization: X Corporation	Year of forn	<u>mation: 1987</u>	M State of legal domicile: IL
Pi	, _ ,	Summary			
Φ	1 1	Briefly describe the organization's mission or most significant activities: Education	on and	d profess	sional
ũ		training activity for the examination employ	zees c	of the I	llinois
ž	2 (Check this box if the organization discontinued its operations or disposed of	more than	25% of its net a	essets.
Ş	3 1	Number of voting members of the governing body (Part VI, line 1a)			
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)		4	
ος.	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	••••••	5	
iţie	6 -	Fotal number of volunteers (estimate if necessary)	•••••••••		
Activities & Governance	72-	Total unrelated business revenue from Port VIII. column (C). time 10		<u>6</u>	
Ă	'a	Total unrelated business revenue from Part VIII, column (C), line 12		<u>7</u> a	
	01	Net unrelated business taxable income from Form 990-T, line 34			
	١,	2	Р	rior Year	Current Year
ř	8 (Contributions and grants (Part VIII, line 1h)		0,	0.
Revenue	9 F	Program service revenue (Part VIII, line 2g)		0.	
Ř	10 1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		250,237	105,570.
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12 7	otal revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)		250,237.	105,570.
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)		0.	
Ø		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
e De	ь1	otal fundraising expenses (Part IX, column (D), line 25)			· ·
ñ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		36,538.	4,216,603.
	18 1	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		36,538	
		Revenue less expenses. Subtract line 18 from line 12			
-8	10	overtide 1633 expenses. Cobtract line 18 month line 12	Beeleele	213,699.	
Net Assets or Fund Balances	00 7	intel accepts (Doubly, Russ 4.0)		g of Current Year	End of Year
Bal	20 1	otal assets (Part X, line 16)	<u> </u>	342,408.	3,231,375.
ᆵ	21 T	otal liabilities (Part X, line 26)	L	0.	0.
	<u>22 N</u> irt II	let assets or fund balances. Subtract line 21 from line 20	7,	<u>342,408.</u>	3,231,375.
		Signature Block			
Unde	er penali	ies of perjury, I declare that I have examined this return, including accompanying schedules and sta	atements, a	nd to the best of m	ny knowledge and belief, it is
true,	correct,	and complete. Declaration of preparer (other than officer) is based on all information of which prep	oarer has an	y knowledge.	
	- 1	man 1C			
Sigr	ו ו	Signature of officer		Date	11
Her	e	Manuel Flores, Chairman		9	/30/11
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	Date	Check	PTIN
Paid		Allen K Murphy, CPA Allen K, Myss	- 9-24	-// if self-employ	ed
Prep	-	Firm's name Murphy & Associates CPAs LLC		Firm's EIN	
Use	Only	Firm's address 1307 S. Seventh Street		FIIII S EIN	
	,	Springfield, IL 62703		Dhans /	0171 E44 0100
Mari	the ID	· · · · · · · · · · · · · · · · · · ·		Phone no. (217) 544-2120
widy	THE IN	discuss this return with the preparer shown above? (see instructions)		·····	X Yes No

19

70		it of Program Service Acc	-	
			ny question in this Part III	X
1		e organization's mission:		
	<u>Provide a</u>	means through wh	<u>ich funds may be rais</u>	<u>ed, invested,</u> and
	disbursed	<u>for continuing e</u>	ducation and profession	onal training activity
	for the e	xamination employ	rees of the Illinois De	epartment of Financial
	and Profe	ssional Regulation	on, Division of Banking	an agency of the
2			am services during the year which were not	
_				
	If IVee II december 4	01 990 EZ ?		Yes X No
_		these new services on Schedule (
3		n cease conducting, or make sig hese changes on Schedule O.	nificant changes in how it conducts, any pro	ogram services?Yes X No
4			h of the organization's three largest progran	n conject by avnonces
•	Section 501(c)(3) a	nd 501(a)(4) organizations and as	ection 4947(a)(1) trusts are required to repor	the amount of months and
	anocations to othe	rs, trie total expenses, and reveni	ue, if any, for each program service reported	le
4a	(Code:) (Expenses \$ <u>4 , 209</u>	, 429 . including grants of \$) (Revenue \$
	Accumulate	ed funding for th	e continuing education	<u>n and professional</u>
	training o	<u>of examination em</u>	ployees. Disbursements	s for conference/seminar
	registrat:	ion fees and trav	1	
				,
				
	•			
				
				
		·		
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
			Trotading grante of ϕ) (πενθιίαθ ψ)

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_				
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	····			
	· · · · · · · · · · · · · · · · · · ·			
4d	Other program serv	ices. (Describe in Schedule O.)		
	(Expenses \$	including grants	of\$) (Revenue\$	1
		/ice expenses ► 4,		
	- otor program ser	TO CAPCINGO P 4	4VJ; 44J •	Form 900 (2010)

Foundation 37-1220866 Part IV | Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 1 X Is the organization required to complete Schedule B, Schedule of Contributors? 2 Х 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 Х 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Х 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts where 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 X 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 Х Did the organization report an amount in Part X, line 21; 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 X 9 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V X 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI Х 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII X 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Х d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Х 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII X 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional X 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Х 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization 15 or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV <u>1</u>5 X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals 16 located outside the United States? If "Yes," complete Schedule F, Parts III and IV X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 1c and 8a? If "Yes," complete Schedule G, Part II X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." complete Schedule G, Part III X 19

20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H

operate one or more hospitals must attach audited financial statements (see instructions)

b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that

Form **990** (2010)

20a

X

Form 990 (2010) 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 governments and organizations 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		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d		24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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 Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	200		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L., Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, 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
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		ľ	
	Schedule N, Part II	32	_X_	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	i		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity?			
0 E	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	_х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
26	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Ves." complete Schedule P. Part V. line 2.			32
37	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		<u>X</u>
J 1	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	\ <u></u>		v
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	37	\dashv	<u>X</u>
	Note. All Form 990 filers are required to complete Schedule O	38	x	
		JU		

	· /	
Part V	Statements Regarding Other IRS Filings and Tax Compliance	

te Enter the number reported in Box 3 of Form 1008. Enter 0 if not applicable 10 0 b thost the number of Forms W.2G included in line 1a. Enter 0 if not applicable 10 0 c Did the organization comply with backup withholding rules for reportable paymins to vendors and reportable garning (gambling) within gas to prize withholding rules for reportable paymins to vendors and reportable garning (gambling) within gas to prize withholding rules for reportable paymins to vendors and reportable garning (gambling) within gas to prize withholding rules for reportable paymins to vendors and reportable garning (gambling) within gas to prize within defining rules for reportable paymins to vendors and reportable garning (gambling) within gas to prize within defining the garning rules of the decident payment garning within and garning the garning rules of the decident payment garning to the organization favor and garning the garning rules of the organization favor of the organization favor of the organization favor prize of the organization favor prize with garning to the organization favor prize of the organization favor prize of the organization favor prize of the garning to the organization favor prize with garning to the organization favor prize of the garning to the organization favor prize of the garning to the prize of the garning to the prize of the garning to the organization favor prize of the garning to the garning to the organization favor prize of the garning to the garning to the organization favor prize of the garning to the garning to the organization favor prize of the garning to the garning to the organization should be garning to the ga		Check if Schedule O contains a response to any question in this Part V			
to Enter the number reported in Box 3 of Form 1096. Enter -0" in not applicable 10 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				Yes	No
be Entor the number of Forms W2G included in line 1s. Enter 0-if not applicable	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
Define organization comply with backup withholding rules for reportable payments to vendors and reportable garning (gambling) withings to prize withores? 2 Enter the number of employees reported on Form W.3, Transmitted of Wage and Tax Statements, filed for the calendar year ending with or within the year cevered by this return. 2 In the state of the calendar year ending with or within the year cevered by this return. 3 In the organization have unrelated business gross income of \$1,000 or more during the year? 3 In the state of	_				ĺ
22 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed of the calendary are anding with or within the year covered by this return 15 It at least one is reported on line 2a, did the organization file all required teefrel employment tax returns? 16 It would be a second to the company of the	С				
22 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed of the calendary are anding with or within the year covered by this return 15 It at least one is reported on line 2a, did the organization file all required teefrel employment tax returns? 16 It would be a second to the company of the		(gambling) winnings to prize winners?	1c		
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, your may be required to e-file, (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b if "Yes," has it filed a Form 900-Tior this year? If "No," provide an explanation in Schedule O 3c at 1 and a foreign country (such as a bank account, even other authority over, a financial account in a foreign country (such as a bank account, even other authority over, a financial account in a foreign country (such as a bank account, even other financial account)? 5c Was the organization a party to a prichibide dax sheller transaction at any time during the tax year? 5d Was the organization a party to a prichibide dax sheller transaction at any time during the tax year? 5d Was the organization a party to a prichibide dax sheller transaction at any time during the tax year? 5d If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5d If "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization shell were not tax deducible? 6d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deducible? 6d If "Yes," did the organization notify the donor of the value of the goods or services provided? 6d If "Yes," did the organization notify the donor of the value of the goods or services provided? 7d If "Yes," indicate the number of Forms 8282 filed during the year 6d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive a year yands, directly or indirectly, to pay premiums on a personal benefit contract? 7e X or in the organization received a contribution of care, boots, simplenes, or other vehicles, did the organization for his pay and yands, directly or indirectly, on a personal benefit contract? 7f	2 a				
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, your may be required to e-file, (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b if "Yes," has it filed a Form 900-Tior this year? If "No," provide an explanation in Schedule O 3c at 1 and a foreign country (such as a bank account, even other authority over, a financial account in a foreign country (such as a bank account, even other authority over, a financial account in a foreign country (such as a bank account, even other financial account)? 5c Was the organization a party to a prichibide dax sheller transaction at any time during the tax year? 5d Was the organization a party to a prichibide dax sheller transaction at any time during the tax year? 5d Was the organization a party to a prichibide dax sheller transaction at any time during the tax year? 5d If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5d If "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization shell were not tax deducible? 6d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deducible? 6d If "Yes," did the organization notify the donor of the value of the goods or services provided? 6d If "Yes," did the organization notify the donor of the value of the goods or services provided? 7d If "Yes," indicate the number of Forms 8282 filed during the year 6d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive a year yands, directly or indirectly, to pay premiums on a personal benefit contract? 7e X or in the organization received a contribution of care, boots, simplenes, or other vehicles, did the organization for his pay and yands, directly or indirectly, on a personal benefit contract? 7f		·			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3	b		2b		
b if "Yes," has it filled a Form 990-T for this year? If "Yes," provide an explanation in Schedulic O financial account in a foreign country (such as a bank account, securities account, or other financial account. b if "Yes," enter the name of the foreign country; INF see instructions for filing requirements for Form TD F 90/22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90/22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90/22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90/22.1, Report of Foreign Bank and Financial Accounts. See instructions for this requirements for Form TD F 90/22.1, Report of Foreign Bank and Financial Accounts. See instructions for this requirements for Form 10 F 90/22.1, Report of Foreign Bank and Financial Accounts. See instructions for this requirements for Form 10 F 90/22.1, Report of Foreign Bank and Financial Accounts. See instructions for this requirements for Form 10 F 90/22.1, Report of English and supply the tax year? See instructions for this requirement for Form 10 F 90/22.1, Report of English that any time during the tax year? See instructions for this requirement for Form 10 F 90/22.1, Report of English that are normally greater than \$100,000, and did the organization solid that are normally greater than \$100,000, and did the organization solid that are normally greater than \$100,000, and did the organization solid that are normally greater than \$100,000, and did the organization solid that are normally greater than \$100,000, and did the organization solid that are normally greater than \$100,000, and did the organization solid that are normally greater than \$100,000, and did the organization solid that are normally greater than \$100,000, and did the organization solid that are normally greater than \$100,000, and did the organization normally the excess \$1.55 made greater than \$1.00,000,					
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, or other financial account)? See instructions for filing requirements for Form TD F 90:22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90:22.1, Report of Foreign Bank and Financial Accounts. So Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a X to If "Yes," to line 5a or 5b, did the organization file Form 888617 5b Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gitts were not tax doductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d Did the organization receive a payment in excess of 55 made party as a contribution and party for goods and services provided to the payor? 7a X to If "Yes," inclicate the number of Forms 8282 filed during the year and party for goods and services provided to the payor? 7b Did the organization receive a payment in excess of 55 made party as a contribution and party for goods and services provided to the payor? 7a X to If "Yes," inclicate the number of Forms 8282 filed during the year 7b Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X To If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 77 X X If the organization received an contribution of qualified intellectual property, did the organizations. Did the supporting organization means any funds, directly or indirectly, on a personal benefit contract? 77 X X If the organization received a contribution of case, boats, singl	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
financial account in a foreign country (such as a bank account, securities account, or other financial accounts? b f "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelder transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelder transaction? 6b X 6c I" "Yes," to line 5a or 5b, did the organization filip Form 8886.7? 6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6e X 8e X 8e X 8e Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6e X 8e Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7e Organizations that may receive deductible contributions under section 170(c). 8e I" Yes, "did the organization notify the donor of the value of the goods or services provided to the payor? 7e Did the organization notify the donor of the value of the goods or services provided? 7e Did the organization receive apy funds, directly or indirectly, on a personal benefit contract? 7e X 9e Did the organization receive apy funds, directly or indirectly, on a personal benefit contract? 7e X 9e Did the organization received an contribution of qualified intellectual property, did the organization for 1094-07 and 1094-07 an	b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders					
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 22 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b 16 "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c 14a X]	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 3 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 4a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	а				
amounts due or received from them.) 2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 3 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X	b			ŀ	
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c Did the organization receive any payments for indoor tanning services during the tax year? 14a X			- 1		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 4a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 13a 13a 13b 13b 13c	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 4a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	3	Section 501(c)(29) qualified nonprofit health insurance issuers.		ļ	
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 4a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	а		13a		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand da Did the organization receive any payments for indoor tanning services during the tax year? 13b 13c 13c					
c Enter the amount of reserves on hand	b				
c Enter the amount of reserves on hand		organization is licensed to issue qualified health plans			
		Enter the amount of reserves on hand13c			
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			14a		X
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Illinois Bank Examiners' Education Form 990 (2010) Foundation 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. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year b Enter the number of voting members included in line 1a, above, who are independent 0 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? X 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7а Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? X Each committee with authority to act on behalf of the governing body? X d8 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Does the organization have local chapters, branches, or affiliates? 10a b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Х 12c Does the organization have a written whistleblower policy? Х 13 13 Does the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization Х 15b If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a Х b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. X. Another's website X Upon request Own website Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

Scott D. Clarke, Agent of Board - (217)785-1260

320 W Washington St, Springfield, IL

20

Form 990 (2010)

Foundation

37-1220866

Page 7

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

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

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

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

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

(A)	(B)	organization compensate (C)						(D)	(E)	(F)	
Name and Title	Average		Positio			ì		Reportable	Reportable	Estimated	
	hours per week		(check all the			that apply		compensation from	compensation from related	amount of other	
	(describe hours for related organizations	Individual trustee or director	Institutional trustee		loyee	Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensatior from the organization and related	
	in Schedule O)	individu	institutio	Officer	Key employee	Highest of employe	Former			organizations	
Manuel Flores											
Chairman	1.00	X						0.	0.	0	
Scott D Clarke											
Agent of Board	1.00			X				0.	0.	0	
					· .						
·										·	
		-									
						_					
											
			_								
							i				
									·		
		+		\dashv			+				
		_	\dashv	\dashv		\dashv	_				

	(A)	(B) Average				C)			(D)	(E)			(F)	
	Name and title	hours per week (describe hours for related organizations in Schedule	stee or director	neckingonal trustee	call	that		T	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amo of compe froi organ and	n the nizati relate	of tion e on ed
		O)	Individ	Institu	Officer	Key en	Highes	Former				organ	izatio	ons
				-							:			
					·	<u></u>					+		· · ·	
	.													
										-				
							Ų							
С	Sub-total Total from continuation sheets to Part V	II, Section A					*		0. 0.	().).			0
2	Total (add lines 1b and 1c) Total number of individuals (including but r compensation from the organization						e) wh	o re			<i>y</i> •			<u>. 0</u>
3	Did the organization list any former officer,	, director or trus	stee	, key	em/	ploy	/ee, •	or h	ighest compensated en	nplovee on		Y	es	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	such individual um of reportabl	 e cc	mpe	ensa	 ition	and	oth	ner compensation from	the organization		3	-	X
5	and related organizations greater than \$15 Did any person listed on line 1a receive or	accrue comper	ısati	on f	rom	any	unre	elate	ed organization or indivi	dual for services	-	4	-	Х
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors											5		X
1	Complete this table for your five highest countries the organization.	mpensated ind	lepe	nde	nt co	ontr	acto	rs th	nat received more than	\$100,000 of compe	ensat	ion fro	n	
·	(A) Name and business	address							(B) Description of s	ervices	Coi	(C) mpens	ation	l
			• • • • • • • • • • • • • • • • • • • •									 -		
	·							+				<u> </u>		
_								-		!				
2	Total number of independent contractors (i		ot lin	nited	l to 1			ted	above) who received m	ore than	•			
	\$100,000 in compensation from the organization	zation 🟲				0				<u>, </u>			0 (0	

37-1220866 Page 9

1					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Sα	1:	a Federated campaigns	1a			······································		1
E I		b Membership dues						
흔		c Fundraising events						
뚩미		d Related organizations						
niga Big	Ì	e Government grants (contribut						
S. S.	`	f All other contributions, gifts, gran						
돌힐	'	similar amounts not included abo	· 1 1					
듩		Noncash contributions included in lines	· · · · · · · · · · · · · · · · · · ·					
Contributions, gifts, grants and other similar amounts		n Total. Add lines 1a-1f						
_		Total Add lines 14-11		Business Code				
au I	2 8	a		Dusiness Code				
Š								
કું કુ								
ΕĒ								
Program Service Revenue	Ì	d			· ·			
Pr	`	All other program service reve	enue					
		Total. Add lines 2a-2f						
	3	Investment income (including						
	Ū	other similar amounts)			105,570.			105,570.
	4	Income from investment of ta						20373700
	5	Royalties						
	_	,	(i) Real	(ii) Personal				
	6 a	Gross Rents	, ,					
	i	Less: rental expenses						
		Rental income or (loss)		·				
		d Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
	_	assets other than inventory						
Į	ŀ	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
Ì		Net gain or (loss)		•				
<u>o</u>	8 8	Gross income from fundraising						
		including \$			İ			
Other Revenu		contributions reported on line	1c). See					
ہ ج		Part IV, line 18	•					
the	k	Less: direct expenses						
0		Net income or (loss) from fund						
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19	a					
	k	Less: direct expenses	b					
	c	Net income or (loss) from gam	ing activities					
1	10 a	Gross sales of inventory, less	returns					
		and allowances	a					
	k	Less: cost of goods sold	b					
L		Net income or (loss) from sale	s of inventory	>				
		Miscellaneous Revenu	ө	Business Code				
	11 a	l						
	b							
	C	· · · · · · · · · · · · · · · · · · ·						
		All other revenue						
		Total. Add lines 11a-11d			405			
	12	Total revenue. See instructions		▶ 1	105 570	n l	Λ	105 570

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must com	piete column (A) but are	not requirea to complet	e columns (B), (C), and (I	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		, 1-1-1-1		
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22			,	
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	i			
	persons described in section 4958(c)(3)(B)			· ·	
7	Other salaries and wages		·		
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	-			
11	Fees for services (non-employees):				
а					
b	1				
¢		725.		725.	
d					· · · · · · · · · · · · · · · · · · ·
e					
f					·
g				·	
12	Advertising and promotion				- · · · · · · · · · · · · · · · · · · ·
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	9,374.	9,374.		· · · · ·
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 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)				
а	Transfer to related org	4,200,000.	4,200,000.	· · · · · · · · · · · · · · · · · · ·	
	Penalty charges (early	6,449.		6,449.	 -
	5 5	45.	45.	7,2,3,1	
d		10.	10.		
e					•
	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	4,216,603.	4,209,429.	7,174.	0.
26	Joint costs. Check here ▶ ☐ if following SOP				
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Form 990 (2010)
Part X Balance Sheet

	ILA	Dalatice Steet		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	1.
	2	Savings and temporary cash investments		7,318,770.	2	3,222,694.
	3	Pledges and grants receivable, net		•	3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trust				
		employees, and highest compensated employees. Complete				
		of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under				
]	4958(f)(1)), persons described in section 4958(c)(3)(B), and c		•		
		employers and sponsoring organizations of section 501(c)(9)	•			
		employees' beneficiary organizations (see instructions)	- 1		6	
ets	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
4	9	Prepaid expenses and deferred charges			9	
	-	Land, buildings, and equipment: cost or other		• • • • • • • • • • • • • • • • • • • •		······································
		basis. Complete Part VI of Schedule D 10a				
	b	Less: accumulated depreciation 10b			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11		·	12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets				
	15	Other assets. See Part IV, line 11		23,638.	14	8,680.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		7,342,408.	_15 16	3,231,375.
	17	Accounts payable and accrued expenses		1,342,400	17	3,431,373.
	18	Grants payable			18	
	19	Deferred revenue			19	····
	20	Tax-exempt bond liabilities				<u> </u>
ro	21	Escrow or custodial account liability. Complete Part IV of Sch	rodulo D		20	
ŢĮ.	22	Payables to current and former officers, directors, trustees, k			21	
Liabilities		highest compensated employees, and disqualified persons.	Complete Part II			
		of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third part			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities. Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25	1	0.	26	0.
		Organizations that follow SFAS 117, check here	l and complete			
es Ses		lines 27 through 29, and lines 33 and 34.		C 207 107	Ì	0 006 464
lan	27	Unrestricted net assets		6,397,197.		2,286,164.
Ba	28	Temporarily restricted net assets		945,211.	28	945,211.
pur	29	Permanently restricted net assets			29	
r.		Organizations that do not follow SFAS 117, check here	► L and			
S O		complete lines 30 through 34.				
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds			30	
As	31	Paid in or capital surplus, or land, building, or equipment fund			31	<u> </u>
Ne l	32	Retained earnings, endowment, accumulated income, or other		7 240 400	32	2 224 2==
_	33	Total net assets or fund balances		7,342,408.	33	<u>3,231,375.</u>
	34	Total liabilities and net assets/fund balances		7,342,408.	34	<u>3,231,375.</u>

Form **990** (2010)

Illinois Bank Examiners' Education

Form 990 (2010) Foundation Part XI Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI Total revenue (must equal Part VIII, column (A), line 12) 1 105,570. Total expenses (must equal Part IX, column (A), line 25) 2 4,216,603. 2 Revenue less expenses. Subtract line 2 from line 1 <4,111,033. 3 3 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 7,342,408. 4 Other changes in net assets or fund balances (explain in Schedule O) 5 3,231,375. Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Yes No Accounting method used to prepare the Form 990: Cash X Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? 2a Were the organization's financial statements audited by an independent accountant? 2b c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

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.

Act and OMB Circular A-133?

Form 990 (2010)

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SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Illinois Bank Examiners' Education <u>Foundation</u>

Employer identification number

37-1220866

The (ist comple							
1	organ	ization is not :	a private foundation	because it is: (For lines	1 through	11, check	only one	oox.)					
		A church, co	nvention of churche	s, or association of chui	ches desc	ribed in s	ection 170	D(b)(1)(A)(i).				
2		A school des	scribed in section 17	70(b)(1)(A)(ii). (Attach Sc	hedule E.))					•		
3		A hospital or	a cooperative hosp	ital service organization	described	in section	170(b)(1	YA)(iii).					
4				operated in conjunction)(b)(1)(A)(i	ii). Enter ti	ne hospita	l's nan	ne.
		city, and stat		,		•	_		(- <i>K</i> - <i>K</i> - <i>K</i> - <i>K</i> -				,
5		-		benefit of a college or u	niversity o	wned or o	nerated b	v a govern	mental un	it describe	ed in		
-			(b)(1)(A)(iv). (Compl				, , , , ,	,	······································	00001100	. G. III		
6	Х			ient or governmental uni	it describe	d in eactic	n 170(h)/	4)(A)(A)					
7				eives a substantial part					or from the	annoral n	ublic dosc	oribad	in
•			(b)(1)(A)(vi). (Comple		or its supp	JOIL HOIH 6	governm	ontai unit t	n iioiii iiie	general p	ubiic desc	inveu	111
Ω				section 170(b)(1)(A)(vi).	(Complete	Dort II \			1				
0	Ħ								II-				
9	L			eives: (1) more than 33									
				nctions - subject to certa									
				axable income (less sec	ar i i e non	ix) from bu	Isinesses	acquirea b	y the orga	anization a	fter June 3	30, 197	/5.
40			509(a)(2). (Complete	•	_1.6	:		====					
10				perated exclusively to te								_	
11				perated exclusively for the									or
				ations described in secti				2). See se	ction 509(a)(3). Che	ck the box	that	
				organization and compl		_							
_				• •	Тур			~			Type III - (
e				nt the organization is not									ın
				han one or more publicl						9(a)(1) or s	ection 509	3(a)(2).	
f				ten determination from t		•		ıı, or Type)				
		supporting of	rganization, check tr										
		Cinaa August		nis box							••••••		. 🗀
g			t 17, 2006, has the o	organization accepted ar	ny gift or c	ontributior	n from any	of the foll	owing per				
9		(i) A perso	t 17, 2006, has the o n who directly or ind	organization accepted ar lirectly controls, either al	ny gift or co	ontributior ether with	n from any persons o	of the follo described	owing per: in (ii) ạnd (iii) below,		Yes	No
9		(i) A perso the gove	t 17, 2006, has the c n who directly or ind erning body of the s	organization accepted ar lirectly controls, either al upported organization?	ny gift or co one or tog	ontributior ether with	n from any persons o	of the follogescribed	owing per in (ii) ạnd (iii) below,	11g(i)		No
9		(i) A perso the gove (ii) A family	t 17, 2006, has the c n who directly or ind erning body of the s member of a persor	organization accepted ar directly controls, either al dipported organization? In described in (i) above?	ny gift or co	ontributior ether with	n from any persons o	of the follogescribed	owing per in (ii) ạnd (iii) below,	11g(ii)		No
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'n		(i) A perso the gove (ii) A family (iii) A 35% o	t 17, 2006, has the c n who directly or ind erning body of the si member of a persoi controlled entity of a	organization accepted ar directly controls, either al dipported organization? In described in (i) above?	ny gift or co one or tog	ontributior ether with 	n from any persons o	of the follogescribed	owing per in (ii) ạnd (iii) below,	11g(ii)		No
ħ		(i) A perso the gove (ii) A family (iii) A 35% of Provide the fo	t 17, 2006, has the c n who directly or ind erning body of the si member of a persoi controlled entity of a ollowing information	organization accepted an lirectly controls, either al upported organization? In described in (i) above? person described in (i) of about the supported organization.	one or tog	ontributior ether with	n from any persons o	of the follo	owing persin (ii) and (iii) below,	11g(ii)		No
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ħ		(i) A perso the gove (ii) A family (iii) A 35% of Provide the for	t 17, 2006, has the c n who directly or ind erning body of the si member of a persoi controlled entity of a ollowing information	organization accepted and irectly controls, either all upported organization? In described in (i) above? person described in (i) about the supported organization (described on lines 1-9 above or IRC section	one or tog or (ii) above ganization (iv) Is the coloning governing	ether with er (s). organization sted in your document?	(v) Did yo organizal	u notify the fion in col.	(vi) ls organizati (I) organizati (I) organiz	s the on in col. ed in the .?	11g(ii) 11g(iii) (vii) An	nount o	
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ħ		(i) A perso the gove (ii) A family (iii) A 35% of Provide the for	t 17, 2006, has the c n who directly or ind erning body of the si member of a persoi controlled entity of a ollowing information	organization accepted and irectly controls, either all upported organization? In described in (i) above? person described in (i) about the supported organization (described on lines 1-9 above or IRC section	one or tog or (ii) above ganization (iv) Is the coloning governing	ether with er (s). organization sted in your document?	(v) Did yo organizat	u notify the fion in col.	(vi) ls organizati (I) organizati (I) organiz	s the on in col. ed in the .?	11g(ii) 11g(iii) (vii) An	nount o	
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ħ		(i) A perso the gove (ii) A family (iii) A 35% of Provide the for	t 17, 2006, has the c n who directly or ind erning body of the si member of a persoi controlled entity of a ollowing information	organization accepted and irectly controls, either all upported organization? In described in (i) above? person described in (i) about the supported organization (described on lines 1-9 above or IRC section	one or tog or (ii) above ganization (iv) Is the coloning governing	ether with er (s). organization sted in your document?	(v) Did yo organizat	u notify the fion in col.	(vi) ls organizati (I) organizati (I) organiz	s the on in col. ed in the .?	11g(ii) 11g(iii) (vii) An	nount o	
ħ		(i) A perso the gove (ii) A family (iii) A 35% of Provide the for	t 17, 2006, has the c n who directly or ind erning body of the si member of a persoi controlled entity of a ollowing information	organization accepted and irectly controls, either all upported organization? In described in (i) above? person described in (i) about the supported organization (described on lines 1-9 above or IRC section	one or tog or (ii) above ganization (iv) Is the coloning governing	ether with er (s). organization sted in your document?	(v) Did yo organizat	u notify the fion in col.	(vi) ls organizati (I) organizati (I) organiz	s the on in col. ed in the .?	11g(ii) 11g(iii) (vii) An	nount o	
ħ		(i) A perso the gove (ii) A family (iii) A 35% of Provide the for	t 17, 2006, has the c n who directly or ind erning body of the si member of a persoi controlled entity of a ollowing information	organization accepted an ilrectly controls, either all upported organization? In described in (i) above? person described in (i) about the supported organization (described on lines 1-9 above or IRC section (see instructions))	one or tog or (ii) above ganization (iv) Is the coloning governing	ether with er (s). organization sted in your document?	(v) Did yo organizat	u notify the fion in col.	(vi) ls organizati (I) organizati (I) organiz	s the on in col. ed in the .?	11g(ii) 11g(iii) (vii) An	nount o	
ħ		(i) A perso the gove (ii) A family (iii) A 35% of Provide the for	t 17, 2006, has the c n who directly or ind erning body of the si member of a persoi controlled entity of a ollowing information	organization accepted an ilrectly controls, either all upported organization? In described in (i) above? person described in (i) about the supported organization (described on lines 1-9 above or IRC section (see instructions))	one or tog or (ii) above ganization (iv) Is the coloning governing	ether with er (s). organization sted in your document?	(v) Did yo organizat	u notify the fion in col.	(vi) ls organizati (I) organizati (I) organiz	s the on in col. ed in the .?	11g(ii) 11g(iii) (vii) An	nount o	
ħ		(i) A perso the gove (ii) A family (iii) A 35% of Provide the formula of supported	t 17, 2006, has the on who directly or inderning body of the simember of a person controlled entity of a collowing information	organization accepted an ilrectly controls, either all upported organization? In described in (i) above? person described in (i) about the supported organization (described on lines 1-9 above or IRC section (see instructions))	one or tog or (ii) above ganization (iv) Is the coloning governing	ether with er (s). organization sted in your document?	(v) Did yo organizat	u notify the fion in col.	(vi) ls organizati (I) organizati (I) organiz	s the on in col. ed in the .?	11g(ii) 11g(iii) (vii) An	nount o	
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ħ		(i) A perso the gove (ii) A family (iii) A 35% of Provide the formula of supported	t 17, 2006, has the on who directly or inderning body of the simember of a person controlled entity of a collowing information	organization accepted an ilrectly controls, either all upported organization? In described in (i) above? person described in (i) about the supported organization (described on lines 1-9 above or IRC section (see instructions))	one or tog or (ii) above ganization (iv) Is the coloning governing	ether with er (s). organization sted in your document?	(v) Did yo organizat	u notify the fion in col.	(vi) ls organizati (I) organizati (I) organiz	s the on in col. ed in the .?	11g(ii) 11g(iii) (vii) An	nount o	

Schedule A (Form 990 or 990-EZ) 2010

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 organizatio
fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support	-1				7-1	·· #
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and			(5)-55	(4) = 00	(6) 2010	(i) rotai
	membership fees received. (Do not]				
	include any "unusual grants.")		ł				
2	Tax revenues levied for the organ-	-		-			
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge			ļ			
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
_	by each person (other than a						
	governmental unit or publicly					i	
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support	7	!	J	1	<u> </u>	····
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 4			. (3/	(4)	(5)0.0	(i) Total
	Gross income from interest,						· · · · · · · · · · · · · · · · · · ·
	dividends, payments received on	· j					
	securities loans, rents, royalties		i				
	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			Ü	77.1		
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's					···
	organization, check this box and stop	here	,		-		
Sec	ction C. Computation of Publi	c Support Pe	rcentage		, ,=	· · · •	***
	Public support percentage for 2010 (li					14	%
15	Public support percentage from 2009	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2010. If the or	ganization did not	check the box or	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies a	as a publicly supp	orted organization				
b	33 1/3% support test - 2009. If the or	ganization did not	check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization quali	fies as a publicly s	supported organiz	ation	***************************************	***************************************	
17a	10% -facts-and-circumstances test	- 2010. If the orga	ınization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the "fact	ts-and-circumstan	ces" test, check ti	nis box and stop h	ere. Explain in Par	t IV how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	l organization	***************************************	▶□
þ	10% -facts-and-circumstances test	- 2009.If the orga	ınization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets th						•
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see instructions	<u> </u>
					Scho	dule A (Form 990	or 990-E7\ 2010

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		***				·
Cal	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and			(4) =	(u) = 000	(0) 2010	(I) Total
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,			· -	 		
_	merchandise sold or services per-					1	
	formed, or facilities furnished in		1				
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
3	are not an unrelated trade or bus-					Ī	
	iness under section 513						

4						1	
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to		1				
	the organization without charge						
	Total. Add lines 1 through 5		<u> </u>				
78	a Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						·
c	: Add lines 7a and 7b			·		·····	
	Public support (Subtract line 7c from line 6.)					, ,	
Sec	ction B. Total Support				<u> </u>	l	<u></u>
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(=) 0010	/0.T-4-1
	Amounts from line 6	(4) 2000	(6) 2001	(0) 2000	(a) 2009	(e) 2010	(f) Total
	Gross income from interest,					 -	
	dividends, payments received on				j		
	securities loans, rents, royalties and income from similar sources						
h	Unrelated business taxable income						
.,	(less section 511 taxes) from businesses						
_	***************************************				<u></u>		
11	Add lines 10a and 10b Net income from unrelated business						
••	activities not included in line 10b,						
	whether or not the business is						
10	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV.)						
	Total support (Add lines 9, 10c, 11, and 12.)				<u></u>		
14	First five years. If the Form 990 is for t	he organization's	first, second, third	i, fourth, or fifth ta	x year as a section	n 501(c)(3) orga	anization,
	check this box and stop here						>
	tion C. Computation of Public						
15	Public support percentage for 2010 (lin	e 8, column (f) di	vided by line 13, co	olumn (f))		15	%
16	Public support percentage from 2009 S	Schedule A, Part	III, line 15	<u></u>		16	%
	tion D. Computation of Invest						
17	Investment income percentage for 201	0 (line 10c, colum	nn (f) divided by line	e 13, column (f))		17	%
18	Investment income percentage from 20	009 Schedule A, F	Part III, line 17			18	%
19a	33 1/3% support tests - 2010. If the o	rganization did n	ot check the box o	n line 14, and line	15 is more than 33		ne 17 is not
	more than 33 1/3%, check this box and	stop here. The	organization qualif	ies as a publicly s	upported organiza	tion	▶
b	33 1/3% support tests - 2009. If the o	rganization did n	ot check a box on	line 14 or line 19a.	and line 16 is mor	re than 33 1/39	
	line 18 is not more than 33 1/3%, check	k this box and st	op here. The organ	nization qualifies a	s a publicly suppo	rted organizati	ion
20	Private foundation. If the organization	did not check a t	oox on line 14, 19a	, or 19b, check thi	is box and see inst	ructions	
				,			

Employer identification number Liquidation, Termination, Dissolution, or Significant Disposition of Assets ► Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36. Attach certified copies of any articles of dissolution, resolutions, or plans. ▶ Attach to Form 990 or 990-EZ. Education Illinois Bank Examiners' Foundation Name of the organization (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service SCHEDULEN

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OMB	2

Open to Public Inspection

Ŷ (g) IRC section of recipient(s) (if tax-exempt) or type of entity Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional Yes 37-1220866 (f) Name and address of recipient (e) EIN of recipient (d) Method of determining FMV for asset(s) distributed or transaction expenses (c) Fair market value of asset(s) distributed or amount of transaction expenses (b) Date of distribution (a) Description of asset(s) distributed or transaction expenses paid space is needed. Parti

any officer, director, trustee, or key employee of the organization:	
ee of the	
ey employ	
e, or k	
truste	
director,	
officer,	
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Did or wi	1
Α.	

Become a director or trustee of a successor or transferee organization?

Become an employee of, or independent contractor for, a successor or transferee organization?

Become a direct or indirect owner of a successor or transferee organization?

Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution? e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III.

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

Schedule N (Form 990 or 990-EZ) (2010)

8 20

Schedule N (Form 990 or 990-EZ) (2010) Foundation

State of Illinoi State of Illinoi ŝ tate of Illinoi ŝ tax-exempt) or type (g) IRC section of Department of Part II | Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Department of Yes recipient(s) (if of entity Department 6a 9 4 6 Ŋ ო Ilinois Department of Profess Illinois Department of Profess Illinois Department of Profess (f) Name and address of recipient Springfield, IL 62786 Springfield, IL 62786 Springfield, IL 62786 20 W Washington 20 W Washington 20 W Washington Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate? (e) EIN of recipient b Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws? 20-1568257 20-1568257 20-1568257 Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B) should equal -0. Did the organization have any tax-exempt bonds outstanding during the year? If "Yes," describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III (d) Method of determining FMV for asset(s) distributed or transaction expenses 1,100,000, Cash 500,000, Cash 600,000, Cash (c) Fair market value of asset(s) distributed or amount of transaction Did the organization discharge or pay all liabilities in accordance with state laws? Form 990-EZ, line 36. Part II can be duplicated if additional space is needed. expenses (b) Date of distribution Liquidation, Termination, or Dissolution (continued) 01/10/10 18/23/10 10/21/10 If "Yes," did the organization provide such notice? Cash was transferred to Illinois Cash was transferred to Illinois Cash was transferred to Illinois (a) Description of asset(s) distributed or transaction Department of Financial and Department of Financial and Department of Financial and Professional Regulation. Professional Regulation. expenses paid Professional Regulation. Part 69 Ω ις

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Become an employee of, or independent contractor for, a successor or transferee organization? a Become a director or trustee of a successor or transferee organization?

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Become a direct or indirect owner of a successor or transferee organization? O

Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?

If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III.

SCHEDULE O

Internal Revenue Service

(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.

2010
Open to Public Inspection

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 9900 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.

(g) Section 512(b)(13) controlled 2010 Open to Public Employer identification number Š OMB No. 1545-0047 × Inspection entity? Direct controlling Yes 37-1220866 entity 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.) Direct controlling entity End-of-year assets e status (if section Public charity 501(c)(3)) ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Total income Related Organizations and Unrelated Partnerships Exempt Code (b)(1)(A)(v) section ▼ See separate instructions. 170 Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or Legal domicile (state or foreign country) foreign country) Illinois Examiners' Education Attach to Form 990. Primary activity Government regulator Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. Illinois Bank Professional Regulation - 20-1568257, 320 W Foundation 62786 Illinois Department of Financial and Name, address, and EIN Name, address, and EIN of related organization of disregarded entity Washington St, Springfield, IL Name of the organization Department of the Treasury Internal Revenue Service SCHEDULER (Form 990) Part Part

Schedule R (Form 990) 2010

Illinois Bank Examiners' Education

Foundation Schedule R (Form 990) 2010

37-1220866 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

(a) Name, address, and EIN	(b) Primary activity	(5) Jages	(d) Direct controlling	(e) Predominant incol	(f)	(g) Share of	(h)	(i) Code V-I IBI	(j)	(k)
of related organization		domicile (state or foreign country)		(related, unrelated, excluded from tax under sections 512-514)		end-of-year assets	ate allocations?	amount in box 20 of Schedule K-1 (Form 1065)	managing partner?	managing ownership
		-								
		-								
		•								
Part IV Identification of Related Organizations Taxable as a Corporation	anizations Taxable as	a Corpo	ration or Trust (Con	nplete if the organ	or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related	s" to Form 990, Par	rt IV, line 34	because it had o	ne or mor	e related
(6)		ule tax y				,				
(a) Name, address, and EIN of related organization	Z -		(b) Primary activity	ty Legal domicile (state or foreign country)	cie Direct controlling entity	(e) Type of entity (C corp., S corp., or trust)	(f) Share of total income	(g) total Share of ne end-of-year assets		(h) Percentage ownership
					į		ļ			
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					i					
								-		
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Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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Note Complete line 1 if and a districtive is listed in Date II III as IV at the said of					-
During the tax year, did the organization engage in any of the following transaction	ns with one or more r	lle. Itansactions with one or more related organizations listed in Barts ILN/2	is Date ILM?	_	Yes
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				"	×
 b Gift, grant, or capital contribution to other organization(s) 				9	×
c Gift, grant, or capital contribution from other organization(s)				_	-
d Loans or loan guarantees to or for other organization(s)				2	×
e Loans or loan guarantees by other organization(s)				<u>.</u>	×
f Sale of assets to other organization(s)				#	×
g Purchase of assets from other organization(s)				19	×
h Exchange of assets				ŧ	×
i Lease of facilities, equipment, or other assets to other organization(s)				i=	×
j Lease of facilities, equipment, or other assets from other organization(s)				F	×
ਠ	nization(s)			¥	×
l Performance of services or membership or fundraising solicitations by other organization(s)	nization(s)			=	X
				ᄩ	×
n Sharing of paid employees				ŧ	×
o Reimbursement paid to other organization for expenses				9	×
p Reimbursement paid by other organization for expenses				1p	×
				10	×
Other transfer of cash or property from other organization(s)				Щ	×
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.	who must complete the	is line, including covered	relationships and transaction thresholds.		
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved		
Illinois Department of Financial and (1) professional Regulation	Д	4,200,000.Transfer	Transfer		3
(3)					
(4)					
(5)					
(9)					
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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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes No	(e) Share of end-of- year assets	(f) Dispropertionate allocations?	(g) Code V-UBI amount in Dox 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes No
	·						
						Schedule R (Form 990) 2010	990) 2010

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