

# **Public Disclosure Copy**

## **Form 990**

***\*\*PLEASE SIGN THIS COPY AND RETAIN FOR YOUR RECORDS\*\****

### **Public Inspection Requirement**

An exempt organization must make available for public inspection, upon request and without charge, a copy of its original and amended annual information returns. Each information return must be made available from the date it is required to be filed (determined without regard to any extensions), or is actually filed, whichever is later. An original return does not have to be made available if more than 3 years have passed from the date the return was required to be filed (including any extensions) or was filed, whichever is later. An amended return does not have to be made available if more than 3 years have passed from the date it was filed.

An annual information return includes an exact copy of the return (Form 990 or 990-EZ and amended return, if any) and all schedules, attachments, and supporting documents filed with the IRS. In the case of a tax-exempt organization other than a private foundation, the names and addresses of contributors to the organization need not be disclosed, and Schedule B has been redacted accordingly.

For returns filed by Section 501(c)(3) organizations after August 17, 2006, Form 990-T must also be made available for public inspection. However, only those schedules, statements, and attachments to Form 990-T that relate to the imposition of the unrelated business income tax must be made available for public inspection.

This copy of the return is provided only for Public Disclosure purposes. Any confidential information regarding donors, and schedules or attachments to Form 990-T that do not relate to the calculation of unrelated business income tax, have been removed.

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

# 2023

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the **2023** calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024**

<b>B</b> Check if applicable:  Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization <b>THE DUPAGE COMMUNITY FOUNDATION</b>		<b>D</b> Employer identification number <b>36-3978733</b>	
	Doing business as <b>DUPAGE FOUNDATION</b>		<b>E</b> Telephone number <b>630-665-5556</b>	
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>96,338,863.</b>	
	<b>3000 WOODCREEK DRIVE</b>	<b>310</b>	<b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No	
City or town, state or province, country, and ZIP or foreign postal code <b>DOWNERS GROVE, IL 60515-5408</b>		<b>H(b)</b> Are all subordinates included? Yes No		
<b>F</b> Name and address of principal officer: <b>MICHAEL SITRICK</b> <b>SAME AS C ABOVE</b>		If "No," attach a list. See instructions		
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527				
<b>J</b> Website: <b>WWW.DUPAGEFOUNDATION.ORG</b>				
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other				<b>L</b> Year of formation: <b>1986</b>
<b>M</b> State of legal domicile: <b>IL</b>				

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO FOSTER PHILANTHROPY, CONNECT DONORS TO AREA NEEDS, AND BUILD COMMUNITY PARTNERSHIPS</b>
	<b>2</b> Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>3</b> <b>23</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> <b>23</b>
	<b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a) <b>5</b> <b>17</b>
	<b>6</b> Total number of volunteers (estimate if necessary) <b>6</b> <b>117</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b> <b>0.</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 <b>7b</b> <b>0.</b>
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) <b>14,958,979.</b> <b>15,606,678.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) <b>0.</b> <b>0.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>3,225,606.</b> <b>7,472,406.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>162,053.</b> <b>208,721.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>18,346,638.</b> <b>23,287,805.</b>
	<b>Expenses</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b> <b>0.</b>	
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>1,594,271.</b> <b>1,562,123.</b>	
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b> <b>0.</b>	
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>566,846.</b>	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>977,375.</b> <b>1,141,467.</b>	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>15,185,992.</b> <b>17,375,113.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 <b>3,160,646.</b> <b>5,912,692.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) <b>136,566,667.</b> <b>147,748,024.</b>
	<b>21</b> Total liabilities (Part X, line 26) <b>34,088,566.</b> <b>35,047,574.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <b>102,478,101.</b> <b>112,700,450.</b>

## 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.

<b>Sign Here</b>	Signature of officer		Date		
	<b>MICHAEL SITRICK, PRESIDENT &amp; CEO</b>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	<b>KIMBERLY A. HAUMANN</b>	<b>KIMBERLY A. HAUMANN</b>	<b>12/11/24</b>	<input type="checkbox"/>	<b>P00546491</b>
<b>Preparer Use Only</b>	Firm's name	Firm's EIN		Phone no. (312) 207-1040	
	<b>PLANTE &amp; MORAN, PLLC</b>	<b>38-1357951</b>			
	Firm's address				
	<b>10 S. RIVERSIDE PLAZA, 9TH FLOOR</b>				
	<b>CHICAGO, IL 60606</b>				

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 \$ 14,671,523. including grants of \$ 14,671,523. ) (Revenue \$ 277,173. ) 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 \$ 1,163,701. including grants of \$ ) (Revenue \$ ) 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 15,835,224.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through I.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

**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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 23		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 23		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	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
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
<b>16b</b>			

**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.  
 Own website     Another's website     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  
**MICHAEL R. SITRICK, PRESIDENT & CEO - 630-665-5556**  
**3000 WOODCREEK DRIVE, 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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. MICHAEL SITRICK PRESIDENT & CEO	40.00 0.00			X			191,762.	0.	10,158.	
(2) MR. DAVID MCGOWAN PRESIDENT & CEO RET.	20.00 0.00				X		143,875.	0.	10,694.	
(3) MR. DAVID WEISZ VP FOR FINANCE	40.00 0.00				X		128,546.	0.	8,958.	
(4) MS. BARBARA SZCZEPANIAK VP FOR PROGRAMS	40.00 0.00				X		130,785.	0.	0.	
(5) MR. WILLIAM E. BLUM TRUSTEE, VICE CHAIR	1.00 0.00	X		X			0.	0.	0.	
(6) MR. GERALD E. LEWIS TRUSTEE, SECRETARY	1.00 0.00	X		X			0.	0.	0.	
(7) MR. CHARLES E. SAUL JR. TRUSTEE, TREASURER	1.00 0.00	X		X			0.	0.	0.	
(8) MR. NATHANIEL P. WASSON TRUSTEE, CHAIR	1.00 0.00	X		X			0.	0.	0.	
(9) MS. PATRICIA ATUESTA TRUSTEE (PART YEAR)	1.00 0.00	X					0.	0.	0.	
(10) MR. KRISHNA K. BANSAL TRUSTEE	1.00 0.00	X					0.	0.	0.	
(11) MR. RICHARD G. CLINE, JR. TRUSTEE	1.00 0.00	X					0.	0.	0.	
(12) MRS. JULIE W. CURRAN TRUSTEE	1.00 0.00	X					0.	0.	0.	
(13) MR. TIMOTHY D. ELLIOT TRUSTEE	1.00 0.00	X					0.	0.	0.	
(14) MR. ROBERT L. FERNANDEZ TRUSTEE	1.00 0.00	X					0.	0.	0.	
(15) MS. ELIZABETH GOLTERMANN TRUSTEE	1.00 0.00	X					0.	0.	0.	
(16) MR. ANDREW O. JOHNSON TRUSTEE	1.00 0.00	X					0.	0.	0.	
(17) MR. JOHN W. KAISER TRUSTEE	1.00 0.00	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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) MS. DELROSE A. KOCH TRUSTEE (PART YEAR)	1.00 0.00	X						0.	0.	0.
(19) MS. DIANA L. MARTINEZ TRUSTEE	1.00 0.00	X						0.	0.	0.
(20) MR. ROGER P. MCDUGAL TRUSTEE	1.00 0.00	X						0.	0.	0.
(21) MR. CHARLES B. MCKENNA TRUSTEE (PART YEAR)	1.00 0.00	X						0.	0.	0.
(22) MR. PAUL C. MILES TRUSTEE	1.00 0.00	X						0.	0.	0.
(23) MS. JOAN S. MORRISSEY TRUSTEE	1.00 0.00	X						0.	0.	0.
(24) MR. JAMES G. MYERS TRUSTEE	1.00 0.00	X						0.	0.	0.
(25) MS. DOROTHY I. O'REILLY TRUSTEE	1.00 0.00	X						0.	0.	0.
(26) MR. KEVIN J. PHILLIPS TRUSTEE	1.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								594,968.	0.	29,810.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								594,968.	0.	29,810.

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 4

	Yes	No
3 Did the organization list any <b>former</b> 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	130,072.

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)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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			
(27) MS. SAHIRA SADIQ TRUSTEE	1.00 0.00	X						0.	0.	0.
(28) MS. MEGAN M. SHEBIK TRUSTEE	1.00 0.00	X						0.	0.	0.
(29) MR. BRADEN N. WAVERLEY TRUSTEE	1.00 0.00	X						0.	0.	0.
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	<b>1 a</b>	Federated campaigns .....	<b>1a</b>				
	<b>b</b>	Membership dues .....	<b>1b</b>				
	<b>c</b>	Fundraising events .....	<b>1c</b>	577,343.			
	<b>d</b>	Related organizations .....	<b>1d</b>				
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>	2,848,146.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	12,181,189.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 9,517,648.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		15,606,678.			
Program Service Revenue	<b>2 a</b>	_____	<b>Business Code</b>				
	<b>b</b>	_____					
	<b>c</b>	_____					
	<b>d</b>	_____					
	<b>e</b>	_____					
	<b>f</b>	All other program service revenue .....					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....					
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		3,350,986.		3350986.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....					
	<b>5</b>	Royalties .....					
	<b>6 a</b>	Gross rents .....	<b>6a</b>	(i) Real			
				(ii) Personal			
	<b>b</b>	Less: rental expenses ...	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>				
	<b>d</b>	Net rental income or (loss) .....					
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities			
				(ii) Other			
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>	77,056,476.			
	<b>c</b>	Gain or (loss) .....	<b>7c</b>	72,935,056.			
	<b>d</b>	Net gain or (loss) .....		4,121,420.			4121420.
<b>8 a</b>	Gross income from fundraising events (not including \$ 577,343. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>					
			47,550.				
<b>b</b>	Less: direct expenses .....	<b>8b</b>	116,002.				
<b>c</b>	Net income or (loss) from fundraising events .....		-68,452.			-68,452.	
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>					
<b>b</b>	Less: direct expenses .....	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities .....						
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>10a</b>					
<b>b</b>	Less: cost of goods sold .....	<b>10b</b>					
<b>c</b>	Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue	<b>11 a</b>	ADMINISTRATIVE FEES	<b>Business Code</b>	561000	277,173.	277,173.	
	<b>b</b>	_____					
	<b>c</b>	_____					
	<b>d</b>	All other revenue .....					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....			277,173.		
<b>12</b>	<b>Total revenue.</b> See instructions .....			23,287,805.	277,173.	0.	
						7403954.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	14,671,523.	14,671,523.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	335,637.	67,127.	84,386.	184,124.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	959,338.	347,265.	498,353.	113,720.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	46,643.	14,926.	20,989.	10,728.
<b>9</b> Other employee benefits	124,607.	39,874.	56,073.	28,660.
<b>10</b> Payroll taxes	95,898.	30,687.	43,154.	22,057.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	15.		15.	
<b>c</b> Accounting	50,348.		50,348.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	299,816.	268,408.	31,408.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	227,815.	227,815.		
<b>12</b> Advertising and promotion	112,430.	35,042.	9,197.	68,191.
<b>13</b> Office expenses	47,813.	13,518.	20,344.	13,951.
<b>14</b> Information technology	75,062.	23,269.	33,778.	18,015.
<b>15</b> Royalties				
<b>16</b> Occupancy	87,493.	27,123.	39,372.	20,998.
<b>17</b> Travel	4,773.	1,467.	1,648.	1,658.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	28,264.	5,457.	589.	22,218.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	42,181.	13,076.	18,982.	10,123.
<b>23</b> Insurance	11,480.	3,559.	5,166.	2,755.
<b>24</b> 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.)				
<b>a</b> <b>CONSULTING</b>	138,816.	44,421.	58,303.	36,092.
<b>b</b> <b>SPECIAL EVENTS</b>	13,076.			13,076.
<b>c</b> <b>STAFF DEVELOPMENT</b>	2,085.	667.	938.	480.
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	17,375,113.	15,835,224.	973,043.	566,846.
<b>26</b> 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 <input type="checkbox"/> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	4,001,815.	<b>1</b>	7,029,133.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	204,534.	<b>3</b>	145,900.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	62,428.	<b>9</b>	59,900.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,616,671.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 485,531.	<b>10c</b>	1,131,140.
	<b>11</b> Investments - publicly traded securities .....	131,080,757.	<b>11</b>	139,321,694.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	60,671.	<b>15</b>	60,257.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	136,566,667.	<b>16</b>	147,748,024.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	296,824.	<b>17</b>	333,075.
	<b>18</b> Grants payable .....	150,000.	<b>18</b>	1,612,158.
	<b>19</b> Deferred revenue .....	7,437,701.	<b>19</b>	4,589,555.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	26,204,041.	<b>25</b>	28,512,786.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	34,088,566.	<b>26</b>	35,047,574.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	17,811,445.	<b>27</b>	15,176,127.
	<b>28</b> Net assets with donor restrictions .....	84,666,656.	<b>28</b>	97,524,323.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	102,478,101.	<b>32</b>	112,700,450.
	<b>33</b> Total liabilities and net assets/fund balances .....	136,566,667.	<b>33</b>	147,748,024.

**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	23,287,805.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,375,113.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,912,692.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	102,478,101.
5	Net unrealized gains (losses) on investments	5	4,309,658.
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	112,700,451.

**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 on 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			
2b	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			
2c	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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
3b	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	X	

**SCHEDULE A**  
**(Form 990)**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public Inspection

Name of the organization <b>THE DUPAGE COMMUNITY FOUNDATION</b>	Employer identification number <b>36-3978733</b>
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**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).)
- 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 on 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		
<b>Total</b>						

**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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	7742951.	10158651.	13252224.	14958979.	15606678.	61719483.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	7742951.	10158651.	13252224.	14958979.	15606678.	61719483.
<b>5</b> 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) .....						17310360.
<b>6 Public support.</b> Subtract line 5 from line 4.						44409123.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	7742951.	10158651.	13252224.	14958979.	15606678.	61719483.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	1835453.	1675579.	3505222.	2847346.	3350986.	13214586.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	204,490.	214,629.	261,479.	273,521.	324,723.	1278842.
<b>11 Total support.</b> Add lines 7 through 10						76212911.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	58.27	%
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	58.94	%
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2022.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2023.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2022.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 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**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** 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 - 2022.** 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined on 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>		
<b>c</b> Did a disqualified person (as defined on 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>		
<b>10a</b> 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 line 10b below.</i>		
<b>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>		
<b>2</b> 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>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> By reason of the relationship described on line 2, above, 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>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> 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>	Yes	No	
<b>b</b> Did the activities described on line 2a, above, 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>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> 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>If "Yes" or "No" provide details in Part VI.</i>			
<b>b</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>			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (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 0.85 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	<b>Distributable Amount.</b> 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

**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.)

Multiple horizontal lines for supplemental 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	150	
2 Aggregate value of contributions to (during year) .....	11,095,155.	
3 Aggregate value of grants from (during year) .....	10,505,909.	
4 Aggregate value at end of year .....	69,023,320.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year \_\_\_\_\_

4 Number of states where property subject to conservation easement is located \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**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.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

**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 in 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	96,379,560.	91,597,987.	98,505,987.	76,676,358.	78,351,568.
b Contributions	12,148,814.	11,147,951.	13,023,058.	9,395,669.	7,108,523.
c Net investment earnings, gains, and losses	11,384,195.	7,836,269.	-11,927,074.	22,058,987.	1,034,268.
d Grants or scholarships					
e Other expenditures for facilities and programs	10,376,540.	14,202,647.	8,003,984.	9,625,027.	9,818,001.
f Administrative expenses					
g End of year balance	109,536,029.	96,379,560.	91,597,987.	98,505,987.	76,676,358.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 10.9700 %
  - b Permanent endowment 29.0000 %
  - c Term endowment 60.0300 %
- 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? |     |    |
- 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.	307,574.	1,062,279.
c Leasehold improvements				
d Equipment		177,958.	177,957.	1.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,131,140.



**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	

**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) <b>AGENCY FUNDS</b>	28,462,980.
(3) <b>ANNUITY PAYABLE</b>	49,806.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	28,512,786.

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	27,415,234.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	4,309,658.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	116,002.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>		4,425,660.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	22,989,574.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	298,231.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>		298,231.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	23,287,805.

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	17,192,885.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	116,002.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>		116,002.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	17,076,883.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	298,231.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>		298,231.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	17,375,114.

**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 116,002.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

FUNDRAISING EXPENSES 116,002.





**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 (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	624,893.		624,893.
	2	Less: Contributions	577,343.		577,343.
	3	Gross income (line 1 minus line 2)	47,550.		47,550.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	79,827.		79,827.
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	36,175.		36,175.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			116,002.
11	Net income summary. Subtract line 10 from line 3, column (d)			-68,452.	

**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:
 

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

Name \_\_\_\_\_

Address \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming 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.

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**Part IV** Supplemental Information *(continued)*

Multiple horizontal lines 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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
360 YOUTH SERVICES 1323 BOND ST., STE. 119 NAPERVILLE, IL 60563	36-2936229		32,000.	0.	N/A	N/A	YOUTH DEVELOPMENT
A SAFE HAVEN FOR NEWBORNS 6955 NW 77TH AVE., STE. 302 MIAMI, FL 33166	65-1075409		10,025.	0.	N/A	N/A	HEALTH SERVICES
A.D.O.P.T. PET SHELTER 420 INDUSTRIAL DR. NAPERVILLE, IL 60563	36-3683984		135,000.	0.	N/A	N/A	ANIMAL RELATED
ACCESS COMMUNITY HEALTH NETWORK 600 W. FULTON ST., STE. 200 CHICAGO, IL 60661	36-3317058		154,315.	0.	N/A	N/A	MENTAL HEALTH
ADDISON SCHOOL DISTRICT 4 222 N. KENNEDY DR. ADDISON, IL 60101	36-6004477		6,000.	0.	N/A	N/A	ARTS, CULTURE
ALIVE CENTER 500 W. 5TH AVE. NAPERVILLE, IL 60563-2091	45-4998475		60,000.	0.	N/A	N/A	YOUTH DEVELOPMENT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **228.**

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

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

Schedule I (Form 990) 2023



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN JURIS LINK 7000 N. 16TH ST., STE. 120-155 PHOENIX, AZ 85020	84-2191039		10,000.	0.	N/A	N/A	LEGAL SERVICES
ANIMA - GLEN ELLYN CHILDREN'S CHORUS - 501 HILL AVE., STE. 207 - GLEN ELLYN, IL 60137	36-3159041		15,800.	0.	N/A	N/A	ARTS, CULTURE
APIARY FOR PRACTICAL SUPPORT 99 WALL ST., #1279 NEW YORK, NY 10005	87-2962443		150,000.	0.	N/A	N/A	HEALTH SERVICES
ASSISTANCE LEAGUE CHICAGOLAND WEST 120 E. OGDEN AVE., STE. 100 HINSDALE, IL 60521-3542	36-4053184		19,500.	0.	N/A	N/A	HOUSEHOLD SUPPLIES
ATLAS NETWORK 4075 WILSON BLVD., STE. 310 ARLINGTON, VA 22203	94-2763845		16,000.	0.	N/A	N/A	RESEARCH INSTITUTE / PUBLIC POLICY ANALYSIS
AUBURN UNIVERSITY 108 MARY MARTIN HALL AUBURN, AL 36849	63-6022422		6,500.	0.			SCHOLARSHIP - EDUCATION
AURORA CHILDREN'S DENTAL SERVICE 238 S. GLENWOOD PL. AURORA, IL 60506	36-6080249		10,000.	0.	N/A	N/A	HEALTH SERVICES
B.R. RYALL YMCA 49 DEICKE DR. GLEN ELLYN, IL 60137-5685	36-2470895		129,755.	0.	N/A	N/A	MENTAL HEALTH
BA NIA, INC. P.O. BOX 21536 CHICAGO, IL 60621	36-4051755		55,400.	0.	N/A	N/A	HEALTH SERVICES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BENSENVILLE SCHOOL DISTRICT 2 210 S. CHURCH RD. BENSENVILLE, IL 60106	36-6004475		30,000.	0.	N/A	N/A	EARLY CHILDHOOD CARE AND EDUCATION
BEST BUDDIES 500 N. DEARBORN ST., STE. 730 CHICAGO, IL 60654	52-1614576		10,000.	0.	N/A	N/A	DISABILITIES
BEVILL STATE COMMUNITY COLLEGE 1411 INDIANA AVE. JASPER, AL 35501	63-0578660		8,000.	0.			SCHOLARSHIP - EDUCATION
BLACK HILLS WILD HORSE SANCTUARY P.O. BOX 998 HOT SPRINGS, SD 57747	46-0401462		10,000.	0.	N/A	N/A	ANIMAL RELATED
BRIDGE COMMUNITIES, INC. 500 ROOSEVELT RD. GLEN ELLYN, IL 60137	36-3705951		199,800.	0.	N/A	N/A	HOUSING, SHELTER
BRIGHTSIDE THEATRE P.O. BOX 5976 NAPERVILLE, IL 60567	27-1016240		25,500.	0.	N/A	N/A	ARTS, CULTURE
BUFFALO THEATRE ENSEMBLE P.O. BOX 2608 GLEN ELLYN, IL 60138	81-2435419		25,000.	0.	N/A	N/A	ARTS, CULTURE
CAL'S ANGELS 2422 W. MAIN ST., UNIT 3B ST. CHARLES, IL 60175	20-8811843		6,225.	0.	N/A	N/A	FRAGILE HEALTH
CANDOR HEALTH EDUCATION 15 SPINNING WHEEL LN., STE. 410 HINSDALE, IL 60521	36-2608742		20,000.	0.	N/A	N/A	HEALTH SERVICES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARNEGIE INSTITUTION FOR SCIENCE 5251 BROAD BRANCH RD. NW WASHINGTON, DC 20015	53-0196523		10,000.	0.	N/A	N/A	SCIENCE & TECH
CASA OF DUPAGE COUNTY, INC. 505 N. COUNTY FARM RD., 3C WHEATON, IL 60187	36-3875807		47,100.	0.	N/A	N/A	YOUTH DEVELOPMENT
CASE 290 TOWN CENTER LN. GLENDALE HEIGHTS, IL 60139	36-4416397		30,000.	0.	N/A	N/A	EARLY CHILDHOOD CARE AND EDUCATION
CATHOLIC CHARITIES, DIOCESE OF JOLIET - 16555 WEBER RD. - CREST HILL, IL 60403	36-2170817		163,700.	0.	N/A	N/A	COMMUNITY IMPROVEMENT
CATO INSTITUTE 1000 MASSACHUSETTS AVE., NW WASHINGTON, DC 20001-5403	23-7432162		15,000.	0.	N/A	N/A	RESEARCH INSTITUTE / PUBLIC POLICY ANALYSIS
CENTRAL DUPAGE PASTORAL COUNSELING CENTER - 507A THORNHILL DR. - CAROL STREAM, IL 60188	36-2883614		5,223.	0.	N/A	N/A	COUNSELING
CENTRAL MISSIONARY CLEARINGHOUSE P.O. BOX 219228 HOUSTON, TX 77218	51-0138300		7,400.	0.	N/A	N/A	FAITH-BASED
CENTRO SANAR 2645 W. 51ST ST. CHICAGO, IL 60632	88-1575835		100,000.	0.	N/A	N/A	MENTAL HEALTH
CHESTERTON ACADEMY OF FORT WORTH 1000 BONNIE BRAE AVE. FORT WORTH, TX 76111	88-2612561		10,000.	0.	N/A	N/A	FAITH-BASED

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHESTERTON ACADEMY OF THE HOLY FAMILY - 5205 KINGSTON AVE. - LISLE, IL 60532	47-1083471		15,000.	0.	N/A	N/A	FAITH-BASED
CHICAGO ABORTION FUND 333 W. NORTH AVE., STE. 267 CHICAGO, IL 60610	36-3451293		700,000.	0.	N/A	N/A	HEALTH SERVICES
CHICAGO DENTAL SOCIETY FOUNDATION 401 N. MICHIGAN AVE., STE. 200 CHICAGO, IL 60611	26-0784174		25,000.	0.	N/A	N/A	HEALTH SERVICES
CHICAGO FOUNDATION FOR WOMEN 140 S. DEARBORN ST., STE. 400 CHICAGO, IL 60603	36-3348160		111,000.	0.	N/A	N/A	COMMUNITY IMPROVEMENT
CHICAGO SINFONIETTA 70 E. LAKE ST., STE. 1430 CHICAGO, IL 60601	36-3517987		65,920.	0.	N/A	N/A	ARTS, CULTURE
CHICAGO SOUTH SIDE BIRTH CENTER 643 N. CARROLL PKWY., UNIT 210B GLENWOOD, IL 60425	87-1221956		150,000.	0.	N/A	N/A	HEALTH SERVICES
CHICAGO SYMPHONY ORCHESTRA 220 S. MICHIGAN AVE., 8TH FL. CHICAGO, IL 60604-2559	36-2167823		256,000.	0.	N/A	N/A	ARTS, CULTURE
CHICAGO VOLUNTEER DOULAS 4230 W. 26TH ST. CHICAGO, IL 60623	27-3636022		150,000.	0.	N/A	N/A	HEALTH SERVICES
CHICAGO WOMEN'S HEALTH CENTER, INC. - 1025 W. SUNNYSIDE AVE., STE. 201 - CHICAGO, IL 60640	36-2922469		100,000.	0.	N/A	N/A	HEALTH SERVICES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S NEUROBLASTOMA CANCER FOUNDATION - 360 W. SCHICK RD., STE. 23 UNIT 211 - BLOOMINGDALE, IL 60108	36-4370725		7,400.	0.	N/A	N/A	FRAGILE HEALTH
CHILD'S VOICE 180 HANSEN COURT WOOD DALE, IL 60191	36-4031325		12,800.	0.	N/A	N/A	ARTS, CULTURE
CITY OF ELMHURST 209 N. YORK ST. ELMHURST, IL 60126	36-6005866		11,500.	0.	N/A	N/A	ARTS, CULTURE
CITY OF WEST CHICAGO 475 MAIN ST. WEST CHICAGO, IL 60185	36-6006144		14,900.	0.	N/A	N/A	ARTS, CULTURE
COLLEGE OF DUPAGE FOUNDATION 425 FAWELL BLVD. GLEN ELLYN, IL 60137	23-7011835		47,100.	0.	N/A	N/A	EDUCATIONAL/LITERACY
COLLEGE OF DUPAGE SCHOLARSHIPS 425 FAWELL BLVD. GLEN ELLYN, IL 60137	23-7011835		22,800.	0.			SCHOLARSHIP - EDUCATION
COMMUNITY ANIMAL RESCUE EFFORT - C.A.R.E. - 4927 MAIN ST. - SKOKIE, IL 60077	36-3624185		100,000.	0.	N/A	N/A	ANIMAL RELATED
COMMUNITY CONSOLIDATED SCHOOL DISTRICT 93 - 230 COVINGTON DR. - BLOOMINGDALE, IL 60108	36-6004530		30,000.	0.	N/A	N/A	EARLY CHILDHOOD CARE AND EDUCATION
COMMUNITY SCHOOL OF THE ARTS, WHEATON COLLEGE - 501 COLLEGE AVE. - WHEATON, IL 60187	36-2182171		20,000.	0.	N/A	N/A	ARTS, CULTURE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMPASS CHURCH 1551 HOBSON RD. NAPERVILLE, IL 60540	36-3256985		7,300.	0.	N/A	N/A	FAITH-BASED
COMPUDOPT 1414 BROOK DR. DOWNERS GROVE, IL 60515	26-1460311		25,000.	0.	N/A	N/A	SCIENCE & TECH
CREO DUPAGE 393 N. MAIN ST. GLEN ELLYN, IL 60137	83-4158665		15,000.	0.	N/A	N/A	EDUCATIONAL/LITERACY
CROHNS & COLITIS FOUNDATION 2200 E. DEVON AVE., STE. 392 DES PLAINES, IL 60018	13-6193105		15,000.	0.	N/A	N/A	HEALTH SERVICES
DIVINE INFANT JESUS CHURCH 1601 NEWCASTLE AVE. WESTCHESTER, IL 60154	36-2179791		10,000.	0.	N/A	N/A	FAITH-BASED
DONKA, INC. 400 N. COUNTY FARM RD. WHEATON, IL 60187	36-3284578		40,800.	0.	N/A	N/A	DISABILITIES
DONORSTRUST 1800 DIAGONAL ST., STE. 280 ALEXANDRIA, VA 22314	52-2166327		1,244,000.	0.	N/A	N/A	COMMUNITY IMPROVEMENT
DUPAGE CHILDREN'S MUSEUM 301 N. WASHINGTON ST. NAPERVILLE, IL 60540	36-3565001		20,000.	0.	N/A	N/A	EDUCATIONAL/LITERACY
DUPAGE COUNTY HISTORICAL MUSEUM FOUNDATION - 102 E. WESLEY ST. - WHEATON, IL 60187	20-2423587		7,600.	0.	N/A	N/A	ARTS, CULTURE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUPAGE SENIOR CITIZENS COUNCIL 1990 SPRINGER DR. LOMBARD, IL 60148	36-2988023		22,900.	0.	N/A	N/A	SENIOR SERVICES
DUPAGE SYMPHONY ORCHESTRA P. O. BOX 844 NAPERVILLE, IL 60566	36-6108011		22,200.	0.	N/A	N/A	ARTS, CULTURE
DUPAGEPADS 601 W. LIBERTY DR. WHEATON, IL 60187	36-3675494		202,487.	0.	N/A	N/A	HOUSING, SHELTER
EASTERSEALS DUPAGE & FOX VALLEY 830 S. ADDISON AVE. VILLA PARK, IL 60181	36-2476388		78,300.	0.	N/A	N/A	DISABILITIES
ELMHURST ART MUSEUM 150 S. COTTAGE HILL AVE. ELMHURST, IL 60126	36-4096612		25,700.	0.	N/A	N/A	ARTS, CULTURE
ELMHURST PARK DISTRICT 375 W. FIRST ST. ELMHURST, IL 60126	36-6005685		15,000.	0.	N/A	N/A	ARTS, CULTURE
ELMHURST PRIDE COLLECTIVE 531 S. MITCHELL AVE. ELMHURST, IL 60126	84-4920397		10,375.	0.	N/A	N/A	ARTS, CULTURE
ELMHURST WALK-IN ASSISTANCE NETWORK - 125 W. CHURCH ST. - ELMHURST, IL 60126	31-1650035		12,100.	0.	N/A	N/A	EMERGENCY ASSISTANCE (FINANCIAL)
ELMHURST-YORKFIELD FOOD PANTRY 1083 S. YORK RD. ELMHURST, IL 60126	46-0622495		13,500.	0.	N/A	N/A	FOOD, NUTRITION, CLOTHING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMBRACE LIVING COMMUNITIES 1900 SPRING RD., STE. 300 OAK BROOK, IL 60523-1480	36-3487477		10,000.	0.	N/A	N/A	EDUCATIONAL/LITERACY
EVANGELICAL CHILD & FAMILY AGENCY 1530 N. MAIN ST. WHEATON, IL 60187	36-2229573		10,000.	0.	N/A	N/A	YOUTH DEVELOPMENT
EVERTHRIVE ILLINOIS 1006 S. MICHIGAN AVE., STE. 200 CHICAGO, IL 60605	36-3651051		75,000.	0.	N/A	N/A	HEALTH SERVICES
EVERYMOM 5480 S. KENWOOD AVE. CHICAGO, IL 60615	86-2650067		250,000.	0.	N/A	N/A	HEALTH SERVICES
FAMILY FOCUS 910 W. VAN BUREN ST., 400 CHICAGO, IL 60607	36-2884042		20,000.	0.	N/A	N/A	EARLY CHILDHOOD CARE AND EDUCATION
FAMILY SHELTER SERVICE OF METROPOLITAN FAMILY SERVICES DUPAGE - 605 E. ROOSEVELT RD. - WHEATON, IL 60187	36-2883552		6,300.	0.	N/A	N/A	HOUSING, SHELTER
FEED MY STARVING CHILDREN 401 93RD AVE. NW COON RAPIDS, MN 55433	41-1601449		10,500.	0.	N/A	N/A	FOOD, NUTRITION, CLOTHING
FELINES & CANINES 6379 N. PAULINA ST. CHICAGO, IL 60660	36-2922975		100,000.	0.	N/A	N/A	ANIMAL RELATED
FIRST PRESBYTERIAN CHURCH OF GLEN ELLYN - 550 N. MAIN ST. - GLEN ELLYN, IL 60137	36-2482585		50,000.	0.	N/A	N/A	FAITH-BASED

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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FIRST UNITED METHODIST CHURCH OF GLEN ELLYN - 424 FOREST AVE. - GLEN ELLYN, IL 60137	36-6003385		18,000.	0.	N/A	N/A	FAITH-BASED
FOUNDATION FOR INDIVIDUAL RIGHTS AND EXPRESSION - 510 WALNUT ST., STE. 1250 - PHILADELPHIA, PA 19106-9943	04-3467254		75,000.	0.	N/A	N/A	EDUCATIONAL/LITERACY
FOX VALLEY CHRISTIAN ACTION 35W624 RIVERWOODS LANE ST. CHARLES, IL 60174	36-2911588		37,000.	0.	N/A	N/A	FAITH-BASED
FOX VALLEY UNITED WAY 44 E. GALENA BLVD. AURORA, IL 60505	36-2195467		15,000.	0.	N/A	N/A	EARLY CHILDHOOD CARE AND EDUCATION
FRIENDS OF IMILIWAHA 1910 MAPLE AVE. LISLE, IL 60532-2164	45-3811165		11,500.	0.	N/A	N/A	FAITH-BASED
FRIENDS OF THE WHEATON MUNICIPAL BAND - P.O. BOX 727 - WHEATON, IL 60187-0727	36-4086210		5,600.	0.	N/A	N/A	ARTS, CULTURE
FUTURE FOUNDERS FOUNDATION 1 N. DEARBORN ST., 5TH FLOOR CHICAGO, IL 60602	45-3340650		100,000.	0.	N/A	N/A	EMPLOYMENT & JOB
GATE CITY CHURCH 610 MAPLE AVE. LA PORTE, IN 46350	35-1718009		10,000.	0.	N/A	N/A	FAITH-BASED
GEORGE MASON UNIVERSITY FOUNDATION, INC. - 4400 UNIVERSITY DR., MS 1A3 - FAIRFAX, VA 22030	54-1603842		15,000.	0.	N/A	N/A	EDUCATIONAL/LITERACY

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLEN ELLYN CHILDREN'S RESOURCE CENTER - 346 TAFT AVE., STE. 205 - GLEN ELLYN, IL 60137	20-0628057		111,500.	0.	N/A	N/A	EDUCATIONAL/LITERACY
GLEN ELLYN SCHOOL DISTRICT 41 793 N. MAIN ST. GLEN ELLYN, IL 60137-3941	36-6004503		19,700.	0.	N/A	N/A	ARTS, CULTURE
GLEN HOUSE FOOD PANTRY 55 N. PARK BLVD. GLEN ELLYN, IL 60137	36-3423123		15,294.	0.	N/A	N/A	FOOD, NUTRITION, CLOTHING
GLOBAL FOODBANKING NETWORK 70 E. LAKE, STE. 1200 CHICAGO, IL 60601	20-4268851		10,000.	0.	N/A	N/A	FOOD, NUTRITION, CLOTHING
GOODWILL INDUSTRIES OF METROPOLITAN CHICAGO - 6055 N. 91ST ST. - MILWAUKEE, WI 53225	36-4455490		9,750.	0.	N/A	N/A	DISABILITIES
GRACE EPISCOPAL CHURCH 120 E. FIRST ST. HINSDALE, IL 60521	36-2167091		6,000.	0.	N/A	N/A	FAITH-BASED
GREEN HALO SCHOLARS P.O. BOX 124 HINSDALE, IL 60522	82-2291492		25,000.	0.	N/A	N/A	EDUCATIONAL/LITERACY
GYRLS IN THE H.O.O.D FOUNDATION 605 E. 71ST ST. CHICAGO, IL 60619	81-4646922		308,400.	0.	N/A	N/A	YOUTH DEVELOPMENT
H.O.M.E. DUPAGE, INC. 1600 E. ROOSEVELT RD. WHEATON, IL 60187	36-3770757		25,000.	0.	N/A	N/A	HOUSING, SHELTER

Schedule I (Form 990)

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HADLEY JUNIOR HIGH SCHOOL 240 HAWTHORNE BLVD. GLEN ELLYN, IL 60137	36-6004503		10,000.	0.	N/A	N/A	ARTS, CULTURE
HAMDARD HEALTH ALLIANCE 228 E. LAKE ST. ADDISON, IL 60101	36-3917885		25,000.	0.	N/A	N/A	HEALTH SERVICES
HCS FAMILY SERVICES 19 E. CHICAGO AVE. HINSDALE, IL 60521	36-2174821		26,500.	0.	N/A	N/A	FOOD, NUTRITION, CLOTHING
HEALTHCARE ALTERNATIVE SYSTEMS, INC. - 4734 W. CHICAGO AVE. - CHICAGO, IL 60651	23-7432930		278,000.	0.	N/A	N/A	MENTAL HEALTH
HESED HOUSE 659 S. RIVER ST. AURORA, IL 60506	36-3285644		5,700.	0.	N/A	N/A	HOUSING, SHELTER
HILLSDALE COLLEGE 33 E. COLLEGE ST. HILLSDALE, MI 49242	38-1374230		100,000.	0.	N/A	N/A	FAITH-BASED
HINSDALE HUMANE SOCIETY 21 SALT CREEK LN. HINSDALE, IL 60521	36-2441177		48,350.	0.	N/A	N/A	ANIMAL RELATED
HOPE'S FRONT DOOR 1047 CURTISS ST. DOWNERS GROVE, IL 60515-4607	27-0073814		35,000.	0.	N/A	N/A	EMERGENCY ASSISTANCE (FINANCIAL)
HUMANITARIAN SERVICE PROJECT 465 RANDY RD. CAROL STREAM, IL 60188	36-3187979		83,150.	0.	N/A	N/A	FOOD, NUTRITION, CLOTHING

Schedule I (Form 990)

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IGNATIAN SPIRITUALITY PROJECT 205 W. MONROE ST., STE. 317 CHICAGO, IL 60606	20-5383724		25,000.	0.	N/A	N/A	COUNSELING
ILLINOIS STATE UNIVERSITY CAMPUS BOX 2320 NORMAL, IL 61790	37-6025713		10,500.	0.			SCHOLARSHIP - EDUCATION
INDIANA WESLEYAN UNIVERSITY 4201 S. WASHINGTON ST. MARION, IN 46953	35-0885591		7,250.	0.	N/A	N/A	RECREATION
INNOVATION DUPAGE 535 DUANE ST. GLEN ELLYN, IL 60137	83-1137271		20,000.	0.	N/A	N/A	EDUCATIONAL/LITERACY
INSIDE OUT CLUB DUPAGE 790 ROYAL ST. GEORGE DR., STE. 141- NAPERVILLE, IL 60563	46-1125962		22,675.	0.	N/A	N/A	YOUTH DEVELOPMENT
INSTITUTE FOR JUSTICE 901 N. GLEBE RD., STE. 900 ARLINGTON, VA 22203	52-1744337		20,000.	0.	N/A	N/A	RESEARCH INSTITUTE / PUBLIC POLICY ANALYSIS
INTO THE BLUE FOUNDATION 2571 LA CRISTAL CIR. WEST PALM BEACH, FL 33410-1451	83-1409983		11,075.	0.	N/A	N/A	EDUCATIONAL/LITERACY
IOWA STATE UNIVERSITY 0210 BEARDSHEAR HALL AMES, IA 50111	42-1143702		6,000.	0.			SCHOLARSHIP - EDUCATION
KIDSMATTER 225 W. JEFFERSON AVE., STE. 1 NAPERVILLE, IL 60565	36-4448507		104,000.	0.	N/A	N/A	MENTAL HEALTH

Schedule I (Form 990)

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KNOX COLLEGE 2 E. SOUTH ST., BOX K230 GALESBURG, IL 61401	37-0673513		7,000.	0.	N/A	N/A	EDUCATIONAL/LITERACY
LIONS CAMP TATIYEE 5283 W. WHITE MOUNTAIN BLVD. LAKESIDE, AZ 85929	86-6052371		6,000.	0.	N/A	N/A	RECREATION
LISLE COMMUNITY UNIT SCHOOL DISTRICT #202 - 5211 CENTER AVE. - LISLE, IL 60532	36-2742192		73,886.	0.	N/A	N/A	ARTS, CULTURE
LITERACY DUPAGE 2100 MANCHESTER RD., STE. 904 WHEATON, IL 60187	36-3749739		26,000.	0.	N/A	N/A	EDUCATIONAL/LITERACY
LITTLE FRIENDS, INC. 27555 DIEHL RD. WARRENVILLE, IL 60555	36-2698644		16,850.	0.	N/A	N/A	DISABILITIES
LOAVES & FISHES COMMUNITY SERVICES 1871 HIGH GROVE LN. NAPERVILLE, IL 60540	36-3786777		127,150.	0.	N/A	N/A	FOOD, NUTRITION, CLOTHING
LOGGERHEAD MARINELIFE CENTER 14200 U.S. HWY 1 JUNO BEACH, FL 33408	59-2445926		16,000.	0.	N/A	N/A	EDUCATIONAL/LITERACY
LOVE CHRISTIAN CLEARINGHOUSE P.O. BOX 50 CLARENDON HILLS, IL 60514-0050	36-3377798		12,000.	0.	N/A	N/A	EMERGENCY ASSISTANCE (FINANCIAL)
MARKLUND 1S450 WYATT DR. GENEVA, IL 60134	36-2652532		9,000.	0.	N/A	N/A	DISABILITIES

Schedule I (Form 990)

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MAY RIVER MONTESSORI P.O. BOX 2557 BLUFFTON, SC 29910	57-0853132		8,000.	0.	N/A	N/A	EDUCATIONAL/LITERACY
MERCY HOUSING LAKEFRONT 120 S. LASALLE ST., STE. 1915 CHICAGO, IL 60603	36-3453183		41,355.	0.	N/A	N/A	MENTAL HEALTH
METROPOLITAN ASIAN FAMILY SERVICES 7541 N. WESTERN AVE. CHICAGO, IL 60645	36-3925432		15,000.	0.	N/A	N/A	COMMUNITY IMPROVEMENT
METROPOLITAN FAMILY SERVICES DUPAGE - 222 E. WILLOW AVE. - WHEATON, IL 60187-5426	36-2167061		126,000.	0.	N/A	N/A	EARLY CHILDHOOD CARE AND EDUCATION
MIDWEST ACCESS COALITION P.O. BOX 408363 CHICAGO, IL 60640	47-2160168		100,000.	0.	N/A	N/A	HEALTH SERVICES
MIDWEST ACCESS PROJECT P.O. BOX 310 BERWYN, IL 60402	20-8336719		403,600.	0.	N/A	N/A	HEALTH SERVICES
MIDWEST FAMILY PLANNING CLINIC NFP 1701 E. LAKE AVE., STE. 400 GLENVIEW, IL 60025	92-3692199		20,000.	0.	N/A	N/A	HEALTH SERVICES
MIDWEST SHELTER FOR HOMELESS VETERANS - 433 S. CARLTON AVE. - WHEATON, IL 60187	36-4337985		50,864.	0.	N/A	N/A	HOUSING, SHELTER
MISERICORDIA FOUNDATION 6300 N. RIDGE AVE. CHICAGO, IL 60660	23-7285834		26,000.	0.	N/A	N/A	DISABILITIES

Schedule I (Form 990)

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MONARCH LANDING 2255 MONARCH DR. NAPERVILLE, IL 60563	83-0938335		53,712.	0.	N/A	N/A	SENIOR SERVICES
MOTHER MCAULEY HIGH SCHOOL 3737 W. 99TH ST. CHICAGO, IL 60655	36-2345207		8,500.	0.	N/A	N/A	EDUCATIONAL/LITERACY
NAMI DUPAGE 115 N. COUNTY FARM RD. WHEATON, IL 60187	36-3412057		33,100.	0.	N/A	N/A	MENTAL HEALTH
NAPERVILLE ART LEAGUE 508 N. CENTER ST. NAPERVILLE, IL 60563	23-7399467		14,000.	0.	N/A	N/A	ARTS, CULTURE
NAPERVILLE CHRISTIAN ACADEMY 1451 RAYMOND DR., STE. 200 NAPERVILLE, IL 60563	36-4383292		10,300.	0.	N/A	N/A	FAITH-BASED
NAPERVILLE ELDERLY HOMES 310 W. MARTIN AVE. NAPERVILLE, IL 60540	36-2709180		18,000.	0.	N/A	N/A	SENIOR SERVICES
NATIONAL MS SOCIETY 525 W. MONROE ST., STE. 1510 CHICAGO, IL 60661	13-5661935		7,150.	0.	N/A	N/A	FRAGILE HEALTH
NEIGHBORHOOD FOOD PANTRIES 123 FREMONT ST. WEST CHICAGO, IL 60185	36-4301829		56,600.	0.	N/A	N/A	FOOD, NUTRITION, CLOTHING
NORTH CENTRAL COLLEGE 30 N. BRAINARD ST. NAPERVILLE, IL 60566-7063	36-2169157		6,500.	0.	N/A	N/A	EDUCATIONAL/LITERACY

Schedule I (Form 990)

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NORTH STAR CLASSICAL CHRISTIAN SCHOOL - 1350 IL-137 - GRAYSLAKE, IL 60030	87-2340591		100,000.	0.	N/A	N/A	FAITH-BASED
NORTHEAST DUPAGE FAMILY AND YOUTH SERVICES - 777 ARMY TRAIL RD. - ADDISON, IL 60101	45-0562810		389,106.	0.	N/A	N/A	MENTAL HEALTH
NORTHERN ILLINOIS FOOD BANK 273 DEARBORN CT. GENEVA, IL 60134	36-3203648		61,700.	0.	N/A	N/A	FOOD, NUTRITION, CLOTHING
NORTHERN ILLINOIS UNIVERSITY 1425 W. LINCOLN HWY. DEKALB, IL 60115	36-6086819		10,500.	0.			SCHOLARSHIP - EDUCATION
OLI GARDENS 1235 TENNYSON LN. NAPERVILLE, IL 60540	81-1305016		10,000.	0.	N/A	N/A	FOOD, NUTRITION, CLOTHING
ONEWAY MINISTRIES P.O. BOX 2211 NAPERVILLE, IL 60567	31-1675712		50,000.	0.	N/A	N/A	FAITH-BASED
OTTAWA YMCA 201 E. JACKSON ST. OTTAWA, IL 61350	36-2337893		7,500.	0.	N/A	N/A	RECREATION
OUTREACH 373 S. SCHMALE DR., STE. 102 CAROL STREAM, IL 60188	23-7265066		116,100.	0.	N/A	N/A	COUNSELING
PATH TO RECOVERY FOUNDATION 710 E. OGDEN AVE., STE. 320 NAPERVILLE, IL 60540	47-1562358		10,000.	0.	N/A	N/A	MENTAL HEALTH

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PEOPLE'S RESOURCE CENTER 201 S. NAPERVILLE RD. WHEATON, IL 60187	36-3157600		122,660.	0.	N/A	N/A	FOOD, NUTRITION, CLOTHING
PLANNED PARENTHOOD OF ILLINOIS 17 N. STATE STREET., 5TH FL. CHICAGO, IL 60602	36-2170901		55,000.	0.	N/A	N/A	HEALTH SERVICES
PURDUE RESEARCH FOUNDATION 1281 WIN HENTSCHEL BLVD. WEST LAFAYETTE, IN 47906	35-1052049		50,000.	0.	N/A	N/A	EDUCATIONAL/LITERACY
RAINBOW CAFE LGBTQ CENTER 118 N. ILLINOIS AVE. CARBONDALE, IL 62901	83-4270525		150,000.	0.	N/A	N/A	YOUTH DEVELOPMENT
RAY GRAHAM ASSOCIATION 901 WARRENVILLE RD., STE. 500 LISLE, IL 60532	36-2411166		53,980.	0.	N/A	N/A	MENTAL HEALTH
RECLAIM13 2200 S. MAIN ST., STE. 306 LOMBARD, IL 60148	45-4430161		33,250.	0.	N/A	N/A	COUNSELING
REPEAT BOUTIQUE CENTER 191 S. GARY AVE., STE. 140 CAROL STREAM, IL 60188	36-3218981		25,250.	0.	N/A	N/A	FOOD, NUTRITION, CLOTHING
REPORTERS WITHOUT BORDERS, INC. P.O. BOX 34032 WASHINGTON, DC 20043	20-0708028		10,000.	0.	N/A	N/A	INTERNATIONAL
RESILIENT, NFP 136 E. HIGHLAND AVE. VILLA PARK, IL 60181	32-0542637		25,000.	0.	N/A	N/A	EDUCATIONAL/LITERACY

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RIDE ASSIST NAPERVILLE 790 ROYAL ST. GEORGE DR., STE. 141 NAPERVILLE, IL 60563	81-2276938		7,500.	0.	N/A	N/A	SENIOR SERVICES
SACRED HEART RETREAT APOSTOLATE 896 CIENEGA RD., P.O. BOX 1795 BIG BEAR LAKE, CA 92315-1795	43-2005333		9,000.	0.	N/A	N/A	FAITH-BASED
SAGUARO CHAPTER, NATL. SOCIETY OF THE D.A.R. - 11044 E. MONTE AVE. - MESA, AZ 85209	23-7442611		15,000.	0.	N/A	N/A	EDUCATIONAL/LITERACY
SALT CREEK BALLET 98 E. CHICAGO AVE. WESTMONT, IL 60559	36-3415520		10,000.	0.	N/A	N/A	ARTS, CULTURE
SAMARACARE 1819 BAY SCOTT CIRCLE, STE. 109 NAPERVILLE, IL 60540-1130	36-2846570		246,770.	0.	N/A	N/A	MENTAL HEALTH
SAMESAME, INC. 3647 BROADWAY, APT. 2H NEW YORK, NY 10031	35-2723295		100,000.	0.	N/A	N/A	YOUTH DEVELOPMENT
SCARCE 800 S. ROHLWING RD., UNIT D ADDISON, IL 60101	36-3908867		27,100.	0.	N/A	N/A	PRESERVATION/RESTORATION
SCIENCE LITERACY PROJECT/GENETIC LITERACY PROJECT - 909 DAYTON ST. - CINCINNATI, OH 45214	52-1844456		15,000.	0.	N/A	N/A	SCIENCE & TECH
SCIENCE OF SPIRITUALITY 4105 NAPERVILLE RD. LISLE, IL 60532	59-1904820		46,000.	0.	N/A	N/A	FAITH-BASED

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SENIOR HOME SHARING, INC. 403 W. ST. CHARLES RD., STE. B LOMBARD, IL 60148	36-3246634		50,800.	0.	N/A	N/A	MENTAL HEALTH
SHARING CONNECTIONS 5111 CHASE AVE. DOWNERS GROVE, IL 60515	36-4363123		50,000.	0.	N/A	N/A	HOUSING, SHELTER
SIGNAL HILL CHAPTER, NATL. SOCIETY OF THE D.A.R. - 28065 N. SPRING CT. - MUNDELEIN, IL 60060-9517	23-7167032		10,500.	0.	N/A	N/A	EDUCATIONAL/LITERACY
SOKANA COLLECTIVE WORLDWIDE 1421 MAIN ST. EVANSTON, IL 60202	93-4646850		153,600.	0.	N/A	N/A	HEALTH SERVICES
SPECIAL KIDS DAY 535 SPRING RD. ELMHURST, IL 60126	20-2123895		6,000.	0.	N/A	N/A	DISABILITIES
ST. DANIEL THE PROPHET CATHOLIC CHURCH - 101 WEST LOOP RD. - WHEATON, IL 60189-2004	36-3653747		14,500.	0.	N/A	N/A	FAITH-BASED
ST. JOAN OF ARC PARISH & SCHOOL 820 DIVISION ST. LISLE, IL 60532	36-2192836		10,000.	0.	N/A	N/A	EDUCATIONAL/LITERACY
ST. JOHN'S EPISCOPAL CHURCH 750 W. AURORA AVE. NAPERVILLE, IL 60540-6276	23-7075487		9,000.	0.	N/A	N/A	FAITH-BASED
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012		13,700.	0.	N/A	N/A	FRAGILE HEALTH

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ST. MARK'S EPISCOPAL CHURCH 393 N. MAIN ST. GLEN ELLYN, IL 60137-5068	23-7075487		57,460.	0.	N/A	N/A	FAITH-BASED
ST. THOMAS THE APOSTLE CATHOLIC CHURCH - 1500 BROOKDALE RD. - NAPERVILLE, IL 60563	36-3314260		7,630.	0.	N/A	N/A	FAITH-BASED
STAND TOGETHER FOUNDATION 1320 N. COURTHOUSE RD., STE. 220 ARLINGTON, VA 22201-2501	27-3197768		50,000.	0.	N/A	N/A	COMMUNITY IMPROVEMENT
STATE POLICY NETWORK 1655 N. FORT MYER DR., STE. 360 ARLINGTON, VA 22209	57-0952531		25,000.	0.	N/A	N/A	RESEARCH INSTITUTE / PUBLIC POLICY ANALYSIS
SWIFTY FOUNDATION 3916 SARAZEN CT. WOODRIDGE, IL 60517	46-1853577		700,500.	0.	N/A	N/A	FRAGILE HEALTH
SWS FUND 5155 54TH AVE. S. SEATTLE, WA 98118	82-1252726		20,000.	0.	N/A	N/A	EDUCATIONAL/LITERACY
TASKFORCE PREVENTION AND COMMUNITY SERVICES - 9 NORTH CICERO AVE. - CHICAGO, IL 60644	36-3733207		125,000.	0.	N/A	N/A	YOUTH DEVELOPMENT
TEEN PARENT CONNECTION 475 TAFT AVE. GLEN ELLYN, IL 60137	36-3387034		235,150.	0.	N/A	N/A	MENTAL HEALTH
THE COMMUNITY HOUSE 415 W. EIGHTH ST. HINSDALE, IL 60521	36-2167735		125,000.	0.	N/A	N/A	MENTAL HEALTH

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THE CONSERVATION FOUNDATION 10S404 KNOCH KNOLLS RD. NAPERVILLE, IL 60565	23-7221206		52,153.	0.	N/A	N/A	PRESERVATION/RESTORATION
THE GARDENWORKS PROJECT 2100 MANCHESTER RD., SUITE 970 WHEATON, IL 60187	46-3697674		28,250.	0.	N/A	N/A	FOOD, NUTRITION, CLOTHING
THE MORTON ARBORETUM 4100 ILLINOIS ROUTE 53 LISLE, IL 60532-1293	36-1505770		47,000.	0.	N/A	N/A	PRESERVATION/RESTORATION
THE OUTREACH HOUSE 805 S. MAIN ST., STE. A LOMBARD, IL 60148	20-0545709		15,696.	0.	N/A	N/A	FOOD, NUTRITION, CLOTHING
THE SALVATION ARMY OAKBROOK TERRACE - 1 S. 415 SUMMIT AVENUE - OAKBROOK TERRACE, IL 60181	36-2167910		29,600.	0.	N/A	N/A	FOOD, NUTRITION, CLOTHING
THREE FIRES COUNCIL, BOY SCOUTS OF AMERICA - 415 N. 2ND ST. - ST. CHARLES, IL 60174-1254	36-3831877		12,775.	0.	N/A	N/A	YOUTH DEVELOPMENT
TRINITY EPISCOPAL CHURCH 130 N. WEST ST. WHEATON, IL 60187	36-2170847		16,000.	0.	N/A	N/A	FAITH-BASED
TRINITY LUTHERAN CHURCH 3S460 CURTIS AVE. WARRENVILLE, IL 60555	36-3118524		10,000.	0.	N/A	N/A	FAITH-BASED
TRI-TOWN YMCA 136 S. CORNELL AVE. VILLA PARK, IL 60181	36-2643097		180,525.	0.	N/A	N/A	MENTAL HEALTH

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNION CHURCH OF HINSDALE 137 S. GARFIELD ST. HINSDALE, IL 60521	13-1957221		87,500.	0.	N/A	N/A	FAITH-BASED
UNITED CEREBRAL PALSY SEGUIN OF GREATER CHICAGO - 3100 S. CENTRAL AVE. - CICERO, IL 60804-3987	36-2894174		23,000.	0.	N/A	N/A	DISABILITIES
UNIVERSITY OF ILLINOIS AT CHICAGO 620 E. JOHN ST., MC-303 CHAMPAIGN, IL 61820	37-6000511		8,500.	0.			SCHOLARSHIP - EDUCATION
UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN - 620 E. JOHN ST, MC-303 - CHAMPAIGN, IL 61820	37-6000511		19,000.	0.			SCHOLARSHIP - EDUCATION
UNIVERSITY OF WISCONSIN FOUNDATION US BANK LOCKBOX 78807 MILWAUKEE, WI 53278-0807	39-0743975		15,000.	0.	N/A	N/A	EDUCATIONAL/LITERACY
UNLOCKING COMMUNITIES 100 N. HERMITAGE AVE., UNIT 704 CHICAGO, IL 60612	83-2060233		50,000.	0.	N/A	N/A	INTERNATIONAL
VILLAGE OF GLEN ELLYN 535 DUANE ST. GLEN ELLYN, IL 60137-4699	36-6005897		27,500.	0.	N/A	N/A	ARTS, CULTURE
VILLAGE OF ROSELLE 31 S. PROSPECT ST. ROSELLE, IL 60172-2097	36-6006085		25,000.	0.	N/A	N/A	ARTS, CULTURE
VMTS EDUCATION, INC. 137 MONTAGUE ST., #132 BROOKLYN, NY 11201	84-4459778		7,500.	0.	N/A	N/A	EDUCATIONAL/LITERACY

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VNA HEALTH CARE 400 N. HIGHLAND AVE. AURORA, IL 60506	36-2182095		27,500.	0.	N/A	N/A	HEALTH SERVICES
WARM COATS FOR COOL KIDS 133 N. CAROLINE AVE. ELMHURST, IL 60126	86-3488467		22,000.	0.	N/A	N/A	FOOD, NUTRITION, CLOTHING
WAYNE TOWNSHIP PANTRY & SENIOR SERVICES, NFP - 27W031 NORTH AVE. - WEST CHICAGO, IL 60185	41-2132599		8,300.	0.	N/A	N/A	FOOD, NUTRITION, CLOTHING
WAYSIDE CROSS MINISTRIES 215 E. NEW YORK ST. AURORA, IL 60505-3491	36-2167950		5,500.	0.	N/A	N/A	COUNSELING
WEGO TOGETHER FOR KIDS 222 E. WILLOW AVE. WHEATON, IL 60187	36-2167061		91,825.	0.	N/A	N/A	MENTAL HEALTH
WELLNESS HOUSE 131 N. COUNTY LINE RD. HINSDALE, IL 60521	36-3636933		11,100.	0.	N/A	N/A	HEALTH SERVICES
WEST SIDE SERVICE CONNECTOR P.O. BOX 1853 OAK PARK, IL 60304	93-2895918		10,000.	0.	N/A	N/A	REFUGEE/IMMIGRANT SERVICES
WEST SUBURBAN COMMUNITY PANTRY 6809 HOBSON VALLEY DR., STE. 118 WOODRIDGE, IL 60517	36-3857072		34,000.	0.	N/A	N/A	FOOD, NUTRITION, CLOTHING
WEST SUBURBAN HUMANE SOCIETY 1901 OGDEN AVE. DOWNERS GROVE, IL 60515	23-7355420		60,000.	0.	N/A	N/A	ANIMAL RELATED

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTERN DUPAGE SPECIAL RECREATION ASSOCIATION - 116 N. SCHMALE RD. - CAROL STREAM, IL 60188	36-3932924		21,000.	0.	N/A	N/A	DISABILITIES
WHEATON ACADEMY 900 PRINCE CROSSING RD. WEST CHICAGO, IL 60185-1796	36-2388793		12,000.	0.	N/A	N/A	EDUCATIONAL/LITERACY
WHEATON COLLEGE 501 COLLEGE AVE. WHEATON, IL 60187-5593	36-2182171		60,000.	0.	N/A	N/A	ARTS, CULTURE
WHEATON DRAMA, INC. 111 N. HALE ST. WHEATON, IL 60187	36-2603079		16,225.	0.	N/A	N/A	ARTS, CULTURE
WHEATON PARK DISTRICT 855 W. PRAIRIE AVE. WHEATON, IL 60187	36-6006155		9,203.	0.	N/A	N/A	RECREATION
WOODRIDGE SCHOOL DISTRICT 68 7925 JANES AVE. WOODRIDGE, IL 60517	36-6004517		9,000.	0.	N/A	N/A	ARTS, CULTURE
WORLD RELIEF CHICAGOLAND 191 S. GARY AVE., STE. 130 CAROL STREAM, IL 60188	23-6393344		271,883.	0.	N/A	N/A	REFUGEE/IMMIGRANT SERVICES
WYNDEMERE RESIDENTS ASSOCIATION 200 WYNDEMERE CIR. WHEATON, IL 60187	27-3177958		35,000.	0.	N/A	N/A	SENIOR SERVICES
XILIN ASSOCIATION 1163 E. OGDEN AVE., STE. 610 NAPERVILLE, IL 60563	36-3890616		12,000.	0.	N/A	N/A	SENIOR SERVICES

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG AT HEART PET RESCUE 4301 S. IL RTE. 47 WOODSTOCK, IL 60098	20-2476194		125,000.	0.	N/A	N/A	ANIMAL RELATED
YOUTH OUTLOOK 1828 OLD NAPERVILLE RD. NAPERVILLE, IL 60563	36-4223806		150,000.	0.	N/A	N/A	YOUTH DEVELOPMENT
YOUTH SERVICES OF GLENVIEW/NORTHBROOK - 3080 W. LAKE AVE. - GLENVIEW, IL 60026	36-3182275		100,000.	0.	N/A	N/A	YOUTH DEVELOPMENT
YWCA METROPOLITAN CHICAGO 1 N. LASALLE ST., STE. 1700 CHICAGO, IL 60602	36-2179765		78,000.	0.	N/A	N/A	EARLY CHILDHOOD CARE AND EDUCATION

**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 I, LINE 2:

GRANTEES ARE REQUIRED TO SIGN AN AWARD LETTER THAT STATES THEIR INTENDED USE FOR THE FUNDS. IN SOME CASES, SITE VISITS ARE MADE AND/OR GRANTEE ARE ALSO REQUIRED TO SUBMIT A PROGRESS REPORT FOR THE PROGRAM THAT THE FUNDS PROVIDED FOR.

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

**Part IV** Supplemental Information

APPROVAL. IN SOME CASES, THE GRANT AWARD MAY BE USED AS A CHALLENGE GRANT BY THE RECIPIENT ORGANIZATION OR MAY ONLY BE GIVEN AS A MATCH FOR ADDITIONAL PROJECT FUNDING. ALL GRANTEE ORGANIZATIONS ARE REQUIRED TO SUBMIT A COMPLETED FINAL REPORT UPON COMPLETION OF THEIR PROJECT OR WITHIN ONE YEAR, WHICHEVER COMES FIRST. THE FINAL REPORT ASKS THE FOLLOWING:

1. DESCRIPTION OF OUTCOMES ACHIEVED USING THE OUTCOME MEASURES TABLE FROM THE INITIAL APPLICATION.

2. HAS THE PROJECT DIFFERED IN EXECUTION FROM THE APPLICATION?

3. PROVIDE AN EXAMPLE THAT ILLUSTRATED WHAT YOU CONSIDER TO BE THE MOST SIGNIFICANT IMPACT ON THE LIVES OF THE INDIVIDUALS SERVED.

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

Multiple horizontal lines for providing answers to the questions above.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

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? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- 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? .....
- b** Any related organization? .....
- 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? .....
- b** Any related organization? .....
- 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
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2023

**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 and/or 1099-NEC 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. MICHAEL SITRICK PRESIDENT & CEO	(i)	185,000.	0.	6,762.	0.	10,158.	201,920.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MR. DAVID MCGOWAN PRESIDENT & CEO RET.	(i)	142,500.	0.	1,375.	0.	10,694.	154,569.	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)							

**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.

Multiple horizontal lines for supplemental information.

**SCHEDULE L**  
**(Form 990)**

**Transactions With Interested Persons**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

**2023**

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Go to [www.irs.gov/Form990](http://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 Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
				(1)									
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
<b>Total</b> .....							\$						

**Part III Grants or Assistance Benefiting Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part IV Business Transactions Involving Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JIM MYERS	TRUSTEE	35,150.	IN FY24, TH		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L. See instructions.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: JIM MYERS

(D) DESCRIPTION OF TRANSACTION: IN FY24, THE FOUNDATION CONTRACTED WITH TRUSTEE JIM MYERS ADVERTISING FIRM TO ASSIST WITH A SOCIAL MEDIA CAMPAIGN. IT RAN FROM OCTOBER 2023 THROUGH THE END OF SEPTEMBER 2024.



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2023**

Open to Public Inspection

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](http://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 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	46	9,517,648.	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 V, 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 3 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.		

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

Schedule M (Form 990) 2023

**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)**

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 Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

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

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

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.



Type and Entity: INVESTMENT ACTIVITY POST-2017 NOL FE		DETAIL CARRYOVER SCHEDULE										
Section 382 Annual Limitation		Section 382 Carryover										
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 06/30/22	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2020	5,704.	5,704.	5,704.								
B	2023	4,943.										
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												
Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A												
B												
C												
D												
E												
F												
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J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												

Type and Entity: CONTRIBUTION - 50% CASH FED

DETAIL CARRYOVER SCHEDULE

Section 382 Annual Limitation

Section 382 Carryover

Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 06/30/23	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
				_____	_____	_____	_____	_____	_____	_____	_____
A 2019	8,151,090.	4,982.	4,982.								
B 2020	8,298,259.										
C 2021	5,591,462.										
D 2023	6.										
E											
F											
G											
H											
I											
J											
K											
L											
M											
N											
O											
P											
Q											
R											
S											
T											
U											
V											
W											
Detail Type	E S B C	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____
A											
B											
C											
D											
E											
F											
G											
H											
I											
J											
K											
L											
M											
N											
O											
P											
Q											
R											
S											
T											
U											
V											
W											

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2023 or other tax year beginning JUL 1, 2023, and ending JUN 30, 2024

2023

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Form header section containing: A Check box if address changed, B Exempt under section 501(c)(3), C Book value of all assets at end of year 147,748,024, D Employer identification number 36-3978733, E Group exemption number, F Check box if an amended return.

Form header section containing: G Check organization type 501(c) corporation, H Check if filing only to claim, I Check if a 501(c)(3) organization filing a consolidated return, J Enter the number of attached Schedules A (Form 990-T) 1, K During the tax year, was the corporation a subsidiary, L The books are in care of MICHAEL R. SITRICK, PRESIDENT & Telephone number 630-665-5556

Table for Part I Total Unrelated Business Taxable Income with 11 rows and 3 columns (line number, description, amount).

Table for Part II Tax Computation with 7 rows and 3 columns (line number, description, amount).

Table for Part III Tax and Payments with 5 main rows and sub-rows (1a-1d, 3a-3e) and 3 columns (line number, description, amount).



<b>Part III Tax and Payments</b> (continued)			
<b>6 a</b>	Payments: Preceding year's overpayment credited to the current year .....	<b>6a</b>	4,984.
<b>b</b>	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	<b>6b</b>	4,616.
<b>c</b>	Tax deposited with Form 8868 .....	<b>6c</b>	
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>6d</b>	
<b>e</b>	Backup withholding (see instructions) .....	<b>6e</b>	
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941) .....	<b>6f</b>	
<b>g</b>	Elective payment election amount from Form 3800 .....	<b>6g</b>	
<b>h</b>	Payment from Form 2439 .....	<b>6h</b>	
<b>i</b>	Credit from Form 4136 .....	<b>6i</b>	
<b>j</b>	Other (see instructions) .....	<b>6j</b>	
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6j .....	<b>7</b>	9,600.
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>8</b>	
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....	<b>10</b>	9,600.
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2024 estimated tax</b> 9,600. <b>Refunded</b> .....	<b>11</b>	0.

<b>Part IV Statements Regarding Certain Activities and Other Information</b> (see instructions)		Yes	No
<b>1</b>	At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here _____		X
<b>2</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....		X
<b>3</b>	Enter the amount of tax-exempt interest received or accrued during the tax year ..... \$ _____		
<b>4</b>	Enter available pre-2018 NOL carryovers here \$ _____ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
<b>5</b>	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code		Available post-2017 NOL carryover
			\$
			\$
			\$
			\$
<b>6 a</b>	Reserved for future use .....		
<b>b</b>	Reserved for future use .....		

**Part V Supplemental Information**

Provide any additional information. See instructions.

<b>Sign Here</b>	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 taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	Title	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	KIMBERLY A. HAUMANN	KIMBERLY A. HAUMANN	12/11/24	PTIN P00546491
	Firm's name	Firm's address		Firm's EIN
	PLANTE & MORAN, PLLC	10 S. RIVERSIDE PLAZA, 9TH FLOOR CHICAGO, IL 60606		38-1357951
			Phone no. (312) 207-1040	

May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---

**SCHEDULE A  
(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1  
OMB No. 1545-0047

**2023**

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization <b>THE DUPAGE COMMUNITY FOUNDATION</b>	<b>B</b> Employer identification number <b>36-3978733</b>
<b>C</b> Unrelated business activity code (see instructions) <b>900000</b>	<b>D</b> Sequence: <b>1</b> of <b>1</b>

**E** Describe the unrelated trade or business **INVESTMENT ACTIVITY**

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c</b> Balance			
<b>2</b> Cost of goods sold (Part III, line 8)	<b>1c</b>			
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>2</b>			
	<b>3</b>			
<b>4 a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	<b>4a</b>	9.		9.
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions	<b>4b</b>	-18.		-18.
<b>c</b> Capital loss deduction for trusts	<b>4c</b>			
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) <b>STATEMENT 1</b>	<b>5</b>	-4,934.		-4,934.
<b>6</b> Rent income (Part IV)	<b>6</b>			
<b>7</b> Unrelated debt-financed income (Part V)	<b>7</b>			
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>8</b>			
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>9</b>			
<b>10</b> Exploited exempt activity income (Part VIII)	<b>10</b>			
<b>11</b> Advertising income (Part IX)	<b>11</b>			
<b>12</b> Other income (see instructions; attach statement)	<b>12</b>			
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b>	-4,943.		-4,943.

**Part II Deductions Not Taken Elsewhere.** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

<b>1</b> Compensation of officers, directors, and trustees (Part X)				
<b>2</b> Salaries and wages				
<b>3</b> Repairs and maintenance				
<b>4</b> Bad debts				
<b>5</b> Interest (attach statement). See instructions				
<b>6</b> Taxes and licenses				
<b>7</b> Depreciation (attach Form 4562). See instructions	<b>7</b>			
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>			<b>8b</b>
<b>9</b> Depletion				
<b>10</b> Contributions to deferred compensation plans				
<b>11</b> Employee benefit programs				
<b>12</b> Excess exempt expenses (Part VIII)				
<b>13</b> Excess readership costs (Part IX)				
<b>14</b> Other deductions (attach statement)				
<b>15 Total deductions.</b> Add lines 1 through 14	<b>15</b>			0.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>			-4,943.
<b>17</b> Deduction for net operating loss. See instructions	<b>17</b>			0.
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16	<b>18</b>			-4,943.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

**Part III Cost of Goods Sold** Enter method of inventory valuation

1	Inventory at beginning of year .....	1	
2	Purchases .....	2	
3	Cost of labor .....	3	
4	Additional section 263A costs (attach statement) .....	4	
5	Other costs (attach statement) .....	5	
6	<b>Total.</b> Add lines 1 through 5 .....	6	
7	Inventory at end of year .....	7	
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) .....				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....				
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) .....				0.
4 Deductions directly connected with the income in lines 2a and 2b (attach statement) .....				
5 <b>Total deductions.</b> Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) .....				0.

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Gross income from or allocable to debt-financed property .....				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement) .....				
b Other deductions (attach statement) .....				
c Total deductions (add lines 3a and 3b, columns A through D) .....				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....				
5 Average adjusted basis of or allocable to debt-financed property (attach statement) .....				
6 Divide line 4 by line 5 .....	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6 .....				
8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) .....				0.
9 Allocable deductions. Multiply line 3c by line 6 .....				
10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) .....				0.
11 <b>Total dividends-received deductions</b> included in line 10 .....				0.

**Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization		2. Employer identification number		Exempt Controlled Organizations		
				3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)		9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)						
(2)						
(3)						
(4)						
				Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).	
<b>Totals</b>				0.	0.	

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A).		Add amounts in column 5. Enter here and on Part I, line 9, column (B).
<b>Totals</b>		0.		0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	4	
5	Gross income from activity that is not unrelated business income .....	5	
6	Expenses attributable to income entered on line 5 .....	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	7	

**Part IX Advertising Income**

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A
- B
- C
- D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income .....				
Add columns A through D. Enter here and on Part I, line 11, column (A) .....				0.

a				
3 Direct advertising costs by periodical .....				
a Add columns A through D. Enter here and on Part I, line 11, column (B) .....				0.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8 .....

5 Readership costs .....				
6 Circulation income .....				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0- .....				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 .....				

a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13 .....

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on Part II, line 1 .....			0.

**Part XI Supplemental Information** (see instructions)

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FORM 990-T (A)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 1

DESCRIPTION	NET INCOME OR (LOSS)
MERIT MEZZANNE FUND V LP - ORDINARY BUSINESS INCOME (LOSS)	3,613.
MERIT MEZZANNE FUND V LP - OTHER INCOME (LOSS)	13.
GT REAL PROPERTY IV - ORDINARY BUSINESS INCOME (LOSS)	-26.
GT REAL PROPERTY IV - NET RENTAL REAL ESTATE INCOME	-159.
GT REAL PROPERTY IV - OTHER INCOME (LOSS)	-445.
PALLADIAN PARTNERS VII - ORDINARY BUSINESS INCOME (LOSS)	3,773.
PALLADIAN PARTNERS VII - OTHER INCOME (LOSS)	-3,399.
AC POWER & ENERGY - ORDINARY BUSINESS INCOME (LOSS)	-1,846.
AC POWER & ENERGY - NET RENTAL REAL ESTATE INCOME	-12.
AC POWER & ENERGY - OTHER INCOME (LOSS)	-138.
ARTHUR STREET III - ORDINARY BUSINESS INCOME (LOSS)	4.
ARTHUR STREET III - OTHER INCOME (LOSS)	-1.
AIM PE - ORDINARY BUSINESS INCOME (LOSS)	-5,830.
RCP FUND XVII LP - ORDINARY BUSINESS INCOME (LOSS)	-481.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-4,934.

**SCHEDULE D  
(Form 1120)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.  
Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

**2023**

Name <b>THE DUPAGE COMMUNITY FOUNDATION</b>	Employer identification number <b>36-3978733</b>
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Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....				<b>4</b>
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....				<b>5</b>
<b>6</b> Unused capital loss carryover (attach computation) .....				<b>6</b> ( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....				<b>7</b>

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				<b>9.</b>
<b>11</b> Enter gain from Form 4797, line 7 or 9 .....				<b>11</b>
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....				<b>12</b>
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....				<b>13</b>
<b>14</b> Capital gain distributions .....				<b>14</b>
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....				<b>15</b> <b>9.</b>

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....	<b>16</b>	
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) .....	<b>17</b>	<b>9.</b>
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns .....	<b>18</b>	<b>9.</b>

**Note:** If losses exceed gains, see *Capital Losses* in the instructions.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

36-3978733

THE DUPAGE COMMUNITY FOUNDATION

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
(X) (F) Long-term transactions not reported to you on Form 1099-B

Table with 8 columns: (a) Description of property, (b) Date acquired, (c) Date sold or disposed of, (d) Proceeds (sales price), (e) Cost or other basis, (f) Code(s), (g) Amount of adjustment, (h) Gain or (loss). Rows include PALLADIAN PARTNERS, VII, and AC POWER & ENERGY.

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ..... 9.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.



Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

2023

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

Attachment
Sequence No. 27

Name(s) shown on return

Identifying number

THE DUPAGE COMMUNITY FOUNDATION

36-3978733

- 1a Enter the gross proceeds from sales or exchanges reported to you for 2023 on Form(s) 1099-B or 1099-S
(or substitute statement) that you are including on line 2, 10, or 20
1b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of
MACRS assets
1c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS
assets

1a

1b

1c

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Date sold, (d) Gross sales price, (e) Depreciation allowed or allowable since acquisition, (f) Cost or other basis, plus improvements and expense of sale, (g) Gain or (loss) Subtract (f) from the sum of (d) and (e). Row 1: PALLADIAN PARTNERS VII, -18.

- 3 Gain, if any, from Form 4684, line 39
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824
6 Gain, if any, from line 32, from other than casualty or theft
7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows

3

4

5

6

7

-18.

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

- 8 Nonrecaptured net section 1231 losses from prior years. See instructions
9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions

8

9

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Date sold, (d) Gross sales price, (e) Depreciation allowed or allowable since acquisition, (f) Cost or other basis, plus improvements and expense of sale, (g) Gain or (loss) Subtract (f) from the sum of (d) and (e). Row 1: (empty), (empty), (empty), (empty), (empty), (empty), (empty)

- 11 Loss, if any, from line 7
12 Gain, if any, from line 7 or amount from line 8, if applicable
13 Gain, if any, from line 31
14 Net gain or (loss) from Form 4684, lines 31 and 38a
15 Ordinary gain from installment sales from Form 6252, line 25 or 36
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824
17 Combine lines 10 through 16

11

12

13

14

15

16

17

( 18 )

-18.

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions

18a

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4

18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2023)

**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255** (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
<b>These columns relate to the properties on lines 19A through 19D.</b>		<b>Property A</b>	<b>Property B</b>
		<b>Property C</b>	<b>Property D</b>
20 Gross sales price ( <b>Note:</b> See line 1a before completing.)	<b>20</b>		
21 Cost or other basis plus expense of sale	<b>21</b>		
22 Depreciation (or depletion) allowed or allowable	<b>22</b>		
23 Adjusted basis. Subtract line 22 from line 21	<b>23</b>		
24 Total gain. Subtract line 23 from line 20	<b>24</b>		
<b>25 If section 1245 property:</b>			
a Depreciation allowed or allowable from line 22	<b>25a</b>		
b Enter the <b>smaller</b> of line 24 or 25a	<b>25b</b>		
<b>26 If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.			
a Additional depreciation after 1975. See instructions	<b>26a</b>		
b Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions	<b>26b</b>		
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	<b>26c</b>		
d Additional depreciation after 1969 and before 1976	<b>26d</b>		
e Enter the <b>smaller</b> of line 26c or 26d	<b>26e</b>		
f Section 291 amount (corporations only)	<b>26f</b>		
g Add lines 26b, 26e, and 26f	<b>26g</b>		
<b>27 If section 1252 property:</b> Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.			
a Soil, water, and land clearing expenses	<b>27a</b>		
b Line 27a multiplied by applicable percentage	<b>27b</b>		
c Enter the <b>smaller</b> of line 24 or 27b	<b>27c</b>		
<b>28 If section 1254 property:</b>			
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	<b>28a</b>		
b Enter the <b>smaller</b> of line 24 or 28a	<b>28b</b>		
<b>29 If section 1255 property:</b>			
a Applicable percentage of payments excluded from income under section 126. See instructions	<b>29a</b>		
b Enter the <b>smaller</b> of line 24 or 29a. See instructions	<b>29b</b>		

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties. Add property columns A through D, line 24	<b>30</b>	
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	<b>31</b>	
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	<b>32</b>	

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less** (see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	<b>33</b>	
34 Recomputed depreciation. See instructions	<b>34</b>	
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	<b>35</b>	

**SCHEDULE D  
(Form 1120)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.  
Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

**2023**

Name <b>THE DUPAGE COMMUNITY FOUNDATION</b>	Employer identification number <b>36-3978733</b>
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Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....				<b>4</b>
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....				<b>5</b>
<b>6</b> Unused capital loss carryover (attach computation) .....				<b>6</b> ( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....				<b>7</b>

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				<b>9.</b>
<b>11</b> Enter gain from Form 4797, line 7 or 9 .....				<b>11</b>
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....				<b>12</b>
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....				<b>13</b>
<b>14</b> Capital gain distributions .....				<b>14</b>
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....				<b>15</b> <b>9.</b>

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....	<b>16</b>	
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) .....	<b>17</b>	<b>9.</b>
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns .....	<b>18</b>	<b>9.</b>

**Note:** If losses exceed gains, see *Capital Losses* in the instructions.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

**Social security number or taxpayer identification no.**

**THE DUPAGE COMMUNITY FOUNDATION**

**36-3978733**

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	PALLADIAN PARTNERS VII							3.
	AC POWER & ENERGY							6.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) .....								9.

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

# Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return. **FORM 990-T**

**2023**

Go to [www.irs.gov/Form2220](http://www.irs.gov/Form2220) for instructions and the latest information.

Name <b>THE DUPAGE COMMUNITY FOUNDATION</b>	Employer identification number <b>36-3978733</b>
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**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

<b>Part I Required Annual Payment</b>			
1 Total tax (see instructions) .....		<b>1</b>	
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....	<b>2a</b>		<b>2d</b>
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method .....	<b>2b</b>		
c Credit for federal tax paid on fuels (see instructions) .....	<b>2c</b>		
d <b>Total.</b> Add lines 2a through 2c .....			
3 Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty .....		<b>3</b>	
4 Enter the tax shown on the corporation's 2022 income tax return. See instructions. <b>Caution:</b> If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 .....		<b>4</b>	
5 <b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....		<b>5</b>	

**Part II Reasons for Filing** - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

6  The corporation is using the adjusted seasonal installment method.

7  The corporation is using the annualized income installment method.

8  The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

<b>Part III Figuring the Underpayment</b>		(a)	(b)	(c)	(d)
9 <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th ( <b>Form 990-PF filers:</b> Use 5th month), 6th, 9th, and 12th months of the corporation's tax year .....	<b>9</b>				
10 <b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column .....	<b>10</b>				
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions .....	<b>11</b>				
<b>Complete lines 12 through 18 of one column before going to the next column.</b>					
12 Enter amount, if any, from line 18 of the preceding column	<b>12</b>				
13 Add lines 11 and 12 .....	<b>13</b>				
14 Add amounts on lines 16 and 17 of the preceding column	<b>14</b>				
15 Subtract line 14 from line 13. If zero or less, enter -0- .....	<b>15</b>				
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....	<b>16</b>				
17 <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 .....	<b>17</b>				
18 <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....	<b>18</b>				

Go to **Part IV** on page 2 to figure the penalty. Do not go to **Part IV** if there are no entries on line 17 - no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions. Form 2220 (2023)

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. <b>(C corporations with tax years ending June 30 and S corporations:</b> Use 3rd month instead of 4th month. <b>Form 990-PF and Form 990-T filers:</b> Use 5th month instead of 4th month.) See instructions ..... <b>19</b>				
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19 .....	<b>20</b>			
<b>21</b> Number of days on line 20 after 4/15/2023 and before 7/1/2023 .....	<b>21</b>			
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 7\% (0.07)}{365}$ ...	<b>22</b> \$	\$	\$	\$
<b>23</b> Number of days on line 20 after 6/30/2023 and before 10/1/2023 .....	<b>23</b>			
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 7\% (0.07)}{365}$ ...	<b>24</b> \$	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2023 and before 1/1/2024 .....	<b>25</b>			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 8\% (0.08)}{365}$ ...	<b>26</b> \$	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2023 and before 4/1/2024 .....	<b>27</b>			
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 8\% (0.08)}{366}$ ...	<b>28</b> \$	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2024 and before 7/1/2024 .....	<b>29</b>			
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{366}$ .....	<b>30</b> \$	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2024 and before 10/1/2024 .....	<b>31</b>			
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{366}$ .....	<b>32</b> \$	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2024 and before 1/1/2025 .....	<b>33</b>			
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{366}$ .....	<b>34</b> \$	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2024 and before 3/16/2025 .....	<b>35</b>			
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$ .....	<b>36</b> \$	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36 .....	<b>37</b> \$	\$	\$	\$
<b>38 Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns .....	<b>38</b> \$			0.

\* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 800-829-4933 to get interest rate information.

**Alternative Minimum Tax-Corporations**

**2023**

Attach to your tax return.  
 Go to [www.irs.gov/Form4626](http://www.irs.gov/Form4626) for instructions and the latest information.

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

- A** Is the corporation filing this form a member of a controlled group treated as a single employer under sections 59(k)(1)(D) and 52?  Yes  No  
 If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the controlled group treated as a single employer taken into account in the determination of "applicable corporation" under section 59(k)(1)(D).
- B** Is the corporation filing this form a member of a foreign-parented multinational group (FPMG) within the meaning of section 59(k)(2)(B)?  Yes  No  
 If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the FPMG under section 59(k)(2)(B).

**Part I Applicable Corporation Determination** (Report all amounts in U.S. dollars.)

If you have already determined in current or prior years you are an applicable corporation, skip Part I and continue to Part II.

	(a) First Preceding Year Ended	(b) Second Preceding Year Ended	(c) Third Preceding Year Ended
<b>1</b> Net income or loss per applicable financial statement(s) (AFS) (see inst):			
<b>a</b> Consolidated net income or loss per the AFS of the corporation	<b>1a</b>		
<b>b</b> Include AFS net income or loss of other includible entities (add net income and subtract net loss)	<b>1b</b>		
<b>c</b> Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)	<b>1c</b>		
<b>d</b> Adjustment for certain consolidating entries (see instructions)	<b>1d</b>		
<b>e</b> Specified additional net income or loss item B. Reserved for future use	<b>1e</b>		
<b>f</b> AFS net income or loss of all entities in the test group before adjustments. Combine lines 1a through 1d	<b>1f</b>		
<b>2</b> Adjustments:			
<b>a</b> Financial statements covering different tax years	<b>2a</b>		
<b>b</b> Corporations that are not included on the taxpayer's consolidated return (see instructions)	<b>2b</b>		
<b>c</b> Pro-rata share of net income from controlled foreign corporations for which the corporation is a U.S. shareholder. If zero or less, enter -0- (see instructions for special rules if completing this form for an FPMG)	<b>2c</b>		
<b>d</b> Amounts that are not effectively connected to a U.S. trade or business (see instructions for special rules if completing this form for an FPMG)	<b>2d</b>		
<b>e</b> Certain taxes (see instructions)	<b>2e</b>		
<b>f</b> Patronage dividends and per-unit retain allocations (cooperatives only)	<b>2f</b>		
<b>g</b> Alaska native corporations	<b>2g</b>		
<b>h</b> Certain credits (see instructions)	<b>2h</b>		
<b>i</b> Mortgage servicing income	<b>2i</b>		
<b>j</b> Tax-exempt entities (organizations subject to tax under section 511)	<b>2j</b>		
<b>k</b> Depreciation	<b>2k</b>		
<b>l</b> Qualified wireless spectrum	<b>2l</b>		
<b>m</b> Covered transactions	<b>2m</b>		
<b>n</b> Adjustments related to bankruptcy and insolvency	<b>2n</b>		
<b>o</b> Certain insurance company adjustments	<b>2o</b>		
<b>p</b> Adjustment P - Reserved for future use	<b>2p</b>		
<b>q</b> Adjustment Q - Reserved for future use	<b>2q</b>		
<b>r</b> Adjustment R - Reserved for future use	<b>2r</b>		
<b>s</b> Adjustment S - Reserved for future use	<b>2s</b>		
<b>z</b> Other (see instructions)	<b>2z</b>		
<b>3</b> Specified adjustment. Reserved for future use	<b>3</b>		
<b>4</b> Total adjustments. Combine lines 2a through 2z	<b>4</b>		
<b>5</b> AFSI. Combine lines 1f and 4	<b>5</b>		
<b>6</b> AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 5			<b>6</b>
<b>7</b> 3-year average annual AFSI (see instructions)			<b>7</b>

**Part I** **Applicable Corporation Determination** (Report all amounts in U.S. dollars.) *(continued)*

- 8** Is line 7 more than \$1 billion?  
 **Yes.** Continue to line 9.  
 **No.** STOP here and attach to your tax return.
- 9** Is the corporation a member of an FPMG within the meaning of section 59(k)(2)(B)?  
 **Yes.** Continue to line 10.  
 **No.** Continue to Part II.

	(a) First Preceding Year Ended	(b) Second Preceding Year Ended	(c) Third Preceding Year Ended	
<b>10</b> AFSI for purposes of the \$100 million test before adjustments:				
<b>a</b> AFSI from line 5 .....	<b>10a</b>			
<b>b</b> Aggregation differences (see instructions) .....	<b>10b</b>			
<b>c</b> Total AFSI for purposes of the \$100 million test before adjustments. Combine lines 10a and 10b .....	<b>10c</b>			
<b>11</b> Adjustments:				
<b>a</b> Income not effectively connected to a U.S. trade or business .....	<b>11a</b>			
<b>b</b> Pro-rata share of CFC net income described in section 56A(c)(3) (attach worksheet) (see instructions) .....	<b>11b</b>			
<b>c</b> Reserved for future use - Other adjustments 1 .....	<b>11c</b>			
<b>d</b> Reserved for future use - Other adjustments 2 .....	<b>11d</b>			
<b>12</b> Total adjustments. Combine lines 11a and 11b .....	<b>12</b>			
<b>13</b> Total AFSI for purposes of the \$100 million test. Combine lines 10c and 12 .....	<b>13</b>			
<b>14</b> AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 13 .....				<b>14</b>
<b>15</b> 3-year average annual AFSI for purposes of the \$100 million test .....				<b>15</b>

- 16** Is line 15 \$100 million or more?  
 **Yes.** Continue to Part II.  
 **No.** STOP here. Attach to your tax return.



**Part II Corporate Alternative Minimum Tax**

<b>1</b> Net income or loss per applicable financial statement(s) (AFS) (see instructions):			
<b>a</b>	Consolidated net income or loss per the AFS of the corporation .....	<b>1a</b>	- 5,943.
<b>b</b>	Include AFS net income or loss of other includible entities (add net income and subtract net loss) .....	<b>1b</b>	
<b>c</b>	Exclude AFS net income or loss of excludible entities (add net loss and subtract net income) .....	<b>1c</b>	
<b>d</b>	Adjustment for certain consolidating entries (see instructions) .....	<b>1d</b>	
<b>e</b>	Specified additional net income or loss item D. Reserved for future use .....	<b>1e</b>	
<b>f</b>	AFS net income or loss before adjustments. Combine lines 1a through 1d .....	<b>1f</b>	- 5,943.
<b>2</b> Adjustments:			
<b>a</b>	Financial statements covering different tax years .....	<b>2a</b>	
<b>b</b>	Reserved for future use - Adjustment 2b .....	<b>2b</b>	
<b>c</b>	Corporations that are not included on the taxpayers - consolidated return (see instructions) .....	<b>2c</b>	
<b>d</b>	The corporation's distributive share of adjusted financial statement income of partnerships .....	<b>2d</b>	
<b>e</b>	Pro-rata share of net income from controlled foreign corporations for which the corporation is a U.S. shareholder. If zero or less, enter -0-. (See instructions) .....	<b>2e</b>	
<b>f</b>	Amounts that are not effectively connected to a U.S. trade or business .....	<b>2f</b>	
<b>g</b>	Certain taxes. Enter the amount from Part III, line 7 .....	<b>2g</b>	
<b>h</b>	Patronage dividends and per-unit retain allocations (cooperatives only) .....	<b>2h</b>	
<b>i</b>	Alaska native corporations .....	<b>2i</b>	
<b>j</b>	Certain credits (see instructions) .....	<b>2j</b>	
<b>k</b>	Mortgage servicing income .....	<b>2k</b>	
<b>l</b>	Covered benefit plans described in section 56A(c)(11)(B) .....	<b>2l</b>	
<b>m</b>	Tax-exempt entities (organizations subject to tax under section 511) .....	<b>2m</b>	
<b>n</b>	Depreciation .....	<b>2n</b>	
<b>o</b>	Qualified wireless spectrum .....	<b>2o</b>	
<b>p</b>	Covered transactions .....	<b>2p</b>	
<b>q</b>	Adjustments related to bankruptcy and insolvency .....	<b>2q</b>	
<b>r</b>	Certain insurance company adjustments .....	<b>2r</b>	
<b>s</b>	AFSI adjustment S - Reserved for future use .....	<b>2s</b>	
<b>t</b>	AFSI adjustment T - Reserved for future use .....	<b>2t</b>	
<b>u</b>	AFSI adjustment U - Reserved for future use .....	<b>2u</b>	
<b>z</b>	Other (see instructions) .....	<b>2z</b>	STATEMENT 3 * 9.
<b>3</b>	Total adjustments. Combine lines 2a through 2z .....	<b>3</b>	9.
<b>4</b>	AFSI before financial statement net operating loss carryover. Combine lines 1f and 3 .....	<b>4</b>	- 5,934.
<b>5</b>	Financial statement net operating loss (FSNOL) (see instructions) .....	<b>5</b>	
<b>6</b>	AFSI. Subtract line 5 from line 4. If zero or less, enter -0- .....	<b>6</b>	
<b>7</b>	Multiply line 6 by 15% (0.15) .....	<b>7</b>	
<b>8</b>	Corporate alternative minimum tax foreign tax credit (CAMT FTC). Enter amount from Part IV, Section I, line 6 (see inst) .....	<b>8</b>	
<b>9</b>	Tentative minimum tax. Subtract line 8 from line 7. If zero or less, enter -0- .....	<b>9</b>	
<b>10</b>	Regular tax liability (see instructions) .....	<b>10</b>	
<b>11</b>	Base erosion minimum tax (see instructions) .....	<b>11</b>	
<b>12</b>	Combine lines 10 and 11 .....	<b>12</b>	
<b>13</b>	Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return .....	<b>13</b>	

**Part III Adjustment for Certain Taxes Under Section 56A(c)(5)**

<b>1</b>	Current income tax provision - Foreign .....	<b>1</b>	
<b>2</b>	Current income tax provision - Federal .....	<b>2</b>	
<b>3</b>	Deferred income tax provision - Foreign .....	<b>3</b>	
<b>4</b>	Deferred income tax provision - Federal .....	<b>4</b>	
<b>5</b>	Income taxes included in equity method investment income .....	<b>5</b>	
<b>6a</b>	Adjustment A - Reserved for future use .....	<b>6a</b>	
<b>b</b>	Adjustment B - Reserved for future use .....	<b>6b</b>	
<b>c</b>	Adjustment C - Reserved for future use .....	<b>6c</b>	
<b>d</b>	Adjustment D - Reserved for future use .....	<b>6d</b>	
<b>e</b>	Adjustment E - Reserved for future use .....	<b>6e</b>	
<b>f</b>	Adjustment F - Reserved for future use .....	<b>6f</b>	
<b>g</b>	Adjustment G - Reserved for future use .....	<b>6g</b>	
<b>h</b>	Adjustment H - Reserved for future use .....	<b>6h</b>	
<b>z</b>	Income taxes in other places .....	<b>6z</b>	
<b>7</b>	Total. Combine lines 1 through 6z. Enter here and on Part II, line 2g .....	<b>7</b>	

**Part IV Alternative Minimum Tax - Corporations Foreign Tax Credit**

**Section I - AMT Foreign Tax Credit**

<b>1</b>	Domestic corporation AMT foreign income taxes:			
<b>a</b>	Total foreign taxes paid or accrued as reported on Form 1118, Schedule B, Part I, column 2(j) .....	<b>1a</b>		
<b>b</b>	Adjustment .....	<b>1b</b>		
<b>c</b>	Adjustment .....	<b>1c</b>		
<b>d</b>	Adjustment .....	<b>1d</b>		
<b>e</b>	Adjustment .....	<b>1e</b>		
<b>f</b>	Adjustment .....	<b>1f</b>		
<b>g</b>	Adjustment .....	<b>1g</b>		
<b>2</b>	Total domestic corporation AMT foreign income taxes. Combine lines 1a through 1g .....			<b>2</b>
<b>3</b>	Allowable controlled foreign corporation (CFC) AMT foreign income taxes:			
<b>a</b>	Pro-rata share of CFC AMT foreign income taxes from Part IV, Section II, line 11, column (n) .....	<b>3a</b>		
<b>b</b>	Carryover of excess foreign taxes (from Part IV, Section III, line 4, column (vii)) .....	<b>3b</b>		
<b>c</b>	Total CFC AMT foreign income taxes. Add lines 3a and 3b .....			<b>3c</b>
<b>d</b>	Percentage specified in section 55(b)(2)(A)(i) .....	<b>3d</b>	15%	
<b>e</b>	Pro-rata share of CFC net income described in section 56A(c)(3) (attach worksheet) (see instructions) .....	<b>3e</b>		
<b>f</b>	CFC AMT foreign tax credit limitation (multiply line 3d by line 3e) .....			<b>3f</b>
<b>g</b>	Allowable CFC AMT foreign income taxes (lesser of line 3c or line 3f) .....			<b>3g</b>
<b>4</b>	CAMT FTC Line 4 - Reserved for future use .....			<b>4</b>
<b>5</b>	CAMT FTC Line 5 - Reserved for future use .....			<b>5</b>
<b>6</b>	Total AMT foreign income taxes. Combine lines 2 and 3g. Enter this amount on Part II, line 8 .....			<b>6</b>

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Department of the Treasury
Internal Revenue Service

Attach to your tax return.
Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return

Identifying number

THE DUPAGE COMMUNITY FOUNDATION

36-3978733

- 1a Enter the gross proceeds from sales or exchanges reported to you for 2023 on Form(s) 1099-B or 1099-S
(or substitute statement) that you are including on line 2, 10, or 20
1b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of
MACRS assets
1c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS
assets

1a
1b
1c

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other
Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Date sold, (d) Gross sales price, (e) Depreciation allowed or allowable since acquisition, (f) Cost or other basis, plus improvements and expense of sale, (g) Gain or (loss) Subtract (f) from the sum of (d) and (e). Row 2: PALLADIAN PARTNERS VII, -18.

- 3 Gain, if any, from Form 4684, line 39
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824
6 Gain, if any, from line 32, from other than casualty or theft
7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows

3
4
5
6
7 -18.

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

- 8 Nonrecaptured net section 1231 losses from prior years. See instructions
9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions

8
9

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Date sold, (d) Gross sales price, (e) Depreciation allowed or allowable since acquisition, (f) Cost or other basis, plus improvements and expense of sale, (g) Gain or (loss) Subtract (f) from the sum of (d) and (e). Rows 11-17.

- 11 Loss, if any, from line 7
12 Gain, if any, from line 7 or amount from line 8, if applicable
13 Gain, if any, from line 31
14 Net gain or (loss) from Form 4684, lines 31 and 38a
15 Ordinary gain from installment sales from Form 6252, line 25 or 36
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824
17 Combine lines 10 through 16

11 ( 18 )
12
13
14
15
16
17 -18.

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

- a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions
b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4

18a
18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255** (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
<b>These columns relate to the properties on lines 19A through 19D.</b>		<b>Property A</b>	<b>Property B</b>
		<b>Property C</b>	<b>Property D</b>
20 Gross sales price ( <b>Note:</b> See line 1a before completing.)	<b>20</b>		
21 Cost or other basis plus expense of sale	<b>21</b>		
22 Depreciation (or depletion) allowed or allowable	<b>22</b>		
23 Adjusted basis. Subtract line 22 from line 21	<b>23</b>		
24 Total gain. Subtract line 23 from line 20	<b>24</b>		
<b>25 If section 1245 property:</b>			
a Depreciation allowed or allowable from line 22	<b>25a</b>		
b Enter the <b>smaller</b> of line 24 or 25a	<b>25b</b>		
<b>26 If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.			
a Additional depreciation after 1975. See instructions	<b>26a</b>		
b Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions	<b>26b</b>		
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	<b>26c</b>		
d Additional depreciation after 1969 and before 1976	<b>26d</b>		
e Enter the <b>smaller</b> of line 26c or 26d	<b>26e</b>		
f Section 291 amount (corporations only)	<b>26f</b>		
g Add lines 26b, 26e, and 26f	<b>26g</b>		
<b>27 If section 1252 property:</b> Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.			
a Soil, water, and land clearing expenses	<b>27a</b>		
b Line 27a multiplied by applicable percentage	<b>27b</b>		
c Enter the <b>smaller</b> of line 24 or 27b	<b>27c</b>		
<b>28 If section 1254 property:</b>			
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	<b>28a</b>		
b Enter the <b>smaller</b> of line 24 or 28a	<b>28b</b>		
<b>29 If section 1255 property:</b>			
a Applicable percentage of payments excluded from income under section 126. See instructions	<b>29a</b>		
b Enter the <b>smaller</b> of line 24 or 29a. See instructions	<b>29b</b>		

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties. Add property columns A through D, line 24	<b>30</b>	
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	<b>31</b>	
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	<b>32</b>	

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less** (see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	<b>33</b>	
34 Recomputed depreciation. See instructions	<b>34</b>	
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	<b>35</b>	

FORM 4626

AMT CONTRIBUTIONS

STATEMENT 2

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS  
 FOR TAX YEAR 2018  
 FOR TAX YEAR 2019  
 FOR TAX YEAR 2020  
 FOR TAX YEAR 2021  
 FOR TAX YEAR 2022

TOTAL CARRYOVER

CURRENT YEAR CONTRIBUTIONS

6

TOTAL CONTRIBUTIONS

6

10% OF TAXABLE INCOME AS ADJUSTED

0

EXCESS CONTRIBUTIONS

6

ALLOWABLE CONTRIBUTIONS

0

AMT CHARITABLE DEDUCTION

0

REGULAR CONTRIBUTION DEDUCTION

0

AMT CONTRIBUTION ADJUSTMENT

0

FORM 4626

OTHER AMT ADJUSTMENTS

STATEMENT 3

DESCRIPTION

AMOUNT

ADJUSTED GAIN OR LOSS

9.

TOTAL TO FORM 4626, LINE 2Z

9.