

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

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

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

2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE DUPAGE COMMUNITY FOUNDATION Doing business as DUPAGE FOUNDATION Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3000 WOODCREEK DRIVE 310 City or town, state or province, country, and ZIP or foreign postal code DOWNERS GROVE, IL 60515-5408 F Name and address of principal officer: DAVID MCGOWAN SAME AS C ABOVE	D Employer identification number 36-3978733 E Telephone number 630-665-5556 G Gross receipts \$ 40,785,662. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.DUPAGEFOUNDATION.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1986 M State of legal domicile: IL

Part I Summary

1	Briefly describe the organization's mission or most significant activities: TO FOSTER PHILANTHROPY, CONNECT DONORS TO AREA NEEDS, AND BUILD COMMUNITY PARTNERSHIPS		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	13
6	Total number of volunteers (estimate if necessary)	6	120
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 39	7b	8,352.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	6,988,869.	7,742,951.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,034,817.	3,640,083.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	111,709.	128,440.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,135,395.	11,511,474.
14	Benefits paid to or for members (Part IX, column (A), line 4)	6,756,791.	8,814,664.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	985,728.	1,092,435.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 512,171.	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,037,619.	907,408.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,780,138.	10,814,507.
19	Revenue less expenses. Subtract line 18 from line 12	1,355,257.	696,967.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	98,928,275.	97,402,516.
22	Net assets or fund balances. Subtract line 21 from line 20	18,335,138.	18,413,931.
22	Net assets or fund balances. Subtract line 21 from line 20	80,593,137.	78,988,585.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer DAVID MCGOWAN, PRESIDENT & CEO Type or print name and title	Date _____			
Paid Preparer Use Only	Print/Type preparer's name KIMBERLY A. HAUMANN	Preparer's signature KIMBERLY A. HAUMANN	Date 12/11/20	Check if self-employed <input type="checkbox"/>	PTIN P00546491
	Firm's name ▶ PLANTE & MORAN, PLLC				Firm's EIN ▶ 38-1357951
	Firm's address ▶ 10 S. RIVERSIDE PLAZA, 9TH FLOOR CHICAGO, IL 60606				Phone no. (312) 207-1040

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part 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 No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 8,814,664. including grants of \$ 8,814,664.) (Revenue \$ 177,615.) 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.

4b (Code:) (Expenses \$ 904,086. including grants of \$ 0.) (Revenue \$ 0.) SERVE AS A SOURCE OF INFORMATION ABOUT THE NEEDS OF DUPAGE COUNTY.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 9,718,750.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>	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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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 "Yes," complete Schedule F, Parts II and IV</i>		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 "Yes," complete Schedule F, Parts III and IV</i>		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 "Yes," complete Schedule G, Part I</i>		X
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 "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a 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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part 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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 21; 1b Enter the number of voting members included... 21; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates... X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b 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... X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done... X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official... X; b Other officers or key employees of the organization... X; If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed IL
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
DAVID MCGOWAN, PRESIDENT & CEO - 630-665-5556
3000 WOODCREEK DRIVE, NO. 310, DOWNERS GROVE, IL 60515-5408

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MR. DAVID MCGOWAN PRESIDENT AND CEO	40.00			X			222,547.	0.	26,583.	
(2) MR. MICHAEL SITRICK V.P. FOR ADVANCEMENT	40.00					X	108,113.	0.	12,410.	
(3) MS. BARBARA SZCZEPANIAK V.P. FOR PROGRAMS	40.00					X	102,804.	0.	12,410.	
(4) MR. JOSEPH WEIDENBACH TRUSTEE, CHAIR	1.00	X		X			0.	0.	0.	
(5) MR. NATHANIEL WASSON TRUSTEE, VICE CHAIR	1.00	X		X			0.	0.	0.	
(6) MS. DELROSE KOCH TRUSTEE, SECRETARY	1.00	X		X			0.	0.	0.	
(7) MR. ERNEST MROZEK TRUSTEE, TREASURER	1.00	X		X			0.	0.	0.	
(8) MR. WILLIAM BLUM TRUSTEE	1.00	X					0.	0.	0.	
(9) MS. BETSY BROSNAN TRUSTEE	1.00	X					0.	0.	0.	
(10) MS. DENICE GIERACH TRUSTEE	1.00	X					0.	0.	0.	
(11) MR. WILLIAM GRIFFIN (PART YEAR) TRUSTEE	1.00	X					0.	0.	0.	
(12) MS. DENISE HORNE TRUSTEE	1.00	X					0.	0.	0.	
(13) MR. CHRISTOPHER JANC (PART YEAR) TRUSTEE	1.00	X					0.	0.	0.	
(14) MR. JOHN KAISER TRUSTEE	1.00	X					0.	0.	0.	
(15) MR. WILLIAM KENNEDY (PART YEAR) TRUSTEE	1.00	X					0.	0.	0.	
(16) MS. MARY KAY KLUGE TRUSTEE	1.00	X					0.	0.	0.	
(17) MS. DIANA MARTINEZ TRUSTEE	1.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MR. ROGER MCDOUGAL TRUSTEE	1.00	X						0.	0.	0.
(19) MR. CHARLES MCKENNA TRUSTEE	1.00	X						0.	0.	0.
(20) MR. PAUL MILES TRUSTEE	1.00	X						0.	0.	0.
(21) MS. JOAN MORRISSEY TRUSTEE	1.00	X						0.	0.	0.
(22) MS. DOROTHY O'REILLY TRUSTEE	1.00	X						0.	0.	0.
(23) MR. PETER PAOLILLI TRUSTEE	1.00	X						0.	0.	0.
(24) MR. KEVIN PHILLIPS TRUSTEE	1.00	X						0.	0.	0.
(25) MR. CHARLES SAUL JR. TRUSTEE	1.00	X						0.	0.	0.
(26) MS. MEGAN SHEBIK TRUSTEE	1.00	X						0.	0.	0.
1b Subtotal								433,464.	0.	51,403.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								433,464.	0.	51,403.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NORTHERN TRUST 50 S LASALLE ST, CHICAGO, IL 60603	INVESTMENT MANAGER	110,880.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Row 1: (27) MS. JOYCE WEBB TRUSTEE, 1.00 hours, Individual trustee or director checked, 0.00 compensation from org, 0.00 from related orgs, 0.00 other.

Total to Part VII, Section A, line 1c

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	453,855.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	7,289,096.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 3,454,557.				
	h Total. Add lines 1a-1f			7,742,951.			
Program Service Revenue	2 a	Business Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,835,453.		1,835,453.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
				31,002,768.			
	b Less: cost or other basis and sales expenses	7b	29,198,138.				
c Gain or (loss)	7c	1,804,630.					
d Net gain or (loss)			1,804,630.		1,804,630.		
8 a Gross income from fundraising events (not including \$ 453,855. of contributions reported on line 1c). See Part IV, line 18	8a		26,875.				
b Less: direct expenses	8b	76,050.					
c Net income or (loss) from fundraising events			-49,175.		-49,175.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a ADMINISTRATIVE FEES	Business Code	561000	177,615.	177,615.		
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			177,615.			
12 Total revenue. See instructions			11,511,474.	177,615.	0.	3,590,908.	

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 response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	8,814,664.	8,814,664.		
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	249,130.	24,912.	37,370.	186,848.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	663,657.	299,437.	291,855.	72,365.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	38,156.	13,851.	14,003.	10,302.
9 Other employee benefits	78,979.	35,661.	34,754.	8,564.
10 Payroll taxes	62,513.	22,692.	22,942.	16,879.
11 Fees for services (nonemployees):				
a Management				
b Legal	15.		15.	
c Accounting	30,260.		30,260.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	289,874.	271,029.	18,845.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	113,961.	113,961.		
12 Advertising and promotion	73,974.	33,041.	6,249.	34,684.
13 Office expenses	28,005.	9,416.	9,948.	8,641.
14 Information technology	71,212.	24,631.	26,358.	20,223.
15 Royalties				
16 Occupancy	54,901.	18,989.	20,321.	15,591.
17 Travel	2,149.	846.	394.	909.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	8,234.	2,512.		5,722.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	47,609.	16,467.	17,622.	13,520.
23 Insurance	10,096.	3,492.	3,737.	2,867.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONSULTING	161,708.	11,320.	48,512.	101,876.
b SPECIAL EVENTS	14,317.	1,432.		12,885.
c STAFF DEVELOPMENT	1,093.	397.	401.	295.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	10,814,507.	9,718,750.	583,586.	512,171.
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)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,138,381.	1	4,010,336.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	701,351.	3	309,666.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	35,078.	9	34,299.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,588,958.		
	b Less: accumulated depreciation	10b 332,813.	10c	1,256,145.
	11 Investments - publicly traded securities	93,215,390.	11	91,286,128.
	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	534,322.	15	505,942.
16 Total assets. Add lines 1 through 15 (must equal line 33)	98,928,275.	16	97,402,516.	
Liabilities	17 Accounts payable and accrued expenses	60,587.	17	77,653.
	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	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	174,300.
	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 Schedule D	18,274,551.	25	18,161,978.
	26 Total liabilities. Add lines 17 through 25	18,335,138.	26	18,413,931.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	13,285,103.	27	13,463,417.
	28 Net assets with donor restrictions	67,308,034.	28	65,525,168.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	80,593,137.	32	78,988,585.
	33 Total liabilities and net assets/fund balances	98,928,275.	33	97,402,516.

Part 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	11,511,474.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,814,507.
3	Revenue less expenses. Subtract line 2 from line 1	3	696,967.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	80,593,137.
5	Net unrealized gains (losses) on investments	5	-2,301,519.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	78,988,585.

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		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:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	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:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **THE DUPAGE COMMUNITY FOUNDATION** Employer identification number **36-3978733**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 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 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6944901.	5100707.	5920176.	6988869.	7742951.	32697604.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	6944901.	5100707.	5920176.	6988869.	7742951.	32697604.
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)						9565055.
6 Public support. Subtract line 5 from line 4.						23132549.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	6944901.	5100707.	5920176.	6988869.	7742951.	32697604.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	983,366.	1042473.	1444989.	2077121.	1835453.	7383402.
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.)	105,185.	111,846.	202,501.	165,883.	204,490.	789,905.
11 Total support. Add lines 7 through 10						40870911.
12 Gross receipts from related activities, etc. (see instructions)					12	1,019,299.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	56.60 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	56.37 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
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, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
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 "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
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 Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	

Section 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	
e	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	

Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, LIST OF UNUSUAL GRANTS RECEIVED:

DESCRIPTION: CONVERTED PRIVATE FOUNDATION

DATE: 06/26/17 AMOUNT: 15843562.

Multiple horizontal lines for additional information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization THE DUPAGE COMMUNITY FOUNDATION Employer identification number 36-3978733

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for tracking easements (2a-2d), and yes/no questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with questions (1a-1b, 2a-2b) regarding the reporting of art and historical treasures, including revenue and asset values.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	78,351,568.	76,258,938.	71,112,768.	50,511,780.	48,523,380.
b Contributions	7,108,523.	6,501,922.	5,377,809.	20,482,648.	6,824,861.
c Net investment earnings, gains, and losses	1,034,268.	3,774,928.	5,907,095.	6,281,699.	-145,954.
d Grants or scholarships					
e Other expenditures for facilities and programs	9,818,001.	8,184,220.	6,138,734.	6,163,359.	4,690,507.
f Administrative expenses					
g End of year balance	76,676,358.	78,351,568.	76,258,938.	71,112,768.	50,511,780.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 14.54 %
 - b Permanent endowment 32.18 %
 - c Term endowment 53.27 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		68,860.		68,860.
b Buildings		1,369,853.	183,191.	1,186,662.
c Leasehold improvements				
d Equipment		150,245.	149,622.	623.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,256,145.

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	18,071,527.
(3) ANNUITY PAYABLE	90,451.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	18,161,978.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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	9,000,711.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-2,301,519.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	76,050.
e	Add lines 2a through 2d	2e	-2,225,469.
3	Subtract line 2e from line 1	3	11,226,180.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	285,294.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	285,294.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	11,511,474.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	10,605,263.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	76,050.
e	Add lines 2a through 2d	2e	76,050.
3	Subtract line 2e from line 1	3	10,529,213.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	285,294.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	285,294.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	10,814,507.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; 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 information.

PART V, LINE 4:

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 76,050.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 76,050.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ANNUAL BENEFIT		NONE	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	480,730.			480,730.
	2 Less: Contributions	453,855.			453,855.
	3 Gross income (line 1 minus line 2)	26,875.			26,875.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	43,472.			43,472.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	32,578.			32,578.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				76,050.
11 Net income summary. Subtract line 10 from line 3, column (d)				-49,175.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 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
- 13 Indicate the percentage of gaming activity conducted in:

13a	The organization's facility	%
13b	An outside facility	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount 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:

- a 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 in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV Supplemental Information (continued)

Blank lined area for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization **THE DUPAGE COMMUNITY FOUNDATION** Employer identification number **36-3978733**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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 noncash assistance	(h) Purpose of grant or assistance
360 YOUTH SERVICES 1305 W. OSWEGO RD. NAPERVILLE, IL 60540-6249	36-2936229	501(C)(3)	55,000.	0.	N/A	N/A	EMERGENCY FUNDS, PROGRAM DEVELOPMENT
ACCESS COMMUNITY HEALTH NETWORK 600 W. FULTON ST. STE. 200 CHICAGO, IL 60661	36-3317058	501(C)(3)	10,000.	0.	N/A	N/A	EMERGENCY FUNDS
ADDISON SCHOOL DISTRICT 4 222 N. KENNEDY DR. ADDISON, IL 60101	36-6007393	501(C)(3)	6,000.	0.	N/A	N/A	PROGRAM DEVELOPMENT
ALIVE CENTER 500 W. 5TH AVE. NAPERVILLE, IL 60563-2091	45-4998475	501(C)(3)	33,000.	0.	N/A	N/A	EMERGENCY FUNDS, PROGRAM DEVELOPMENT
ALMOST HOME KIDS 7S721 ROUTE 53 NAPERVILLE, IL 60540	36-3822010	501(C)(3)	15,000.	0.	N/A	N/A	EMERGENCY FUNDS
AMERICAN COUNCIL ON SCIENCE AND HEALTH - 135 MADISON AVE. 5TH FL. 06-114 - NEW YORK, NY 10016-6745	13-2911127	501(C)(3)	8,000.	0.	N/A	N/A	GENERAL/OPERATING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 216.**

3 Enter total number of other organizations listed in the line 1 table **▶ 0.**

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

Schedule I (Form 990) (2019)

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
AMERICAN LEGISLATIVE EXCHANGE COUNCIL - 2900 CRYSTAL DR. 6TH FLOOR - ARLINGTON, VA 22202	52-0140979	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL/OPERATING
AMERICA'S FUTURE FOUNDATION 3434 WASHINGTON BLVD. 1ST FLOOR ARLINGTON, VA 22201	52-1928321	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL/OPERATING
ANIMA - GLEN ELLYN CHILDREN'S CHORUS - 501 HILL AVE. STE. 207 - GLEN ELLYN, IL 60137	36-3159041	501(C)(3)	5,700.	0.	N/A	N/A	GENERAL/OPERATING, PROGRAM DEVELOPMENT
ANIMAL RESCUE FOUNDATION P.O. BOX 4423 WHEATON, IL 60189	36-4236669	501(C)(3)	10,000.	0.	N/A	N/A	PROGRAM DEVELOPMENT
ATLAS NETWORK TWO LIBERTY CENTER, 4075 WILSON BLVD. STE. 310 - ARLINGTON, VA 22203	94-2763845	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL/OPERATING
B.R. RYALL YMCA 49 DEICKE DR. GLEN ELLYN, IL 60137-5685	36-2470895	501(C)(3)	22,100.	0.	N/A	N/A	EMERGENCY FUNDS, GENERAL/OPERATING
BEDS PLUS P.O. BOX 2035 LA GRANGE, IL 60525	36-3741040	501(C)(3)	10,000.	0.	N/A	N/A	PROGRAM DEVELOPMENT
BENSENVILLE SCHOOL DISTRICT 2 210 S. CHURCH RD. BENSENVILLE, IL 60106	36-6004475	501(C)(3)	60,000.	0.	N/A	N/A	PROGRAM DEVELOPMENT
BIG SHOULDERS FUND 212 W. VAN BUREN. STE. 900 CHICAGO, IL 60607	36-3490557	501(C)(3)	337,933.	0.	N/A	N/A	PROGRAM DEVELOPMENT

Schedule I (Form 990)

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
BLACKHAWK MIDDLE SCHOOL 250 S. CHURCH RD. BENSENVILLE, IL 60106	36-6004475	501(C)(3)	10,000.	0.	N/A	N/A	PROGRAM DEVELOPMENT
BRIDGE COMMUNITIES, INC. 505 CRESCENT BLVD., STE E GLEN ELLYN, IL 60137-4529	36-3705951	501(C)(3)	334,800.	0.	N/A	N/A	BUILDING/RENOVATION, EMERGENCY FUNDS, GENERAL/OPERATING, PROGRAM DEVELOPMENT
BRIGHTSIDE THEATRE P.O. BOX 5976 NAPERVILLE, IL 60567	27-1016240	501(C)(3)	7,500.	0.	N/A	N/A	PROGRAM DEVELOPMENT
BUFFALO THEATRE ENSEMBLE 415 MELROSE AVE. GLEN ELLYN, IL 60137	81-2435419	501(C)(3)	10,000.	0.	N/A	N/A	PROGRAM DEVELOPMENT
CAMPTON HISTORIC AGRICULTURAL LANDS, INC. - P.O. BOX 403 - LAFOX, IL 60147	36-2969064	501(C)(3)	6,000.	0.	N/A	N/A	GENERAL/OPERATING, PROGRAM DEVELOPMENT
CANDOR HEALTH EDUCATION 15 SPINNING WHEEL LN. STE. 410 HINSDALE, IL 60521	36-2608742	501(C)(3)	25,000.	0.	N/A	N/A	PROGRAM DEVELOPMENT
CARE FOR CARS 817 HUNTLEIGH DR. NAPERVILLE, IL 60540	45-4967795	501(C)(3)	12,000.	0.	N/A	N/A	PROGRAM DEVELOPMENT
CAREER & NETWORKING CENTER 1815 W. DIEHL RD. STE. 900 NAPERVILLE, IL 60563	36-4093212	501(C)(3)	11,500.	0.	N/A	N/A	EMERGENCY FUNDS, GENERAL/OPERATING, PROGRAM DEVELOPMENT
CARTHAGE COLLEGE 2001 ALFORD PARK DR. KENOSHA, WI 53140	37-0661496	501(C)(3)	5,100.	0.	N/A	N/A	STUDENT AID

Schedule I (Form 990)

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
CASA OF DUPAGE COUNTY, INC. 505 N. COUNTY FARM RD., 3C WHEATON, IL 60187	36-3875807	501(C)(3)	27,240.	0.	N/A	N/A	GENERAL/OPERATING, PROGRAM DEVELOPMENT
CASE 22W600 BUTTERFIELD RD. GLEN ELLYN, IL 60137	36-4416397	501(C)(3)	50,000.	0.	N/A	N/A	PROGRAM DEVELOPMENT
CATHOLIC CHARITIES DIOCESE OF JOLIET 16555 WEBER RD. CREST HILL, IL 60403	36-2170817	501(C)(3)	41,500.	0.	N/A	N/A	EMERGENCY FUNDS, GENERAL/OPERATING, PROGRAM DEVELOPMENT
CATO INSTITUTE 1000 MASSACHUSETTS AVE. NW WASHINGTON, DC 20001-5403	23-7432162	501(C)(3)	40,000.	0.	N/A	N/A	GENERAL/OPERATING
CHICAGO DENTAL SOCIETY FOUNDATION 401 N. MICHIGAN AVE. STE. 200 CHICAGO, IL 60611	26-0784174	501(C)(3)	20,000.	0.	N/A	N/A	PROGRAM DEVELOPMENT
CHICAGO HOUSE & SOCIAL SERVICE AGENCY - 1925 N. CLYBOURN STE. 401 - CHICAGO, IL 60614	36-3376432	501(C)(3)	292,219.	0.	N/A	N/A	PROGRAM DEVELOPMENT
CHICAGO SINFONIETTA 70 E. LAKE ST. STE. 1430 CHICAGO, IL 60601	36-3517987	501(C)(3)	72,368.	0.	N/A	N/A	PROGRAM DEVELOPMENT
CHICAGO SYMPHONY ORCHESTRA 220 S. MICHIGAN AVE. 8TH FLOOR CHICAGO, IL 60604-2559	36-2167823	501(C)(3)	252,000.	0.	N/A	N/A	GENERAL/OPERATING, PROGRAM DEVELOPMENT
CHILD'S VOICE 180 HANSEN COURT WOOD DALE, IL 60191	36-4031325	501(C)(3)	16,500.	0.	N/A	N/A	GENERAL/OPERATING, PROGRAM DEVELOPMENT

Schedule I (Form 990)

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
CLAYSPACE CERAMIC ARTS CENTER 740 FRONT ST. LISLE, IL 60532	87-0772166	501(C)(3)	5,000.	0.	N/A	N/A	BUILDING/RENOVATION
COLLEGE OF DUPAGE FOUNDATION 425 FAWELL BLVD. GLEN ELLYN, IL 60137-6599	23-7011835	501(C)(3)	61,850.	0.	N/A	N/A	EMERGENCY FUNDS, GENERAL/OPERATING, PROGRAM DEVELOPMENT
COLLEGE OF DUPAGE SCHOLARSHIPS 425 FAWELL BLVD. GLEN ELLYN, IL 60137-6599	23-7011835	501(C)(3)	22,649.	0.	N/A	N/A	STUDENT AID
COMMUNITY CONSOLIDATED SCHOOL DISTRICT 180 - 15W451 91ST ST. - BURR RIDGE, IL 60527	36-6004535	501(C)(3)	25,000.	0.	N/A	N/A	PROGRAM DEVELOPMENT
COMMUNITY CONSOLIDATED SCHOOL DISTRICT 93 - 230 COVINGTON DR. - BLOOMINGDALE, IL 60108	36-6004530	501(C)(3)	20,000.	0.	N/A	N/A	PROGRAM DEVELOPMENT
COMMUNITY SCHOOL OF THE ARTS WHEATON COLLEGE 501 COLLEGE AVE. WHEATON, IL 60187	36-2182171	501(C)(3)	80,000.	0.	N/A	N/A	PROGRAM DEVELOPMENT
COMPASS CHURCH 1551 HOBSON RD. NAPERVILLE, IL 60540	36-3256985	501(C)(3)	5,400.	0.	N/A	N/A	GENERAL/OPERATING
CONSCIOUS CAPITALISM P.O. BOX 5458 WARREN, MI 48090	20-2238653	501(C)(3)	10,000.	0.	N/A	N/A	PROGRAM DEVELOPMENT
CONSERVANCY OF SOUTHWEST FLORIDA 1495 SMITH PRESERVE WAY NAPLES, FL 34102	59-1157084	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL/OPERATING

Schedule I (Form 990)

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
COVENANT LIVING AT WINDSOR PARK 124 WINDSOR PARK DRIVE CAROL STREAM, IL 60188	36-3385581	501(C)(3)	10,000.	0.	N/A	N/A	PROGRAM DEVELOPMENT
CRISIS CENTER FOR SOUTH SUBURBIA P.O. BOX 39 TINLEY PARK, IL 60477	36-3039964	501(C)(3)	10,000.	0.	N/A	N/A	PROGRAM DEVELOPMENT
DARE TO DREAM: GET EDUCATED! P.O. BOX 328 ELMHURST, IL 60126-0328	27-1778698	501(C)(3)	14,500.	0.	N/A	N/A	PROGRAM DEVELOPMENT
DIVINE INFANT JESUS CHURCH 1601 NEWCASTLE AVE. WESTCHESTER, IL 60154	36-2179791	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL/OPERATING
DOCTORS WITHOUT BORDERS P.O. BOX 5030 HAGERSTOWN, MD 21741-5030	13-3433452	501(C)(3)	20,500.	0.	N/A	N/A	GENERAL/OPERATING
DONKA, INC. 400 N. COUNTY FARM RD. WHEATON, IL 60187	36-3284578	501(C)(3)	15,700.	0.	N/A	N/A	GENERAL/OPERATING, PROGRAM DEVELOPMENT
DUPAGE CHILDREN'S MUSEUM 301 N. WASHINGTON ST. NAPERVILLE, IL 60540-4537	36-3565001	501(C)(3)	5,000.	0.	N/A	N/A	PROGRAM DEVELOPMENT
DUPAGE FEDERATION ON HUMAN SERVICES REFORM - 1910 S. HIGHLAND AVE. SUITE 135 - LOMBARD, IL 60148	36-4197587	501(C)(3)	16,500.	0.	N/A	N/A	PROGRAM DEVELOPMENT
DUPAGE HABITAT FOR HUMANITY 1600 E. ROOSEVELT RD. WHEATON, IL 60187	36-4003119	501(C)(3)	22,000.	0.	N/A	N/A	GENERAL/OPERATING, PROGRAM DEVELOPMENT

Schedule I (Form 990)

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
DUPAGE HEALTH COALITION 511 THORNHILL DR. STE. E CAROL STREAM, IL 60188	36-4448208	501(C)(3)	95,000.	0.	N/A	N/A	EMERGENCY FUNDS, PROGRAM DEVELOPMENT
DUPAGE SENIOR CITIZENS COUNCIL 1990 SPRINGER DR. LOMBARD, IL 60148	36-2988023	501(C)(3)	64,800.	0.	N/A	N/A	EMERGENCY FUNDS, GENERAL/OPERATING, PROGRAM DEVELOPMENT
DUPAGE SYMPHONY ORCHESTRA P. O. BOX 844 NAPERVILLE, IL 60566	36-6108011	501(C)(3)	10,000.	0.	N/A	N/A	PROGRAM DEVELOPMENT
DUPAGE UNITED/ DUPAGE SPONSORS 41 N. PARK BLVD. GLEN ELLYN, IL 60137	36-4467810	501(C)(3)	10,000.	0.	N/A	N/A	SALARY SUPPORT
DUPAGEPADS 601 W. LIBERTY DR. WHEATON, IL 60187	36-3675494	501(C)(3)	69,301.	0.	N/A	N/A	EMERGENCY FUNDS, GENERAL/OPERATING, PROGRAM DEVELOPMENT
EASTER SEALS DUPAGE AND THE FOX VALLEY REGION - 830 S. ADDISON AVE. - VILLA PARK, IL 60181	36-2476388	501(C)(3)	61,200.	0.	N/A	N/A	EMERGENCY FUNDS, GENERAL/OPERATING, PROGRAM DEVELOPMENT
EASTER SEALS JOLIET REGION 212 BARNEY DR. JOLIET, IL 60435	36-2300706	501(C)(3)	20,000.	0.	N/A	N/A	PROGRAM DEVELOPMENT
EDUCARE WEST DUPAGE 851 PEARL RD. WEST CHICAGO, IL 60185	26-2259307	501(C)(3)	221,000.	0.	N/A	N/A	EMERGENCY FUNDS, GENERAL/OPERATING
EDUCATIONAL ASSISTANCE LTD. P.O. BOX 3021 GLEN ELLYN, IL 60138	36-3166932	501(C)(3)	5,274.	0.	N/A	N/A	GENERAL/OPERATING

Schedule I (Form 990)

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
ELGIN SYMPHONY ORCHESTRA 20 DUPAGE CT. ELGIN, IL 60120	36-3145577	501(C)(3)	50,000.	0.	N/A	N/A	GENERAL/OPERATING, PROGRAM DEVELOPMENT
ELMHURST ART MUSEUM 150 S. COTTAGE HILL AVE. ELMHURST, IL 60126-3329	36-4096612	501(C)(3)	29,100.	0.	N/A	N/A	BUILDING/RENOVATION, GENERAL/OPERATING
ELMHURST SYMPHONY ORCHESTRA ASSOCIATION - P.O. BOX 345 - ELMHURST, IL 60126-0345	23-7348453	501(C)(3)	7,500.	0.	N/A	N/A	GENERAL/OPERATING, PROGRAM DEVELOPMENT
ELMHURST WALK-IN ASSISTANCE NETWORK - 125 W. CHURCH ST. - ELMHURST, IL 60126	31-1650035	501(C)(3)	15,500.	0.	N/A	N/A	EMERGENCY FUNDS,
EPIPHANY LUTHERAN CHURCH 314 W. VALLETTE ST. ELMHURST, IL 60126	36-2246711	501(C)(3)	5,000.	0.	N/A	N/A	PROGRAM DEVELOPMENT
EVANGELICAL CHILD AND FAMILY AGENCY - 1530 N. MAIN ST. - WHEATON, IL 60187	36-2229573	501(C)(3)	10,000.	0.	N/A	N/A	PROGRAM DEVELOPMENT
FAIR LADY PRODUCTIONS, INC. KIDZ KABARET, 1665 QUINCY AVE., STE NAPERVILLE, IL 60540	56-2496319	501(C)(3)	6,025.	0.	N/A	N/A	GENERAL/OPERATING
FAMILY COUNSELING SERVICE 70 S. RIVER ST. AURORA, IL 60506	36-2195470	501(C)(3)	5,000.	0.	N/A	N/A	PROGRAM DEVELOPMENT
FAMILY FOCUS, INC. 310 S. PEORIA ST., STE. 301 CHICAGO, IL 60607	36-2884042	501(C)(3)	20,000.	0.	N/A	N/A	EMERGENCY FUNDS

Schedule I (Form 990)

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
FAMILY SHELTER SERVICE OF METROPOLITAN FAMILY SERVICES DUPAGE - 605 E. ROOSEVELT RD. - WHEATON, IL 60187	36-2883552	501(C)(3)	53,300.	0.	N/A	N/A	GENERAL/OPERATING, PROGRAM DEVELOPMENT
FARMWORKER AND LANDSCAPER ADVOCACY PROJECT - 33 N. LASALLE ST. STE. 900 - CHICAGO, IL 60602	36-4306362	501(C)(3)	5,000.	0.	N/A	N/A	EMERGENCY FUNDS
FEED MY STARVING CHILDREN 401 93RD AVE. NW COON RAPIDS, MN 55433	41-1601449	501(C)(3)	5,000.	0.	N/A	N/A	PROGRAM DEVELOPMENT
FENTON HIGH SCHOOL 1000 W. GREEN ST. BENSENVILLE, IL 60106-2099	36-6004534	501(C)(3)	10,000.	0.	N/A	N/A	PROGRAM DEVELOPMENT
FOREST PRESERVE DISTRICT OF DUPAGE COUNTY - 3S580 NAPERVILLE ROAD P.O. BOX 5000 - WHEATON, IL 60189-5000	36-6006552	501(C)(3)	90,000.	0.	N/A	N/A	PROGRAM DEVELOPMENT
FOUNDATION FOR INDIVIDUAL RIGHTS IN EDUCATION - 510 WALNUT ST. STE. 1250 - PHILADELPHIA, PA 19106-9943	04-3467254	501(C)(3)	45,000.	0.	N/A	N/A	GENERAL/OPERATING
FOX VALLEY CHRISTIAN ACTION 35W624 RIVERWOODS LANE ST. CHARLES, IL 60174	36-2911588	501(C)(3)	62,000.	0.	N/A	N/A	GENERAL/OPERATING
FOX VALLEY UNITED WAY 44 E. GALENA BLVD. AURORA, IL 60505	36-2195467	501(C)(3)	30,000.	0.	N/A	N/A	GENERAL/OPERATING
FRESH ANOINTING HOUSE OF WORSHIP 6000 MONTICELLO DR. MONTGOMERY, AL 36117	75-3137497	501(C)(3)	5,000.	0.	N/A	N/A	PROGRAM DEVELOPMENT

Schedule I (Form 990)

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
FRIENDS FOR THERAPEUTIC EQUINE ACTIVITIES - P.O. BOX 566 - WAYNE, IL 60184	36-4095011	501(C)(3)	16,000.	0.	N/A	N/A	GENERAL/OPERATING, PROGRAM DEVELOPMENT
FRIENDS OF IMILIWAHA C/O BENEDICTINE SISTERS SACRED HEART MONASTERY 1910 MAPLE AVE. - LISLE, IL 6	45-3811165	501(C)(3)	23,600.	0.	N/A	N/A	EQUIPMENT/SUPPLIES, GENERAL/OPERATING, PROGRAM DEVELOPMENT
GARDENWORKS PROJECT 103 W. WASHINGTON ST. P.O. BOX 615 WEST CHICAGO, IL 60186	46-3697674	501(C)(3)	20,000.	0.	N/A	N/A	PROGRAM DEVELOPMENT
GEORGE MASON UNIVERSITY FOUNDATION, INC. - 4400 UNIVERSITY DR., MS 1A3 - FAIRFAX, VA 22030	54-1603842	501(C)(3)	100,000.	0.	N/A	N/A	GENERAL/OPERATING
GIANT STEPS 2500 CABOT DR. LISLE, IL 60532	36-4111286	501(C)(3)	14,238.	0.	N/A	N/A	EQUIPMENT/SUPPLIES
GIVING DUPAGE 421 N. COUNTY FARM RD. RM. 1-700 WHEATON, IL 60187	26-2696088	501(C)(3)	13,000.	0.	N/A	N/A	PROGRAM DEVELOPMENT
GLEN ELLYN CHILDREN'S RESOURCE CENTER - 346 TAFT AVE. STE. 205 - GLEN ELLYN, IL 60137	20-0628057	501(C)(3)	26,700.	0.	N/A	N/A	EMERGENCY FUNDS, GENERAL/OPERATING, PROGRAM DEVELOPMENT
GLEN ELLYN FOOD PANTRY 493 FOREST AVE. GLEN ELLYN, IL 60137	36-3423123	501(C)(3)	32,445.	0.	N/A	N/A	EMERGENCY FUNDS, GENERAL/OPERATING, PROGRAM DEVELOPMENT
GLENBARD NORTH HIGH SCHOOL 990 KUHN RD. CAROL STREAM, IL 60188-9227	36-6004526	501(C)(3)	71,337.	0.	N/A	N/A	PROGRAM DEVELOPMENT

Schedule I (Form 990)

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
GLOBAL FOODBANKING NETWORK 70 E. LAKE STE. 1200 CHICAGO, IL 60601	20-4268851	501(C)(3)	22,500.	0.	N/A	N/A	GENERAL/OPERATING
H.O.M.E DUPAGE, INC. 1600 E. ROOSEVELT RD. WHEATON, IL 60187	36-3770757	501(C)(3)	41,000.	0.	N/A	N/A	EMERGENCY FUNDS, PROGRAM DEVELOPMENT
HARVEST TIME ACADEMY 3300 BRIARCLIFF AVE. FORT SMITH, AR 72908	81-1527556	501(C)(3)	5,000.	0.	N/A	N/A	PROGRAM DEVELOPMENT
HCS FAMILY SERVICES 19 E. CHICAGO AVE. HINSDALE, IL 60521	36-2174821	501(C)(3)	15,700.	0.	N/A	N/A	EMERGENCY FUNDS, GENERAL/OPERATING
HEALTHCARE ALTERNATIVE SYSTEMS, INC. - 2755 W. ARMITAGE AVE. - CHICAGO, IL 60647	23-7432930	501(C)(3)	10,000.	0.	N/A	N/A	PROGRAM DEVELOPMENT
HESED HOUSE 659 S. RIVER ST. AURORA, IL 60506	36-3285644	501(C)(3)	16,500.	0.	N/A	N/A	PROGRAM DEVELOPMENT
HIDAYA FOUNDATION P.O. BOX 5481 SANTA CLARA, CA 95056	77-0502583	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL/OPERATING
HINSDALE HUMANE SOCIETY 21 SALT CREEK LN. HINSDALE, IL 60521	36-2441177	501(C)(3)	30,000.	0.	N/A	N/A	GENERAL/OPERATING
HOPE'S FRONT DOOR 1047 CURTISS ST. DOWNERS GROVE, IL 60515-4607	37-0073814	501(C)(3)	17,500.	0.	N/A	N/A	EMERGENCY FUNDS, GENERAL/OPERATING, PROGRAM DEVELOPMENT

Schedule I (Form 990)

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
HUMANITARIAN SERVICE PROJECT 465 RANDY RD. CAROL STREAM, IL 60188	36-3187979	501(C)(3)	13,500.	0.	N/A	N/A	EMERGENCY FUNDS, PROGRAM DEVELOPMENT
ILLINOIS POLICY INSTITUTE 190 S. LASALLE ST. STE. 1500 CHICAGO, IL 60603	41-2057028	501(C)(3)	40,000.	0.	N/A	N/A	GENERAL/OPERATING
ILLINOIS STATE UNIVERSITY CAMPUS BOX 2320 NORMAL, IL 61790-2320	37-6025713	501(C)(3)	9,000.	0.	N/A	N/A	STUDENT AID
IMMIGRANT SOLIDARITY DUPAGE 213 S. WHEATON AVE. WHEATON, IL 60187	27-2978949	501(C)(3)	7,500.	0.	N/A	N/A	EMERGENCY FUNDS, PROGRAM DEVELOPMENT
INDEPENDENT INSTITUTE 100 SWAN WAY OAKLAND, CA 94621	94-3008370	501(C)(3)	70,000.	0.	N/A	N/A	PROGRAM DEVELOPMENT
INNER-CITY MUSLIM ACTION NETWORK 2744 W. 63RD ST. CHICAGO, IL 60629	36-4167433	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL/OPERATING
INSIDE OUT CLUB DUPAGE 790 ROYAL ST. GEORGE DR. STE. 141-1 NAPERVILLE, IL 60563	46-1125962	501(C)(3)	12,500.	0.	N/A	N/A	PROGRAM DEVELOPMENT
INSTITUTE FOR HUMANE STUDIES GEORGE MASON UNIVERSITY 3434 WASHINGTON BLVD., MS 1C5 - ARLINGTON, VA 22201	94-1623852	501(C)(3)	55,000.	0.	N/A	N/A	GENERAL/OPERATING
JEFFERSON PTA 130 N. HAZELTON AVE. WHEATON, IL 60187	36-4219145	501(C)(3)	10,000.	0.	N/A	N/A	PROGRAM DEVELOPMENT

Schedule I (Form 990)

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
KIDS ABOVE ALL 8765 W. HIGGINS RD. STE. 450 CHICAGO, IL 60631-4101	36-2171716	501(C)(3)	14,000.	0.	N/A	N/A	EMERGENCY FUNDS, PROGRAM DEVELOPMENT
KIDSMATTER 320 W. JACKSON AVE. NAPERVILLE, IL 60540	36-4448507	501(C)(3)	28,000.	0.	N/A	N/A	EMERGENCY FUNDS, GENERAL/OPERATING, PROGRAM DEVELOPMENT
LAZARUS HOUSE 214 WALNUT ST. ST. CHARLES, IL 60174	36-4187609	501(C)(3)	5,500.	0.	N/A	N/A	GENERAL/OPERATING
LIBERTY JUSTICE CENTER 190 S. LASALLE ST. STE. 1500 CHICAGO, IL 60603	45-4204425	501(C)(3)	16,500.	0.	N/A	N/A	GENERAL/OPERATING
LITERACY DUPAGE 425 W. FAWELL BLVD. SRC 1111 GLEN ELLYN, IL 60137	36-3749739	501(C)(3)	24,000.	0.	N/A	N/A	GENERAL/OPERATING, PROGRAM DEVELOPMENT
LITTLE CITY FOUNDATION 1760 W. ALGONQUIN RD. PALATINE, IL 60067	36-2434562	501(C)(3)	5,000.	0.	N/A	N/A	PROGRAM DEVELOPMENT
LITTLE FRIENDS, INC. 140 N. WRIGHT ST. NAPERVILLE, IL 60540	36-2698644	501(C)(3)	23,500.	0.	N/A	N/A	EMERGENCY FUNDS, GENERAL/OPERATING, PROGRAM DEVELOPMENT
LITTLE SPROUTS PRESCHOOL 2020 E. LINCOLNWAY LA PORTE, IN 46350	35-1608976	501(C)(3)	5,000.	0.	N/A	N/A	PROGRAM DEVELOPMENT
LOAVES & FISHES COMMUNITY SERVICES 1871 HIGH GROVE LN. NAPERVILLE, IL 60540	36-3786777	501(C)(3)	75,000.	0.	N/A	N/A	EMERGENCY FUNDS, GENERAL/OPERATING, PROGRAM DEVELOPMENT

Schedule I (Form 990)

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
LOGGERHEAD MARINELIFE CENTER 14200 U.S. HWY 1 JUNO BEACH, FL 33408	59-2445926	501(C)(3)	7,500.	0.	N/A	N/A	GENERAL/OPERATING
LOMBARD SCHOOL DISTRICT 44 150 W. MADISON AVE. LOMBARD, IL 60148	36-6004504	501(C)(3)	6,000.	0.	N/A	N/A	PROGRAM DEVELOPMENT
LOVE CHRISTIAN CLEARINGHOUSE P.O. BOX 50 CLARENDON HILLS, IL 60514-0050	36-3377798	501(C)(3)	10,300.	0.	N/A	N/A	EMERGENCY FUNDS, GENERAL/OPERATING, PROGRAM DEVELOPMENT
LUCY BURNS INSTITUTE, INC. 8383 GREENWAY BLVD., STE. 600 MIDDLETON, WI 53562	20-8036372	501(C)(3)	20,000.	0.	N/A	N/A	GENERAL/OPERATING
MARKLUND CHARITIES 1S450 WYATT DR. GENEVA, IL 60134	36-4074849	501(C)(3)	21,000.	0.	N/A	N/A	GENERAL/OPERATING, PROGRAM DEVELOPMENT
MAY RIVER MONTESSORI P.O. BOX 2557 BLUFFTON, SC 29910	57-0853132	501(C)(3)	6,000.	0.	N/A	N/A	PROGRAM DEVELOPMENT
MERCY HOUSING LAKEFRONT 120 S. LASALLE ST. STE. 1850 CHICAGO, IL 60603	36-3453183	501(C)(3)	15,000.	0.	N/A	N/A	EQUIPMENT/SUPPLIES
METROPOLITAN FAMILY SERVICES DUPAGE - 222 E. WILLOW AVE. - WHEATON, IL 60187-5426	36-2167061	501(C)(3)	162,700.	0.	N/A	N/A	EMERGENCY FUNDS, GENERAL/OPERATING, PROGRAM DEVELOPMENT
MIDWEST SHELTER FOR HOMELESS VETERANS, INC. - 433 S. CARLTON AVE. - WHEATON, IL 60187	36-4337985	501(C)(3)	6,980.	0.	N/A	N/A	GENERAL/OPERATING,

Schedule I (Form 990)

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
MISERICORDIA 6300 N. RIDGE AVE. CHICAGO, IL 60660	36-2170153	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL/OPERATING, PROGRAM DEVELOPMENT
MORTON ARBORETUM 4100 ILLINOIS ROUTE 53 LISLE, IL 60532-1293	36-1505770	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL/OPERATING, PROGRAM DEVELOPMENT
NAPERVILLE AREA HUMANE SOCIETY 1620 W. DIEHL RD. NAPERVILLE, IL 60563	36-3040480	501(C)(3)	20,500.	0.	N/A	N/A	GENERAL/OPERATING, PROGRAM DEVELOPMENT
NAPERVILLE EDUCATION FOUNDATION 203 W. HILLSIDE ROAD NAPERVILLE, IL 60540	36-3844402	501(C)(3)	9,500.	0.	N/A	N/A	EMERGENCY FUNDS
NAPERVILLE SAFETY TOWN COMMISSION 1320 AURORA AVE. NAPERVILLE, IL 60540-6206	36-3959352	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL/OPERATING
NATIONAL ALLIANCE ON MENTAL ILLNESS DUPAGE - 115 N. COUNTY FARM RD. - WHEATON, IL 60187	36-3412057	501(C)(3)	60,000.	0.	N/A	N/A	EMERGENCY FUNDS, GENERAL/OPERATING, PROGRAM DEVELOPMENT
NAVY SEAL FOUNDATION 1619 D ST. VIRGINIA BEACH, VA 23459	31-1728910	501(C)(3)	17,500.	0.	N/A	N/A	GENERAL/OPERATING
NEDSRA 1770 W. CENTENNIAL PLACE ADDISON, IL 60101-1076	36-2930414	501(C)(3)	14,000.	0.	N/A	N/A	EMERGENCY FUNDS
NEIGHBORHOOD FOOD PANTRIES P.O. BOX 88447 CAROL STREAM, IL 60188-0447	36-4301829	501(C)(3)	41,395.	0.	N/A	N/A	EMERGENCY FUNDS, PROGRAM DEVELOPMENT

Schedule I (Form 990)

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
NORTH CENTRAL COLLEGE 30 N. BRAINARD ST. P. O. BOX 3063 NAPERVILLE, IL 60566-7063	36-2169157	501(C)(3)	9,000.	0.	N/A	N/A	BUILDING/RENOVATION, GENERAL/OPERATING, PROGRAM DEVELOPMENT
NORTHEAST DUPAGE FAMILY AND YOUTH SERVICES - 3 FRIENDSHIP PLAZA - ADDISON, IL 60101	45-0562810	501(C)(3)	42,000.	0.	N/A	N/A	EMERGENCY FUNDS, PROGRAM DEVELOPMENT, SALARY SUPPORT
NORTHERN ILLINOIS FOOD BANK 273 DEARBORN CT. GENEVA, IL 60134	36-3203648	501(C)(3)	100,000.	0.	N/A	N/A	GENERAL/OPERATING, PROGRAM DEVELOPMENT
NORTHWESTERN MEMORIAL FOUNDATION 0S050 WINFIELD ROAD STE. 200 WINFIELD, IL 60190	36-3152959	501(C)(3)	56,500.	0.	N/A	N/A	GENERAL/OPERATING, PROGRAM DEVELOPMENT
ONEWAY MINISTRIES P.O. BOX 2211 NAPERVILLE, IL 60567	31-1675712	501(C)(3)	40,000.	0.	N/A	N/A	PROGRAM DEVELOPMENT
ORPHANETWORK 2624 SOUTHERN BLVD. STE. 202 VIRGINIA BEACH, VA 23452	54-1983817	501(C)(3)	40,000.	0.	N/A	N/A	GENERAL/OPERATING, PROGRAM DEVELOPMENT
OUTREACH COMMUNITY MINISTRIES 373 S. SCHMALE DR. STE. 102 CAROL STREAM, IL 60188	23-7265066	501(C)(3)	140,000.	0.	N/A	N/A	EMERGENCY FUNDS, GENERAL/OPERATING, PROGRAM DEVELOPMENT
PACIFIC LEGAL FOUNDATION 930 G ST. SACRAMENTO, CA 95814	94-2197343	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL/OPERATING
PARCHMENT MUSIC BOOSTERS P.O. BOX 682 PARCHMENT, MI 49004	38-2564327	501(C)(3)	5,000.	0.	N/A	N/A	EQUIPMENT/SUPPLIES

Schedule I (Form 990)

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
PARK LAWN ASSOCIATION 10833 S. LAPORTE OAK LAWN, IL 60453	36-2406623	501(C)(3)	9,000.	0.	N/A	N/A	EMERGENCY FUNDS, EQUIPMENT/SUPPLIES, GENERAL/OPERATING, PROGRAM DEVELOPMENT
PEOPLE'S RESOURCE CENTER 201 S. NAPERVILLE RD. WHEATON, IL 60187-5417	36-3157600	501(C)(3)	94,528.	0.	N/A	N/A	GENERAL/OPERATING
PILLARS COMMUNITY HEALTH 23 CALENDAR AVE. LA GRANGE, IL 60525	36-2170869	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL/OPERATING
PLAY FOR ALL PLAYGROUND & GARDEN FOUNDATION - C/O WHEATON PARK DISTRICT 855 W. PRAIRIE AVE. - WHEATON, IL 60187	46-3862874	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL/OPERATING
PRINCETON UNIVERSITY ANNUAL GIVING P.O. BOX 5357 PRINCETON, NJ 08543-5357	21-0634501	501(C)(3)	10,500.	0.	N/A	N/A	EMERGENCY FUNDS
PROVISIONBRIDGE P.O. BOX 157 TALLULAH FALLS, GA 30573	27-4357830	501(C)(3)	150,000.	0.	N/A	N/A	PROGRAM DEVELOPMENT
QUEEN BEE SCHOOLS DISTRICT 16 1560 BLOOMINGDALE RD. GLENDALE HEIGHTS, IL 60139	36-6007393	501(C)(3)	24,918.	0.	N/A	N/A	EMERGENCY FUNDS, GENERAL/OPERATING, PROGRAM DEVELOPMENT
RAY GRAHAM ASSOCIATION 901 WARRENVILLE RD. STE. 500 LISLE, IL 60532-4319	36-2411166	501(C)(3)	34,700.	0.	N/A	N/A	GENERAL/OPERATING
REPORTERS WITHOUT BORDERS, INC. P.O. BOX 34032 WASHINGTON, DC 20005	20-0708028	501(C)(3)	13,000.	0.	N/A	N/A	GENERAL/OPERATING

Schedule I (Form 990)

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
RESURRECTION UNIVERSITY 1431 N. CLAREMONT AVE. CHICAGO, IL 60622	36-2182170	501(C)(3)	5,000.	0.	N/A	N/A	EQUIPMENT/SUPPLIES
ROSELLE UMC COMMUNITY FOOD PANTRY 206 S. RUTH ST. ROSELLE, IL 60172	83-0579587	501(C)(3)	20,000.	0.	N/A	N/A	PROGRAM DEVELOPMENT
SACRED HEART RETREAT APOSTOLATE 896 CIENEGA RD. P.O. BOX 1795 BIG BEAR LAKE, CA 92315-1795	43-2005333	501(C)(3)	10,000.	0.	N/A	N/A	PROGRAM DEVELOPMENT
SAGUARO CHAPTER NATL. SOCIETY OF THE D.A.R. 11044 E MESA, AZ 85209	23-7442611	501(C)(3)	7,500.	0.	N/A	N/A	EMERGENCY FUNDS, PROGRAM DEVELOPMENT
SAMARACARE 1819 BAY SCOTT CIRCLE STE. 109 NAPERVILLE, IL 60540-1130	36-2846570	501(C)(3)	75,000.	0.	N/A	N/A	PROGRAM DEVELOPMENT
SCARCE 800 S. ROHLWING RD. ADDISON, IL 60101	36-3908867	501(C)(3)	20,000.	0.	N/A	N/A	PROGRAM DEVELOPMENT
SEASPAR 4500 BELMONT RD. DOWNERS GROVE, IL 60515-2500	36-3264898	501(C)(3)	8,500.	0.	N/A	N/A	PROGRAM DEVELOPMENT
SECOND CITY CANINE RESCUE P.O. BOX 721094 ROSELLE, IL 60172	45-3336498	501(C)(3)	10,000.	0.	N/A	N/A	EMERGENCY FUNDS, GENERAL/OPERATING, PROGRAM DEVELOPMENT
SENIOR HOME SHARING, INC. 1910 S. HIGHLAND AVE., STE. 100 LOMBARD, IL 60148	36-3246634	501(C)(3)	15,200.	0.	N/A	N/A	PROGRAM DEVELOPMENT

Schedule I (Form 990)

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
SERENITY HOUSE COUNSELING SERVICES, INC. - 891 S. ROHLWING RD. - ADDISON, IL 60101	36-3350438	501(C)(3)	20,000.	0.	N/A	N/A	PROGRAM DEVELOPMENT
SHARING CONNECTIONS 5111 CHASE AVE. DOWNERS GROVE, IL 60515	36-4363123	501(C)(3)	21,000.	0.	N/A	N/A	PROGRAM DEVELOPMENT
SHELTER, INC. 1616 N. ARLINGTON HEIGHTS RD. ARLINGTON HEIGHTS, IL 60004	23-7399596	501(C)(3)	5,000.	0.	N/A	N/A	PROGRAM DEVELOPMENT
SIGNAL HILL CHAPTER NATL. SOCIETY OF THE D.A.R. 28065 N. SPRING CT. - MUNDELEIN, IL 60060-9517	23-7167032	501(C)(3)	8,500.	0.	N/A	N/A	EMERGENCY FUNDS, GENERAL/OPERATING, PROGRAM DEVELOPMENT
SPECIAL KIDS DAY 535 SPRING RD. ELMHURST, IL 60126	20-2123895	501(C)(3)	6,000.	0.	N/A	N/A	PROGRAM DEVELOPMENT
SPECTRIOS INSTITUTE FOR LOW VISION 219 E. COLE AVE. WHEATON, IL 60187	36-3083157	501(C)(3)	14,000.	0.	N/A	N/A	PROGRAM DEVELOPMENT
SPIRITO! SINGERS 900 JORIE BLVD. STE. 102 OAK BROOK, IL 60523	26-2273153	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL/OPERATING
ST. ISAAC JOGUES PARISH SCHOOL 421 S. CLAY ST. HINSDALE, IL 60521-4035	36-2371229	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL/OPERATING,
ST. JOAN OF ARC PARISH & SCHOOL 820 DIVISION ST. LISLE, IL 60532	36-2192836	501(C)(3)	8,000.	0.	N/A	N/A	GENERAL/OPERATING

Schedule I (Form 990)

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
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	16,950.	0.	N/A	N/A	GENERAL/OPERATING
ST. MARY OF GOSTYN CATHOLIC SCHOOL 440 PRAIRIE AVE. DOWNERS GROVE, IL 60515	36-2166991	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL/OPERATING
ST. RITA OF CASCIA HIGH SCHOOL 7740 S. WESTERN AVE. CHICAGO, IL 60620	36-2179809	501(C)(3)	25,000.	0.	N/A	N/A	EMERGENCY FUNDS, GENERAL/OPERATING
STATE POLICY NETWORK 1655 N. FORT MYER DR. STE. 360 ARLINGTON, VA 22209	57-0952531	501(C)(3)	35,000.	0.	N/A	N/A	GENERAL/OPERATING
STUDENT EXCELLENCE FOUNDATION P.O. BOX 253 WHEATON, IL 60187	36-3786044	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL/OPERATING, PROGRAM DEVELOPMENT
STUDENTS FOR LIBERTY, INC. 2221 S. CLARK ST., 12TH FLOOR ARLINGTON, VA 22202	94-3435899	501(C)(3)	14,500.	0.	N/A	N/A	SALARY SUPPORT
SWIFTY FOUNDATION 3916 SARAZEN CT. WOODRIDGE, IL 60517	46-1853577	501(C)(3)	1,275,100.	0.	N/A	N/A	GENERAL/OPERATING, PROGRAM DEVELOPMENT
SYRIAN COMMUNITY NETWORK 138 CIRCLE RIDGE DR. BURR RIDGE, IL 60527	47-3105667	501(C)(3)	10,000.	0.	N/A	N/A	EMERGENCY FUNDS, GENERAL/OPERATING, PROGRAM DEVELOPMENT
TALIESIN NEXUS 453 S. SPRING ST. STE. 222 LOS ANGELES, CA 90013	27-4737588	501(C)(3)	77,500.	0.	N/A	N/A	PROGRAM DEVELOPMENT

Schedule I (Form 990)

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
TEEN PARENT CONNECTION 475 TAFT AVE. GLEN ELLYN, IL 60137	36-3387034	501(C)(3)	47,200.	0.	N/A	N/A	PROGRAM DEVELOPMENT
THE BRIDGE TEEN CENTER 15555 S. 71ST CT. ORLAND PARK, IL 60462	20-3802111	501(C)(3)	7,500.	0.	N/A	N/A	EMERGENCY FUNDS, PROGRAM DEVELOPMENT
THE CANCER SUPPORT CENTER 19645 S. LAGRANGE RD. MOKENA, IL 60448	36-3880404	501(C)(3)	20,000.	0.	N/A	N/A	GENERAL/OPERATING, PROGRAM DEVELOPMENT
THE COMMUNITY HOUSE 415 W. EIGHTH ST. HINSDALE, IL 60521	36-2167735	501(C)(3)	18,500.	0.	N/A	N/A	GENERAL/OPERATING
THE CONSERVATION FOUNDATION 10S404 KNOCH KNOLLS RD. NAPERVILLE, IL 60565	23-7221206	501(C)(3)	19,000.	0.	N/A	N/A	EMERGENCY FUNDS
THE HEARTLAND INSTITUTE 3939 N. WILKE RD. ARLINGTON HEIGHTS, IL 60004	36-3309812	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL/OPERATING, PROGRAM DEVELOPMENT
THE SALVATION ARMY 5040 N. PULASKI ROAD CHICAGO, IL 60630-2788	36-2167910	501(C)(3)	20,000.	0.	N/A	N/A	GENERAL/OPERATING
THREE FIRES COUNCIL BOY SCOUTS OF AMERICA - 415 N. 2ND STREET - ST. CHARLES, IL 60174-1254	36-3831877	501(C)(3)	11,809.	0.	N/A	N/A	EMERGENCY FUNDS, PROGRAM DEVELOPMENT
TRINITY EPISCOPAL CHURCH 130 N. WEST STREET WHEATON, IL 60187-5097	36-2170847	501(C)(3)	6,000.	0.	N/A	N/A	GENERAL/OPERATING

Schedule I (Form 990)

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
TRI-TOWN YMCA 105 W. MAPLE STREET LOMBARD, IL 60148	36-2643097	501(C)(3)	27,500.	0.	N/A	N/A	EMERGENCY FUNDS, PROGRAM DEVELOPMENT
TRUTH IN ACCOUNTING P.O. BOX 580 GLENCOE, IL 60022	35-2185292	501(C)(3)	150,000.	0.	N/A	N/A	GENERAL/OPERATING
TURNING POINTE AUTISM FOUNDATION 1500 W. OGDEN AVE. NAPERVILLE, IL 60540	26-1286022	501(C)(3)	14,000.	0.	N/A	N/A	EMERGENCY FUNDS, GENERAL/OPERATING, PROGRAM DEVELOPMENT
UCP SEGUIN OF GREATER CHICAGO 3100 S. CENTRAL AVE. CICERO, IL 60804-3987	36-2894174	501(C)(3)	55,000.	0.	N/A	N/A	EMERGENCY FUNDS, PROGRAM DEVELOPMENT
UMMAH RELIEF INTERNATIONAL P.O. BOX 1426 ELGIN, IL 60121	36-3954960	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL/OPERATING
UNION CHURCH OF HINSDALE 137 S. GARFIELD AVE. HINSDALE, IL 60521-4229	13-1957221	501(C)(3)	53,000.	0.	N/A	N/A	GENERAL/OPERATING
UNITED COMMUNITY CONCERNS ASSOCIATION - 125 W. CHURCH ST. - ELMHURST, IL 60126	36-3371125	501(C)(3)	9,500.	0.	N/A	N/A	EMERGENCY FUNDS
UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN - 620 E. JOHN ST. MC-303 - CHAMPAIGN, IL 61820-5712	37-6006004	501(C)(3)	16,500.	0.	N/A	N/A	STUDENT AID
UNIVERSITY OF MICHIGAN 2500 STUDENT ACTIVITIES BUILDING 515 E. JEFFERSON ST. - ANN ARBOR, MI 48109-	38-6006309	501(C)(3)	5,250.	0.	N/A	N/A	STUDENT AID

Schedule I (Form 990)

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
VERITAS ACADEMY P.O. BOX 1581 CODY, WY 82414	47-1107248	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL/OPERATING
VICTORY BAPTIST SCHOOL 152 CLARK MCCULLERS DR. LOGANVILLE, GA 30052	58-1593367	501(C)(3)	5,000.	0.	N/A	N/A	PROGRAM DEVELOPMENT
VILLAGE OF GLEN ELLYN 535 DUANE ST. GLEN ELLYN, IL 60137-4699	36-6005897	501(C)(3)	7,250.	0.	N/A	N/A	PROGRAM DEVELOPMENT
VNA HEALTH CARE 400 N. HIGHLAND AVE. AURORA, IL 60506	36-2182095	501(C)(3)	40,000.	0.	N/A	N/A	EMERGENCY FUNDS, PROGRAM DEVELOPMENT
WELLNESS HOUSE 131 N. COUNTY LINE RD. HINSDALE, IL 60521-2401	36-3636933	501(C)(3)	29,500.	0.	N/A	N/A	EMERGENCY FUNDS, GENERAL/OPERATING, PROGRAM DEVELOPMENT
WEST SUBURBAN COMMUNITY PANTRY 6809 HOBSON VALLEY DR. STE. 118 WOODRIDGE, IL 60517-1740	36-3857072	501(C)(3)	39,500.	0.	N/A	N/A	EMERGENCY FUNDS, GENERAL/OPERATING, PROGRAM DEVELOPMENT
WEST SUBURBAN HUMANE SOCIETY 1901 OGDEN AVE. DOWNERS GROVE, IL 60515-9193	23-7355420	501(C)(3)	36,000.	0.	N/A	N/A	PROGRAM DEVELOPMENT
WESTERN DUPAGE SPECIAL RECREATION ASSOCIATION - 116 N. SCHMALE RD. - CAROL STREAM, IL 60188-2103	36-3932924	501(C)(3)	16,400.	0.	N/A	N/A	GENERAL/OPERATING, PROGRAM DEVELOPMENT
WHEATON ACADEMY 900 PRINCE CROSSING RD. WEST CHICAGO, IL 60185-1796	36-2388793	501(C)(3)	26,500.	0.	N/A	N/A	EQUIPMENT/SUPPLIES, PROGRAM DEVELOPMENT, SCHOLARSHIP FUNDS

Schedule I (Form 990)

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
WHEATON COLLEGE 501 COLLEGE AVE. WHEATON, IL 60187-5593	36-2182171	501(C)(3)	6,000.	0.	N/A	N/A	STUDENT AID
WHEATON COLLEGE 501 COLLEGE AVENUE WHEATON, IL 60187-5593	36-2182171	501(C)(3)	20,000.	0.	N/A	N/A	PROGRAM DEVELOPMENT
WILL GRUNDY MEDICAL CLINIC, INC. 213 E. CASS ST. JOLIET, IL 60432	36-3492306	501(C)(3)	20,000.	0.	N/A	N/A	PROGRAM DEVELOPMENT
WOOD DALE JUNIOR HIGH SCHOOL 655 N. WOOD DALE ROAD WOOD DALE, IL 60191	36-6004479	501(C)(3)	9,994.	0.	N/A	N/A	PROGRAM DEVELOPMENT
WOOD DALE SCHOOL DISTRICT 7 543 N. WOOD DALE ROAD WOOD DALE, IL 60191	36-6004479	501(C)(3)	7,900.	0.	N/A	N/A	PROGRAM DEVELOPMENT
WORLD RELIEF DUPAGE/AURORA 191 S. GARY AVE. STE. 130 CAROL STREAM, IL 60188	23-6393344	501(C)(3)	75,000.	0.	N/A	N/A	EMERGENCY FUNDS, PROGRAM DEVELOPMENT
WYNDEMERE RESIDENTS ASSOCIATION 200 WYNDEMERE CIR WHEATON, IL 60187	27-3177958	501(C)(3)	28,865.	0.	N/A	N/A	PROGRAM DEVELOPMENT
XILIN ASSOCIATION 1163 E. OGDEN AVE. STE. 610 NAPERVILLE, IL 60563	36-3890616	501(C)(3)	10,000.	0.	N/A	N/A	EMERGENCY FUNDS
YOUNG LIFE METRO SOUTHWEST 812 HILLGROVE AVE. WESTERN SPRINGS, IL 60558	84-0385934	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL/OPERATING

Schedule I (Form 990)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART 1, LINE TWO:

AS PART OF THE GRANT AGREEMENT, GRANTEEES 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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

THE DUPAGE COMMUNITY FOUNDATION

Employer identification number

36-3978733

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2019

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MR. DAVID MCGOWAN PRESIDENT AND CEO	(i)	216,712.	0.	5,835.	0.	26,583.	249,130.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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 DID NOT RECEIVE A BONUS. HOWEVER, TWO OTHER HIGHEST COMPENSATED EMPLOYEES LISTED ON PART VII, SECTION A, LINE 1A DID RECEIVE BONUSES. BONUSES TO HIGHEST COMPENSATED EMPLOYEES ARE NONFIXED PAYMENTS BASED UPON MERIT AND APPROVED BY THE PRESIDENT.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

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 DUPAGE COMMUNITY FOUNDATION** Employer identification number **36-3978733**

Part 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 determining noncash contribution amounts
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	35	3,454,557.	AVERAGE HIGH/LOW
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 organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

Part II **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

B.

Multiple horizontal lines for data entry.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

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.

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

CONFLICT OF INTEREST POLICY - UPON REQUEST.
FINANCIAL STATEMENTS - UPON REQUEST AND VIA THE FOUNDATION'S WEBSITE.

FORM 990, PART XII, LINE 2C

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization

THE DUPAGE COMMUNITY FOUNDATION

Employer identification number

36-3978733

THE PROCESS FOR OVERSIGHT OF THE AUDIT AS WELL SELECTION OF INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR.

Multiple horizontal lines for additional text entry.