			EXTENSION GRANTED TO 05/15/		
	Ω	00	Return of Organization Exempt From	n Income Tax	OMB No. 1545-0047
For	пy	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (2 018
		of the Treasury	Do not enter social security numbers on this form as it may		Open to Public
-		nue Service	► Go to www.irs.gov/Form990 for instructions and the lat		Inspection
				JUN 30, 2019	
Ba	heck if	le: C Name of	organization	D Employer identifica	tion number
	Addre	ess mitte			
	_chang Name		DUPAGE COMMUNITY FOUNDATION Usiness as DUPAGE FOUNDATION		70722
	_ chang Initial				10133
	_return Final	3000	and street (or P.0. box if mail is not delivered to street address) Room/s 310		65-5570
	⊥return termii ated		own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	27,494,547.
	Amen	ded DOTAT	ERS GROVE, IL $60515-5408$	H(a) Is this a group retu	
			nd address of principal officer: DAVID MCGOWAN	for subordinates?	
	pendi		AS C ABOVE	H(b) Are all subordinates inclu	····· = =
11	Tax-ex	empt status:	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or		st. (see instructions)
			DUPAGEFOUNDATION.ORG	H(c) Group exemption	
			X Corporation Trust Association Other ► L	rear of formation: 1986 M	State of legal domicile: ${\tt IL}$
Pa	art I	Summary			
Ð	1		e the organization's mission or most significant activities: TO FOSTE		, CONNECT
anc			TO AREA NEEDS, AND BUILD COMMUNITY PAR		
Activities & Governance	2		x if the organization discontinued its operations or disposed of m	1 1	
õč	3				<u> 19</u> 19
ه ه	4		lependent voting members of the governing body (Part VI, line 1b)		19
ties	5		of individuals employed in calendar year 2018 (Part V, line 2a)		120
tivit	6		of volunteers (estimate if necessary)		0.
Ac			business taxable income from Form 990-T, line 38		0.
		Net unrelated		Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)	5,920,176.	6,988,869.
nue	9		ce revenue (Part VIII, line 2g)	0.	0.
Revenue	10	•	come (Part VIII, column (A), lines 3, 4, and 7d)	4,862,458.	3,034,817.
č	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	153,672.	111,709.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,936,306.	10,135,395.
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)	4,819,615.	6,756,791.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)	0.	0.
es	15		compensation, employee benefits (Part IX, column (A), lines 5-10)	922,889.	985,728.
ens	16a		undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) \blacktriangleright 415,188.	0.	0.
Expenses	b			000 000	1 0 2 7 6 1 0
			es (Part IX, column (A), lines 11a-11d, 11f-24e)	922,982.	1,037,619.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,665,486. 4,270,820.	8,780,138. 1,355,257.
28	19	nevenue less	expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year
ance	20	Total assets (F	Part X, line 16)	94,927,711.	98,928,275.
ASSE	21		(Part X, line 26)	16,437,010.	18,335,138.
Net Assets or	22		fund balances. Subtract line 21 from line 20	78,490,701.	80,593,137.
	art II	Signature			
Und	er pena	alties of perjury,	I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of my k	nowledge and belief, it is
			Declaration of preparer (other than officer) is based on all information of which prep		

Sign Signature of officer Date Here DAVID MCGOWAN, PRESIDENT & CEO								
Here DAVID MCGOWAN, PRESIDENT & CEO								
Type or print name and title								
Print/Type preparer's name Preparer's signature Date Check PTIN								
Paid KIMBERLY A. HAUMANN KIMBERLY A. HAUMANN 12/17/19 self-employed P005	46491							
Preparer Firm's name PLANTE & MORAN, PLLC Firm's EIN 38-13	57951							
Use Only Firm's address 🕨 10 S. RIVERSIDE PLAZA, 9TH FLOOR								
CHICAGO, IL 60606 Phone no. (312) 20	7-1040							
May the IRS discuss this return with the preparer shown above? (see instructions)								

832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2018) THE DUPAGE COMMUNITY FOUNDATION 36-3978733 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: VISION – THE DUPAGE COMMUNITY FOUNDATION SEEKS TO RAISE THE QUALITY OF
	LIFE THROUGHOUT DUPAGE COUNTY. MISSION - TO FOSTER PHILANTHROPY,
	CONNECT DONORS TO AREA NEEDS AND BUILD COMMUNITY PARTNERSHIPS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
-	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?
4	If "Yes," describe these changes on Schedule O. 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	(Code:) (Expenses \$ 6,756,791. including grants of \$ 6,756,791. (Revenue \$ 165,883.)
	TO MAKE CHARITABLE GRANTS AND PROVIDE ASSISTANCE TO NOT-FOR-PROFIT
	ORGANIZATIONS PRIMARILY FOR THE BENEFIT OF THOSE LIVING IN DUPAGE
	COUNTY AND TO CONNECT DONORS TO ORGANIZATIONS. SPECIAL AREAS OF FOCUS
	INCLUDE EARLY CHILDHOOD EDUCATION AND ARTS.
	1 100 (80
4b	(Code:) (Expenses \$ 1,183,678. including grants of \$) (Revenue \$) (Revenue \$)
	SERVE AS A SOURCE OF INFORMATION ABOUT THE NEEDS OF DUPAGE COUNTY.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
10	
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 7,940,469.
	Form 990 (2018)
832002	2 12-31-18 2

10051217 147228 107808

Form 990 (FOUNDATION
Part IV	Checklist of R	equire	d Schedule	es	

endowments, or quasi-endowments? // *Yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is 'Yes," then complete Schedule D, Parts VI, VIII, VIII, VII, VIII, VII, VIII, VII, VIII, VII, VIII, X, or X as applicable. 11a X a) Did the organization report an amount for land, buildings, and equipment in Part X, line 10? /// *Yes," complete Schedule D, Part VI 11a X b) Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? /// *Yes," complete Schedule D, Part VII 11b X c) 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? // *Yes," complete Schedule D, Part VII 11d X d) Did the organization report an amount for other assets in Part X, line 25? // *Yes," complete Schedule D, Part X 11e X f) Did the organization report an amount for other liabilities in Part X, line 25? // *Yes," complete Schedule D, Part X 11e X 12a Did the organization obtain separate, independent audited financial statements for the tax year? 11f X 12b Was the organization associated, independent audited financial statements for the tax year? 12a X 13 Is the organization associated in section 170(b)(1)(A)(ii)? // *Yes," complete Schedule D, Part X ino				Yes	No
2 b the organization engage in direct or indirect parking an activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 X 3 Did the organization engage in direct or indirect parking in lobbying activities, or have a section 501(h) election in effect direct or indirect parking in lobbying activities, or have a section 501(h) election in effect direct or indirect parking in lobbying activities, or have a section 501(h) election in effect direct or indirect parking in lobbying activities, or have a section 501(h) election in effect direct or indirect direct d	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Old the organization engage in direct or indirect patical campaign activities on bahalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 X 4 Section 501(k) organizations. Did the organization engage in lobbying activities, or have a section 501(k) glocitication antimation activities (SIG(k), SIG(K)), SIG(K), SIG(K)), SIG(K), SIG(
public office? If "Yes," complete Schedule Q, Part I 3 X Section 501(K) organization. Did the organization engage in lobbying activities, or have a section 501(K) election in effect during the tax yea? If "Yes," complete Schedule Q, Part II 4 X 5 Is the organization a section 501(K) 401(K) 501 (K) (K) 751(K) (K) 771(K), "complete Schedule Q, Part II 5 X 6 Did the organization matinia any doora advised funds or any amiliar funds or accounts for which doors have the right to provide advise, introduce and amounts in auch funds or accounts for Which doors have the right to provide advise, introduce and amounts in auch funds or accounts for Which doors have the right to the environment, hintoric lund anax, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization measure in and funds account full full account fullify, serve as a custodia for amounts not lead in Part X, ine 21, for ascrow or custodial account fullify, serve as a custodia for amounts not lead in Part X, ine 21, for ascrow or custodial account fullify, serve as a custodia for a policity organization, directly rough a related organization, hold assets in temporarily restricted endowments, permanent endowments? If Yes, 'complete Schedule D, Part V 10 X 11 If the organization report an amount for investments - other securities in Part X, line 12 first S% or more of its total assets report an amount for investments - other securities in Part X, line 12 first S% or more of its total assets report an amount for investments. Part X //// IN Yes, 'complete Schedule D, Part X 111 </td <td></td> <td></td> <td>2</td> <td><u> </u></td> <td></td>			2	<u> </u>	
 Section 501(k)3 organizations. Did the organization engage in lobbying activities, or have a section 501(k) election in effect during the tax year? // 'Yes,' complete Schedule C, Part II Is the organization a section 501(k)4), 501(k)50, or 501(k)50, or	3				37
dumg the tax year/(if Yiss,' complete Schedule C, Part II 4 X 5 is the organization a section S(16)(4), 501(6)(3) (501(6)) (501(6)) (501(6)) (501(6)) 5<	_		3		X
5 Is the organization accision 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives members bulp dues, assessments, or similar amounts as defined in Revenue Procedure 89-197 (#*Yes,* complete Schedule C, Part II 5 X D Did the organization maintan any donor advised funds or any similar tinds of accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? (#*Yes,* complete Schedule D, Part II 6 X 7 X B Did the organization maintan any donor advised funds or any similar tinds of accounts? (#*Yes,* complete Schedule D, Part II 7 X B Did the organization maintan collections of works of art, historical treasures, or other similar assets? (#*Yes,* complete Schedule D, Part II 8 X D Did the organization amount in Part X, line 21, for secree or custodial account liability, serve as a custodian services? 8 X D Did the organization services? If Wes,* complete Schedule D, Part V 10 X D Did the organization maints? If Yes,* complete Schedule D, Part V 10 X D Did the organization maints and anount for investments - other securities in Part X, line 127 if Yes,* complete Schedule D, Part V 11a X D Did the organization report an amount for investments - other securities in Part X, line 127 if Yes,* complete Schedule D, Part V 11a X	4				77
similar amounts as defined in Review Procedure 99:199 # Yes," complete Schedule C, Part II 5 X 0 Did the organization maintain any doore advised funds or any similar funds or accounts? If 'Yes," complete Schedule D, Part II 6 X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes," complete Schedule D, Part II 6 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes," complete Schedule D, Part II 8 8 X 9 Did the organization report an amount in Part X, line 21, for serow or custodial account liability, serve as a custodin for amounts not listed in Part X or provide credit counseling, dett management, credit repart, or deth negotiation services? 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes," complete Schedule D, Part V 11a X 12 Did the organization report an amount for land, buildings, and equipment 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 V 11a X 13 Did the organization report an amount for hirvestments - program related in Part X, line 15? If 'Yes," complete Schedule D, Part V 11e X	_		4		A
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part II Ø X Ø X Ø Ø X Ø Ø Ø Ø X Ø X Ø Ø Ø Ø Ø Ø Ø Ø Ø Ø Ø Ø Ø Ø Ø Ø X Ø X Ø X Ø X Ø X Ø X Ø X Ø X Ø X Ø X Ø X Ø	5		_		v
provide advice on the distribution or investment of amounts in such funds or account? If "Yes," complete Schedule D, Part I 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization 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 8 X 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-indownents? If 'Yes,' complete Schedule D, Part V. 10 X 11 If the organization report an amount for investments - other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part VI. 11a X 12 Did the organization report an amount for investments - organized framoid statements - program related 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 YII. 11a X 13 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 X 11a X 14 <td></td> <td></td> <td>5</td> <td></td> <td></td>			5		
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B Did the organization maintain collections of works of art, historical treasures, or other similar assets? // 'Yes,' complete Schedule D, Part II B X Did the organization report an amount in Part X, line 21, for escrew 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? 9 X Did the organization // answer to any of the following questions is "Yes," then complete Schedule D, Part V 10 X Did the organization report an amount for ind, buildings, and equipment in Part X, line 127 // "Yes," complete Schedule D, Part V 11 X Did the organization report an amount for ind, buildings, and equipment in Part X, line 127 // "Yes," complete Schedule D, Part V 11 X Did the organization report an amount for indext services of the schedule D. Part VI 11 X Did the organization report an amount for investments - porgam related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 // "Yes," complete Schedule D, Part X 116 X Did the organization report an amount for other assets in Part X, line 257 // "Yes," complete Schedule D, Part X 116 X Did the organization solution uder FIN 48 (SC 7407) // "Yes," complete Schedule D, Part X 114 X Did the organization is folly for yes, "complete Schedule D, Part X 114 X	7				77
Schedule D, Part III 8 X 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? 9 X 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 9 X 10 Did the organization report an amount for lawstemate - other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part V 10 X 111 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 VI 111 X 112 Did the organization report an amount for investments - other securities 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 VI 111 X 113 X Intel the organization report an amount for investments or the tax year include a footnote that advesses the organization included in ancial statements for the tax year? 111 X 114 X Intel the organization as all or dub in 120, then completing Schedule D, Part X and XI in Stolaneses 111 X 114 X <t< td=""><td>_</td><td></td><td>7</td><td></td><td>X</td></t<>	_		7		X
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? 9 X 10 Ub the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments? If "yes," complete Schedule D, Part W 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "yes," complete Schedule D, Part W 10 X 12 Did the organization report an amount for linest, thereas 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 W 11 X 13 Did the organization report an amount for investments - orber securities 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 W 11 X 14 X Via the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11 X 11 X Via the organization sobian soder Fill A (AG C 7047)? "Wes," complete Schedule D, Part X 11 X 12 Did the organization included in consolidated, independent audited financial statements for the tax year? 11 X 14 Did the organization anitat	8				37
amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? y X If "Yes," complete Schedule D, Part IV 9 X 10 Did the organization, directly or through a related organization, hold assets in temporanly restricted endowments, permanent endowments, or quasi-endowments or the following questions is "Yes," then complete Schedule D, Part V 10 X 11 If the organization, directly or through a related organization, should assets in temporanly restricted endowments, permanent or any of the following questions is "Yes," then complete Schedule D, Part V 10 X 12 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 11e X 13 Did the organization report an amount for investments - other securities 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 VII 11e X 14 Did the organization report an amount for investments - other assets 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 VII 11e X 15 Did the organization report an amount for investments - other assets 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 X 11e X 16 Did the organization neareate or consolidated financial sta			8		X
# 'Yes, 'complete Schedule D, Part IV 9 X 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's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, VII, VX, or X as applicable. 10 X a Did the organization report an amount for investments - other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 11a X b 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 VI 11c X c 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 X 11c X d Did the organization report an amount for other assets in Part X, line 25? If 'Yes,' complete Schedule D, Part X 11d X d Did the organization's separate or consolidated financial statements for the tax year? If 'Yes,' complete Schedule D, Part X 11f X 12b Did the organization included in consolidated, independent audited financial statements for the tax year? 11f X 12a X 11d X 11d X 11d	9				
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 VI 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI 11 X 2 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 X 2 Did the organization report an amount for investments - other securifies 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 VII 116 X 2 Did the organization report an amount for investments - other assets 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 VII 116 X 4 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 114 X 5 Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization separate or consolidated, independent audited financial statements for the tax year? 114 X 12a X and XI Did the organization negurate an onfice, employees, or agents outpet Schedule D, Part X 114 X 13 Is the organizati		amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
endowments, or quasi-endowments? # "Yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, X, or X as applicable. a) Did the organization report an amount for land, buildings, and equipment in Part X, line 10? # "Yes," complete Schedule D, Part VI 11a X b) Did the organization report an amount for investments - other securities in Part X, line 12? that is 5% or more of its total assets reported in Part X, line 16? # "Yes," complete Schedule D, Part VI 11b X c) 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? # "Yes," complete Schedule D, Part VI 11d X d) Did the organization report an amount for other labilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? # "Yes," complete Schedule D, Part X 11d X e) Did the organization report an amount for other labilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? # "Yes," complete Schedule D, Part X 11e X 12a Did the organization is parate, independent audited financial statements for the tax year? 11f X 12a Did the organization included in consolidated, independent audited financial statements for the tax year? 11d X 13 If the organization neicude in co			9		<u> </u>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X as applicable. 11 Image: Complete Schedule D, Parts VI a Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X 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 XIII 11d X d Did the organization report an amount for other assistin 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 XIIII 11d X e Did the organization report an amount for other assistin part X, line 25? If "Yes," complete Schedule D, Part X 11d X 11 Did the organization separate or consolidated financial statements for the tax year? Include a footnote that addresses the organization asparate, independent audited financial statements for the tax year? 11f "Yes," complete Schedule D, Part X 11d X 12 Did the organization aschool described in section 170(b/(1)/(V)/(1) "f "Yes," complete Schedule D, Part X X and XIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	10				
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15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 18 X 19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 19 X 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule H</i> 19 X 20a X 20a X					
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 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> 	15				
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19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization operate on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	18				
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21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 21	20a				<u> X </u>
domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II			20b		
	21				

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes." complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disgualified persons? 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			
	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			
	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		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
с	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	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 13			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Form 990 (2018)				FOUNDATION	
Part V Statements	Regardi	ing Other I	RS Filings and	Tax Compliance	(continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	16			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns? .		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions	s)				
				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		-			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccou	nt)?	4a		Х
b	If "Yes," enter the name of the foreign country:					
F -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac			5.		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		l l l l l l l l l l l l l l l l l l l	50 50		<u>_</u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			50		
Ua				6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contribution			Ju		
~	were not tax deductible?		-	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices	provided to the payor?	7a	Х	
				7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired			
	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	xt?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	399 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fi	le a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	e			77
_				8		Х
9	Sponsoring organizations maintaining donor advised funds.			-		v
a				9a		X X
				9b		~
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a	1			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a				
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
	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		,			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				37
				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			45		х
	excess parachute payment(s) during the year?			15		Δ
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment	inco	me?	16		х
16	If "Yes," complete Form 4720, Schedule O.		ne?	16		23

Form **990** (2018)

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Form 990	(2018)
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THE DUPAGE COMMUNITY 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.

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

4.		4 -	19		Yes	No
а	Enter the number of voting members of the governing body at the end of the tax year	1a				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
h	Enter the number of voting members included in line 1a, above, who are independent	1b	19			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					
2				0		Х
2	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the			2		- ^
3				~		x
	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 9	-		4 5		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass					X
6	Did the organization have members or stockholders?			6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	-		_		v
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					v
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				37	
а	The governing body?			8a	X	
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 read					
	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 Re	venue Code.)				
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	• •				
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots			10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ before filing th	e form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," describe				
	in Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	l by independer	ıt			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
	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 arrangen	nent with a				
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
	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 $ ightarrow IL$					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, an	d 990-T (Section	n 501(c)(3)s	onlv) a	availat	ble
	for public inspection. Indicate how you made these available. Check all that apply.			,,,		
		in Schedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	,	onlicy and	financi	al	
	statements available to the public during the tax year.		sonoy, and		a	
20	State the name, address, and telephone number of the person who possesses the organization's boo	ke and records				
20	DAVID MCGOWAN, PRESIDENT & CEO - 630-665-5570	ins and records				
		50515-540	18			
	JUUN MOODCREER DRIVE, NO. JIN, DOMNERS GROVE, ID 0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.0			(201

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

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

(D)

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 (Ď), (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.

()

(D)

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do	not cł		ition		ne	Reportable	Reportable	Estimated
	hours per	box,	, unles cer an	s per	son is	s both	an	compensation	compensation	amount of
	week			uau	liecto	17 ii us	.ee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for	e or di	ee			sated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		ee	npens		(W-2/1099-MISC)		organization and related
	below	ual tr	tional		yo lq r	st con vee	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MS. DENICE GIERACH	1.00	_		0	×	1 a	ш			
TRUSTEE, CHAIR		Х		Х				0.	Ο.	0.
(2) MR. ERNEST MROZEK	1.00									
TRUSTEE, VICE CHAIR		Х		Х				0.	0.	0.
(3) MR. NATHANIEL WASSON	1.00									
TRUSTEE, SECRETARY		Х		Х				0.	0.	0.
(4) MR. JOSEPH WEIDENBACH	1.00									
TRUSTEE, TREASURER		Х		Х				0.	0.	0.
(5) MR. WILLIAM BLUM	1.00									
TRUSTEE		Х						0.	0.	0.
(6) MS. BETSY BROSNAN	1.00									
TRUSTEE		Х						0.	0.	0.
(7) MR. LAMOUNTE COLEMAN (PART YEAR	1.00									_
TRUSTEE		Х						0.	0.	0.
(8) MR. WILLIAM GIFFIN	1.00									-
TRUSTEE		Х						0.	0.	0.
(9) MS. DENISE HORNE	1.00									
TRUSTEE		Х						0.	0.	0.
(10) MR. CHRISTOPHER JANC	1.00									•
TRUSTEE	1 00	х						0.	0.	0.
(11) MR. JOHN KAISER	1.00								•	•
TRUSTEE	1 00	X						0.	0.	0.
(12) MR. WILLIAM KENNEDY	1.00								0	0
TRUSTEE	1 0 0	Х						0.	0.	0.
(13) MS. MARY KAY KLUGE TRUSTEE	1.00	x						0.	0.	0
(14) MS. DELROSE KOCH	1.00	Δ						0.	0.	0.
TRUSTEE	1.00	х						0.	0.	0.
(15) MR. ROGER MCDOUGAL	1.00	Δ						0.	0.	0.
TRUSTEE	1.00	x						0.	0.	0.
(16) MR. CHARLES MCKENNA	1.00									
TRUSTEE		х						0.	0.	0.
(17) MS. JOAN MORRISSEY	1.00									
TRUSTEE		х						0.	0.	0.
832007 12-31-18										Form 990 (2018)

832007 12-31-18

Form 990 (2018)

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2018.05010 THE DUPAGE COMMUNITY FOUN 107808_2

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Form 990 (2018) THE DUPAC	SE COMMU	NI	ΤY	F	OU	ND	AТ	ION	36-39	787	33	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week	box	not cł , unles	(C Posi heck r ss per id a di	ition more f son is	than c s both	an	(D) Reportable compensation from	(E) Reportable compensation from related		(F Estim amou oth	ated nt of
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	s	comper from organiz and re organiz	nsation the zation lated
(18) MS. DOROTHY O'REILLY TRUSTEE	1.00	х						0.		0.		0.
(19) MS. MEGAN SHEBIK TRUSTEE	1.00	x						0.		0.		0.
(20) MS. JOYCE WEBB TRUSTEE	1.00	x						0.		0.		0.
(21) MR. DAVID MCGOWAN PRESIDENT AND CEO	40.00			x				209,276.		0.	26	898.
(22) MR. MICHAEL SITRICK	40.00							205,270.		••	20,	0501
V.P. FOR ADVANCEMENT						X		103,543.		0.	12,	664.
1b Sub-total								312,819.		0.	39,	562.
c Total from continuation sheets to Part VI <u>d</u> Total (add lines 1b and 1c)								0. 312,819.		0.	39,	<u>0.</u> 562.
2 Total number of individuals (including but n compensation from the organization ▶	ot limited to th	ose	liste	d ab	ove)) wh	o re	eceived more than \$100,	000 of reportable			2
 Did the organization list any former officer, 	director. or tru	ustee	e. ke	v em	יסומר	vee.	orl	nighest compensated er	nplovee on	ſ	Ye	s No
line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s 4 For any individual listed on line 1a, is the su	uch individual							· · ·			3	x
and related organizations greater than \$150),000? If "Yes,	" со	mple	ete S	Sche	dule	J f	or such individual	-		4 X	
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," com	•				-			•			5	x
Section B. Independent Contractors 1 Complete this table for your five highest contractors	mpensated ind	lepe	nder	nt co	ontra	ictor	s th	nat received more than \$	100,000 of comp	ensati	on from	
the organization. Report compensation for	the calendar ye	ear e	ndin	ng wi	ith o	or wit	hin T		ear.		(0)	
(A) Name and business								(B) Description of s	ervices	Co	(C) ompensa	tion
A.W. MARCHETTI CONSULTING P.O. BOX 11817, FORT LAUE		F	L	33	33	9		PROGRAM CONS	ULTING		189,	085.
NORTHERN TRUST 50 S LASALLE ST, CHICAGO,	IL 606	03					-	INVESTMENT M	ANAGER		120,	331.
2 Total number of independent contractors (ii		ot lim	aitad	1 + 0 +	thee	o lici		abova) who received me	are then			
\$100,000 of compensation from the organiz	•		meo	. 10 1	2		eu			r	-orm 99	0 (2018)

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Form	99(0 (2	2018) THE L	DUPAGE CO	MMUNITY F	OUNDATION		36-3978	733 Page 9
Par	t V	/111	Statement of Rever	nue					
			Check if Schedule O cont	tains a response o	or note to any line	e in this Part VIII			
				·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts s	1	а	Federated campaigns	1a					
ts, Grants Amounts			Membership dues						
Ū Ū			Fundraising events		406,315.				
Gifts, ilar An			Related organizations						
s, G			Government grants (contribut						
ü Si			All other contributions, gifts, gran						
but			similar amounts not included abo	ve 1f	6,582,554.				
Contributions, Gift and Other Similar		g	Noncash contributions included in lines	1a-1f: \$	4,420,366.				
aSo		h	Total. Add lines 1a-1f		►	6,988,869.			
					Business Code				
e	2	а							
e vi		b							
enu Se		с							
am eve		d							
Program Service Revenue		е			ļļ				
۲ ۲		f	All other program service reve	enue					
		g	Total. Add lines 2a-2f						
	3		Investment income (including						
			other similar amounts)			2,077,121.			2,077,121.
	4		Income from investment of ta		r i i i i i i i i i i i i i i i i i i i				
	5		Royalties						
				(i) Real	(ii) Personal				
			Gross rents						
			Less: rental expenses						
			Rental income or (loss)						
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory	18,231,924.					
		b	Less: cost or other basis	17 074 000					
			and sales expenses						
			Gain or (loss)			957 696			957 696
e			Net gain or (loss) Gross income from fundraisin	g events (not		957,696.			957,696.
Other Revenue			including \$406						
Sev			contributions reported on line	,					
erF			Part IV, line 18						
Oth			Less: direct expenses			F.4. 4. F.4			E4 454
-			Net income or (loss) from fund		····· ►	-54,174.			-54,174.
	9	а	Gross income from gaming ad						
			Part IV, line 19						
			Less: direct expenses						
	40		Net income or (loss) from gam		▶				
	10	а	Gross sales of inventory, less						
		h	and allowances						
			Less: cost of goods sold						
┝		C	Net income or (loss) from sale		Business Code				
F	11	~	Miscellaneous Revenu ADMINISTRATIVE FEES		561000	165,883.	165,883.		
	.,	a b							1
		и С							1
			All other revenue						1
			Total. Add lines 11a-11d			165,883.			
	12		Total revenue. See instructions			10,135,395.	165,883.	0.	2,980,643.
		-31-			F	, , ,	, ,		Form 990 (2018)

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Form 990 (2018)

THE DUPAGE COMMUNITY FOUNDATION Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,756,791.	6,756,791.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	209,276.	20,928.	31,391.	156,957
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		200 022	200 420	77 75 6
7	Other salaries and wages	576,009.	288,823.	209,430.	77,756
8	Pension plan accruals and contributions (include	20 662	11 700	9,097.	0 066
~	section 401(k) and 403(b) employer contributions)	29,663. 114,545.	<u>11,700.</u> 45,182.	35,127.	8,866.
9	Other employee benefits	56,235.	22,182.	17,245.	16,808
10 11	Payroll taxes Fees for services (non-employees):	50,255.	22,102.	±1,24J•	10,000
	Management				
	Legal	15.		15.	
	Accounting	27,910.		27,910.	
	Lobbying	,			
	Professional fundraising services. See Part IV, line 17				
f		303,758.	286,858.	16,900.	
	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A) amount, list line 11g expenses on Sch 0.)	384,851.	384,851.		
12	Advertising and promotion	76,827.	34,993.	6,652.	35,182
13	Office expenses	22,038.	7,890.	6,595.	7,553.
14	Information technology	58,493.	21,873.	18,535.	18,085
15	Royalties				
16	Occupancy	54,633.	20,429.	17,312.	16,892
17	Travel	4,433.	1,595.	1,035.	1,803
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	10 211	0 055	C05	15 261
19	Conferences, conventions, and meetings	18,311.	2,255.	695.	15,361
20					
21	Payments to affiliates	17 600	17 002	15 006	1/ 700
22	Depreciation, depletion, and amortization	47,609. 9,764.	<u>17,803.</u> 3,651.	<u>15,086.</u> 3,094.	<u>14,720</u> 3,019
23	Insurance Other expenses. Itemize expenses not covered	3,104.	5,051.	J, UJ4•	5,019
24	above. (List miscellaneous expenses not covered 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	CONSULTING	20,293.	11,973.	8,320.	
b	SPECIAL EVENTS	6,595.	692.	-	5,903.
С	STAFF DEVELOPMENT	2,089.		42.	2,047
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	8,780,138.	7,940,469.	424,481.	415,188.
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 (2018

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Form 990 (2018	-/	DUPAGE	COMMUNITY	FOUNDATION
Part X Ba	alance Sheet			

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		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	3,138,381.
	2	Savings and temporary cash investments		2	= 0.1 0.5.1
	3	Pledges and grants receivable, net		3	701,351.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	1		
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ţs		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	41,179.	9	35,078.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,588,958	.		
	b	Less: accumulated depreciation 10b 285,205	1,351,362.	10c	1,303,753.
	11	Investments - publicly traded securities	90,764,543.	11	93,215,390.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	573,548.	15	534,322.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	98,928,275.
	17	Accounts payable and accrued expenses	. 78,302.	17	60,587.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŝ	22	Loans and other payables to current and former officers, directors, trustees,			
Ĩ		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of	1 6 3 5 0 8 0 0		
		Schedule D			18,274,551.
	26	Total liabilities. Add lines 17 through 25	16,437,010.	26	18,335,138.
		Organizations that follow SFAS 117 (ASC 958), check here ► X and			
ses		complete lines 27 through 29, and lines 33 and 34.	7 040 249		13,285,103.
anc	27	Unrestricted net assets		27	26,488,309.
Bal	28	Temporarily restricted net assets		28	40,819,725.
Net Assets or Fund Balances	29	Permanently restricted net assets		29	40,013,723.
ĻΕu		Organizations that do not follow SFAS 117 (ASC 958), check here			
s ol	20	and complete lines 30 through 34.		30	
set	30	Capital stock or trust principal, or current funds			
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31 32	
Net	32 33	Retained earnings, endowment, accumulated income, or other funds		32	80,593,137.
_	33 34	Total net assets or fund balances		33 34	98,928,275.
	34	Total liabilities and net assets/fund balances	.)=,)Δ1,1±±•	34	Form 990 (2018)

	1990 (2018) THE DUPAGE COMMUNITY FOUNDATION	36-3	978733	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,135		
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,780	<u> </u>	
3	Revenue less expenses. Subtract line 2 from line 1	3	1,355		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	78,490		
5	Net unrealized gains (losses) on investments	5	747	,17	79.
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	80,593	,13	37.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				
			Form	aon "	

Form **990** (2018)

SCH	IED	ULE	Α
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(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.

OMB No. 1545-0047
2018
Open to Public Inspection

		of the Treasury nue Service		 ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection 				Open to Public Inspection				
Nan	ne of t	the organizati	on						Employer	identification number		
					MUNITY FOUND					6-3978733		
Pa	rt I	Reason	for Public	Charity Status (All organizations must co	omplete th	is part.) Se	ee instruction	S.			
The	organ	ization is not a	a private found	lation because it is: (For lines 1 through 12, c	heck only	one box.)					
1		A church, co	nvention of ch	urches, or associatio	on of churches described	l in sectio	on 170(b)(⁻	1)(A)(i).				
2		A school des	cribed in sect	tion 170(b)(1)(A)(ii).	(Attach Schedule E (Forn	n 990 or 99	90-EZ).)					
3					anization described in s			ii).				
4		A medical res	search organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,		
		city, and stat	e:									
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
		section 170	(b)(1)(A)(iv). ((Complete Part II.)								
6					nental unit described in	section 17	70(b)(1)(A)	(v).				
7	X			-	intial part of its support fi				ne general i	oublic described in		
				complete Part II.)		Ũ						
8					(1)(A)(vi). (Complete Par	t II.)						
9		An agricultur	al research or	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college		
					culture (see instructions).							
		university:	·		· · · ·				Ū			
10			ion that norma	ally receives: (1) more	e than 33 1/3% of its sup	port from a	contributio	ns, members	hip fees, an	d gross receipts from		
		activities rela	ted to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of i	ts support f	from gross investment		
					(less section 511 tax) fro							
				mplete Part III.)								
11		An organizati	ion organized	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).				
12		An organizati	ion organized	and operated exclus	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or		
		more publicly	/ supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box in		
		lines 12a thro	ough 12d that	describes the type o	of supporting organization	n and com	plete lines	12e, 12f, and	l 12g.			
а		Type I. A s	upporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	anization(s), t	ypically by	giving		
		the suppor	ted organizatio	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	upporting		
		organizatio	n. You must o	complete Part IV, Se	ections A and B.							
b		Type II. A s	supporting org	anization supervised	d or controlled in connect	tion with it	s supporte	ed organizatio	n(s), by hav	ving		
		control or r	management c	of the supporting org	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported		
		organizatio	n(s). You mus	st complete Part IV,	Sections A and C.							
с		Type III fui	nctionally inte	egrated. A supportin	ng organization operated	in connec ⁻	tion with, a	and functiona	lly integrate	ed with,		
		its support	ed organizatio	n(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.				
d		Type III no	n-functionally	y integrated. A supp	porting organization oper	ated in co	nnection v	vith its suppo	rted organiz	zation(s)		
		that is not	functionally inf	tegrated. The organiz	zation generally must sat	isfy a distr	ibution red	quirement and	an attentiv	/eness		
		requiremer	nt (see instruct	ions). You must cor	mplete Part IV, Sections	A and D,	and Part	V.				
е			•		written determination fro			Туре I, Туре	II, Type III			
					nally integrated supporti	ng organiz	ation.					
f		er the number		•								
<u> </u>		vide the follow (i) Name of supp		n about the supporte (ii) EIN	ed organization(s). (iii) Type of organization	(iv) Is the org	anization listed	(v) Amount o	fmonetany	(vi) Amount of other		
		organizatior			(described on lines 1-10	in your govern	ing document?	support (see i		support (see instructions)		
					above (see instructions))	Yes	No		,			

Total LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 13

Schedule A (Form 990 or 990-EZ) 2018 THE DUPAGE COMMUNITY FOUNDATION Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)

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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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6510695.	6944901.	5100707.	5920176.	6988869.	31465348.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	6510695.	6944901.	5100707.	5920176.	6988869.	31465348.
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)						9681010.
6	Public support. Subtract line 5 from line 4.						21784338.
	ction B. Total Support			•	•		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	6510695.	6944901.	5100707.	5920176.	6988869.	31465348.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	930,845.	983,366.	1042473.	1444989.	2077121.	6478794.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	112,920.	105,185.	111,846.	202,501.	165,883.	698,335.
11	Total support. Add lines 7 through 10						38642477.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 1	,432,451.
13	First five years. If the Form 990 is for	the organization's				n 501(c)(3)	
	organization, check this box and stop	here			-		
Sec	ction C. Computation of Publi						
14	Public support percentage for 2018 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	56.37 %
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	<u>56.57 %</u>
16a	33 1/3% support test - 2018. If the c	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				►X
b	33 1/3% support test - 2017. If the c	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organization	ation			
17a	10% -facts-and-circumstances test	- 2018. If the org	anization did not o				
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	iere. Explain in Pa	rt VI how the orgar	nization
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization		
b	10% -facts-and-circumstances test	- 2017. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the	e
	organization meets the "facts-and-circ	umstances" test.	The organization q	ualifies as a public	ly supported organ	nization	
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s >
					Sche	dule A (Form 990	or 990-EZ) 2018

832022 10-11-18

Schedule A (Form 990 or 990 EZ) 2018 THE DUPAGE COMMUNITY FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	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	L					
8 Sec	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10 <i>a</i>	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	ļ					
	Add lines 10a and 10b	L					
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) orga	nization,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2018 (I	ine 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2017		1			16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage			,	
17	Investment income percentage for 20)18 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from	2017 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2018. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and lin	e 17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2017. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/39	%, and
	line 18 is not more than 33 1/3%, che						on ►
20	Private foundation. If the organization	<u>n did not check a</u>	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	
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			15	5			

Schedule A (Form 990 or 990-EZ) 2018 THE DUPAGE COMMUNITY FOUNDATION

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Yes No

1

Schedule A (Form 990 or 990-EZ) 2018

10b

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Schedule A (Form 990 or 990-EZ) 2018 THE DUPAGE COMMUNITY FOUNDATION Part IV Supporting Organizations (continued)

Image:			v		Ne
 a A parson who directly or indirectly controls, either states or together with persons described in (b) and (c) b A many member of a person described in (b) above? b A Static control dentity of a person described in (b) above? c A Static control dentity of a person described in (b) above? c A Static control dentity of a person described in (b) above? c A Static control dentity of a person described in (b) above? c A Static control dentity of a person described in (b) above? c A Static control dentity of a person described in (b) above? c A Static control dentity of a person described in (b) above? a A static control dentity of a person described in (b) above? a A static control dentity of a person described in (b) above? a A static control dentity of a person described in (b) above? a A static control dentity of the organization's directors or trustees at all times during the tax year? d a dentity of the organization's arc brite and person described or ganization, describe how the powers to appoint ador removes supported organization? d bid the organization's activities. If the organization dentity the two supported organization, and the tax year? d bid the organization's directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during organization, by the approximation or an any person derivation and the approximation? d bid the organization's directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year? d bid the organization's supporting Organizations. Synch d and trust person described of managed during the provided or	44	Has the ergenization eccentral a gift or contribution from any of the following persons?	Y	es	No
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 b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If</i> "Yes," <i>explain in</i> Part VI <i>the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in</i> Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each 					
of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the Image: Comparization is position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. Image: Comparization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3a b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each Image: Comparize the support of the comparized organization over the policies, programs, and activities of each	b				
 reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in</i> Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each 					
activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
 Barent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in</i> Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each 			,		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or a trustees of each of the supported organizations? Provide details in Part VI. 3a b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each a	3				
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	а	• • • • • • • • • • • • • • • • • • • •			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		trustees of each of the supported organizations? Provide details in Part VI.	1		
of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b	b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.)		

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832025 10-11-18

Schedule A (Form 990 or 990-EZ) 2018

10051217 147228 107808

Sche	dule A (Form 990 or 990-EZ) 2018 THE DUPAGE COMMUNITY FC			36-3978733 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ig Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ig trust on I	Nov. 20, 1970 (explain in I	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete Sec	ctions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integrate	d Type III supporting orga	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2018

832026 10-11-18

Schedule A (Form 990 or 990 EZ) 2018 THE DUPAGE COMMUNITY FOUNDATION

Par	I ype III Non-Functionally Integrated 509	(a)(s) Supporting Orga	inizations (continued)	
Secti	on D - Distributions		· · ·	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
	From 2014			
	From 2015			
	From 2016			
	From 2017			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
-	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
-	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017 Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

832027 10-11-18

(See instructions.)	
SCHEDULE A, LIST OF UNUSUAL GR	ANTS RECEIVED:
DESCRIPTION: CONVERTED PRIVATE	
	5843562.
i	
832028 10-11-18	Schedule A (Form 990 or 990-EZ) 2018
051217 147228 107808	20 2018.05010 THE DUPAGE COMMUNITY FOUN 10780

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Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

THE DUPAGE

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Employer identification number

COMMUNITY	FOUNDATION	

36-3978733

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Employer identification number

THE DUPAGE COMMUNITY FOUNDATION

36-3978733 Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 2,332,186. Noncash Χ \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 Person Payroll 815,463. Noncash X (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 Person Payroll 749,499. Noncash X \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll Noncash 300,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 217,690. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 6 Person Payroll 149,211. Noncash X \$ (Complete Part II for

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

noncash contributions.)

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Schedule E	(Form 990,	990-EZ, or	990-PF) (2018)
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Name (of orgar	nization

Employer identification number

36-3978733

THE DUPAGE COMMUNITY FOUNDATION

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	K		
		\$ <u>2,171,186.</u>	12/31/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2 <u>STOCE</u>	K		
		\$815,463.	12/31/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3 STOCE	K		
		\$749,499.	12/31/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6 <u>STOC</u>	K		
		\$149,211.	12/31/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3453 11-08-18		\$	990-EZ, or 990-PF) (2

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Schedule B (Form 990.	990-EZ.	or 990-PF) (2018)
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Page	4
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	nization		Employer identification number
IE DUP	AGE COMMUNITY FOUNDATI	ION	36-3978733
art III		ons to organizations described in sec	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the ye
(completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or le	ss for the year. (Enter this info. once.) >\$
	Use duplicate copies of Part III if additional	space is needed.	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_			
_			
-			
		(e) Transfer of gift	
	Transferee's name, address, ar		Relationship of transferor to transferee
	Transieree's name, address, ar		
_			
-			
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
-			
		(a) Transfor of sift	
		(e) Transfer of gift	
	Transferee's name, address, ar	nd ZI P + 4	Relationship of transferor to transferee
-			
-			
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
-			
		(a) Transfor of gift	
		(e) Transfer of gift	
	Transferee's name, address, ar		Relationship of transferor to transferee
 	Transferee's name, address, ar		Relationship of transferor to transferee
	Transferee's name, address, ar		Relationship of transferor to transferee
	Transferee's name, address, ar		Relationship of transferor to transferee
a) No.	Transferee's name, address, ar		Relationship of transferor to transferee (d) Description of how gift is held
a) No. from Part I		nd ZIP + 4	
a) No. from Part I		nd ZIP + 4	
a) No. i) No. irom Part I 		nd ZIP + 4	
) No. rom Part I		nd ZIP + 4	
) No. rom Part I	(b) Purpose of gift	nd ZIP + 4	(d) Description of how gift is held
) No. rom 2art I		nd ZIP + 4	
) No. rom 'art I	(b) Purpose of gift	nd ZIP + 4	(d) Description of how gift is held

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SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 99	0)
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Part I

Supplemental Financial Statements

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

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



Employer identification number

36-3978733

Name of the organization

THE DUPAGE COMMUNITY FOUNDATION Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 117 Total number at end of year 1 5,867,736. Aggregate value of contributions to (during year) 2 5,558,890. 3 Aggregate value of grants from (during year) Aggregate value at end of year 46,718,511. 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring X Yes No impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last 2 Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a а Total acreage restricted by conservation easements 2b b Number of conservation easements on a certified historic structure included in (a) 2c С Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? No _____ [6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ► \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and 9 include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ (ii) Assets included in Form 990, Part X ▶ \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide 2 the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018 832051 10-29-18 25

Sche		AGE COMMUNI					36-39			age 2
Pa	t III Organizations Maintaining C	ollections of Art	, Historical Ti	easures, o	r Othei	r Simila	r Assets	s (contir	ued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the	e following tha	t are a sig	gnificant	use of its c	ollection	items	
	(check all that apply):									
а	Public exhibition	d	Loan or e	change progra	ams					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further	the organization	on's exen	npt purpo	ose in Part	XIII.		
5	During the year, did the organization solicit or	r receive donations o	f art, historical tre	asures, or othe	er similar	assets		_		_
_	to be sold to raise funds rather than to be ma							Yes		No
Pa	t IV Escrow and Custodial Arrang		te if the organizat	ion answered	"Yes" on	Form 99	0, Part IV,	line 9, or		
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia							-		-
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:				1			
								Amount	1	
	Beginning balance									
d	Additions during the year									
е	Distributions during the year									
f	Ending balance					. 1 f				1
	Did the organization include an amount on Fo					ity?	L	Yes		No ∣
Pa	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete in						<u></u>			
		(a) Current year	(b) Prior year	(c) Two yea			years back	(e) Four	Veare	back
10	Beginning of year balance	76,258,938.	71,112,768		1,780.		523,380.		549,	
1a b	Contributions	6,501,922.	5,377,809		2,648.		824,861.		576,	
c	Net investment earnings, gains, and losses	3,774,928.	5,907,095		1,699.		145,954.		1,071,170.	
d	Grants or scholarships	, · · · - , · - · ·	, , , , , , , , , , , , , , , , , , , ,							
	Other expenditures for facilities									
Ŭ	and programs	8,184,220.	6,138,734	6,16	3,359.	4.	690,507.	4	674,	229.
f	Administrative expenses	, ,	, ,	, ,	,	,	,	, í	,	
g	End of year balance	78,351,568.	76,258,938	. 71,11	2,768.	50,	511,780.	48	523,	380.
2	Provide the estimated percentage of the curr	ent vear end balance			<u> </u>	· · ·		· · · · ·		
а	Board designated or quasi-endowment	14.09	%							
b	Permanent endowment 33.81	%	_							
с	Temporarily restricted endowment ▶ _ 52	2.10 %								
	The percentages on lines 2a, 2b, and 2c show									
3a	Are there endowment funds not in the posses	ssion of the organization	tion that are held	and administe	red for th	e organiz	ation	_		
	by:								Yes	No
	(i) unrelated organizations							3a(i)		Х
	Ann 1 1 1 1							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R	?				3b		
4	Describe in Part XIII the intended uses of the		vment funds.							
Pa	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a.	See Form 990), Part X,	line 10.				
	Description of property	(a) Cost or ot	• •	st or other		ccumulat		(d) Bool	k value	е
		basis (investm	,	s (other)	de	preciation	۱			
1 a	Land			<u>68,860.</u>						60.
b	Buildings		1,3	69,853.		146,5	53.	1,223	3,30	00.
	Leasehold improvements					1 2 2 -		.		<u> </u>
	Equipment		1	50,245.		138,6	52.	1	1,59	93.
	Other							1 2 2 1	<u> </u>	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part >	K. column (B), line	<u>10c.)</u>				1,303		
							Schedule	D (Form	1 990)	2018

Schedule D (Fo	orm 990) 2018	\mathbf{THE}	DUPAGE	COMMUNITY	FOUNDATION	
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Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability		(b) Book value
(1)	Federal income taxes		
(2)	AGENCY FUNDS		18,153,225.
(3)	ANNUITY PAYABLE		121,326.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total /	Column (b) must actual Form 000 Dart X and (B) line 25)	•	18,274,551,

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

832053 10-29-18

Pa	t XI Reconciliation of Revenue per Audited Financial State	ments With I	Revenue per Re	turn.	1
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	10,665,542.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	747,179.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	84,924.		
е	Add lines 2a through 2d			2e	832,103. 9,833,439.
3	Subtract line 2e from line 1			3	9,833,439.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	301,956.		
b	Other (Describe in Part XIII.)	4b			
С				4c	301,956.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	10,135,395.
Pa	rt XII Reconciliation of Expenses per Audited Financial State		Expenses per F	letur	'n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line				
1	Total expenses and losses per audited financial statements			1	8,563,106.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities				
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)	-	84,924.		
е	Add lines 2a through 2d			2e	84,924.
3	Subtract line 2e from line 1			3	8,478,182.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b		301,956.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	301,956.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	8,780,138.
	rt XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; ${f F}$; Part	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional inform	nation.		

Schedule D (Form 990) 2018 THE DUPAGE COMMUNITY FOUNDATION 36-3978733 Page 4

PART V, LINE 4:

THE	FOUNDATION	IS	ENTRUSTED	WITH	CONTRIBUTIONS	FROM	DONORS	AND	WITH	THE
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RESPONSIBILITY OF ALLOCATING THESE RESOURCES IN ACCORDANCE WITH DONOR

INTENT AND COMMUNITY NEED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES

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84,924.

84,924.

Schedule D	(Form	990)	2018
Devit VIII	•		

Part XIII Supplemental Information (continued)	
832055 10-29-18	Schedule D (Form 990) 2018

10051217 147228 107808

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	raisi	ing or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							2018
Department of the Treasury		Attach to Form 990	or Fo	m 99	0-EZ.			Open to Public
Internal Revenue Service		to www.irs.gov/Form990 for instr	uction	s and	the latest informati	on.		Inspection
Name of the organization		AGE COMMUNITY FOUN	DAT	ION			36-397	dentification number 8733
Part I Fundrais		Complete if the organization answe			n Form 990, Part IV, I	line 1		
required to	complete this part	t						
		ed funds through any of the followin						
a Mail solicitat	email solicitations			•	overnment grants nment grants			
c Phone solici		g Special						
d 🔲 In-person so	licitations	· — ·		Ũ				
2 a Did the organization	on have a written o	r oral agreement with any individual	(incluc	ling of	ficers, directors, trus	stees,	or	_
		art VII) or entity in connection with p			•			es No
b If "Yes," list the 10 compensated at le	•	viduals or entities (fundraisers) pursu organization	ant to	agreei	ments under which t	he fur	ndraiser is to	be
			1		1			
(i) Name and addres	s of individual	of individual (ii) Activity (iii) Activity (iv) Amount paid (iv) Gross receipts to (or retained by						(vi) Amount paid
or entity (fund	traiser)	(ii) Activity	have c or cor contrib	trol of	from activity		fundraiser ted in col. (i)	() to (or retained by) organization
			Yes	No				
			100		-			
			1					
		n is registered or licensed to solicit (or has been notified	litic	exempt from	registration
or licensing.	on the organizatio		Jonano			111.13	exemptition	registration
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form §	990 or	990-E	Z	Sche	dule G (Forn	1 990 or 990-EZ) 2018

832081 10-03-18

Schedule G (Form 990 or 990-EZ) 2018 THE DUPAGE COMMUNITY FOUNDATION

36-3978733 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1 ANNUAL BENEFIT	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
e			(event type)	(event type)	(total number)	col. (c))
Hevenue	1	Gross receipts	437,065.			437,065
	2	Less: Contributions	406,315.			406,315
	3	Gross income (line 1 minus line 2)	. 30,750.			30,750
	4	Cash prizes				
<i>"</i>	5	Noncash prizes				
Uirect Expenses	6	Rent/facility costs	44,649.			44,649
rect Ex	7	Food and beverages				
ā	8	Entertainment				
	9	Other direct expenses				40,275
	10	Direct expense summary. Add lines 4 throu			▶	84,924
	11	Net income summary. Subtract line 10 from	n line 3, column (d)		►	-54,174
neveriue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (a
r L	1	Gross revenue				
	1	Gross revenue				
		Cash prizes				
	3 4	Cash prizes				
	3 4 5	Cash prizes Noncash prizes Rent/facility costs		Yes% □%	☐ Yes %	
	3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses			No	
	3 4 5 6	Cash prizes	gh 5 in column (d)	No No	<u>No</u> No	
Direct Expenses	3 4 5 7 8	Cash prizes	gh 5 in column (d)	No No	<u>No</u> No	
Direct Expenses	3 4 5 7 8 Ent	Cash prizes	Yes% Yes% No 9h 5 in column (d) 7 from line 1, column (d) ducts gaming activities:	No	No ►	
b Direct Expenses	3 4 5 6 7 8 Enti	Cash prizes	gh 5 in column (d)	No No	No ►	
	3 4 5 6 7 8 Entit	Cash prizes	Yes% No S in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these revoked, suspended, or te	States?	No	YesN
	3 4 5 6 7 8 Entit	Cash prizes	Yes% No S in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these revoked, suspended, or te	States?	No	Yes N

Sch	edule G (Form 990 or 990-EZ) 2018 THE DUPAGE COMMUNITY FOUNDATION	36-39	78733	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	····· -	13a	%
	An outside facility		13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	ls:		
	Name			
	Address 🕨			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization	ount		
	of gaming revenue retained by the third party ▶\$			
c	: If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 💲			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	I is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	🗌 No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i			
	organization's own exempt activities during the tax year 🕨 💲			
Pa	TTIV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part	III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
8320	83 10-03-18 Schedule	G (Form	990 or 990	-EZ) 2018
	32			

 (continued)	
	Schedule G (Form 990 or 990-EZ)

SCHEDULE I (Form 990)	Go	irants and Oth vernments, an ete if the organizatio	nd Individual	s in the Ŭni [.]	ted States		OMB No. 1545-0047		
Department of the Treasury	Compi		Attach to For				Open to Public Inspection		
Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.									
Name of the organization THE DUPAG	E COMMUNI	TY FOUNDATI	ON				Employer identification number 36-3978733		
Part I General Information on Grants a	nd Assistance								
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti			
criteria used to award the grants or assis							X Yes No		
2 Describe in Part IV the organization's pro		<u>u</u> <u>u</u>							
Part II Grants and Other Assistance to	•			1 0	anization answered "Y	es" on Form 990, Parl	t IV, line 21, for any		
recipient that received more than s	1	· · ·			(f) Method of		(1) D		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
360 YOUTH SERVICES 1305 W OSWEGO RD							CENEDAL (ODEDATING		
NAPERVILLE IL 60540-6249	36-2936229	501(C)(3)	15,150.	0.			GENERAL/OPERATING, PROGRAM DEVELOPMENT		
	30 2330223	501(0/(3)	15,150.	••			FROGRAM DEVELOTMENT		
A NEW BEGINNING FOR YOU									
609 N 3 NOTCH ST P.O. BOX 193									
TROY, AL 36081	72-1591368	501(C)(3)	5,000.	0.			PROGRAM DEVELOPMENT		
A.D.O.P.T.									
420 INDUSTRIAL DR									
NAPERVILLE, IL 60563-3934	36-3683984	501(C)(3)	7,500.	0.			PROGRAM DEVELOPMENT		
ADDISON SCHOOL DISTRICT 4									
222 N KENNEDY DR	26 6007202	F01 (g) (2)	10.055	0					
ADDISON, IL 60101	36-6007393	501(C)(3)	19,955.	0.			PROGRAM DEVELOPMENT		
ADDISON TRAIL HIGH SCHOOL									
213 N LOMBARD RD									
ADDISON, IL 60101	36-6004527	501(C)(3)	10,000.	0.			PROGRAM DEVELOPMENT		
AID FOR WOMEN									
8 S MICHIGAN AVE STE. 1418									
CHICAGO, IL 60603	36-2988483	501(C)(3)	10,000.	0.			PROGRAM DEVELOPMENT		
2 Enter total number of section 501(c)(3) a	nd government org	anizations listed in the	e line 1 table			•	▶ 201.		
3 Enter total number of other organization	s listed in the line 1	table					• 0.		

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

THE DUPAGE COMMUNITY FOUNDATION Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALIVE CENTER							
500 W 5TH AVE							GENERAL/OPERATING,
NAPERVILLE, IL 60563	45-4998475	501(C)(3)	23,640.	0.			PROGRAM DEVELOPMENT
ALLIANCE FOR THE CHILDREN							
P.O. BOX 736							
NORTHBROOK, IL 60065	36-4240145	501(C)(3)	5,000.	0.			GENERAL/OPERATING
AMERICAN COUNCIL ON SCIENCE AND							
HEALTH - 110 E 42ND ST STE. 1300 -							
NEW YORK, NY 10017	13-2911127	501(C)(3)	5,000.	0.			GENERAL/OPERATING
,			,				
AMERICA'S FUTURE FOUNDATION							
3434 WASHINGTON BLVD, 1ST FLOOR							
ARLINGTON, VA 22201	52-1928321	501(C)(3)	15,000.	0.			GENERAL/OPERATING
ARCHBRIDGE INSTITUTE							
810 7TH ST NE							
WASHINGTON, DC 20002	47-4252296	501(C)(3)	22,000.	0.			GENERAL/OPERATING
ATLAS NETWORK	47 4252250	501(0/(5/	22,000.	0.			GENERAL/ OF ERATING
TWO LIBERTY CENTER 4075 WILSON							
BLVD STE. 310 - ARLINGTON, VA							GENERAL/OPERATING, NO
22203	94-2763845	501(C)(3)	95,000.	0.			SPECIFIED
AUGUSTANA COLLEGE	51 2703045		55,000.	0.			
OFFICE OF FINANCIAL ASSISTANCE 639							
38TH ST - ROCK ISLAND, IL							
61201-2296	36-2166962	501(C)(3)	5,000.	0.			STUDENT AID
			5,000.				
AURORA CHILDREN'S DENTAL SERVICE							
238 S GLENWOOD PL							
AURORA, IL 60506	36-6080249	501(C)(3)	8,000.	0.			GENERAL/OPERATING
· ·			, , ,				
BEDS PLUS							
P.O. BOX 2035							
LA GRANGE, IL 60525	36-3741040	501(C)(3)	7,500.	Ο.			EQUIPMENT/SUPPLIES

Schedule I (Form 990)

Schedule I (Form 990) THE DUPAGE COMMUNITY FOUNDATION Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BENET ACADEMY							
2200 MAPLE AVE							
LISLE, IL 60532-2393	36-2725695	501(C)(3)	5,500.	0.			GENERAL/OPERATING
			,				
BENSENVILLE SCHOOL DISTRICT 2							
210 S CHURCH ROAD							
BENSENVILLE, IL 60106	36-6004475	501(C)(3)	24,997.	0.			PROGRAM DEVELOPMENT
BEVILL STATE COMMUNITY COLLEGE							
1411 INDIANA AVE							
JASPER, AL 35501	63-0578660	501(C)(3)	4,400.	0.			STUDENT AID
BIKE BALD GROUP							
27 STONE HILL DR STE. C							
OSWEGO, IL 60543	46-4210893	501(C)(3)	10,000.	0.			GENERAL/OPERATING
000100, 11 00040	40 4210055	501(0)(3)	10,000.				
BLACKHAWK MIDDLE SCHOOL							
250 S CHURCH RD							
BENSENVILLE, IL 60106	36-6004475	501(C)(3)	25,000.	0.			PROGRAM DEVELOPMENT
,			,				
BRIDGE COMMUNITIES, INC.							GENERAL/OPERATING, NOT
505 CRESCENT BLVD STE. E							SPECIFIED, PROGRAM
GLEN ELLYN, IL 60137-4529	36-3705951	501(C)(3)	81,325.	0.			DEVELOPMENT
CARE FOR CARS							
817 HUNTLEIGH DR							
NAPERVILLE, IL 60540	45-4967795	501(C)(3)	10,000.	0.			PROGRAM DEVELOPMENT
CAROL STREAM PARK DISTRICT							
FOUNDATION - 849 W LIES ROAD -							
CAROL STREAM, IL 60188-3713	45-5180530	501(C)(3)	15,000.	0.			GENERAL/OPERATING
CASA OF DIIDAGE COUNTRY INC							
CASA OF DUPAGE COUNTY, INC. 505 N COUNTY FARM RD 3C							GENERAL/OPERATING, NO' SPECIFIED, PROGRAM
WHEATON, IL 60187	36-3875807	501(C)(3)	21,000.	0.			DEVELOPMENT
	1 20 2012001		1 21,000.	0.			

Schedule I (Form 990)

3	6–	3	9	7	8	7	3	3	

		TY FOUNDATI					6-3978733 Ра
Part II Continuation of Grants and Other (a) Name and address of organization or government	Assistance to Gov (b) EIN	(c) IRC section (c) if applicable	(d) Amount of cash grant	ited States (Sche (e) Amount of non-cash assistance	dule I (Form 990), Pa (f) Method of valuation (book, FMV, appraisal, other)	rt II.) (g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES 16555 WEBER RD.							GENERAL/OPERATING,
CREST HILL, IL 60403	36-2170817	501(C)(3)	40,500.	0.			PROGRAM DEVELOPMENT
CATO INSTITUTE 1000 MASSACHUSETTS AVE NW							
WASHINGTON, DC 20001-5403	23-7432162	501(C)(3)	35,000.	0.			GENERAL/OPERATING
CENTURY WALK CORPORATION 34 W CHICAGO AVE STE. B							
NAPERVILLE, IL 60540-5302	36-4201074	501(C)(3)	20,000.	0.			PROGRAM DEVELOPMENT
CHICAGO DENTAL SOCIETY FOUNDATION 401 N MICHIGAN AVE STE. 200							
CHICAGO, IL 60611	26-0784174	501(C)(3)	15,000.	0.			PROGRAM DEVELOPMENT
CHICAGO SINFONIETTA 70 E LAKE ST STE. 1430							
CHICAGO, IL 60601	36-3517987	501(C)(3)	52,688.	0.			PROGRAM DEVELOPMENT
CHILD'S VOICE 180 HANSEN COURT							GENERAL/OPERATING,
WOOD DALE, IL 60191	36-4031325	501(C)(3)	15,475.	0.			PROGRAM DEVELOPMENT
CHILDSERV 8765 W HIGGINS RD STE. 450							
CHICAGO, IL 60631-4101	36-2171716	501(C)(3)	5,000.	0.			GENERAL/OPERATING
CIRCLE URBAN MINISTRIES 118 N CENTRAL AVE							
CHICAGO, IL 60644	36-3136997	501(C)(3)	6,000.	0.			PROGRAM DEVELOPMENT
CITIZEN ADVOCACY CENTER 188 INDUSTRIAL DR STE. 106							
ELMHURST, IL 60126	36-3920270	501(C)(3)	5,500.	Ο.			GENERAL/OPERATING

Schedule I (Form 990) THE DUPAGE COMMUNITY FOUNDATION Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

36-3978733 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLLEGE OF DUPAGE FOUNDATION							
425 FAWELL BLVD							GENERAL/OPERATING,
GLEN ELLYN, IL 60137-6599	23-7011835	501(C)(3)	50,000.	0.			PROGRAM DEVELOPMENT
COLLEGE OF DUPAGE SCHOLARSHIPS							
425 FAWELL BLVD							
GLEN ELLYN, IL 60137-6599	23-7011835	501(C)(3)	14,000.	0.			STUDENT AID
COMMUNITY FELLOWSHIP CHURCH							
28W240 NORTH AVE							
WEST CHICAGO, IL 60185	36-3884107	501(C)(3)	7,000.	0.			GENERAL/OPERATING
COMMUNITY FOUNDATION OF WILL							
COUNTY - 701 ESSINGTON RD STE. 103							GENERAL/OPERATING,
- JOLIET, IL 60435	76-0821144	501(C)(3)	11,000.	0.			PROGRAM DEVELOPMENT
COMMUNITY SCHOOL OF THE ARTS							
501 COLLEGE AVE.	36-2182171	E01(0)(2)	100 000	0.			PROGRAM DEVELOPMENT
WHEATON, IL 60187	30-2102171	501(C)(3)	100,000.	0.			PROGRAM DEVELOPMENT
DARE TO DREAM: GET EDUCATED!							
P.O. BOX 328							
ELMHURST, IL 60126-0328	27-1778698	501(C)(3)	8,500.	0.			PROGRAM DEVELOPMENT
DIVINE INFANT JESUS CHURCH							
1601 NEWCASTLE AVE							
WESTCHESTER, IL 60154	36-2179791	501(C)(3)	10,000.	0.			GENERAL/OPERATING
DOCTORS WITHOUT BORDERS							
40 RECTOR ST 16TH FLOOR							
NEW YORK, NY 10006	13-3433452	501(C)(3)	17,500.	0.			NOT SPECIFIED
DONKA, INC.							
400 N COUNTY FARM RD							EQUIPMENT/SUPPLIES,
WHEATON, IL 60187	36-3284578	501(C)(3)	8,200.	0.			GENERAL/OPERATING

		TY FOUNDATI					6-3978733 Ра
Part II Continuation of Grants and Other (a) Name and address of organization or government	Assistance to Gov (b) EIN	vernments and Organ (c) IRC section if applicable	nizations in the Un (d) Amount of cash grant	ited States (Sche (e) Amount of non-cash assistance	edule I (Form 990), Pa (f) Method of valuation (book, FMV, appraisal, other)	rt II.) (g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUPAGE ART LEAGUE							
218 W FRONT ST							
WHEATON, IL 60187	36-6108186	501(C)(3)	9,100.	0.			PROGRAM DEVELOPMENT
DUPAGE CHILDREN'S MUSEUM							
01 N WASHINGTON ST							GENERAL/OPERATING,
NAPERVILLE, IL 60540-4537	36-3565001	501(C)(3)	13,200.	٥.			PROGRAM DEVELOPMENT
DUPAGE FEDERATION ON HUMAN			,				
SERVICES REFORM - 246 E JANATA							
BLVD STE. 265 - LOMBARD, IL							GENERAL/OPERATING,
50148	36-4197587	501(C)(3)	20,100.	Ο.			PROGRAM DEVELOPMENT
DUPAGE HABITAT FOR HUMANITY							
.600 E ROOSEVELT RD							GENERAL/OPERATING,
NHEATON, IL 60187	36-4003119	501(C)(3)	29,795.	Ο.			PROGRAM DEVELOPMENT
DUPAGE HEALTH COALITION							
511 THORNHILL DR STE. E							GENERAL/OPERATING,
CAROL STREAM, IL 60188	36-4448208	501(C)(3)	30,000.	Ο.			PROGRAM DEVELOPMENT
OUPAGE SENIOR CITIZENS COUNCIL							
1990 SPRINGER DR							GENERAL/OPERATING,
OMBARD, IL 60148	36-2988023	501(C)(3)	20,800.	0.			PROGRAM DEVELOPMENT
DUPAGE SYMPHONY ORCHESTRA							
P.O. BOX 844							
MAPERVILLE, IL 60566	36-6108011	501(C)(3)	10,000.	0.			PROGRAM DEVELOPMENT
DUPAGEPADS							
501 W LIBERTY DR		501 (2) (2)					GENERAL/OPERATING,
HEATON, IL 60187	36-3675494	501(C)(3)	51,320.	0.			PROGRAM DEVELOPMENT
ASTER SEALS DUPAGE & FOX VALLEY							
330 S ADDISON AVE							GENERAL/OPERATING,
VILLA PARK, IL 60181	36-2476388	501(C)(3)	30,965.	0.			PROGRAM DEVELOPMENT

		TY FOUNDATI					86-3978733 Page
Part II Continuation of Grants and Other	Assistance to Gov	vernments and Orgar	nizations in the Un	ited States (Sche	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTER SEALS JOLIET REGION							
212 BARNEY DR							
JOLIET, IL 60435	36-2300706	501(C)(3)	20,125.	Ο.			GENERAL/OPERATING
	30 2300,00	561(6)(5)					
EDUCARE OF WEST DUPAGE							
851 PEARL RD							GENERAL/OPERATING, NOT
WEST CHICAGO, IL 60185	26-2259307	501(C)(3)	201,000.	Ο.			, SPECIFIED
,			, ,				
EISENHOWER JUNIOR HIGH SCHOOL							
1410 W 75TH ST							
DARIEN, IL 60561	27-0278609	501(C)(3)	5,000.	Ο.			PROGRAM DEVELOPMENT
ELGIN SYMPHONY ORCHESTRA							
20 DUPAGE CT							GENERAL/OPERATING,
ELGIN, IL 60120	36-3145577	501(C)(3)	120,000.	0.			PROGRAM DEVELOPMENT
ELMHURST ART MUSEUM							
150 S COTTAGE HILL AVE							GENERAL/OPERATING,
ELMHURST, IL 60126-3329	36-4096612	501(C)(3)	25,600.	0.			PROGRAM DEVELOPMENT
ELMHURST SYMPHONY ORCHESTRA							
ASSOCIATION - P.O. BOX 345 -	00 7040450	F01 (g) (2)	C 000	0			ENDOWMENT FUNDS,
ELMHURST, IL 60126-0345	23-7348453	501(C)(3)	6,000.	0.			GENERAL/OPERATING
ELMHURST WALK-IN ASSISTANCE							
NETWORK - 125 W CHURCH ST -							NOT SPECIFIED, PROGRAM
ELMHURST, IL 60126	31-1650035	501(0)(3)	10,500.	0.			DEVELOPMENT
	51 1050055	501(0/(5/	10,500.				
EPIPHANY LUTHERAN CHURCH							
314 W VALLETTE ST							
ELMHURST, IL 60126	36-2246711	501(C)(3)	15,000.	0.			GENERAL/OPERATING
	55 2240/11		10,000.				
EVANGELICAL CHILD AND FAMILY							
AGENCY - 1530 N MAIN ST - WHEATON,							EMERGENCY FUNDS, PROGRAM
IL 60187	36-2229573	501(C)(3)	12,500.	Ο.			, DEVELOPMENT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY FOCUS, INC.							
310 S PEORIA ST STE. 301							
CHICAGO, IL 60607	36-2884042	501(C)(3)	20,000.	0.			PROGRAM DEVELOPMENT
FAMILY SHELTER SERVICE OF							
METROPOLITAN FAMILY SERVICES							
DUPAGE - 605 E ROOSEVELT RD -							GENERAL/OPERATING,
WHEATON, IL 60187	36-2883552	501(C)(3)	62,995.	0.			PROGRAM DEVELOPMENT
FEED MY STARVING CHILDREN							
401 93RD AVE NW			5				
COON RAPIDS, MN 55433	41-1601449	501(C)(3)	5,000.	0.			PROGRAM DEVELOPMENT
FENTON HIGH SCHOOL							
1000 W GREEN ST							
BENSENVILLE, IL 60106-2099	36-6004534	501(C)(3)	25,000.	0.			PROGRAM DEVELOPMENT
	50 0004554	501(0/(5/	23,000.				
FERMILAB NATURAL AREAS							
P.O. BOX 500 MS 444							
BATAVIA, IL 60510	27-0565784	501(C)(3)	12,000.	0.			PROGRAM DEVELOPMENT
,			,				
FIRST UNITED METHODIST CHURCH OF							
ELMHURST - 232 S YORK ST -							
ELMHURST, IL 60126	31-1813333	501(C)(3)	7,000.	0.			GENERAL/OPERATING
FOUNDATION FOR INDIVIDUAL RIGHTS							
IN EDUCATION - 510 WALNUT ST STE.							
1250 - PHILADELPHIA, PA							ANNUAL CAMPAIGNS, PROGR
19106-9943	04-3467254	501(C)(3)	60,000.	0.			DEVELOPMENT
FOX VALLEY CHRISTIAN ACTION							
35W624 RIVERWOODS LANE							GENERAL/OPERATING,
ST. CHARLES, IL 60174	36-2911588	501(C)(3)	63,000.	0.			PROGRAM DEVELOPMENT
EOV VALLEV INTRED WAV							
FOX VALLEY UNITED WAY 44 E GALENA BLVD							
	36-2105467	501(C)(3)	30,000.	0.			PROGRAM DEVELOPMENT
AURORA, IL 60505	36-2195467		30,000.	٥.			EVOCKWI DEVETOPMENI

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FRESH ANOINTING HOUSE OF WORSHIP							
6000 MONTICELLO DR							
MONTGOMERY, AL 36117	75-3137497	501(C)(3)	5,000.	0.			PROGRAM DEVELOPMENT
FRIENDS FOR THERAPEUTIC EQUINE							
ACTIVITIES - P.O. BOX 566 - WAYNE,							GENERAL/OPERATING,
IL 60184	36-4095011	501(C)(3)	16,500.	0.			PROGRAM DEVELOPMENT
FRIENDS OF THE FOREST PRESERVE							
DISTRICT OF DUPAGE COUNTY - 3S580							GENERAL/OPERATING,
NAPERVILLE RD - WHEATON, IL 60189	45-2343580	501(C)(3)	95,500.	0.			PROGRAM DEVELOPMENT
FRIENDS OF THE WHEATON MUNICIPAL							
BAND - P.O. BOX 727 - WHEATON, IL 60187-0727	36-4086210	F(1/2)/2	11 700	Ο.			GENERAL/OPERATING
00187-0727	50-4000210	501(C)(3)	11,700.	υ.			GENERAL/OPERATING
FRIENDSHIP ARK INC.							
130 S SHELDON AVE STE. 203							
AMES, IA 50014	42-1489488	501(C)(3)	5,000.	Ο.			NOT SPECIFIED
GARDENWORKS PROJECT							GENERAL/OPERATING, NO
103 W WASHINGTON ST P.O. BOX 615	46-3697674	501(C)(3)	19,370.	0.			SPECIFIED, PROGRAM DEVELOPMENT
WEST CHICAGO, IL 60186 GIRL SCOUTS OF GREATER CHICAGO AND	40 3097074	501(0/(5/	19,370.	σ.			
NORTHWEST INDIANA - 20 S CLARK							
STREET STE. 200 - CHICAGO, IL							
60603	36-3871241	501(C)(3)	5,000.	Ο.			GENERAL/OPERATING
GIVING DUPAGE							
421 N COUNTY FARM RD RM. 1-700							GENERAL/OPERATING,
WHEATON, IL 60187	26-2696088	501(C)(3)	11,240.	0.			PROGRAM DEVELOPMENT
GLEN ELLYN CHILDREN'S RESOURCE							
CENTER - 346 TAFT AVE STE. 205 -							GENERAL/OPERATING,
GLEN ELLYN, IL 60137	20-0628057	501(C)(3)	17,000.	0.			PROGRAM DEVELOPMENT

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GLENBARD NORTH HIGH SCHOOL							
990 KUHN RD							
CAROL STREAM, IL 60188-9227	36-6004526	501(C)(3)	10,000.	0.			PROGRAM DEVELOPMENT
GLOBAL FOODBANKING NETWORK							
70 E LAKE STE. 1200							
CHICAGO, IL 60601	20-4268851	501(C)(3)	22,500.	0.			GENERAL/OPERATING
H.O.M.E DUPAGE, INC.							
1600 E ROOSEVELT RD							
WHEATON, IL 60187	36-3770757	501(C)(3)	21,000.	0.			PROGRAM DEVELOPMENT
HEALTHCARE ALTERNATIVE SYSTEMS,							
INC 2755 W ARMITAGE AVE -							
CHICAGO, IL 60647	23-7432930	501(C)(3)	5,000.	0.			PROGRAM DEVELOPMENT
HESED HOUSE							GENERAL/OPERATING, NOT
659 S RIVER ST							SPECIFIED, PROGRAM
AURORA, IL 60506	36-3285644	501(C)(3)	7,350.	0.			, DEVELOPMENT
HIDAYA FOUNDATION							
P.O. BOX 5481							
SANTA CLARA, CA 95056	77-0502583	501(C)(3)	5,000.	0.			GENERAL/OPERATING
HINSDALE HUMANE SOCIETY							GENERAL/OPERATING, NOT
21 SALT CREEK LN							SPECIFIED, PROGRAM
HINSDALE, IL 60521	36-2441177	501(C)(3)	70,500.	0.			, DEVELOPMENT
		· · ·	,				
HOPE COLLEGE							
100 E 8TH ST STE. 280 P.O. BOX 9000							
HOLLAND, MI 49423	38-1381271	501(C)(3)	5,500.	0.			STUDENT AID
HOPE'S FRONT DOOR							
1047 CURTISS ST							GENERAL/OPERATING,
DOWNERS GROVE, IL 60515-4607	37-0073814	501(C)(3)	6,000.	0.			PROGRAM DEVELOPMENT

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HUMANITARIAN SERVICE PROJECT 465 RANDY RD	26 2107070	E01/(0)/(2)	16 500				GENERAL/OPERATING, NOT SPECIFIED, PROGRAM
CAROL STREAM, IL 60188	36-3187979	501(C)(3)	16,500.	0.			DEVELOPMENT
ICNA RELIEF USA PROGRAMS, INC. 1793 BLOOMINGDALE RD STE. 5 GLENDALE HEIGHTS, IL 60139	04-3810161	501(C)(3)	5,000.	0.			GENERAL/OPERATING
ILLINOIS POLICY INSTITUTE 190 S LASALLE ST STE. 1500							
CHICAGO, IL 60603	41-2057028	501(C)(3)	40,000.	0.			GENERAL/OPERATING
ILLINOIS STATE UNIVERSITY CAMPUS BOX 2320	27 (025712	F01 (0) (2)	0.500				
NOMRAL, IL 61790-2320	37-6025713	501(C)(3)	9,500.	0.			STUDENT AID
INDEPENDENT INSTITUTE 100 SWAN WAY OAKLAND, CA 94621	94-3008370	501(C)(3)	105,000.	٥.			GENERAL/OPERATING, PROGRAM DEVELOPMENT
INDIAN TRAIL JUNIOR HIGH SCHOOL 222 N KENNEDY DR							
ADDISON, IL 60101	36-6007393	501(C)(3)	10,000.	0.			PROGRAM DEVELOPMENT
INNER-CITY MUSLIM ACTION NETWORK 2744 W 63RD ST							
CHICAGO, IL 60629	36-4167433	501(C)(3)	5,000.	0.			GENERAL/OPERATING
INSTITUTE FOR HUMANE STUDIES MS 1C5							
ARLINGTON, VA 22201	94-1623852	501(C)(3)	25,000.	0.			GENERAL/OPERATING
INSTITUTE FOR JUSTICE 901 N GLEBE RD STE. 900 ARLINGTON, VA 22203	52-1744337	E01/(3)/(2)	140,000.	0.			GENERAL/OPERATING, PROGRAM DEVELOPMENT

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Part II Continuation of Grants and Other A	Assistance to Gov	vernments and Orgar	nizations in the Un	ited States (Sche	edule I (Form 990), Pa	art II.) T	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JACKSON MIDDLE SCHOOL							
301 W JACKSON ST							
VILLA PARK, IL 60181	36-6004505	501(C)(3)	9,987.	0.			PROGRAM DEVELOPMENT
JEFFERSON MIDDLE SCHOOL							
255 W VERMONT ST							
VILLA PARK, IL 60181	36-3913497	501(C)(3)	8,168.	0.			PROGRAM DEVELOPMENT
JO DAVIESS CONSERVATION FOUNDATION							
P.O. BOX 216							
ELIZABETH, IL 61028-0216	36-4448507	501(C)(3)	10,000.	0.			EQUIPMENT/SUPPLIES
, , ,							
KIDSMATTER							
750 SHORELINE DR STE. 100							
AURORA, IL 60504	37-0673513	501(C)(3)	22,500.	Ο.			PROGRAM DEVELOPMENT
KNOX COLLEGE							
2 E SOUTH ST							
GALESBURG, IL 61401-4999	45-4204425	501(C)(3)	25,000.	0.			EQUIPMENT/SUPPLIES
LIBERTY JUSTICE CENTER 190 S LASALLE ST STE. 1500							
CHICAGO, IL 60603	36-3749739	501(C)(3)	100,000.	0.			GENERAL/OPERATING
	50 5745755	501(0)(5)	100,000.				
LITERACY DUPAGE							GENERAL/OPERATING, NOT
425 W FAWELL BLVD SRC 1111							SPECIFIED, PROGRAM
GLEN ELLYN, IL 60137	36-2698644	501(C)(3)	23,000.	Ο.			DEVELOPMENT
LITTLE FRIENDS, INC.							
140 N WRIGHT ST							GENERAL/OPERATING,
NAPERVILLE, IL 60540	36-3786777	501(C)(3)	17,500.	0.			PROGRAM DEVELOPMENT
LOAVES & FISHES COMMUNITY SERVICES							GENERAL/OPERATING, NOT
1871 HIGH GROVE LN							SPECIFIED, PROGRAM
NAPERVILLE, IL 60540	59-2445926	501(C)(3)	61,835.	0.			DEVELOPMENT

Schedule I (Form 990) THE DUPAGE COMMUNITY FOUNDATION

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOGGERHEAD MARINELIFE CENTER 14200 US							
HWY 1 JUNO BEACH, FL 33408	36-6004504	501(C)(3)	5,500.	٥.			GENERAL/OPERATING
LOMBARD SCHOOL DISTRICT 44 150 W MADISON AVE							
LOMBARD, IL 60148	20-8036372	501(C)(3)	6,000.	0.			PROGRAM DEVELOPMENT
LUCY BURNS INSTITUTE, INC. 8383 GREENWAY BLVD STE. 600							
MIDDLETON, WI 53562	13-2912529	501(C)(3)	10,000.	0.			GENERAL/OPERATING
MANHATTAN INSTITUTE FOR POLICY RESEARCH, INC 52 VANDERBILT AVE							GENERAL/OPERATING,
- NEW YORK, NY 10017	82-3634670	501(C)(3)	43,000.	0.			PROGRAM DEVELOPMENT
MANNMUKTI							
3001 CLEARPOINT DR FLOWERMOUND, TX 75002	13-1846366	501(C)(3)	5,000.	0.			GENERAL/OPERATING
MARCH OF DIMES P.O. BOX 18819							
ATLANTA, GA 31126	36-6096464	501(C)(3)	5,000.	0.			GENERAL/OPERATING
MAYSLAKE VILLAGE 1801 35TH ST							
OAK BROOK, IL 60523-2699	36-2167061	501(C)(3)	5,000.	0.			PROGRAM DEVELOPMENT
METROPOLITAN FAMILY SERVICES DUPAGE – 222 E WILLOW AVE –							
WHEATON, IL 60187-5426	36-3377698	501(C)(3)	26,400.	0.			GENERAL/OPERATING
MIDWESTERN UNIVERSITY 555 31ST ST							
DOWNERS GROVE, IL 60515	36-2170153	501(C)(3)	5,000.	0.			GENERAL/OPERATING

		TY FOUNDATI					6-3978733 Page
Part II Continuation of Grants and Other A (a) Name and address of	Assistance to Gov (b) EIN	vernments and Organ (c) IRC section	nizations in the Un (d) Amount of	ited States (Sche	edule I (Form 990), Pa (f) Method of	rt II.) (g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
IISERICORDIA							
300 N RIDGE AVE							GENERAL/OPERATING,
CHICAGO, IL 60660	36-3040480	501(C)(3)	18,600.	0.			PROGRAM DEVELOPMENT
NAPERVILLE AREA HUMANE SOCIETY							
620 W DIEHL RD							NOT SPECIFIED, PROGRAM
APERVILLE, IL 60563	36-3412057	501(C)(3)	21,175.	٥.			DEVELOPMENT
NATIONAL ALLIANCE ON MENTAL							
ILLNESS DUPAGE - 115 N COUNTY FARM							GENERAL/OPERATING,
RD - WHEATON, IL 60187	53-0225165	501(C)(3)	30,500.	0.			PROGRAM DEVELOPMENT
ATIONAL PARKS CONSERVATION							
ASSOCIATION - 777 6TH ST NW STE.							
00 - WASHINGTON, DC 20001-3723	31-1728910	501(C)(3)	27,500.	0.			PROGRAM DEVELOPMENT
,							
NAVY SEAL FOUNDATION							
619 D ST							
/IRGINIA BEACH, VA 23459	36-2930414	501(C)(3)	17,500.	0.			GENERAL/OPERATING
IEDSRA							
770 W CENTENNIAL PLACE							
DDISON, IL 60101-1076	36-4301829	501(C)(3)	20,000.	0.			EQUIPMENT/SUPPLIES
TELOUDOD FOOD DANMETED							
EIGHBORHOOD FOOD PANTRIES							
27 W ARMY TRAIL RD P.O. BOX 88447	45-0562810	F(1/2)/2	30.000				PROGRAM DEVELOPMENT
AROL STREAM, IL 60188-0447	40-002020U	SOT(C)(S)	30,000.	0.			FROGRAM DEVELOPMENT
ORTHEAST DUPAGE FAMILY AND YOUTH							
SERVICES - 3 FRIENDSHIP PLAZA							
ADDISON - ADDISON, IL 60101	36-3203648	501(C)(3)	35,000.	0.			GENERAL/OPERATING
DEIDON ADDIDON, IL OUIDI	50 5205040	501(0/(5/	35,000.	0.			STREAT OF EASTING
NORTHERN ILLINOIS FOOD BANK							
73 DEARBORN CT							GENERAL/OPERATING,
GENEVA, IL 60134	36-6086819	501(C)(3)	82,720.	٥.			PROGRAM DEVELOPMENT

Schedule I (Form 990) THE DUPAGE COMMUNITY FOUNDATION Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHERN ILLINOIS UNIVERSITY							
1425 W LINCOLN HWY							
DEKALB, IL 60115-2828	36-3152959	501(C)(3)	5,500.	0.			STUDENT AID
,			, ,				
NORTHWESTERN MEMORIAL FOUNDATION							
0S050 WINFIELD ROAD STE. 200							NOT SPECIFIED, PROGRAM
WINFIELD, IL 60190	31-1675712	501(C)(3)	51,000.	0.			DEVELOPMENT
ONEWAY MINISTRIES							GENERAL/OPERATING,
P.O. BOX 2211	20-4275756	F01 (q) (2)	16.660	0			PROGRAM DEVELOPMENT,
NAPERVILLE, IL 60567	20-4275756	501(C)(3)	46,668.	0.			STAFF DEVELOPMENT
OPERATION SUPPORT OUR TROOPS -							
AMERICA - 1807 S WASHINGTON STE.							
110 #359 - NAPERVILLE, IL 60565	54-1983817	501(C)(3)	5,000.	0.			GENERAL/OPERATING
,,							
ORPHANETWORK							
2624 SOUTHERN BLVD STE. 101							
VIRGINIA BEACH, VA 23452	23-7265066	501(C)(3)	20,000.	0.			GENERAL/OPERATING
OUTREACH COMMUNITY MINISTRIES							
373 S SCHMALE DR STE. 102							GENERAL/OPERATING,
CAROL STREAM, IL 60188	94-2197343	501(C)(3)	301,000.	0.			PROGRAM DEVELOPMENT
PACIFIC LEGAL FOUNDATION							
930 G ST							
SACRAMENTO, CA 95814	36-2406623	501(C)(3)	12,500.	0.			GENERAL/OPERATING
SACRAMENIO, CA 55014	50 2400025	501(0/(3)	12,500.				GENERAL/ OF ERATING
PARK LAWN ASSOCIATION							
10833 S LAPORTE							
OAK LAWN, IL 60453	36-3157600	501(C)(3)	8,000.	0.			NOT SPECIFIED
PEOPLE'S RESOURCE CENTER							GENERAL/OPERATING, NOT
201 S NAPERVILLE RD							SPECIFIED, PROGRAM
WHEATON, IL 60187-5417	81-0540092	501(C)(3)	43,585.	Ο.			DEVELOPMENT

Schedule I (Form 990) THE DUPAGE COMMUNITY FOUNDATION Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PHILIPPINE FRONTLINE MINISTRIES							
INC P.O. BOX 208 - SANDWICH, IL							GENERAL/OPERATING,
50548	46-3862874	501(C)(3)	6,466.	0.			PROGRAM DEVELOPMENT
PLAY FOR ALL PLAYGROUND & GARDEN							
FOUNDATION - C/O WHEATON PARK							
DISTRICT 855 W PRAIRIE AVE -							
WHEATON, IL 60187	21-0634501	501(C)(3)	5,500.	0.			GENERAL/OPERATING
PRINCETON UNIVERSITY							
ANNUAL GIVING P.O. BOX 5357							GENERAL/OPERATING,
PRINCETON, NJ 08543-5357	21-0634501	501(C)(3)	20,000.	0.			PROGRAM DEVELOPMENT
,			,				
RAY GRAHAM ASSOCIATION							
001 WARRENVILLE RD STE. 500							GENERAL/OPERATING,
LISLE, IL 60532-4319	36-2411166	501(C)(3)	6,600.	0.			PROGRAM DEVELOPMENT
REPORTERS WITHOUT BORDERS, INC.							
P.O. BOX 34032							GENERAL/OPERATING, NOT
WASHINGTON, DC 20005	20-0708028	501(C)(3)	10,500.	0.			SPECIFIED
RIVERWALK ADULT DAY SERVICES							
305 W JACKSON AVE							
VAPERVILLE, IL 60540-5204	36-3239717	501(C)(3)	12,000.	0.			PROGRAM DEVELOPMENT
WHENVILLE, 11 00340 5204	50 5255717	501(0)(3)	12,000.	0.			FROGRAM DEVELOFMENT
ROBERT CROWN CENTER FOR HEALTH							
EDUCATION - 15 SPINNING WHEEL LN							GENERAL/OPERATING,
STE. 410 - HINSDALE, IL 60521	36-2608742	501(C)(3)	10,120.	0.			PROGRAM DEVELOPMENT
·							
SACRED HEART RETREAT APOSTOLATE							
396 CIENEGA RD P.O. BOX 1795							
BIG BEAR LAKE, CA 92315-1795	43-2005333	501(C)(3)	8,000.	0.			NOT SPECIFIED
CACHADO CUADRED NAMI COCTEMY OF							
SAGUARO CHAPTER, NATL SOCIETY OF THE D.A.R 11044 E. MONTE AVE.							
						1	

		TY FOUNDATI		36-3978733 Ра			
Part II Continuation of Grants and Other A	Assistance to Gov	vernments and Orgar	nizations in the Un	ited States (Sche	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALT CREEK DISTRICT 48							
1110 S VILLA AVE							
VILLA PARK, IL 60181	36-6004507	501(C)(3)	10 000	0.			PROGRAM DEVELOPMENT
VILLA PARK, IL 60161	30-0004307	501(C)(3)	10,000.	0.			PROGRAM DEVELOPMENT
SAMARACARE							
819 BAY SCOTT CIRCLE STE. 109							GENERAL/OPERATING,
NAPERVILLE, IL 60540-1130	36-2846570	501(C)(3)	45,000.	0.			PROGRAM DEVELOPMENT
,							
SCARCE							
799 ROOSEVELT RD BLDG. 2 STE. 108							
GLEN ELLYN, IL 60137-5938	36-3908867	501(C)(3)	14,000.	Ο.			PROGRAM DEVELOPMENT
SCIENCE LITERACY PROJECT							
1120 WELSH RD STE. 200							
NORTH WALES, PA 19454	52-1844456	501(C)(3)	10,000.	0.			GENERAL/OPERATING
SEASPAR							EQUIPMENT/SUPPLIES,
4500 BELMONT RD							GENERAL/OPERATING,
DOWNERS GROVE, IL 60515-2500	36-3264898	501(C)(3)	28,330.	0.			PROGRAM DEVELOPMENT
SECOND CITY CANINE RESCUE							
P.O. BOX 721094							
ROSELLE, IL 60172	45-3336498	501(C)(3)	14,750.	0.			PROGRAM DEVELOPMENT
SENIOR HOME SHARING, INC.							
1910 S HIGHLAND AVE STE. 100				_			
LOMBARD, IL 60148	36-3246634	501(C)(3)	9,700.	0.			GENERAL/OPERATING
SHARING CONNECTIONS							
5111 CHASE AVE							
	36-4363123	501(C)(3)	20,000.	0.			PROGRAM DEVELOPMENT
DOWNERS GROVE, IL 60515	30-4303123	JOT(C)(3)	20,000.	0.			FROGRAM DEVELOPMENT
SIGNAL HILL CHAPTER, NATL SOCIETY							
OF THE D.A.R 22231 W. NATCHEZ							
CT PLAINFIELD, IL 60544-6050	23-7167032	501(C)(3)	5,000.	0.			GENERAL/OPERATING

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPECIAL KIDS DAY							
535 SPRING RD							
ELMHURST, IL 60126	20-2123895	501(C)(3)	6,000.	0.			PROGRAM DEVELOPMENT
SPECTRIOS INSTITUTE							
219 E COLE AVE							
WHEATON, IL 60187	36-3083157	501(C)(3)	5,500.	0.			GENERAL/OPERATING
SPINAL CSF LEAK FOUNDATION							
707 W MAIN AVE STE. B1 PMB 103							
SPOKANE, WA 99201	47-1141080	501(C)(3)	5,000.	0.			GENERAL/OPERATING
ST. ISAAC JOGUES PARISH SCHOOL							
421 S CLAY ST	26 2274 222		5				
HINSDALE, IL 60521-4035	36-2371229	501(C)(3)	5,000.	0.			GENERAL/OPERATING
ST. JOAN OF ARC PARISH & SCHOOL							
820 DIVISION ST							GENERAL/OPERATING, NOT
LISLE, IL 60532	36-2192836	501(C)(3)	9,000.	0.			SPECIFIED
ST. MARGARET MARY CATHOLIC CHURCH							
1450 GREEN TRAILS DR							ANNUAL CAMPAIGNS,
NAPERVILLE, IL 60540	36-3078137	501(C)(3)	8,500.	0.			GENERAL/OPERATING
, 00010				· · ·			
ST. MARY OF GOSTYN CATHOLIC SCHOOL							
440 PRAIRIE AVE							
DOWNERS GROVE, IL 60515	36-2166991	501(C)(3)	5,000.	0.			GENERAL/OPERATING
ST. PROCOPIUS ABBEY							
5601 COLLEGE RD							
LISLE, IL 60532	36-2169184	501(C)(3)	5,000.	0.			GENERAL/OPERATING
				.			
ST. SOPHIA'S FORGOTTEN FELINES							
112 E CHICAGO AVE							
WESTMONT, IL 60559	36-4696076	501(C)(3)	30,000.	Ο.			PROGRAM DEVELOPMENT

		TY FOUNDATI		36-3978733 Page			
Part II Continuation of Grants and Othe (a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	ited States (Sche (e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
TATE POLICY NETWORK							
655 N FORT MYER DR STE. 360							GENERAL/OPERATING,
RLINGTON, VA 22209	57-0952531	501(C)(3)	60,000.	0.			PROGRAM DEVELOPMENT
TUDENTS FOR LIBERTY, INC.							
221 S CLARK ST 12TH FLOOR							GENERAL/OPERATING, NOT
RLINGTON, VA 22202	94-3435899	501(C)(3)	11,000.	0.			SPECIFIED
SWIFTY FOUNDATION							
3916 SARAZEN CT							
NOODRIDGE, IL 60517	46-1853577	501(C)(3)	200,000.	0.			PROGRAM DEVELOPMENT
TEEN PARENT CONNECTION							
175 TAFT AVE							GENERAL/OPERATING,
GLEN ELLYN, IL 60137	36-3387034	501(C)(3)	44,600.	0.			PROGRAM DEVELOPMENT
THE BRIDGE TEEN CENTER							
15555 S 71ST CT							
DRLAND PARK, IL 60462	20-3802111	501(C)(3)	15,000.	0.			GENERAL/OPERATING
THE CANCER SUPPORT CENTER							
19645 S LAGRANGE RD							
MOKENA, IL 60448	36-3880404	501(C)(3)	20,175.	0.			GENERAL/OPERATING
THE COMMUNITY HOUSE							
415 W EIGHTH ST							
IINSDALE, IL 60521	36-2167735	501(C)(3)	10,000.	0.			PROGRAM DEVELOPMENT
THE CONSERVATION FOUNDATION							
.0S404 KNOCH KNOLLS RD							GENERAL/OPERATING,
APERVILLE, IL 60565	23-7221206	501(C)(3)	24,500.	0.			PROGRAM DEVELOPMENT
THE FUND FOR AMERICAN STUDIES							
.706 NEW HAMPSHIRE AVE							
W WASHINGTON, DC 20009	13-6223604	501(C)(3)	111,000.	0.			GENERAL/OPERATING

Schedule I (Form 990) THE DUPAGE COMMUNITY FOUNDATION

Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					appraisal, other)		
3939 N WILKE RD	1						GENERAL/OPERATING,
ARLINGTON HEIGHTS, IL 60004	36-3309812	501(C)(3)	55,000.	0.			PROGRAM DEVELOPMENT
THE WETLANDS INITIATIVE							
53 W JACKSON BLVD SUITE 1015							
CHICAGO, IL 60604	36-3942451	501(C)(3)	5,500.	٥.			GENERAL/OPERATING
TRINITY EPISCOPAL CHURCH							
130 N WEST STREET							GENERAL/OPERATING,
WHEATON, IL 60187-5097	36-2170847	501(C)(3)	6,000.	٥.			PROGRAM DEVELOPMENT
TURNING POINTE AUTISM FOUNDATION							
1500 W OGDEN AVE NAPERVILLE, IL 60540	26-1286022	501(C)(3)	10,330.	0.			GENERAL/OPERATING
NAPERVILLE, IL 60540	20-1200022	501(C)(5)	10,330.	0.			GENERAL/OPERATING
UCP SEGUIN OF GREATER CHICAGO							
3100 S CENTRAL AVE							
CICERO, IL 60804-3987	36-2894174	501(C)(3)	65,000.	0.			PROGRAM DEVELOPMENT
UMMAH RELIEF INTERNATIONAL							
P.O. BOX 1426							
ELGIN, IL 60121	36-3954960	501(C)(3)	5,000.	٥.			GENERAL/OPERATING
UNION CHURCH OF HINSDALE							
137 S GARFIELD AVE	12 1057001	F(1/2)/2	17 000	_			GENERAL/OPERATING,
HINSDALE, IL 60521-4229	13-1957221	501(C)(3)	17,000.	0.			PROGRAM DEVELOPMENT
UNIVERSITY OF ILLINOIS AT							
URBANA-CHAMPAIGN - 620 E JOHN ST							
MC-303 - CHAMPAIGN, IL 61820-5712	37-6006004	501(C)(3)	6,500.	٥.			STUDENT AID
UNIVERSITY OF WISCONSIN-MADISON							
333 E CAMPUS MALL #10501							
MADISON, WI 53715-1383	39-6006492	501(C)(3)	6,100.	0.			STUDENT AID

		TY FOUNDATI		36-3978733 Ра			
Part II Continuation of Grants and Other A (a) Name and address of organization or government	Assistance to Gov (b) EIN	(c) IRC section (c) IRC section if applicable	izations in the Un (d) Amount of cash grant	ited States (Sche (e) Amount of non-cash assistance	edule I (Form 990), Pa (f) Method of valuation (book, FMV, appraisal, other)	rt II.) (g) Description of non-cash assistance	(h) Purpose of grant or assistance
VERITAS ACADEMY P.O. BOX 1581							
CODY, WY 82414	47-1107248	501(C)(3)	5,000.	0.			GENERAL/OPERATING
VILLA PARK DISTRICT 45 255 W VERMONT ST							
VILLA PARK, IL 60181	36-6004505	501(C)(3)	10,000.	0.			PROGRAM DEVELOPMENT
VNA HEALTH CARE 400 N HIGHLAND AVE AURORA, IL 60506	36-2182095	501(C)(3)	20,525.	0.			GENERAL/OPERATING, PROGRAM DEVELOPMENT
VOLUNTEERS OF AMERICA OF ILLINOIS 47 W POLK ST STE. 250	26 2722047	F01 (G) (2)	250,000				
CHICAGO, IL 60605	36-2723047	501(C)(3)	250,000.	0.			PROGRAM DEVELOPMENT
WASHINGTON UNIVERSITY IN ST. LOUIS ONE BROOKINGS DR CAMPUS BOX 1041 ST. LOUIS, MO 63130	43-0653611	501(C)(3)	5,000.	0.			STUDENT AID
WELLNESS HOUSE 131 N COUNTY LINE RD HINSDALE, IL 60521-2401	36-3636933	501(C)(3)	21,400.	0.			GENERAL/OPERATING, NOT SPECIFIED
WEST SUBURBAN COMMUNITY PANTRY 6809 HOBSON VALLEY DR STE. 118	36-3857072	501(C)(3)	E 100	0.			GENERAL/OPERATING
WOODRIDGE, IL 60517-1740 WEST SUBURBAN HUMANE SOCIETY 1901 OGDEN AVE	30-303/0/2	201(6)(2)	5,100.				SENERAL/ OF ERATING
DOWNERS GROVE, IL 60515-9193	23-7355420	501(C)(3)	7,500.	0.			PROGRAM DEVELOPMENT
WESTERN DUPAGE SPECIAL RECREATION ASSOCIATION - 116 N SCHMALE RD - CAROL STREAM, IL 60188-2103	36-3932924	501(C)(3)	18,200.	0.			GENERAL/OPERATING, PROGRAM DEVELOPMENT

		TY FOUNDATI				36-3978733 Pag		
Part II Continuation of Grants and Othe	er Assistance to Gov	vernments and Orgar	nizations in the Un	ited States (Sche	edule I (Form 990), Pa	urt II.)		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
HEATON ACADEMY								
000 PRINCE CROSSING RD							EQUIPMENT/SUPPLIES,	
NEST CHICAGO, IL 60185-1796	36-2388793	501(C)(3)	12,228.	0.			GENERAL/OPERATING	
HEATON COLLEGE								
01 COLLEGE AVE								
WHEATON, IL 60187-5593	36-2182171	501(C)(3)	8,000.	0.			STUDENT AID	
WHEATON COLLEGE								
501 COLLEGE AVENUE WHEATON	26 0100151	501 (2) (2)	21.000					
NHEATON, IL 60187-5593	36-2182171	501(C)(3)	31,000.	0.			PROGRAM DEVELOPMENT	
WHEATON DRAMA, INC.								
11 N HALE ST								
NHEATON, IL 60187	36-2603079	501(C)(3)	10,000.	0.			GENERAL/OPERATING	
WHEATON PUBLIC LIBRARY								
225 N CROSS ST							GENERAL/OPERATING,	
NHEATON, IL 60187	36-6006153	501(C)(3)	9,000.	0.			PROGRAM DEVELOPMENT	
			5,000.					
WILLOW CREEK COMMUNITY CHURCH								
7 E ALGONQUIN RD								
OUTH BARRINGTON, IL 60010	51-0164942	501(C)(3)	18,000.	0.			GENERAL/OPERATING	
ALL CHEROOK HICH SCHOOL								
VILLOWBROOK HIGH SCHOOL								
L250 S ARDMORE AVE	36-6004527	F(1/2)/2	10 000	0.			PROGRAM DEVELOPMENT	
VILLA PARK, IL 60181	30-0004327	501(C)(5)	10,000.	0.			PROGRAM DEVELOPMENT	
OOD DALE SCHOOL DISTRICT 7								
43 N WOOD DALE ROAD								
OOD DALE, IL 60191	36-6004479	501(C)(3)	49,838.	0.			PROGRAM DEVELOPMENT	
WORLD RELIEF DUPAGE								
L91 S GARY AVE STE. 130							GENERAL/OPERATING,	
CAROL STREAM, IL 60188	23-6393344	501(C)(3)	35,795.	0.			PROGRAM DEVELOPMENT	

chedule I (Form 990) THE DUPAC		TY FOUNDATI		36-3978733 _F			
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TTW							
5400 N ST LOUIS AVE							ENDOWMENT FUNDS,
CHICAGO, IL 60625-4698	36-2246703	501(C)(3)	1,000,500.	0.			GENERAL/OPERATING
WYNDEMERE RESIDENTS ASSOCIATION 200 WYNDEMERE CIRCLE W221							
WHEATON, IL 60187	27-3177958	501(C)(3)	26,445.	0.			GENERAL/OPERATING
YOUNG HEARTS FOR LIFE 1901 S MEYERS RD STE. 350							
OAKBROOK TERRACE, IL 60181-5207	36-3297360	501(C)(3)	5,000.	0.			GENERAL/OPERATING
YOUNG LIFE METRO SOUTHWEST 812 HILLGROVE AVE							
WESTERN SPRINGS, IL 60558	84-0385934	501(C)(3)	5,000.	0.			PROGRAM DEVELOPMENT
YOUTH OUTLOOK 1828 OLD NAPERVILLE RD							
NAPERVILLE, IL 60563	36-4223806	501(C)(3)	20,000.	0.			PROGRAM DEVELOPMENT
YWCA METROPOLITAN CHICAGO 1 N LASALLE ST STE. 1150							
CHICAGO, IL 60602	36-2179765	501(C)(3)	90,000.	0.			PROGRAM DEVELOPMENT

Schedule I (Form 990) (2018) THE DUPAGE COMMUNITY FOUNDATION

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

PART 1, LINE TWO:

Part III

AS PART OF THE GRANT AGREEMENT, GRANTEES ARE REQUIRED TO SUBMIT A

REPORT THAT IDENTIFIES THE USAGE OF GRANT FUNDS ALONG WITH MEASURABLE

OUTCOMES ON THE PROGRAMS THAT BENEFITED FROM THE FINANCIAL SUPPORT.

GRANTS ARE NORMALLY AWARDED FOR ONE-TIME PROPOSED PROJECTS. THE

RECIPIENT ORGANIZATION MUST ADHERE TO THE PROJECT DATES AND PROPOSAL,

AS APPROVED BY THE GRANT COMMITTEE AND CONTACT FOUNDATION STAFF WITH

ANY REVISIONS FOR APPROVAL. IN SOME CASES, THE GRANT AWARD MAY BE USED

36-3978733

Page 2

Schedule I (Form 990) THE DUPAGE COMMUNITY FOUNDATION Part IV Supplemental Information	36-3978733	Page 2
AS A CHALLENGE GRANT BY THE RECIPIENT ORGANIZATION OR MAY O	NLY BE GIVEN	
AS A MATCH FOR ADDITIONAL PROJECT FUNDING. ALL GRANTEE ORG	ANIZATIONS	
ARE REQUIRED TO SUBMIT A COMPLETED FINAL REPORT UPON COMPLE	TION OF	
THEIR PROJECT OR WITHIN ONE YEAR, WHICHEVER COMES FIRST. T	HE FINAL	
REPORT ASKS THE FOLLOWING:		
1. DESCRIPTION OF OUTCOMES ACHIEVED USING THE OUTCOME MEASU	RES TABLE	
FROM THE INITIAL APPLICATION.		
2. HAS THE PROJECT DIFFERED IN EXECUTION FROM THE APPLICATI	ON?	
3. PROVIDE AN EXAMPLE THAT ILLUSTRATED WHAT YOU CONSIDER TO	BE THE MOST	

SIGNIFICANT IMPACT ON THE LIVES OF THE INDIVIDUALS SERVED.

4. DESCRIPTION OF FUTURE PLANS FOR PROJECT'S SUSTAINABILITY.

Schedule I (Form 990)

832291 04-01-18

sc	HEDULE J	Compensation Information	I	OMB No. 1	1545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	-	20	10	
•		Compensated Employees		20	ĬŎ)
-		Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	lic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nan	ne of the organizatio	1	Employer	identificatio	on nu	mber
		THE DUPAGE COMMUNITY FOUNDATION	36-3	397873	3	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropr	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o	harter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re-	sidence			
	Tax indemnifie	ation and gross-up payments Health or social club dues or initiation fee	S			
	Discretionary	ur, chef)				
b	-	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p		1b			
2						
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3		ny, of the following the filing organization used to establish the compensation of the organiza				
		ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
	·	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation committee Written employment contract					
	Independent compensation consultant					
	Form 990 of c	ther organizations	ommittee			
4	U	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re					v
a		e payment or change-of-control payment?				X X
b		ceive payment from, a supplemental nonqualified retirement plan?				X
С		ceive payment from, an equity-based compensation arrangement?		<u>4c</u>		
	I Yes to any of in	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501/)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5			n			
5	contingent on the r	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio				
я	-			5a		x
a h	Any related organization	ation?		<u>5a</u> 5b		X
5		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n			
5	contingent on the r					
а	-			6a		x
		ation?				X
2		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
-		nes 5 and 6? If "Yes," describe in Part III		7	Х	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th				
-				8		X
9		id the organization also follow the rebuttable presumption procedure described in				
	Regulations section			9		
LHA		eduction Act Notice, see the Instructions for Form 990.		dule J (Forn	n 990) 2018
	-			-		

36-3978733

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B) reported as deferred on prior Form 990	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits		
(1) MR. DAVID MCGOWAN	(i)	197,789.	6,500.	4,987.	0.	26,898.		0.
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

AS INDICATED IN SCHEDULE J, PART II, THE PRESIDENT AND CEO RECEIVED A BONUS

THAT IS A NONFIXED PAYMENT BASED UPON MERIT AND APPROVED BY THE EXECUTIVE

COMMITTEE.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 2018

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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

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

Name of the organization

THE DUPA

Employer	identification number
3	6-3978733

AGE	COMMUNITY	FOUNDATION	

Pa	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of det noncash contribut		•	3
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	27	4,420,366.	AVERAGE HIGH	I/LC	W	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	Other ► ()							
27	Other ► ()							
28	Other ()							
29	Number of Forms 8283 received by the organized	zation during	the tax year for c	ontributions				
	for which the organization completed Form 82	83, Part IV, [Donee Acknowledg	gement 29				
					-		Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be us	sed for			
	exempt purposes for the entire holding period?	?				30a		X
b	b If "Yes," describe the arrangement in Part II.							
31	31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?						X	
32a	32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							I
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) foi	r a type of property	/ for which column (a) is chec	ked,			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990)	Schedule M	(Form	n 990)	2018

	VI (Form 990) 2018				FOUNDATION
Part II	Supplemental	Inforr	nation. Pro	vide the information	required by Part I. lin

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

ORGANIZATION USED THE NUMBER OF CONTRIBUTIONS MADE FOR LINE 9, COLUMN

в.

Schedule M (Form 990) 2018

832142 10-18-18

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(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 18 Open to Public Inspection

THE DUPAGE COMMUNITY FOUNDATION

Employer identification number 36-3978733

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

THE BOARD OF TRUSTEES AND PRESIDENT ARE PROVIDED A COPY OF FORM 990 FOR

REVIEW BEFORE FILING. THE PRESIDENT AND TREASURER SIGN OFF ON FORM 990.

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

ANNUALLY TRUSTEES STAFF AND VOLUNTEERS ARE ASKED TO UPDATE SIGN, AND DATE

THEIR CONFLICT OF INTEREST POLICY.

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

THE PRESIDENT'S PERFORMANCE IS REVIEWED ANNUALLY. THE EXECUTIVE COMMITTEE

MEETS IN EXECUTIVE SESSION TO REVIEW PERFORMANCE AND PROVIDE FEEDBACK TO

THE CHAIR OF THE BOARD WHO CONDUCTS THE ACTUAL REVIEW.

PERFORMANCE IS MEASURED IN TERMS OF OUTRIGHT AND DEFERRED GIFTS, WORK WITH PROFESSIONAL ADVISORS, BOARD AND COMMITTEE SUPPORT, STAFF LEADERSHIP AND COMMUNITY LEADERSHIP.

COMPARABILITY DATA FOR THE PRESIDENT AND OTHER KEY EMPLOYEES COMES FROM THE COUNCIL ON FOUNDATIONS ANNUAL SALARY SURVEY AND REVIEW OF 990S FROM SIMILAR ORGANIZATIONS.

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

CONFLICT OF INTEREST POLICY - UPON REQUEST.

FINANCIAL STATEMENTS - UPON REQUEST AND VIA THE FOUNDATION'S WEBSITE.

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Schedule O (Form 990 or 990-EZ) (2018)