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
Form	990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Inspection 2024 A For the 2023 calendar year, or tax year beginning JUL 1. 2023 and ending JUN 30. Check if applicable C Name of organization D Employer identification number В Address change THE DUPAGE COMMUNITY FOUNDATION Name change 36-3978733 DUPAGE FOUNDATION Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 3000 WOODCREEK DRIVE 310 630-665-5556 96,338,863. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended 60515-5408 DOWNERS GROVE, IL H(a) Is this a group return Applica-tion pending F Name and address of principal officer: MICHAEL SITRICK Yes X No for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions WWW.DUPAGEFOUNDATION.ORG J Website: H(c) Group exemption number K Form of organization: X Corporation Other L Year of formation: 1986 M State of legal domicile: IL Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: TO FOSTER PHILANTHROPY, CONNECT 1 Activities & Governance DONORS TO AREA NEEDS, AND BUILD COMMUNITY PARTNERSHIPS 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 23 3 Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 23 4 4 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 17 5 5 117 Total number of volunteers (estimate if necessary) 6 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 Ο. 7h Prior Year **Current Year** 14,958,979. 15,606,678. Contributions and grants (Part VIII, line 1h) 8 Revenue 0. 0. 9 Program service revenue (Part VIII, line 2g) 3,225,606. 7,472,406. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 162,053. 208,721. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 18,346,638. 23,287,805. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 12,614,346. 14,671,523. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,594,271. 1,562,123. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. Ο. **b** Total fundraising expenses (Part IX, column (D), line 25) 566,846. 977,375. 1,141,467. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 17,375,113. 15,185,992. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 3,160,646. 5,912,692. Revenue less expenses. Subtract line 18 from line 12 19 **Beginning of Current Year** End of Year o 136,566,667. 147,748,024 20 Total assets (Part X, line 16) 34,088,566. 35,047,574 21 Total liabilities (Part X, line 26) let 102,478,101. 112,700,450 Net assets or fund balances. Subtract line 21 from line 20 22 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			[Date	
-	MICHAEL SITRICK, PRESIDEN	T & CEO				
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature		Date	Check	PTIN
Paid	KIMBERLY A. HAUMANN	KIMBERLY A.	HAUMANN	12/11/	24 self-employed	P00546491
Preparer	Firm's name PLANTE & MORAN, F	LLC		F	Firm's EIN 38-	1357951
Use Only	Firm's address 10 S. RIVERSIDE F	LAZA, 9TH FL	OOR			
	CHICAGO, IL 60606			F	Phone no. (312	3) 207-1040
May the I	RS discuss this return with the preparer shown ab	ove? See instructions				X Yes No
I HA For	Paperwork Reduction Act Notice, see the sepa	rate instructions.	332001 12-21-23			Form 990 (2023)

<u>Form</u>	990 (2023) THE DUPAGE COMMUNITY FOUNDATION 36-3978733 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: VISION - THE DUPAGE COMMUNITY FOUNDATION SEEKS TO RAISE THE QUALITY OF
	LIFE THROUGHOUT DUPAGE COUNTY. MISSION - TO FOSTER PHILANTHROPY,
	CONNECT DONORS TO AREA NEEDS AND BUILD COMMUNITY PARTNERSHIPS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	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 \$)
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
A - !	
4d	Other program services (Describe on Schedule O.)
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 15,835,224.
4e	Total program service expenses 15,835,224 • Form 990 (2023)
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Form 990 (2023)				FOUNDATION
Part IV Checklist of F	lequire	d Schedule	es	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
3				
		3		_X_
4				
		4		_X_
5				37
_		5		_X_
6			v	
_		6	X	
7		_		v
~		7		X
8				х
~	,	8		<u> </u>
9	¹ Yes, ¹ complete Schedule A. It is organization required to complete Schedule B, Schedule of Contributors? See instructions It is organization required to complete Schedule C, Part I Id is organization of the organization of the organization regage in lobbying activities, or have a section 501(N) election in effect uring the axyea? <i>I</i> , 'Yes,' complete Schedule C, Part I Id organization a section 501(A) organizations. The organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to the organization existion or investment of anounts in such funds or accounts for 'Wes,' complete Schedule D, Part II Id the organization readvised funds or any similar funds or accounts for 'Wes,' complete Schedule D, Part I Id the organization readvised funds or any similar funds or accounts for 'Wes,' complete Schedule D, Part I Id the organization maintain collections of works of art, historical treasures, or other similar assets? <i>I</i> , 'Yes,' complete Schedule D, Part II Id the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for mounts in such ID Part I. Id the organization report an amount for Part X, line 21, for escrew or custodial account liability, serve as a custodian for mounts on sloted D. Part IV If equalization report an amount for land, buildings, and equipment in Part X, line 10? <i>H</i> , 'Yes,' complete Schedule D, Part IV If equalization report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167. <i>H</i> , 'Yes,' complete Schedule D, Part VII Id the organization report an amount for insetments - ropram related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167. <i>H</i> , 'Yes,' complete Schedule D, Part VIII Id the organization report an amount for land, buildings, and equipment in Part X, line			
				х
10		9		
10		10	x	
11		10		
-				
a		11a	x	
h		114		
		11b		х
c				
Ŭ		11c		х
d				
-		11d		х
е	Did the organization report an amount for other liabilities in Part X. line 25? If "Yes." complete Schedule D. Part X	11e	Х	
f				
		11f		х
12a				
		12a	X	
b				
		12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		_X_
18			.,	
		18	X	
19				
_	complete Schedule G, Part III	19		X
20a		20a		_X_
		20b		
21			Ţ	
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2 Did the organization report more than 55,000 of grants or other assistance to or for domestic individuals on Part IX, column (4), line 27, if 'Yes,' complete Schedule (, Part J and III) 2 X 2 Did the organization assest "Fax" (is complete Schedule (, Part J and III) 2 X 24 Did the organization have "Fax" (is complete Schedule 1, Part J), Bioton A, line 3, 4, etc. § about compensation of the organization's current and former officer, directors, trustees, we percepted asses with an outstanding principal amount of more than 510,000 as of the list day of the year, fax we since add after Docember 31, 2002? If 'Yes,' access file Schedule 7, I''Ne, '' or bine 258 246 X 2 Did the organization invest my proceeds of tax-evempt bond sevend a temporary period exception? 246 246 246 2 Schedule 7, I''Ne, ''s or bine 258 258 246 <t< th=""><th></th><th>enconnot of noquilou concurred</th><th></th><th>Yes</th><th>No</th></t<>		enconnot of noquilou concurred		Yes	No
Part K, column (A), ine 27, if "yes," complete Schedule (Perts 1 and III. 22 X 21 Od the organization anserv "2*** is David Compensation of the organization sourcent and former officers, directors, trustess, key employees, and highest compensated employees? II "Yes," complete Schedule I, No, "go to line 25a 23 X 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exceeption? 24b 24c 24d 26b X 27b 24d <td>22</td> <td>Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on</td> <td></td> <td>res</td> <td>NO</td>	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		res	NO
23 Ddt be organization arsver "Ye" 'o Far NL Section A, line 3, 4, or 5, about compensation of the organization's current and former dires, directors, trustees, key employees, and high-set compensated employees? If 'Yes, "complete Schedule J. 23 X 24a Ddt be organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last dir of the year, fart was insued after December 31, 2002? If 'Yes,' answer lines 240 through 244 and complete Schedule K. If Yao,' go to line 256 24a X 24b D bdt be organization maintain an escrow account other than a nutrinding escrow at any time during the year? 24d X 25a Section 501(6)(5). 501(6)(4). And 501(2)(20) organization. Dit the organization gain in a excess benefit transaction have that year dired 501(2)(20) organizations. Dit the organization aware that in engaged in an excess barnefit transaction with a disqualified person during the year? A trans that the transaction have not year and that the transaction have not year and the the transaction have not year and the segret of any of the arganization gain or or the segnization or 35% controlled entry or family member of any of these person? If 'Yes,' complete Schedule L, Part I 25b X 27 D that organization provids a gain or other assistance to any or the segnization any end that the pransace, key employee, creator or founder, substantial contributor, or 35% controlled entry or family member of any orthwas person? If 'Yes,' complete Schedule L, Part II 26 X 28 Was the cognization provids a gain or othere asolesion to anary orthese person? If 'Yes,' c	22		22		x
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d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(63), 501(c)43, 601(c)43, and 501(c)290 segmatizations. Dubt the organization engage in an access benefit transaction with a disqualified person during the year? // tryes, 'complete Schedule L, Part I 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person that are transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization is 900 or 904-221 ("Yes," complete Schedule L, Part I 25a X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereol, a grant selection committee member, or to a 35% controlled entity (including an employee thereol) or annihy member of any of these persons? ("Yes," complete Schedule L, Part IV. 26 X 28 Was the organization report hereol or annihy member of any of these persons? ("Yes," complete Schedule L, Part IV. 28a X 29 D A laminy member of any of these persons? ("Yes," complete Schedule L, Part IV. 28a X 20 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? " Yes, complete Schedule L, Part IV. 28a X 29 D A laminy member of any of these persons? ("Yes," complete Schedule L,	с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
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transaction with a disqualified person during the year? // "Yes," complete Schedule L, Part I 25a X b is the organization a party the analysis of the organization's pair Forms 990 or 990-E27 // "Yes," complete Schedule L, Part I 26b X 2 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? // "yes," complete Schedule L, Part II 26 X 2 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereo) or family member of any of these persons? // "yes," complete Schedule L, Part II 27 X 28 Was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? // 27 X 28 Was the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? // "yes," complete Schedule L, Part I// 28a X 2 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? // "yes," complete Schedule N, Part I 28a X 2 Did the organization neceive more han \$25,000 in noncash contributions? // "yes," complete Schedule N, Part I	d		24d		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization or 990 E20 if "Yes," complete Schedule L, Part I 256 26 Did the organization report any amount on Part X, line 5 or 22, tor receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or ensible schedule L, Part II 266 X 27 Did the organization apport any amount on Part X, line 5 or 22, tor receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or ensible schedule L, Part II 26 X 28 Was the organization a part to a burstee stransaction with one of the following parties? (Bes the Schedule L, Part II) 28 X 29 Was the organization a part one or more individual sand/or organizations aptices? (Bes the Schedule L, Part IV) 28 X 20 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? # ?* ?* 28 X 29 Did the organization negretal, terminate, or dissolve and cease operations? # 'Yes,' complete Schedule L, Part IV 28 X 20 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? # 'Yes,' complete Schedule L, Part I	25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete 25 X 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, furector, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of multipree threep of raining member of any of these persons? If 'Yes,' complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributors or a 30% controlled entity (including an employee) thereol of rain y of these persons? If 'Yes,' complete Schedule L, Part II. 26 X 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV. 28 28 X 28 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV. 28 X 29 Did the organization receive more than \$25,000 in noncash contributions? If 'Yes,' complete Schedule N, Part I 30 X 30 Did the organization receive more than \$25,000 in noncash contributions? If 'Yes,' complete Schedule N, Part I 31 X 31 Did the organization receive more than \$25,000 in noncash contributions? If 'Yes,' complete Schedule N, Part I 31 31			25a		<u> </u>
Schedule L, Part I 250 X 28 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or folder, director, frustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, frustee, key employee, creator or founder, substantial contributors or applicable timing thresholds, conditions, and exceptions): a Numer or former officer, director, frustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV, instructions for applicable fining thresholds, conditions, and exceptions): a A current or founder, substantial contributor? If 'Yes,' complete Schedule L, Part IV, instructions for applicable fining thresholds, conditions, and exceptions): a A current or founder, substantial contributions? If 'Yes,' complete Schedule I, Part IV, instructions for applicable contributions and exceptions): a A current or founder, substantial contributions? If 'Yes,' complete Schedule M 28 X 20 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M, Part I 30 X 31 Did the organization neceive contributions or art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M, Part I 31 X 33 <td>b</td> <td></td> <td></td> <td></td> <td></td>	b				
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controlled entity or family member of any of these persons? // If 'Yes,' complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? // If 'Yes,'' complete Schedule L, Part II 27 X 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV. instructions for applicable fling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? // ''Yes,'' complete Schedule L, Part IV. 28a X 29 D A family member of any individual described in line 28a? // 'Yes,'' complete Schedule L, Part IV. 28a X 29 Did the organization receive more than \$25,000 in nonceash contributions? // 'Yes,'' complete Schedule M. 29 X 30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? // if 'Yes,'' complete Schedule L, Part I 30 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? // if 'Yes,'' complete Schedule A, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net as	26				
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creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? // "Yes," complete Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): 27 X a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? // // "Yes," complete Schedule L, Part IV 28b X b A family member of any individual described in line 28a? // "Yes," complete Schedule L, Part IV 28b X c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? // // "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in noncash contributions? // "Yes," complete Schedule M 29 X 30 Did the organization receive more than \$25,000 in noncash contributions? // "Yes," complete Schedule M 30 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? // "Yes," complete Schedule M, Part I 31 X 32 Did the organization nelted to any taxe-xempt or taxable entity? // "Yes," complete Schedule A, Part II. 31 X 33 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? // "Yes," complete Schedule A 33 X 34 Was the organization neated to any tax-exempt or taxable entity? // "Yes," complete Schedule A, Part II.	0-		26		
entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28a X c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28a X 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 30a X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part II 30a X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net asset? If "Yes," complete Schedule N, Part II 33a X 33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, II, or IV, and Part V, line 1 34a X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule	27				
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a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? # **es," complete Schedule L, Part IV A family member of any individual described in line 28a? # *Yes," complete Schedule L, Part IV A 33% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? # 28a X 29 Did the organization receive more than \$25,000 in noncash contributions? # "Yes," complete Schedule M 29 X 30 X 31 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? # "Yes," complete Schedule N, Part I 30 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? # "Yes," complete Schedule N, Part I 31 X 32 Did the organization neared to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 33 X 33 Did the organization neared to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 34 Was the organization neared to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X	20				
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30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-32 rlf "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 36 F"Yes," complete Schedule R, Part V, line 2 35b 35a X 37 Did the organization. So the organization make any transfers to an exempt non-charitable related organization? 36 X 38 Did the organization complete Schedule R, Part V, line 2 36 X 39 Did the organization conduct more than 5% of its activities through an entity that is not a related organization? 36 X 39	29			Х	
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32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes," to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 37 X 38 X X Yes Xe	31		31		Х
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36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X Note: All Form 990 filers are required to complete Schedule O Yes Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 26 1b 0 1 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1a 26 1b 0 1 1 1 1 1 1 1 1 1 1 1 1 1 <t< td=""><td>b</td><td></td><td></td><td></td><td></td></t<>	b				
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37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X 98 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X 98 Statements Regarding Other IRS Filings and Tax Compliance 38 X 99 Statements Regarding Other IRS Filings and Tax Compliance 98 Yes 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 26 1b 0 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	36				v
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Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 26 Ves No b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 Ves Ves c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	30		20	x	
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b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
cDid the organization comply with backup withholding rules for reportable payments to vendors and reportable gamingII(gambling) winnings to prize winners?IcX					
		(gambling) winnings to prize winners?			
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Form	990 (2023) THE DUPAGE COMMUNITY FOUNDATION 36-397	3733	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 1'	7		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country	101		
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a		5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 5c		<u> </u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	- 50		<u> </u>
0a		6.		x
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		
a	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	-	v	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X	<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16		16		x
.0	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
		17		
00000	If "Yes," complete Form 6069.	Earn	990	(2023)
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Form	990	(2023)
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 Form 990 (2023)
 THE DUPAGE COMMUNITY FOUNDATION
 36-3978733
 Page

 Part VI
 Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response
 Page

 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	

			_	Te	s N	10
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	23			
	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.		23			
-	Enter the number of voting members included on line 1a, above, who are independent					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship officer, director, trustee, or key employee?				Z	x
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, trustees, or key employees to a management company or other person?				2	Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9				2	Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass				12	Х
6	Did the organization have members or stockholders?					х
	Did the organization have members, stockholders, or other persons who had the power to elect or ap	opoint one or				
	more members of the governing body?		7	3	+-	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, si					v
_	persons other than the governing body?		7)		X
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
	The governing body?				_	
b	Each committee with authority to act on behalf of the governing body?			s X		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched at the				
_	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				2	X
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)				
			_	Ye	s N	10
10a	Did the organization have local chapters, branches, or affiliates?		10	а	Σ	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10	b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod			a X		
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12	a X		
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise					_
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "		·····	-		_
	on Schedule O how this was done	,	12	c X		
13	Did the organization have a written whistleblower policy?				_	_
14	Did the organization have a written document retention and destruction policy?				_	
15	Did the process for determining compensation of the following persons include a review and approva		······ ⊢·			
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
2	The organization's CEO, Executive Director, or top management official		15	a X		
			······			_
ŋ	Other officers or key employees of the organization		······ R	5 17		
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	mont with a				
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger taxable entity during the year?		16	a	2	x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	• •				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
	exempt status with respect to such arrangements?		16	b		
	tion C. Disclosure					
	List the states with which a copy of this Form 990 is required to be filed $__ extsf{IL}$					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990-T (section 5	01(c)(3)s on	y) avai	able	;
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain)	n on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	,	licy, and fin	ancial		
	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 boo	oks and records				
	MICHAEL R. SITRICK, PRESIDENT & CEO - 630-665-5556					
		400				_
	3000 WOODCREEK DRIVE, 310, DOWNERS GROVE, IL 60515	5-5408				

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)	(B)			(0				(D)	(E)	(F)
Name and title	Average	(do	not cl	Pos			ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week			uau	recio	i/irus	lee)	from	from related	other
	(list any hours for	ndividual trustee or director						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	stee			sated		(W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	ruste	al trus		yee	mpen		1099-NEC)	1000 NEO)	and related
	below	idual t	n stit utio nal tru stee	ž	Key employee	Highest compensated employee	er			organizations
	line)	Indiv	Instit	Officer	Key e	Highe	Former			-
(1) MR. MICHAEL SITRICK	40.00									
PRESIDENT & CEO	0.00			Х				191,762.	0.	10,158.
(2) MR. DAVID MCGOWAN	20.00									
PRESIDENT & CEO RET.	0.00					Х		143,875.	0.	10,694.
(3) MR. DAVID WEISZ	40.00									
VP FOR FINANCE	0.00					Х		128,546.	0.	8,958.
(4) MS. BARBARA SZCZEPANIAK	40.00									
VP FOR PROGRAMS	0.00					X		130,785.	0.	0.
(5) MR. WILLIAM E. BLUM	1.00									
TRUSTEE, VICE CHAIR	0.00	Х		Х				0.	0.	0.
(6) MR. GERALD E. LEWIS	1.00									
TRUSTEE, SECRETARY	0.00	Х		Х				0.	0.	0.
(7) MR. CHARLES E. SAUL JR.	1.00									
TRUSTEE, TREASURER	0.00	Х		Х				0.	0.	0.
(8) MR. NATHANIEL P. WASSON	1.00									
TRUSTEE, CHAIR	0.00	Х		Х				0.	0.	0.
(9) MS. PATRICIA ATUESTA	1.00									
TRUSTEE (PART YEAR)	0.00	Х						0.	0.	0.
(10) MR. KRISHNA K. BANSAL	1.00									
TRUSTEE	0.00	Х						0.	0.	0.
(11) MR. RICHARD G. CLINE, JR.	1.00									
TRUSTEE	0.00	Х						0.	0.	0.
(12) MRS. JULIE W. CURRAN	1.00									
TRUSTEE	0.00	Х						0.	0.	0.
(13) MR. TIMOTHY D. ELLIOT	1.00									
TRUSTEE	0.00	Х						0.	0.	0.
(14) MR. ROBERT L. FERNANDEZ	1.00									
TRUSTEE	0.00	Х						0.	0.	0.
(15) MS. ELIZABETH GOLTERMANN	1.00									
TRUSTEE	0.00	Х						0.	0.	0.
(16) MR. ANDREW O. JOHNSON	1.00									_
TRUSTEE	0.00	Х						0.	0.	0.
(17) MR. JOHN W. KAISER	1.00	l								
TRUSTEE	0.00	Х						0.	0.	<u> </u>

332007 12-21-23

Form 990 (2023)

09341211 147228 107808

2023.05010 THE DUPAGE COMMUNITY FOUN 107808_1

THE DUPAGE COMMUNITY FOUNDATIC	THE	DUPAGE	COMMUNITY	FOUNDATION
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Part VII Section A. Officers, Directors, T		<u>oloy</u>	ees,			ghe	st C			
(A)	(B)			•	C)	2		(D)	(E)	(F)
Name and title	Average hours per		not c	heck		than		Reportable	Reportable	Estimated
	week					is bot or/trus		compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	r direc				eq		organization	(W-2/1099-MISC/	from the
	related	tee or	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	onal tr		loyee	comp		1099-NEC)		and related
	below line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated emplovee	Former			organizations
(18) MS. DELROSE A. KOCH	1.00	_	-		1×	1 - 0				
TRUSTEE (PART YEAR)	0.00	Х						0.	0.	0.
(19) MS. DIANA L. MARTINEZ	1.00								0	
TRUSTEE	0.00	Х				_		0.	0.	0.
(20) MR. ROGER P. MCDOUGAL TRUSTEE	1.00	x						0.	0.	0.
(21) MR. CHARLES B. MCKENNA	1.00	^		-		+		0.	0.	0.
TRUSTEE (PART YEAR)	0.00	x						0.	0.	0.
(22) MR. PAUL C. MILES	1.00					+				.
TRUSTEE	0.00	х						0.	0.	0.
(23) MS. JOAN S. MORRISSEY	1.00									
TRUSTEE	0.00	Х						0.	0.	0.
(24) MR. JAMES G. MYERS	1.00									
TRUSTEE	0.00	Х		<u> </u>	_	-	-	0.	0.	0.
(25) MS. DOROTHY I. O'REILLY TRUSTEE	1.00	x						0.	0.	0.
(26) MR. KEVIN J. PHILLIPS	1.00	^		-		+	\vdash	0.	0.	0.
TRUSTEE	0.00	x						0.	0.	0.
1b Subtotal				-		-	-	594,968.	0.	29,810.
c Total from continuation sheets to Par								0.	0.	0.
d Total (add lines 1b and 1c)								594,968.	0.	29,810.
2 Total number of individuals (including b	ut not limited to th	ose	liste	ed al	bove	e) wh	no re	eceived more than \$100,	000 of reportable	
compensation from the organization										<u>4</u>
• Did the experimetion list on former off										Yes No
3 Did the organization list any former offi			-	•	-		Ŭ			3 X
line 1a? If "Yes," complete Schedule J fFor any individual listed on line 1a, is the										3 1
and related organizations greater than \$										4 X
5 Did any person listed on line 1a receive										
rendered to the organization? <i>If</i> "Yes." o	•							•		5 X
Section B. Independent Contractors	•									
1 Complete this table for your five highest	•	•							· ·	tion from
the organization. Report compensation	for the calendar ye	ear e	endir	ng w	vith o	or wi	ithin		ear.	(0)
(A) Name and busin	ess address							(B) Description of s	ervices C	(C) Compensation
NORTHERN TRUST										
50 S LASALLE ST, CHICAG	0, IL 606	03						INVESTMENT MA	ANAGER	130,072.
2 Total number of independent contractor	rs (including but no		nited	d to	thos	se lis	sted	above) who received mo	ore than	
\$100,000 of compensation from the org					-	1				
SEE PART VII, SECTI	ON A CONT	IN	UA	ΤI	ON	I S	HE	ETS		Form 990 (2023)
332008 12-21-23										

Form 990 (2023)

	AGE COMMU	NI	TY	F	'OU	ND	AT	ION	36-397	8733	
Part VII Section A. Officers, Directors, 1		nplo	yee			lighe	est (· · ·		
(A) Name and title	(B) Average hours	(cł		Pos		app	ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pensated em ployee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(27) MS. SAHIRA SADIQ TRUSTEE	1.00	x						0.	0.	0.	
(28) MS. MEGAN M. SHEBIK TRUSTEE	1.00	x						0.	0.	0.	
(29) MR. BRADEN N. WAVERLEY TRUSTEE	1.00	x						0.	0.	0.	
Total to Part VII, Section A, line 1c		1	1	1	1	1	<u> </u>				
								1	1		

332201 04-01-23

Fa	rt V	/111	Statement of Rev	venue						
			Check if Schedule O c	contains a	a respons	e or note to ar	y line in this Part VIII	(B)		
							(A) Total revenue	(B) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512 - 514
	4	_	Federated campaigns		1a					Sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	•		Membership dues				-			
Dor Dor			Fundraising events			577,3	43			
fts,			Related organizations		1d	,.				
, Gi nila			Government grants (contri		1e	2,848,1	46.			
Sin			All other contributions, gifts,	-		_,,-				
her		•	similar amounts not included			12,181,1	89.			
trib Otl		g	Noncash contributions included in I		1g \$	9,517,6				
Con		-	Total. Add lines 1a-1f				15,606,678			
<u> </u>						Business C	, ,			
e	2	а								
vic		b								
Ser		с								
am		d								
Program Service Revenue		е								
Pr		f	All other program service	revenue						
		g	Total. Add lines 2a-2f							
	3		Investment income (includ	ling divid	ends, inte	erest, and				
			other similar amounts)				3,350,986	•		3350986.
	4		Income from investment o	f tax-exe	npt bonc	proceeds				
	5		Royalties							
					(i) Real	(ii) Persor	al			
	6		Gross rents	6a						
			Less: rental expenses \dots	6b			_			
			Rental income or (loss)	6c						
			Net rental income or (loss)		<u> </u>	(1) Oll-				
	7	а	Gross amount from sales of		Securities	. ,				
			assets other than inventory	/a //	056,47	·	-			
đ		D	Less: cost or other basis	70	935 05	5				
Revenue		_	and sales expenses Gain or (loss)	70 72	121 12	· ·	-			
eve							4,121,420			4121420.
er R	0		Net gain or (loss) Gross income from fundraisin			<u> </u>	1,121,120	•		
Othe	0	a		577,343						
0			contributions reported on		- 1					
			Part IV, line 18	-		3a 47,5	50.			
		b	Less: direct expenses		····· ⊢	3b 116,0				
			Net income or (loss) from t		····· L		-68,452			-68,452.
	9		Gross income from gamin		~ г		,			
			Part IV, line 19	-	I)a				
		b	Less: direct expenses)b				
			Net income or (loss) from		_					
	10	а	Gross sales of inventory, le	ess returi	ns 🗌					
			and allowances		1	0a				
		b	Less: cost of goods sold		1	0b				
		с	Net income or (loss) from s	sales of i	nventory					
s						Business C				
Miscellaneous Revenue	11	а	ADMINISTRATIVE FEES			561000	277,173	. 277,173.		
land		b				_				
Sev.		с				-		-		
Mis			All other revenue			-	055.450			
			Total. Add lines 11a-11d						0,	7402054
	12	-21-:	Total revenue. See instructio	IIIS			23,287,805	. 277,173.	I .	7403954. Form 990 (2023)

Form 990 (2023)

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Form 990 (2023)

THE DUPAGE COMMUNITY FOUNDATION Part IX Statement of Functional Expenses

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

_	Check if Schedule O contains a respon	se or note to any line in	this Part IX	<u></u>	
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	14,671,523.	14,671,523.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	335,637.	67,127.	84,386.	184,124.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	959,338.	347,265.	498,353.	113,720.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	46,643.	14,926.	20,989.	10,728.
9	Other employee benefits	124,607.	39,874.	56,073.	28,660.
10	Payroll taxes	95,898.	30,687.	43,154.	22,057.
11	Fees for services (nonemployees):				
а	Management				
b		15.		15.	
с	Accounting	50,348.		50,348.	
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	299,816.	268,408.	31,408.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	227,815.	227,815.		
12	Advertising and promotion	112,430.	35,042.	9,197.	68,191.
13	Office expenses	47,813.	13,518.	20,344.	13,951.
14	Information technology	75,062.	23,269.	33,778.	18,015.
15	Royalties				
16	Occupancy	87,493.	27,123.	39,372.	20,998.
17	Travel	4,773.	1,467.	1,648.	1,658.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	28,264.	5,457.	589.	22,218.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	42,181.	13,076.	18,982.	10,123.
23	Insurance	11,480.	3,559.	5,166.	2,755.
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а		138,816.	44,421.	58,303.	36,092.
b	SPECIAL EVENTS	13,076.			13,076.
с	STAFF DEVELOPMENT	2,085.	667.	938.	480.
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	17,375,113.	15,835,224.	973,043.	566,846.
26	Joint costs. Complete this line only if the organization				
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					Form 990 (2023

12

09341211 147228 107808

33

Total liabilities and net assets/fund balances

136,566,667.

33

147,748,024.

Form 990 (2023)

THE DUPAGE COMMUNITY FOUNDATION

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 4,001,815. 7,029,133. 1 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 2 204,534. 145,900. 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 Assets 8 Inventories for sale or use 8 59,900. 62,428. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 1,616,671. basis. Complete Part VI of Schedule D _____ 10a 485,531. 1,156,462. 1,131,140. b Less: accumulated depreciation _____ 10b 10c 131,080,757. 139,321,694. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 60,671. 60,257. 15 15 Other assets. See Part IV, line 11 136,566,667. 147,748,024. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 296,824. 333,075. Accounts payable and accrued expenses 17 17 150,000. 18 1,612,158. 18 Grants payable 7,437,701. 4,589,555. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 26,204,041. 28,512,786. 25 of Schedule D 34,088,566. 35,047,574. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 15,176,127. 17,811,445. 27 27 Net assets without donor restrictions 97,524,323. Net assets with donor restrictions 84,666,656. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 102,478,101. 112,700,450. Total net assets or fund balances 32 32

	<u>З Ра</u>	_{age} 12
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)	87,8	05.
2 Total expenses (must equal Part IX, column (A), line 25) 2 17, 3		
3 Revenue less expenses. Subtract line 2 from line 1 3 5, 9	12,6	92.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		
5 Net unrealized gains (losses) on investments5 4, 3	09,6	58.
6 Donated services and use of facilities		
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 , 7	00,4	51.
Part XII Financial Statements and Reporting		
Check if Schedule O contains a response or note to any line in this Part XII		X
	Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	a	X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a		
separate basis, consolidated basis, or both:		
Separate basis Consolidated basis Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	b X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,		
consolidated basis, or both:		
X Separate basis Consolidated basis Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,		
review, or compilation of its financial statements and selection of an independent accountant?	c 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?3	a X	<u> </u>
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form **990** (2023)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public Inspection

Name of the organization

Nam	me of the organization Employer identification numbe								
_				MUNITY FOUND					6-3978733
Par	tl	Reason for Public (Charity Status.	(All organizations must c	complete th	nis part.) S	ee instruction	S.	
The c	rgani	zation is not a private found	•	e .					
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in section							
3		A hospital or a cooperative					-		
4		A medical research organize	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for		lege or university owned	l or operate	ed by a go	vernmental ur	hit describe	ed in
- 1		section 170(b)(1)(A)(iv). (C							
6	<u>v</u>	A federal, state, or local gov	-						
7	X	An organization that norma	-	ntial part of its support fi	rom a gove	ernmental	unit or from th	e general p	oublic described in
•		section 170(b)(1)(A)(vi). (C							
8		A community trust describe							
9		An agricultural research org				-		-	-
		or university or a non-land-g	rant college of agrici	ulture (see instructions).	Enter the i	lame, city	, and state of	the college	or
10		university: An organization that norma	lly receives (1) more	than 33 1/304 of its supr	ort from o	optribution	ne momboreb	in foos and	d gross receipts from
10		activities related to its exem	•	••				• •	•
		income and unrelated busir		-					-
		See section 509(a)(2). (Con				oco doqui	ica by the erg	amzation a	
11		An organization organized a	-	velv to test for public sa	fetv. See	section 50)9(a)(4).		
12		An organization organized a						rrv out the	purposes of one or
		more publicly supported or	-	-				•	
		lines 12a through 12d that	-						
а		Type I. A supporting orga	nization operated, su	upervised, or controlled	by its supp	orted orga	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	ipporting
		organization. You must o	omplete Part IV, Se	ections A and B.					
b] Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	d organizatio	n(s), by hav	ring
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	ly integrate	d with,
		its supported organization	n(s) (see instructions)). You must complete l	Part IV, Se	ctions A,	D, and E.		
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	ith its suppor	ted organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	bution rec	uirement and	an attentiv	veness
		requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga					Type I, Type I	I, Type III	
		functionally integrated, or		nally integrated supporti	ng organiz	ation.			[]
		er the number of supported o	•						
<u>g</u>		vide the following information) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other
		organization	((described on lines 1-10	in your governi		support (see in		support (see instructions)
				above (see instructions))	Yes	No			
Tota									

Schedule	A (Form 990) 2023
Part II	Suppor	rt Scl

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	7742951.	10158651.	13252224.	14958979.	15606678.	61719483.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3	7742951.	10158651.	13252224.	<u>14958979.</u>	<u>15606678.</u>	61719483.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						17310360.
	Public support. Subtract line 5 from line 4.						44409123.
	ction B. Total Support	[1	1	1	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	7742951.	10158651.	13252224.	<u>14958979.</u>	<u>±5606678.</u>	61719483.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	4 9 9 5 4 5 9					
	and income from similar sources \dots	1835453.	1675579.	3505222.	2847346.	3350986.	13214586.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	004 400	014 600	0.61 400		204 802	100040
	assets (Explain in Part VI.)	204,490.	214,629.	261,479.	273,521.	324,723.	
	Total support. Add lines 7 through 10						76212911.
	Gross receipts from related activities,	-				12	
13	First 5 years. If the Form 990 is for th	-					
800	organization, check this box and stor ction C. Computation of Publi	o here	oontago	<u></u>			·····
							58.27 %
	Public support percentage for 2023 (li		-			14	= 0 0 1
	Public support percentage from 2022 33 1/3% support test - 2023. If the c						
104	stop here. The organization qualifies						V
h	33 1/3% support test - 2022. If the c		-		line 15 is 33 1/3%		
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test				• 13, 16a, or 16b, a		
	and if the organization meets the facts						
	meets the facts-and-circumstances te			-		viriow the organiz	
h	10% -facts-and-circumstances test	•	•	,	•		
	more, and if the organization meets the	-					/ 0 0.
	organization meets the facts-and-circu						
18	Private foundation. If the organizatio		-				
	<u></u>		,	· /			(Form 990) 2023

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7

THE DUPAGE COMMUNITY FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disgualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)			1	1		
	First 5 years. If the Form 990 is for th	Le organization's fi	rst. second. third.	fourth, or fifth tax	vear as a section 5	501(c)(3) orga	nization.
	check this box and stop here	-			•		
Se	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2022					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2022. If the						
20	line 18 is not more than 33 1/3%, che Private foundation. If the organization						
	23 12-21-23	T did not check a	557 OF INC 14, 19	a, or 190, check li			dule A (Form 990) 2023
			17			00100	

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1

2

3a

Yes No

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

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

18

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3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2023

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Schedule A (Form 990) 2023 THE DUPAGE COMMUNITY FOUNDATION

1

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
с	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	tion I	B. Type I Supporting Organizations			
				Yes	No
1	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</i> Part VI <i>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</i>				
	•	orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	ne organization operate for the benefit of any supported organization other than the supported			
	orgar	nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part	${f VI}$ how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		rvised, or controlled the supporting organization.	2		
Sec	tion	C. Type II Supporting Organizations			
				Yes	No

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).

Section D	. All Typ	e III Supp	orting Orga	nizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	d that the organization used	d to satisfy the Integral Part	t Test during the vear	(see instructions)
•	Check the DOX heat to the method	<i>inal line organization use</i>		i col uunny inc year	1000 1100 000

a The organization satisfied the Activities Test. *Complete* line 2 *below*.

b		The organization	is the parent of	of each of its	supported of	organizations.	Complete line 3 be	elow.
---	--	------------------	------------------	----------------	--------------	----------------	--------------------	-------

c L	The organization	n supported a governm	ental entity. Describe in	Part VI how y	ou supported a	governmental entity	(see instruction <u>s).</u>
-----	------------------	-----------------------	---------------------------	---------------	----------------	---------------------	-----------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.
- 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? 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

2a ______ 2b _____ 3a _____ 3b _____ Schedule A (Form 990) 2023

Yes No

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Schedule A	(Form 990)	2023	THE	DUPAGE	COMMUNIT	Y FOUNDATION	
Part V	Type III	Non-F	unctionally	Integrated	509(a)(3) Sup	porting Organization	s

1	Check here if the organization satisfied the Integral Part Test as a qualifyir	a trust on l	Nov. 20. 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		•	, -
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 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	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

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Schedule A (Form 990) 2023 THE DUPAGE COMMUNITY FOUNDATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizati

-		FOUNDATION	36-3978733	Page 7
ted	509(a)(3) Suppo	orting Organizations	(continued)	

1 41	Type in Nen 1 directionally integrated best		Continu	<u>uea)</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	6	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne 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	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ns	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
<u>a</u>	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
<u> i</u>	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: \$				
<u>a</u>	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	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
b	Excess from 2020				
C	Excess from 2021				
d	Excess from 2022				
e	Excess from 2023				

Schedule A	(Form 990) 2023	THE D	UPAGE	COMMUNI	TY	FOUNDATION	ſ	36-3978733	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and	mation. F 1, 2, 3b, 3c, 4 lines 2 and	Provide the 4b, 4c, 5a, 3; Part IV, 5	explanations r 6, 9a, 9b, 9c, 1 Section E, lines	equire 1a, 11 5 1c, 2	d by Part II, line 10; b, and 11c; Part IV, a, 2b, 3a, and 3b; Pa	Part II, line 17a or Section B, lines 1 art V, line 1; Part V	17b; Part III, line 12; and 2; Part IV, Section Section B, line 1e; Pa	
	(See instructions.)								
000000 40 07 5								Schedule A (Form 9	00) 0000
332028 12-21-2	3				22			Schedule A (Form 9	190) 2023

SCHEDULE D)
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(Form 9	90)
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Supplemental Financial Statements

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

OMB No. 1545-0047 2023

	tment of the Treasury al Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.					Public
-	I Revenue Service		o for instructions and the latest informat		Inspect identificatio	
nam						
Pa	rt I Organizati		Funds or Other Similar Funds of		6 – 39787 Complete if tl	
		answered "Yes" on Form 990, Part IV, line				
			(a) Donor advised funds	(b) Funds and	other accou	Ints
1	Total number at end	of year	150			
2		ontributions to (during year)	11,095,155.			
3		rants from (during year)	10,505,909.			
4		nd of year	69,023,320.			
5		-	vriting that the assets held in donor advise	d funds		
	-		exclusive legal control?		X Yes	No
6			dvisors in writing that grant funds can be u			
			donor advisor, or for any other purpose c			
	impermissible private	e benefit?	· · · · · · · · · · · · · · · · · · ·		X Yes	🗌 No
Pa			anization answered "Yes" on Form 990, P			
1	Purpose(s) of conser	vation easements held by the organizatio	n (check all that apply).			
	Preservation of	f land for public use (for example, recreat	ion or education) Preservation of a	a historically import	ant land area	a
	Protection of n	atural habitat	Preservation of a	a certified historic s	tructure	
	Preservation o	f open space				
2	Complete lines 2a th	rough 2d if the organization held a qualifi	ed conservation contribution in the form o	f a conservation ea	sement on th	ne last
	day of the tax year.			Held a	t the End of th	ie Tax Year
а	Total number of cons	servation easements		2a		
b	Total acreage restrict	ted by conservation easements		2b		
с	Number of conservat	ion easements on a certified historic stru	cture included on line 2a	2c		
d	Number of conservat	ion easements included on line 2c acquir	red after July 25, 2006, and not			
	on a historic structur	e listed in the National Register		2d		
3	Number of conservat	ion easements modified, transferred, rele	eased, extinguished, or terminated by the o	organization during	the tax	
	year					
4	Number of states wh	ere property subject to conservation ease	ement is located			
5	Does the organizatio	n have a written policy regarding the peri	odic monitoring, inspection, handling of			
		cement of the conservation easements it			Yes	No No
6	Staff and volunteer h	ours devoted to monitoring, inspecting, h	nandling of violations, and enforcing conse	ervation easements	during the y	ear
		_				
7	Amount of expenses	incurred in monitoring, inspecting, handl	ling of violations, and enforcing conservation	on easements durir	ng the year	
-		-				
8		•	satisfy the requirements of section 170(h)(
•					Yes	└── No
9		•	n easements in its revenue and expense s		h -	
			ote to the organization's financial stateme	nts that describes t	ne	
Pa		nting for conservation easements. ons Maintaining Collections of	Art, Historical Treasures, or Oth	ner Similar Ass	ets.	
		e organization answered "Yes" on Form				
19			3, not to report in its revenue statement an	d balance sheet w	orke	
ia		· •	lic exhibition, education, or research in fur			
			cial statements that describes these items	-		
b	•		3, to report in its revenue statement and ba		of	
U	-		exhibition, education, or research in furthe			
		amounts relating to these items.			100,	
		-		\$		
	(ii) Assets included					
2			sures, or other similar assets for financial			
2		s required to be reported under FASB AS		gain, provide		
~	-	S required to be reported under FASE AS	so soo rolating to these items.	¢		

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b Assets included in Form 990, Part X

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

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Sche		AGE COMMUN					978733	
Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	easures, or (Other Sir	nilar Asse	ts _{(continu}	ued)
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the t	following that m	nake signifi	cant use of its	3	,
	collection items (check all that apply).		· ·	U	0			
а	Public exhibition	d	Loan or exc	hange program	1			
b								
c	Preservation for future generations	-						
4	Provide a description of the organization's co	lections and explain	how they further th	e organization'	s exempt r	urnose in Pa	rt XIII	
5	During the year, did the organization solicit o							
Ũ	to be sold to raise funds rather than to be ma					_	Yes	No
Par	t IV Escrow and Custodial Arran							
	reported an amount on Form 990, Pa		te il the organization	ranswered re	S OIT OIT	1990, 1 att 10,	iii le 3, 0i	
10	Is the organization an agent, trustee, custodi		lian, for contribution	s or other asse	ts not inclu	Ided		
Ia							Yes	No
L	on Form 990, Part X?					L		
D	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:		Г		Amount	
					F	-	Amount	
	Beginning balance					1c		
	Additions during the year					1d		
е	Distributions during the year					1e		
t	Ending balance					_1f		
	Did the organization include an amount on F					L	Yes	
Par	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided in Par	t XIII			
Fai	T V Endowment Funds Complete if							
		(a) Current year	(b) Prior year	(c) Two years		hree years bac		
1a	Beginning of year balance	96,379,560.	91,597,987.			76,676,358		351,568.
b								
С	Net investment earnings, gains, and losses 11,384,195. 7,836,26911,927,074. 22,058,987. 1,034,2						034,268.	
d	Grants or scholarships							
е	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	. 76,6	676,358.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a))) held as:				
а	Board designated or quasi-endowment	10.9700	%					
b	Permanent endowment 29.0000	%						
с	Term endowment 60.0300	%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3a	Are there endowment funds not in the posse		tion that are held ar	nd administered	for the			
	organization by:	C C					[Yes No
	(i) Unrelated organizations?						3a(i)	X
								X
b	If "Yes" on line 3a(ii), are the related organiza							
4	Describe in Part XIII the intended uses of the							•
Par	t VI Land, Buildings, and Equipm							
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, F	Part X, line [·]	10.		
	Description of property	(a) Cost or o	ther (b) Cost	or other	(c) Accun	nulated	(d) Book	value
		basis (investr		(other)	depreci		(4) 5000	
19	Land			8,860.			68	,860.
	Buildings			9,853.	307	,574.		,279.
	Leasehold improvements			-,	507	, _ ,	_,	,_,,,
			17	7,958.	177	,957.		1.
	Equipment			.,		,,,,,,		<u> </u>
	Other						1 1 3 1	,140.
Tota	. Add lines 1a through 1e. (Column (d) must e	guai ⊢orm 990, Part)	<u>x, line IUC, column</u>	(<u>B))</u>				
						Schedu	le D (Form	aan) 2023

	D (Form 990) 2023			COMMUNITY FOU	NDATION	36-3978733 _{Page} 3
Part V						
	Complete if the org	anization a	answered "Yes'	on Form 990, Part IV, line	11b. See Form 990, Part X, I	line 12.
(a) Desc	ription of security or categ	JOTY (includin	g name of security)	(b) Book value	(c) Method of valuation	n: Cost or end-of-year market value
(1) Finan	cial derivatives					
(2) Close	ely held equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	l. (b) must equal Form 990). Part X. lin	e 12. col. (B))			
Part V	III Investments -	Progran	n Related.	1		
	Complete if the org	anization a	answered "Yes'	on Form 990, Part IV, line	11c. See Form 990, Part X, I	ine 13.
	(a) Description of			(b) Book value		: Cost or end-of-year market value
(1)						•
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)			- 10			
Part I)	I. (b) must equal Form 990 Other Assets	J, Part A, 1111	e 13, cui. (D))			
i arenz		anization a	nswered "Ves'	on Form 990 Part IV line	11d. See Form 990, Part X, I	ine 15
				Description	11d. 000 1 0111 000, 1 dit X, 1	(b) Book value
(4)			(a)	Description		
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Part X			<u>art X, line 15, co</u>	ol. (B))		
Part A						
				on Form 990, Part IV, line	11e or 11f. See Form 990, P	
1.		escription	of liability			(b) Book value
	ederal income taxes					
	GENCY FUNDS					28,462,980.
(3) <i>F</i>	NNUITY PAYA	BLE				49,806.
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Co	olumn (b) must equal Fo	orm 990, Pa	art X, line 25, co	ol. (B))		28,512,786.
					the organization's financial	
						has been provided in Part XIII

Schedule D (Form 990) 2023

36-3978733 Page 3

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Sche	dule D (Form 990) 2023 THE DUPAGE COMMUNITY FOUN	36-	3978733 Page 4		
Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per Re		<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	27,415,234.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	4,309,658.		
b	Donated services and use of facilities				
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		116,002.		
е	Add lines 2a through 2d			2e	4,425,660.
3	Subtract line 2e from line 1			3	22,989,574.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	298,231.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	298,231.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	23,287,805.
Pa	t XII Reconciliation of Expenses per Audited Financial Stater	nents With	n Expenses per F	Retur	n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total expenses and losses per audited financial statements			1	17,192,885.
	An example in shaded and line if had not an Example 200. Deat N/, line 205				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
2 a	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a			
_				-	
a	Donated services and use of facilities	2b		-	
a	Donated services and use of facilities Prior year adjustments	2b 2c	116,002.	-	
a b c d	Donated services and use of facilities Prior year adjustments Other losses	2b 2c 2d	•	2e	116,002.
a b c d	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2b 2c 2d		2e 3	<u>116,002.</u> 17,076,883.
a b c d e	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2b 2c 2d			
a b c d e 3	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2b 2c 2d			
a b c d e 3	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2b 2c 2d 4a			
a b c 3 4 a b	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2b 2c 2d 2d 4a 4b	298,231.		
a b c d e 3 4 a b c 5	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. <i>(This must equal Form 990, Part I. line 18.)</i>	2b 2c 2d 2d 4a 4b	298,231.	3	17,076,883.
a b c d e 3 4 a b c 5	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2b 2c 2d 2d 4a 4b	298,231.	3 4c	17,076,883.
a b c 3 4 a 5 Pa	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. <i>(This must equal Form 990, Part I. line 18.)</i>	2b 2c 2d 2d	298,231.	3 4c 5	17,076,883. 298,231. 17,375,114.

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

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES

332054 09-28-23

116,002.

116,002.

31 2023.05010 THE DUPAGE COMMUNITY FOUN 107808_1

Schedule D		990)	2023
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Part XIII Supplemental Information (continued)	
	Schedule D (Form 990) 2023
332055 09-28-23	

09341211 147228 107808

SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities								OMB No. 1545-0047	
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							2023	
Department of the Treasury		Attach to Form 990 c						Open to Public	
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.							Inspection	
Name of the organization Employer identifie THE DUPAGE COMMUNITY FOUNDATION 36-397873								dentification number 8733	
Part I Fundrais		Complete if the organization answe			n Form 990, Part IV, li	ne 1			
required to	complete this part	t.							
 a Mail solicitat b Internet and c Phone solicitat d In-person so 	b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events								
•		art VII) or entity in connection with pr		Ū		.003,		es 🗌 No	
		viduals or entities (fundraisers) pursua	ant to	agreei	ments under which th	ie fur	ndraiser is to	be	
compensated at le	east \$5,000 by the	organization.	r		,				
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	aiser ustody trol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by fundraiser ted in col. (i)		
		-		No					
Total									
3 List all states in whi or licensing.	ich the organizatio	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	exempt from	registration	

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

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 ANNUAL BENEFIT	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Hevenue	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
	4	Cash prizes				
	5	Noncash prizes				
DILECT EXPENSES	6	Rent/facility costs	79,827.			79,827
Lecre	7	Food and beverages				
	8	Entertainment				
		Other direct expenses				36,175
ŀ	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			116,002
	11 1	Net income summary. Subtract line 10 from li Gaming. Complete if the organization				-68,452
שמעםוחם	1	Gross revenue	(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (
ŝ		Cash prizes				
Ulrect Expenses	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	í from line 1, column (d)			
•	⊏ m+	or the state(s) is which the experimation condu	uto apmina potivition			
		er the state(s) in which the organization condu he organization licensed to conduct gaming a				Yes N
	1.4 11 14	No," explain:				
	IT "P					
b)a	Wei	re any of the organization's gaming licenses re			ear?	Yes N
b)a	Wei	re any of the organization's gaming licenses re Yes," explain:			ear?	Yes N

Sch	edule G (Form 990) 2023	THE DUPAGE	COMMUNITY	FOUNDATION	36-3	978733	Page 3
11	Does the organization conduct ga	aming activities with no	nmembers?			Yes	No
12	Is the organization a grantor, ben	eficiary or trustee of a t	rust, or a member c	of a partnership or other en	tity formed		
	to administer charitable gaming?					Yes	No No
	Indicate the percentage of gamin						
	The organization's facility					13a	%
	• An outside facility					13b	%
14	Enter the name and address of the	ne person who prepares	s the organization's	gaming/special events boo	oks and records:		
	Name						
	Address						
15 -	Doop the organization have a cor	tract with a third party	from whom the era	nization raceivas asmina	rovonuo?	Yes	No
158	Does the organization have a cor	itract with a third party	from whom the org	anization receives gaming	revenue?		
b	If "Yes," enter the amount of gam	ning revenue received b	y the organization	\$	and the amount		
	of gaming revenue retained by th				-		
c	If "Yes," enter name and address						
	Name						
	Address						
	Address						
16	Gaming manager information:						
	Name						
	Gaming manager compensation	\$					
	Description of services provided						
	Description of services provided						
	Director/officer	Employee	Indeper	ndent contractor			
17	, , , , , , , , , , , , , , , , , , , ,			f			
8	a Is the organization required unde retain the state gaming license?					Yes	🗌 No
h	Enter the amount of distributions			to other exempt organizati			
~	organization's own exempt activi	•	\$	to other exempt organizati			
Pa				ed by Part I, line 2b, colur	nns (iii) and (v); and Pa	rt III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as	s applicable. Also provi	de any additional in	formation. See instructions	S.		
3300	83 00 13 33				Cobod	ule G (Form	990) 2022
JJ20	83 09-13-23		35		Scheu		2001 2023

Sch	edule	G (For	m 990)
			-

Part IV	Supplemental Information (continued)
	Cabadula C (Farm 000)
332084 04-01-	23 Schedule G (Form 990)

09341211 147228 107808

SCHEDULE I (Form 990)	Gov	rants and Oth vernments, an	nd Individual	s in the Ŭni	ited States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Go to www.irs	Attach to Form s.gov/Form990 for		ation.		Open to Public Inspection
Name of the organization THE DUPAGE	E COMMUNII	Y FOUNDATI	· ·				Employer identification number 36-3978733
Part I General Information on Grants an							
 Does the organization maintain records to criteria used to award the grants or assist Describe in Part IV the organization's pro- Part II Grants and Other Assistance to D 	tance?	ring the use of grant	funds in the United	States.			X Yes No
recipient that received more than \$	-						
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.		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) an 3 Enter total number of other organizations 	u		e line 1 table				228.

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

		TY FOUNDATI					86-3978733 Page
Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	s and Domestic Go	vernments (Sch	edule I (Form 990), Pa T	art 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	36_4051755		EE 400		NT / D	NT / 2	
CHICAGO, IL 60621	36-4051755		55,400.	0.	N/A	N/A	HEALTH SERVICES

Schedule I (Form 990) THE DUPAGE COMMUNITY FOUNDATION

36-3978733 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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.							EARLY CHILDHOOD CARE AND
BENSENVILLE, IL 60106	36-6004475		30,000.	0.	N/A	N/A	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.	٥.	N/A	N/A	ANIMAL RELATED
PRIDAD CONSUMITATES INC							
BRIDGE COMMUNITIES, INC. 500 ROOSEVELT RD.							
GLEN ELLYN, IL 60137	36-3705951		199,800.	0	N/A	N/A	HOUSING, SHELTER
	50 5705551		155,000.	0.	N/A	N/A	HOUSING, SHELLIER
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
CANDOD WELLEW EDUCATION							
CANDOR HEALTH EDUCATION							
15 SPINNING WHEEL LN., STE. 410	36-2608742		20.000	_	NT / 7	NT / 7	
HINSDALE, IL 60521	30-2008/42		20,000.	U.	N/A	N/A	HEALTH SERVICES

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		Y FOUNDATI					6-3978733 Page 1
Part II Continuation of Grants and Other A	Assistance to Dom	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa T	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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.							EARLY CHILDHOOD CARE AND
GLENDALE HEIGHTS, IL 60139	36-4416397		30,000.	0.	N/A	N/A	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	22 7422162		15 000	0			RESEARCH INSTITUTE /
WASHINGTON, DC 20001-5403	23-7432162		15,000.	0.	N/A	N/A	PUBLIC POLICY ANALYSIS
CENTRAL DURACE DAGTODAL COUNCELING							
CENTRAL DUPAGE PASTORAL COUNSELING							
CENTER - 507A THORNHILL DR	36-2883614		E 222	0	NT / 3	N/A	COUNSELING
CAROL STREAM, IL 60188	30-2003014		5,223.	0.	N/A	N/A	COUNSELING
CENTRAL MISSIONARY CLEARINGHOUSE							
P.O. BOX 219228							
	F1 0120200		7 400	0			
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
	00-1373033		100,000.	0.	н/ A		MENIAL REALIN
CHESTERTON ACADEMY OF FORT WORTH							
1000 BONNIE BRAE AVE.							
FORT WORTH, TX 76111	88-2612561		10,000.	n	N/A	N/A	FAITH-BASED

Schedule I (Form 990) THE DUPAG Part II Continuation of Grants and Other		Y FOUNDATI		vornmonte (Sch	edule I (Form 990) P		6-3978733 Pag
(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 PAMILY - 5205 KINGSTON AVE LISLE, IL 60532	47-1083471		15,000.	0.	N/A	N/A	FAITH-BASED
CHICAGO ABORTION FUND 133 W. NORTH AVE., STE. 267 CHICAGO, IL 60610	36-3451293		700,000.	0.	N/A	N/A	HEALTH SERVICES
CHICAGO DENTAL SOCIETY FOUNDATION 01 N. MICHIGAN AVE., STE. 200 CHICAGO, IL 60611	26-0784174		25,000.		N/A	N/A	HEALTH SERVICES
CHICAGO FOUNDATION FOR WOMEN 40 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 43 N. CARROLL PKWY., UNIT 210B SLENWOOD, 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 1230 W. 26TH ST. CHICAGO, IL 60623	27-3636022		150,000.	0.	N/A	N/A	HEALTH SERVICES
CHICAGO WOMEN'S HEALTH CENTER, NC. – 1025 W. SUNNYSIDE AVE., STE. 201 – CHICAGO, IL 60640	36-2922469		100,000.	0.	N/A	N/A	HEALTH SERVICES

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Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa I	art II.)	1	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
HILDREN'S NEUROBLASTOMA CANCER								
OUNDATION - 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								
.80 HANSEN COURT								
NOOD DALE, IL 60191	36-4031325		12,800.	0.	N/A	N/A	ARTS, CULTURE	
,			,					
CITY OF ELMHURST								
209 N. YORK ST.								
LMHURST, IL 60126	36-6005866		11,500.	0.	N/A	N/A	ARTS, CULTURE	
TITY OF WEST CHICAGO								
75 MAIN ST.								
NEST CHICAGO, IL 60185	36-6006144		14,900.	0.	N/A	N/A	ARTS, CULTURE	
1			, .					
COLLEGE OF DUPAGE FOUNDATION								
25 FAWELL BLVD.								
ELEN ELLYN, IL 60137	23-7011835		47,100.	0.	N/A	N/A	EDUCATIONAL/LITERACY	
COLLEGE OF DUPAGE SCHOLARSHIPS								
125 FAWELL BLVD.								
LEN ELLYN, IL 60137	23-7011835		22,800.	0.			SCHOLARSHIP - EDUCATION	
	23 /011033		22,000.	0.			DEHOLARDHIT EDUCATION	
OMMUNITY ANIMAL RESCUE EFFORT -								
.A.R.E 4927 MAIN ST SKOKIE,								
L 60077	36-3624185		100,000.	0.	N/A	N/A	ANIMAL RELATED	
COMMUNITY CONSOLIDATED SCHOOL								
DISTRICT 93 - 230 COVINGTON DR	26 6004520		20.000	_	AT / A	AT / A	EARLY CHILDHOOD CARE AN	
BLOOMINGDALE, IL 60108	36-6004530		30,000.	0.	N/A	N/A	EDUCATION	
COMMUNITY SCHOOL OF THE ARTS,								
HEATON COLLEGE - 501 COLLEGE AVE.								
WHEATON, IL 60187	36-2182171		20,000.	0.	N/A	N/A	ARTS, CULTURE	

Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa I	art II.)	1			
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COMPASS CHURCH .551 HOBSON RD.										
MAPERVILLE, IL 60540	36-3256985		7,300.	0	N/A	N/A	FAITH-BASED			
	50 5150505		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.						
COMPUDOPT										
414 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			
JES PLAINES, IL 60018	13-0193105		15,000.	0.	N/A	N/A	NEALIN SERVICES			
DIVINE INFANT JESUS CHURCH										
L601 NEWCASTLE AVE.										
VESTCHESTER, IL 60154	36-2179791		10,000.	0.	N/A	N/A	FAITH-BASED			
·			,							
DONKA, INC.										
100 N. COUNTY FARM RD.										
HEATON, IL 60187	36-3284578		40,800.	0.	N/A	N/A	DISABILITIES			
OONORSTRUST										
.800 DIAGONAL ST., STE. 280				_						
LEXANDRIA, VA 22314	52-2166327		1,244,000.	0.	N/A	N/A	COMMUNITY IMPROVEMENT			
DUPAGE CHILDREN'S MUSEUM										
00 N. WASHINGTON ST.										
MAPERVILLE, IL 60540	36-3565001		20,000.	n	N/A	N/A	EDUCATIONAL/LITERACY			
, 11 00010			20,000.							
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) THE DUPAGE COMMUNITY FOUNDATION

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(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.	٥.	N/A	N/A	SENIOR SERVICES
DUPAGE SYMPHONY ORCHESTRA							
P. O. BOX 844	26 61 00 01 1						
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
	50-4090012		23,700.	0.	N/A	N/A	KIS, COLICKE
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							EMERGENCY ASSISTANCE
ELMHURST, IL 60126	31-1650035		12,100.	0.	N/A	N/A	(FINANCIAL)
							//
ELMHURST-YORKFIELD FOOD PANTRY							
1083 S. YORK RD.							
ELMHURST, IL 60126	46-0622495		13,500.	0.	N/A	N/A	FOOD, NUTRITION, CLOTH

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Part II Continuation of Grants and Other	Assistance to Dom	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art 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
	30-3407477		10,000.	0.	N/A	N/A	EDUCATIONAL/ HITERACI
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							EARLY CHILDHOOD CARE AND
CHICAGO, IL 60607	36-2884042		20,000.	0.	N/A	N/A	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
ETDOM DDEODVMEDIAN OUUDOU OF CLON							
FIRST PRESBYTERIAN CHURCH OF GLEN							
ELLYN - 550 N. MAIN ST GLEN	26 2492505		E0.000	•	NT / A	NT / 2	
ELLYN, IL 60137	36-2482585		50,000.	Ο.	N/A	N/A	FAITH-BASED

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Part II Continuation of Grants and Other	Assistance to Dom	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa I	art II.)	1	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
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	30 0003303		10,000.	0.	N/A	N/A	FATTI DASED	
AND EXPRESSION - 510 WALNUT ST.,								
STE. 1250 - PHILADELPHIA, PA								
19106–9943	04-3467254		75,000.	0	N/A	N/A	EDUCATIONAL/LITERACY	
19100 9945	01 510/251		,5,000.	0.	N/ 21			
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.							EARLY CHILDHOOD CARE AND	
AURORA, IL 60505	36-2195467		15,000.	0.	N/A	N/A	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.	25 1510000		10.000	•		AT / A		
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	
$J_{\Lambda_{*}}$ mo ind - fairfax, va 22030	54-1003042		1 15,000.	υ.	N/A	N/A	EDUCATIONAL/LITERACI	

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Part II Continuation of Grants and Other A							
(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
CLEN HOUGE BOOD DINERY							
GLEN HOUSE FOOD PANTRY							
55 N. PARK BLVD.	26 2422122		15 004	0			
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.			0.750				
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

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Part II Continuation of Grants and Other (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	
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, CLOTHIN	

Schedule I (Form 990) THE DUPAGE COMMUNITY FOUNDATION

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(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(b) EIN	if applicable	cash grant	noncash assistance	(b) Method of valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
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
	33 0003371		,,200.				
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							RESEARCH INSTITUTE /
ARLINGTON, VA 22203	52-1744337		20,000.	0.	N/A	N/A	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) THE DUPAGE COMMUNITY FOUNDATION 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
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.			105 150				
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
	55 2445520		10,000.	0.	N/A		EDUCATIONAL/ DITERACT
LOVE CHRISTIAN CLEARINGHOUSE							
P.O. BOX 50							EMERGENCY ASSISTANCE
CLARENDON HILLS, IL 60514-0050	36-3377798		12,000.	0	N/A	N/A	(FINANCIAL)
, 0000			,		<u> </u>		,,
MARKLUND							
1S450 WYATT DR.							
GENEVA, IL 60134	36-2652532		9,000.	0.	N/A	N/A	DISABILITIES

		Y FOUNDATI		(0.1			86-3978733 Page
Part II Continuation of Grants and Other A (a) Name and address of organization or government	Assistance to Dom (b) EIN	estic Organizations (c) IRC section if applicable	and Domestic Go (d) Amount of cash grant	vernments (Sch (e) Amount of noncash assistance	edule I (Form 990), Pa (f) Method of valuation (book, FMV, appraisal, other)	art II.) (g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAY RIVER MONTESSORI P.O. BOX 2557							
BLUFFTON, SC 29910 MERCY HOUSING LAKEFRONT 120 S. LASALLE ST., STE. 1915	57-0853132		8,000.		N/A	N/A	EDUCATIONAL/LITERACY
CHICAGO, IL 60603 METROPOLITAN ASIAN FAMILY SERVICES 7541 N. WESTERN AVE.	36-3453183		41,355.		N/A	N/A	MENTAL HEALTH
CHICAGO, IL 60645 METROPOLITAN FAMILY SERVICES DUPAGE - 222 E. WILLOW AVE WHEATON, IL 60187-5426	36-3925432 36-2167061		15,000.		N/A N/A	N/A N/A	COMMUNITY IMPROVEMENT EARLY CHILDHOOD CARE ANI EDUCATION
MIDWEST ACCESS COALITION P.O. BOX 408363 CHICAGO, IL 60640	47-2160168		100,000.	0.	N/A	N/A	HEALTH SERVICES
NIDWEST 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 701 E. LAKE AVE., STE. 400 SLENVIEW, 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 5300 N. RIDGE AVE. CHICAGO, IL 60660	23-7285834		26,000.	0.	N/A	N/A	DISABILITIES

Schedule I (Form 990) THE DUPAGE COMMUNITY FOUNDATION

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Part II Continuation of Grants and Othe		•					
(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
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
	10 ,00010,		11,000.				
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
	10 0001900		,,130.	.			
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.		N/A	N/A	EDUCATIONAL/LITERACY

Schedule I (Form 990) THE DUPAGE COMMUNITY FOUNDATION 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
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

Schedule I (Form 990) THE DUPAGE COMMUNITY FOUNDATION 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
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.	00 4050505		150.000	<u>^</u>			
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							L
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.	n	N/A	N/A	EDUCATIONAL/LITERACY
·	52 05 12057		25,000.	υ.		r'/	

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Part II Continuation of Grants and Other A	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa I	art 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
RIDE ASSIST NAPERVILLE 790 ROYAL ST. GEORGE DR., STE. 141							
NAPERVILLE, IL 60563	81-2276938		7,500.	0	N/A	N/A	SENIOR SERVICES
	01 11,0500		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
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
i							
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.	26 2415500		10.000				
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.	n	N/A	N/A	SCIENCE & TECH
chickmant, on 19211	52 1011100		10,000.	0.			
SCIENCE OF SPIRITUALITY							
4105 NAPERVILLE RD.							
LISLE, IL 60532	59-1904820		46,000.	0.	N/A	N/A	FAITH-BASED

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Part II Continuation of Grants and Other A (a) Name and address of organization or government	Assistance to Don (b) EIN	testic Organizations (c) IRC section if applicable	and Domestic Go (d) Amount of cash grant	vernments (Sch (e) Amount of noncash assistance	edule I (Form 990), Pa (f) Method of valuation (book, FMV, appraisal, other)	art II.) (g) Description of non-cash assistance	(h) Purpose of grant or assistance
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
OKANA COLLECTIVE WORLDWIDE 421 MAIN ST. WANSTON, 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 THEATON, IL 60189-2004	36-3653747		14,500.	0.	N/A	N/A	FAITH-BASED
ST. JOAN OF ARC PARISH & SCHOOL 20 DIVISION ST. JISLE, 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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Part II Continuation of Grants and Other A (a) Name and address of	Assistance to Dom (b) EIN	(c) IRC section	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.) (g) Description of	(h) Purpose of grant
organization or government	(2) 2	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
T. MARK'S EPISCOPAL CHURCH							
893 N. MAIN ST.							
LEN ELLYN, IL 60137-5068	23-7075487		57,460.	0.	N/A	N/A	FAITH-BASED
T. THOMAS THE APOSTLE CATHOLIC							
HURCH - 1500 BROOKDALE RD							
APERVILLE, IL 60563	36-3314260		7,630.	0.	N/A	N/A	FAITH-BASED
· · · · ·			,				
TAND TOGETHER FOUNDATION							
.320 N. COURTHOUSE RD., STE. 220							
RLINGTON, VA 22201-2501	27-3197768		50,000.	0.	N/A	N/A	COMMUNITY IMPROVEMENT
TATE POLICY NETWORK							
655 N. FORT MYER DR., STE. 360							RESEARCH INSTITUTE /
RLINGTON, VA 22209	57-0952531		25,000.	0.	N/A	N/A	PUBLIC POLICY ANALYSIS
SWIFTY FOUNDATION							
3916 SARAZEN CT.							
NOODRIDGE, 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
,			,	•			
ASKFORCE PREVENTION AND COMMUNITY							
SERVICES - 9 NORTH CICERO AVE							
CHICAGO, IL 60644	36-3733207		125,000.	0.	N/A	N/A	YOUTH DEVELOPMENT
EEN PARENT CONNECTION							
75 TAFT AVE.							
LEN ELLYN, IL 60137	36-3387034		235,150.	0 -	N/A	N/A	MENTAL HEALTH
·····							
THE COMMUNITY HOUSE							
15 W. EIGHTH ST.							
HINSDALE, IL 60521	36-2167735		125,000.	0.	N/A	N/A	MENTAL HEALTH

Schedule I (Form 990) THE DUPAGE COMMUNITY FOUNDATION 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
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
WHEATON, IL 00107	40-3037074		28,230.	0.	N/A	N/A	FOOD, NOTKITION, 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
THINK BELGGODAL GUUDGU							
TRINITY EPISCOPAL CHURCH 130 N. WEST ST.							
	36-2170847		16,000.	0	N/A	N/A	FAITH-BASED
WHEATON, IL 60187	30-2170847		18,000.	0.	N/A	N/A	FAIIn-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 Don	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa I	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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
HINSDALLE, IL 00521	15 1557221		07,500.	0.	N/A	N/A	FRIII BROED
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
i							
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,	25 6000511		10.000	•			
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
			20,000.	0.			
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) THE DUPAGE COMMUNITY FOUNDATION

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(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
WWATER OF ALL MINISTER							
WAYSIDE CROSS MINISTRIES							
215 E. NEW YORK ST.	36-2167950		E E00	0	AT / A	NT / 7	COUNCEL ING
AURORA, IL 60505-3491	30-2107930		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							REFUGEE/IMMIGRANT
OAK PARK, IL 60304	93-2895918		10,000.	0.	N/A	N/A	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

THE DUPAGE COMMUNITY FOUNDATION Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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.	٥.	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 BELLEE CUICAGOLAND							
WORLD RELIEF CHICAGOLAND							REFUGEE/IMMIGRANT
191 S. GARY AVE., STE. 130	23-6393344		271 002	_	N/A	N/A	SERVICES
CAROL STREAM, IL 60188	23-0393344		271,883.	0.	N/A	N/A	DEVATCED
WYNDEMERE RESIDENTS ASSOCIATION							
200 WYNDEMERE CIR.							
WHEATON, IL 60187	27-3177958		35,000.	0.	N/A	N/A	SENIOR SERVICES
VILIN ACCOLUTION							
XILIN ASSOCIATION							
1163 E. OGDEN AVE., STE. 610	36-3890616		12 000	_	NT / 7	NT / 7	GENTOD GEDUTORS
NAPERVILLE, IL 60563	9T90686-96		12,000.	0.	N/A	N/A	SENIOR SERVICES

Schedule I (Form 990) THE DUPAGE COMMUNITY FOUNDATION

Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	t 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

Schedule I (Form 990) 2023

36-3978733

Page 2

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 rec	uired in Part I, lin	e 2: Part III. column	(b): and any other ac	ditional information.	1

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 GRANTEES 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

Schedule I (Form 990) THE DUPAGE COMMUNITY FOUNDATION	36-3978733 Page 2
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 MAY	CH FOR
ADDITIONAL PROJECT FUNDING. ALL GRANTEE ORGANIZATIONS ARE	REQUIRED TO
SUBMIT A COMPLETED FINAL REPORT UPON COMPLETION OF THEIR PR	OJECT OR WITHIN
ONE YEAR, WHICHEVER COMES FIRST. THE FINAL REPORT ASKS THE	E FOLLOWING:
1. DESCRIPTION OF OUTCOMES ACHIEVED USING THE OUTCOME MEASU	JRES TABLE FROM
THE INITIAL APPLICATION.	
2. HAS THE PROJECT DIFFERED IN EXECUTION FROM THE APPLICATION	ION?
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	Z •

sc	HEDULE J	Compensation Information		OMB No. 1	545-004	47
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest		20	n n	
	-	Compensated Employees		20	ZJ)
Dene	transfelder Transferre	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	ne of the organization	1	Employer	identificatio	on nui	mber
		THE DUPAGE COMMUNITY FOUNDATION	36-3	397873	3	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	harter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re	sidence			
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	s			
	Discretionary :	spending account Personal services (such as maid, chauffer	ur, chef)			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which, if an	ny, of the following the organization used to establish the compensation of the organization's	;			
	CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
	establish compensa	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation	committee Written employment contract				
	Independent of	ompensation consultant X Compensation survey or study				
	Form 990 of o	ther organizations X Approval by the board or compensation c	ommittee			
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 re	lated organization:				
а	Receive a severance	e payment or change-of-control payment?		<u>4a</u>		X
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X
С	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lir	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	'n			
	contingent on the r					37
						X
b		ation?		<u>5</u> b		X
		r 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	'n			
	contingent on the r	-				
а						X
b		ation?		6b		X
_		r 6b, describe in Part III.				
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				17
		es 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	1e			
_				8		X
9		id the organization also follow the rebuttable presumption procedure described in				
_		53.4958-6(c)?				
For	Paperwork Reduct	on Act Notice, see the Instructions for Form 990.	Schee	dule J (Forn	n 990)) 2023

LHA 332111 11-06-23

36-3978733

Page 2

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MR. MICHAEL SITRICK	(i)	185,000.	0.	6,762.	0.	10,158.	201,920.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MR. DAVID MCGOWAN	(i)	142,500.	0.	1,375.	0.	10,694.	154,569.	0.
PRESIDENT & CEO RET.	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

THE DUPAGE COMMUNITY FOUNDATION Schedule J (Form 990) 2023

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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.

SCHEDULE L	
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Department of the Treasury

(Form 990)

Part I

Transactions With Interested Persons

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. Attach to Form 990 or Form 990-EZ.

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

Internal Revenue Service

Name of the organization

THE DUPAGE COMMUNITY FOUNDATION

Employer identification number

36-3978733

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 disgualified person	(b) Relationship between disqualified	(a) Description of transaction		(d) Corr	rected?
	(a) Name of disqualified person	person and organization	(c) Description of transaction		Yes	No
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
2	Enter the amount of tax incurred by	the organization managers or disqualifie	d persons during the year under			
	section 4958			\$		
3	Enter the amount of tax, if any, on I	ine 2, above, reimbursed by the organiza	tion	\$		

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

	(a) Name of interested person	(b) Relationship with organization	(d) Lo	an to or 1 the	(e) Original principal amount	(f) Balance due	(g) defa) In ault?	(h) Ap by bo comm	proved ard or littee?	(i) W agreer	ritten nent?
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total			 		\$							

Grants or Assistance Benefiting Interested Persons Part III

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

(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)				

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

Schedule L (Form 990) 2023

LHA 332131 11-06-23

OMB No. 1545-0047

Open to Public Inspection

36-	397	8733	Page 2
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THE DUP	AGE COMM	IUNITY FO	DUNDATION
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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	<u>.</u>		•			

Part V Supplemental Information

Schedule L (Form 990) 2023

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 L (Form 990) 2023

332132 11-30-23

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

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 for instructions and the latest information.

Name of the organization

ΤF

Employer identification number
36-3978733

Part I	Types of Propert	COMMUNITI	FOUNDATION	
		COMMONITI	FOUNDATION	

			r		· · · · · · · · · · · · · · · · · · ·			
		(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 de noncash contribu		•	3
1	Art - Works of art			, , _				
2	Art - Historical treasures							
2								
	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property		10				T.7	
9	Securities - Publicly traded	Х	46	9,51/,648.	AVERAGE HIG	H/LC	W	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz	ation during	g the tax year for co	ontributions				
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by	ontributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least 3 years from the date of t	he initial co	ntribution, and whi	ch isn't required to be used t	for			
	exempt purposes for the entire holding period?					30a		Х
b	If "Yes," describe the arrangement in Part II.							
31								
	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash						X	
0£a								Х
h	contributions? If "Yes," describe in Part II.					32a		
		-)	a huna of analytic	for which column (-) is -t	land			
33	If the organization didn't report an amount in co	50 (C) 10	a type of property	nor which column (a) is chec	skeu,			
F . F	describe in Part II.		F		<u> </u>		0000	0000
For P	Paperwork Reduction Act Notice, see the Inst	ructions for	' Form 990.		Schedule N	I (Form	990)	2023

	VI (Form 990) 2023				FOUNDATION
Part II	Supplemental	Inforr	nation. Pro	vide the information	required by Part I. lin

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

SCHEDULE M, PART I, COLUMN (B):

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

в.

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

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

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

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

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

THE DUPAGE COMMUNITY FOUNDATION

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. LHA 332211 11-14-23 72

Schedule O (Form 990) 2023	Page
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.	
ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR TEAR.	
332212 11-14-23	Schedule O (Form 990) 20
73	

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2024

Name THE DUPAGE COMMUNITY FOUNDATION	ation Number 7 3 3								
Based on the information provided with this return, the following are possible carryover amounts to next year.									
SECTION 1231 LOSS - INVESTMENT ACTVITY		18.							
FEDERAL POST-2017 NET OPERATING LOSS - INVESTMENT AC	TVITY	4,943.							
FEDERAL CONTRIBUTION - 50% CASH	22,035,835.								

Name	: THE DUPAGE CON	MMUNITY FOUNDAY	FION							FEIN:	36-3978733
Type	Type and Entity: INVESTMENT ACTVITY POST-2017 NOL FE DETAIL CARRYOVER SCHEDULE Section 382 Annual Limitation Section 382 Carryover										
Year Origi nated	Original Carryover Amount	Total Amount Used	Amount Used for 06/30/22	Amount Used for							
A 202 3 202 5	0 5,704.	5,704.	5,704.								
J / W Detai Type	E Amount I S Used for B	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

	Name:	THE DUPAGE CO	MMUNITY FOUNDA	TION							FEIN:	36-3978733
		pe and Entity: CONTRIBUTION - 50% CASH FED DETAIL CARRYOVER SCHEDULE										
	Year Origi- nated	Original Carryover Amount	Total Amount Used	Amount Used for 06/30/23	Amount Used for							
A	2019	8,151,090.	4,982.	4,982.								
C B	2020 2021	8,151,090. 8,298,259. 5,591,462. 6.										
D	2023	6.										
E												
G												
A B C D E F G H I												
ı J												
K L												
L M												
M N												
O P												
Q												
R												
O P Q R S T U												
U V												
w												
	Detail Type	E Amount S Used for 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												
A B C D E F G H I												
D												
E F												
G												
H												
J												
K L												
Μ												
N O												
P												
P Q												
R S												
Т												
U V												
w												

312571 04-01-23

Form 990-T		E	Exempt Organization Business Inco (and proxy tax under section 6033	-	OMB No. 1545-0047				
			つつつつ						
		<u>24</u> 2023							
Departm	nent of the Treasury Revenue Service	Open to Public Inspection 501(c)(3) Organizations On							
A	Check box if								
A	address changed.			cuons.)	_				
	mpt under section	Print	THE DUPAGE COMMUNITY FOUNDATION			6-3978733			
	501(c)(3)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions.		E Gro	up exemption number e instructions)			
	408(e) 220(e)		3000 WOODCREEK DRIVE, 310						
	408A 530(a) 529(a) 529A		City or town, state or province, country, and ZIP or foreign postal code DOWNERS GROVE, IL 60515-5408		F	Check box if			
		С Во	ok value of all assets at end of year $\dots 147$,	748,024.		an amended return.			
G CI	heck organization t	type	X 501(c) corporation 501(c) trust 401(a) trust	Other trust	State	college/university			
			6417(d)(1)(A) Applicable entity						
	heck if filing only to				t amo	unt from Form 3800			
	heck if a 501(c)(3) o	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corpo	oration					
			ed Schedules A (Form 990-T)			1			
			e corporation a subsidiary in an affiliated group or a parent-subsid	iary controlled group?		Yes X No			
			d identifying number of the parent corporation		20				
Par	he books are in car		MICHAEL R. SITRICK, PRESIDENT & dBusiness Taxable Income	Telephone number 6	30-	665-5556			
						0.			
1			ess taxable income computed from all unrelated trades or busines	,	1	0.			
2 3	Reserved				2 3				
3 4			(see instructions for limitation rules)		4	0.			
4 5			taxable income before net operating losses. Subtract line 4 from		5				
6			ing loss. See instructions		6				
7		•	ess taxable income before specific deduction and section 199A de						
-	Subtract line 6 fro		·		7				
8			erally \$1,000, but see instructions for exceptions)		8	1,000.			
9			eduction. See instructions		9				
10			lines 8 and 9		10	1,000.			
			able income. Subtract line 10 from line 7. If line 10 is greater tha		11	0.			
Par	t II Tax Com	putat	on						
1	Organizations ta	axable	as corporations. Multiply Part I, line 11 by 21% (0.21)		1	0.			
2	Trusts taxable at	t trust	rates. See instructions for tax computation. Income tax on the an	nount on					
	Part I, line 11, from	m: 🗋	Tax rate schedule or Schedule D (Form 1041)		2				
3	Proxy tax. See in				3				
4			instructions		4				
5					5				
6			acility income. See instructions		6	0			
7 Parl		Bavn	gh 6 to line 1 or 2, whichever applies		7	0.			
		-	rations attach Form 1118; trusts attach Form 1116)	10					
1a b	Other credits (see			1a 1b					
c c	•		Attach Form 3800 (see instructions)	1c					
d			mum tax (attach Form 8801 or 8827)	1d					
e	Total credits. Ad				1e				
2		2	0.						
3a	Subtract line 1e from Part II, line 7 Amount due from Form 4255 3a								
b	Amount due from	n Form	Γ	3b					
с	c Amount due from Form 8697 3c								
d	d Amount due from Form 8866 3d								
е	Other amounts du		_						
f			3f	0.					
4	Total tax. Add lin		_						
	section 1294. E	Enter ta	x amount here		4	0.			
5			lity paid from Form 965-A, Part II, column (k)		5	0.			
LHA	For Paperwork Re	eductio	on Act Notice, see instructions. 323701 11-20-23			Form 990-T (2023)			

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80 2023.05010 THE DUPAGE COMMUNITY FOUN 107808_1

	90-T (2023)				P	Page 2
Part	III Tax and Payments (continued)					
6 a	Payments: Preceding year's overpayment credited to the current year	<u>6a</u>	4,984.			
b	Current year's estimated tax payments. Check if section 643(g) election					
	applies	6b	4,616.			
с	Tax deposited with Form 8868					
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d				
е	Backup withholding (see instructions)					
f	Credit for small employer health insurance premiums (attach Form 8941)	<u>6f</u>				
g	Elective payment election amount from Form 3800	<u>6g</u>				
h	Payment from Form 2439	6h				
i	Credit from Form 4136	<u>6i</u>				
j	Other (see instructions)					
7	Total payments. Add lines 6a through 6j			7	9,60	00.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached			8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed			9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount over			10	9,60	
	Enter the amount of line 10 you want: Credited to 2024 estimated tax		00. Refunded	11		0.
Part	IV Statements Regarding Certain Activities and Other Informa	ation (se	e instructions)			
1	At any time during the 2023 calendar year, did the organization have an interest in	or a signat	ure or other authority		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the	ie organiza	tion may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter t	he name o	f the foreign country			
	here					X
2	During the tax year, did the organization receive a distribution from, or was it the gr	rantor of, o	r transferor to, a			
	foreign trust?					X
	If "Yes," see instructions for other forms the organization may have to file.					
3	Enter the amount of tax-exempt interest received or accrued during the tax year $\hfill \ldots$				_	
4	Enter available pre-2018 NOL carryovers here \$ Do not	ot include a	ny post-2017 NOL car	ryover		
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by	y any dedu	ction reported on Part	I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-20	17 NOL ca	rryovers. Don't reduce			
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 f	for the tax	year. See instructions.			
	Business Activity Code	Ava	ilable post-2017 NOL	carryover		
		\$				
		\$				
		\$				
		\$				
6 a	Reserved for future use					
b	Reserved for future use	<u></u>	<u></u>	<u></u>		
Part	V Supplemental Information					

Provide any additional information. See instructions.

Sign	Under penalties of perjury, I declare that I have examined correct, and complete. Declaration of preparer (other that					wledge and	l belief, it is true,
Here			PRESI	DENT & CI	EO		RS discuss this return with rer shown below (see
	Signature of officer	Date	Title			instruction	ns)? 🔀 Yes 🛛 No
	Print/Type preparer's name	Preparer's signature		Date	Check	if PT	TIN
Paid		KIMBERLY A.			self-employe	d	
Preparer	. KIMBERLY A. HAUMANN	HAUMANN		12/11/24		E	200546491
Use Only		RAN, PLLC			Firm's EIN	(°)	38-1357951
000 0111	10 S. RIVE	ERSIDE PLAZA,	9TH F1	LOOR			
	Firm's address CHICAGO , I	L 60606			Phone no.	(312	2) 207-1040
							Form 990-T (2023)

323711 11-20-23

SCHEDULE A (Form 990-T)

Department of the Treasury

Internal Revenue Service

F

Unrelated Business Taxable Income From an Unrelated Trade or Business

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

1

Α	Name of the	organization		
	THE	DUPAGE	COMMUNITY	FOUNDATION

B Employer identification number 36-3978733

1

of

D Sequence:

900000 **C** Unrelated business activity code (see instructions)

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

1	Compensation of officers, directors, and trustees (Part X)			1	
2	Salaries and wages				
3	Repairs and maintenance				
4	Bad debts				
5	Interest (attach statement). See instructions			1 - 1	
6	Taxes and licenses			6	
7	Depreciation (attach Form 4562). See instructions				
8	Less depreciation claimed in Part III and elsewhere on return			8b	
9	Depletion			9	
10	Contributions to deferred compensation plans			10	
11	Employee benefit programs			11	
12	Excess exempt expenses (Part VIII)				
13	Excess readership costs (Part IX)				
14	Other deductions (attach statement)				
15	Total deductions. Add lines 1 through 14			15	0.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from	Part	I, line 13,		
	column (C)			16	-4,943.
17	Deduction for net operating loss. See instructions			17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16				-4,943.
For F	Paperwork Reduction Act Notice, see instructions.			Schedule	e A (Form 990-T) 2023

09341211 147228 107808

Schedi	ule A (Form 990-T) 2023				1 Page 2
Part		hod of inventory valuat	ion		
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter l				
9 Part	Do the rules of section 263A (with respect to property p IV Rent Income (From Real Property and				Yes No
1	Description of property (property street address, city, s		-		
•	A	tate, Zir Codej. Oneck			
	в 🗌				
	c 🗌				
	D				
		Α	В	С	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)				
с	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
5 Part 1 1	Description of debt-financed property (street address, of	ee instructions)			0.
	D	•	P	с	
2	Gross income from or allocable to debt-financed	Α	В	U U	D
2					
3	property Deductions directly connected with or allocable				
U	to debt-financed property				
а	Obside the state of the state stat				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b,				
C	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	Total gross income (add line 7, columns A through D)	. Enter here and on Pa	t I, line 7, column (A)		0.
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A thr	ough D. Enter here and	d on Part I, line 7, colun	nn (B)	0.
11	Total dividends-received deductions included in line	10			0.
11 323721 (83			() Iule A (Form 990-T) 202

2023.05010 THE DUPAGE COMMUNITY FOUN 107808_1

	/=	_										1
Schede Part	ule A (Form 990-T) 2023	ities. Ro	valties, and Ro	ents Fro	m Contro	lled O	rganization	S (se	e instruct	ions)		Page 3
	,						Exempt Control	· ·		,		
	1. Name of controller organization	ed	2. Employer identification	incon	unrelated ne (loss)	4. Tota	al of specified nents made	5. Pa that is	rt of colur included olling orga	nn 4 in the	C	eductions directly onnected with
			number	(see ins	structions)				gross inc		inco	ome in column 5
<u>(1)</u>												
<u>(2)</u>												
(3)												
<u>(4)</u>			No	nevempt (Controlled O	 raanizati	ions					
7	. Taxable Income	8 N	let unrelated		otal of specif	-	10. Part o	of colu	mn 9	11	Dedi	uctions directly
		inc	come (loss) instructions)		yments mad		that is inc controlling	luded i	in the ation's		conr	in column 10
<u>(1)</u>												
(2)												
(3)												
(4)												
							Add colum Enter here line 8, c	and on	Part I,	Ent	er her	imns 6 and 11. e and on Part I, column (B).
Totals									0.			0.
Part			of a Section 50)1(c)(7), (nization _{(s}	ee inst	ructions)			
	1. Desc	cription of ir	ncome		2. Amou incor		3. Deduction directly connormal (attach stater	ected	4. Set- (attach st		nt)	Total deductions and set-asides add cols 3 and 4)
(1)												
(2)												
(3)												
(4)												
					Add amou column 2 here and o line 9, colu	. Enter n Part I,					h	Add amounts in column 5. Enter ere and on Part I, ine 9, column (B).
Totals						0.						0.
Part	VIII Exploited E	xempt A	ctivity Income	, Other T	han Adve	ertising	g Income	(see ins	structions)			
1	Description of exploite	ed activity:										
2	Gross unrelated busin	ness income	from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)		2		
3	Expenses directly con	nected with	production of unr	elated busi	ness income	e. Enter l	here and on Pa	art I,				
										3		
4	Net income (loss) from	n unrelated t	trade or business.	Subtract lir	ne 3 from line	e 2. If a g	gain, complete	1				
										4		
5	Gross income from ac									5		
6	Expenses attributable									6		
7	Excess exempt expen											
	4. Enter here and on F	Part II, line 1	2							7		

Schedule A (Form 990-T) 2023

323731 01-19-24

	ule A (Form 990-T) 2023					Page 4
Part	IX Advertising Income					
1	Name(s) of periodical(s). Check box if reporting	ng two or more perio	dicals on a	consolidated basis		
	Α 🗔					
	в					
	c 🗌					
	D					
Entor	amounts for each periodical listed above in the	corresponding colu	mn			
Linter				В	С	D
•			Α	D		
2	Gross advertising income		()			0.
	Add columns A through D. Enter here and or	Part I, line 11, colu	mn (A)			0.
а				1		
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here and or	Part I, line 11, colu	mn (B)			0.
4	Advertising gain (loss). Subtract line 3 from li	ne				
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column i	n				
	line 4 showing a loss or zero, do not complet					
	lines 5 through 7, and enter -0- on line 8					
5	Readership costs					
6	Circulation income					
	Excess readership costs. If line 6 is less than					
7	1					
	line 5, subtract line 6 from line 5. If line 5 is le					
-	than line 6, enter -0-					
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain					
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the g	reater of the line 8a	columns to	tal or -0- here and o	n	
_	Part II, line 13					0.
Part	X Compensation of Officers, Di	rectors, and Tr	ustees (s	see instructions)		
					3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
<u></u>					,,,	
Total	. Enter here and on Part II, line 1					0.
Part						
i urt						

323732 01-19-24

1

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION	NET INCOME OR (LOSS)
MERIT MEZZANNE FUND V LP - ORDINARY BUSINESS INCOME (LOSS) MERIT MEZZANNE FUND V LP - OTHER INCOME (LOSS) GT REAL PROPERTY IV - ORDINARY BUSINESS INCOME (LOSS) GT REAL PROPERTY IV - NET RENTAL REAL ESTATE INCOME GT REAL PROPERTY IV - OTHER INCOME (LOSS) PALLADIAN PARTNERS VII - ORDINARY BUSINESS INCOME (LOSS) PALLADIAN PARTNERS VII - OTHER INCOME (LOSS) AC POWER & ENERGY - ORDINARY BUSINESS INCOME (LOSS) AC POWER & ENERGY - NET RENTAL REAL ESTATE INCOME AC POWER & ENERGY - NET RENTAL REAL ESTATE INCOME AC POWER & ENERGY - OTHER INCOME (LOSS) ARTHUR STREET III - ORDINARY BUSINESS INCOME (LOSS) ARTHUR STREET III - OTHER INCOME (LOSS) AIM PE - ORDINARY BUSINESS INCOME (LOSS) RCP FUND XVII LP - ORDINARY BUSINESS INCOME (LOSS)	3,613. 13. -26. -159. -445. 3,773. -3,399. -1,846. -12. -138. 4. -1. -5,830. -481.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-4,934.

Name

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 for instructions and the latest information.

OMB No. 1545-0123

2023

Yes X No

Employer identification number

36-3978733

THE	DUPAGE	COMMUNITY	FOUNDATION
-----	--------	-----------	------------

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?	
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain of	or loss.

Part I Short-Term Capital Gai	lis allu Losses - Ass	Sets Held Offer Teal	UI LESS		
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column	(g)	result with column (g)
 1a 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 					
1b Totals for all transactions reported on Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on Form(s) 8949 with Box C checked					
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 3	7		4	
5 Short-term capital gain or (loss) from like-kind				5	
6 Unused capital loss carryover (attach computa				6	()
7 Net short-term capital gain or (loss). Combine Part II Long-Term Capital Gai				7	
	ns and Losses - Ass	ets Held More Tha	n 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	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the
round off cents to whole dollars.	((9)	result with column (g)
 8a 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 				(9)	result with column (g)
8a 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					result with column (g)
8a 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					result with column (g)
 8a 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 8b Totals for all transactions reported on 					result with column (g)
 8a 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 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 					result with column (g)
 8a 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 8b Totals for all transactions reported on Form(s) 8949 with Box D checked					
 8a 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 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 					9.
 8a 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 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 					
 8a 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 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 					
 8a 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 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 	from Form 6252, line 26 or 3	7			
 8a 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 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales 	from Form 6252, line 26 or 3	7		11	9.
 8a 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 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain or (loss) from like-kine 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combine 	from Form 6252, line 26 or 3 d exchanges from Form 8824 e lines 8a through 14 in colum	7		11 12 13	
 8a 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 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain or (loss) from like-king 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combine Part III Summary of Parts I and 	from Form 6252, line 26 or 3 d exchanges from Form 8824 e lines 8a through 14 in colum 1 II	7 		11 12 13 14	9.
 8a 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 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain or (loss) from like-king 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combine Part III Summary of Parts I and 	from Form 6252, line 26 or 3 d exchanges from Form 8824 e lines 8a through 14 in colum t II ne 7) over net long-term capita	7 n h Il loss (line 15)		11 12 13 14	9. 9.
 8a 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 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain or (loss) from like-king 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combine Part III Summary of Parts I and 16 Enter excess of net short-term capital gain (lint) 	from Form 6252, line 26 or 3 d exchanges from Form 8824 e lines 8a through 14 in colum 1 II ne 7) over net long-term capita o capital gain (line 15) over net	7 	e 7)	11 12 13 14 15	9. 9. 9.
 8a 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 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain or (loss) from like-king 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combine Part III Summary of Parts I and 	from Form 6252, line 26 or 3 d exchanges from Form 8824 e lines 8a through 14 in colum 11 11 i capital gain (line 15) over net 1120, page 1, line 8, or the ap	7 	e 7)	11 12 13 14 15 16	9.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2023

321051 12-26-23

Form 8949 (2023)				Attachm	nent Sequen	ce No. 12A	Page 2
Name(s) shown on return. Name and	I SSN or taxpaye	er identification n	o. not required if			Social secur	ity number or ntification no.
THE DUPAGE COM	MUNITY FO	OUNDATION	1			36-3	978733
Before you check Box D, E, or F belo statement will have the same informa broker and may even tell you which t	oox to check.		-				
Part II Long-Term. Transaction see page 1.							
Note: You may aggregate all codes are required. Enter the	e totals directly on S	Schedule D, line 8a	; you aren't required	d to report these trans	actions on For	rm 8949 (see instru	ctions).
You must check Box D, E, or F below. O If you have more long-term transactions than will							each applicable box.
(D) Long-term transactions rep	oorted on Form(s) 1099-B showing	g basis was repor	ted to the IRS (see	Note abov	e)	
(E) Long-term transactions rep X (F) Long-term transactions not			-	eported to the IRS			
1 (a)	(b)	(c)	(d)	(e)		if any, to gain or	(h)
Description of property (Example: 100 sh. XYZ Co.)	Date acquired (Mo., day, yr.)	Date sold or disposed of	Proceeds (sales price)	Cost or other basis. See the	in column (g), enter an amount g), enter a code in See instructions.	Gain or (loss). Subtract column (e)
		(Mo., day, yr.)		Note below and see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	from column (d) & combine the result with column (g)
PALLADIAN PARTNERS						aujustment	
VII							3.
AC POWER & ENERGY							6.
2 Totals. Add the amounts in colur	 nns (d). (e). (a). a	l nd (h) (subtract					
negative amounts). Enter each to							
Schedule D, line 8b (if Box D abo		-					
above is checked), or line 10 (if E	Box F above is cl	necked)					9.
Note: If you checked Box D above b adjustment in column (g) to correct t				. ,			

323012 01-05-24

Form 4797
Dependence of the Treesury

Department of the Treasury Internal Revenue Service Name(s) shown on return

Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2)) Attach to your tax return. Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

Sequence No.

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	1a	
b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of		
MACRS assets	1b	
c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS		
assate	10	

 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)

	-	•	-		(/		
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(C) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or basis, plu improvement expense of	us is and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
PA	LLADIAN PARTNERS							
VI								-18.
3	Gain, if any, from Form 4684, line 39				1		3	
4	Section 1231 gain from installment s						4	
5	Section 1231 gain or (loss) from like-l						5	
6	Gain, if any, from line 32, from other						6	
7	Combine lines 2 through 6. Enter the						7	-18.
	Partnerships and S corporations. F line 10, or Form 1120-S, Schedule K,				or Form 1065, Sche	edule K,		
	Individuals, partners, S corporation from line 7 on line 11 below and skip 1231 losses, or they were recaptured the Schedule D filed with your return	lines 8 and 9. If I I in an earlier yea	ine 7 is a gain a r, enter the gain	nd you didn't have from line 7 as a lo	any prior year sec	tion		
8	Nonrecaptured net section 1231 loss	es from prior vea	ars. See instruct	ions			8	
9	Subtract line 8 from line 7. If zero or l							
	line 9 is more than zero, enter the am	,	,	0				
	capital gain on the Schedule D filed v						9	
Pa	IT II Ordinary Gains and							
10	Ordinary gains and losses not includ	ded on lines 11 th	nrough 16 (inclu	de property held 1	year or less):			
11	Loss, if any, from line 7	1	1	1	1	I	11	(18.)
	Gain, if any, from line 7 or amount fro						12	<u> </u>
14	Gain, nany, non inc i or allount no	πι πις σ, παρριισ					1 14	1

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

LHA **For Paperwork Reduction Act Notice, see separate instructions.** 318011 12-27-23 Form 4797 (2023)

18b

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Page **2**

	10				(b) Date acqui	red	(c) Date sold
19 (a) Description of section 1245, 1250, 1252, 1254,	or 1255 p	property:			(mo., day, yr	.)	(mo., day, yr.)
Α							
В							
C							
D			.				
These columns relate to the properties on							
lines 19A through 19D.		Property A	Property	В	Property	С	Property D
20 Gross sales price (Note: See line 1a before completing.)	20						
21 Cost or other basis plus expense of sale	21						
22 Depreciation (or depletion) allowed or allowable	22						
23 Adjusted basis. Subtract line 22 from line 21	23						
24 Total gain. Subtract line 23 from line 20	24						
25 If section 1245 property:							
a Depreciation allowed or allowable from line 22	25a						
b Enter the smaller of line 24 or 25a	25b						
26 If section 1250 property: 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	26a						
b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b						
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	26c						
d Additional depreciation after 1969 and before 1976	26d						
e Enter the smaller of line 26c or 26d	26e						
f Section 291 amount (corporations only)	26f						
g Add lines 26b, 26e, and 26f	26g						
27 If section 1252 property: 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	27a						
b Line 27a multiplied by applicable percentage	27b						
c Enter the smaller of line 24 or 27b	27c						
 If section 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions 	28a						
b Enter the smaller of line 24 or 28a	28b						
 If section 1255 property: a Applicable percentage of payments excluded from income under section 126. See instructions 	29a						
b Enter the smaller of line 24 or 29a. See instructions	29b						
Summary of Part III Gains. Complete property	columns	A through D through	n line 29b before	going	to line 30.		
30 Total gains for all properties. Add property column	s A throu	gh D, line 24				30	
31 Add property columns A through D, lines 25b, 26g	, 27c, 28l	o, and 29b. Enter he	re and on line 13			31	
32 Subtract line 31 from line 30. Enter the portion from	n casualt	y or theft on Form 40	684, line 33. Ente	er the	portion		
from other than casualty or theft on Form 4797, lin	e6					32	
Part IV Recapture Amounts Under Section (see instructions)	ons 179) and 280F(b)(2)	When Busin	ess l	Use Drops to	50 %	or Less
. ,					(a) Section 179	n	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation all	owable in	prior years		33			
		• • • • • • • • • • • • • • • • • • • •		<u> </u>	1		

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Recapture amount. Subtract line 34 from line 33. See the instructions for where to report

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Form 4797 (2023)

Name

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 for instructions and the latest information.

OMB No. 1545-0123

2023

Yes X No

Employer identification number

36-3978733

THE	DUPAGE	COMMUNITY	FOUNDATION
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Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?	
If "Vec." attach Form 8040 and see its instructions for additional requirements for reporting your gain	or loss

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 ga or loss from Form(s) 89 Part I, line 2, column	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)					
 1a 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 									
1b Totals for all transactions reported on Form(s) 8949 with Box A checked									
2 Totals for all transactions reported on Form(s) 8949 with Box B checked									
3 Totals for all transactions reported on Form(s) 8949 with Box C checked									
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 33	7		4					
5 Short-term capital gain or (loss) from like-king				5					
6 Unused capital loss carryover (attach computa				6	()				
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h				7	<u> </u>				
Part II Long-Term Capital Gai	ns and Losses - Ass	ets 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 ga or loss from Form(s) 89 Part II, line 2, column	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)				
8a Totals for all long-term transactions reported									

8a	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		
8b	Totals for all transactions reported on		
	Form(s) 8949 with Box D checked		
9	Totals for all transactions reported on		
	Form(s) 8949 with Box E checked		
10	Totals for all transactions reported on		
	Form(s) 8949 with Box F checked		9.
11	Enter gain from Form 4797, line 7 or 9	11	
12	Long-term capital gain from installment sales from Form 6252, line 26 or 37	12	
13	Long-term capital gain or (loss) from like-kind exchanges from Form 8824	13	
14	Capital gain distributions	14	
15	Net long-term capital gain or (loss). Combine lines 8a through 14 in column h	15	9.
F	Part III Summary of Parts I and II		
16	Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	
17	Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	9.
18	Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	9.
	Note: If losses exceed gains, see Capital Losses in the instructions.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2023

321051 12-26-23

Form 8949 (2023)				Attachn	nent Sequer	nce No. 12A	Page 2			
Name(s) shown on return. Name and	I SSN or taxpaye	er identification n	o. not required if			Social secur	ity number or ntification no.			
THE DUPAGE COM	MUNITY FO	OUNDATION	1			36-3	978733			
Before you check Box D, E, or F belo statement will have the same information	w, see whether y ation as Form 109	you received any 99-B. Either will s	r Form(s) 1099-B c show whether you	or substitute statem r basis (usually you	ent(s) from j r cost) was i	your broker. A su reported to the IF	bstitute IS by your			
Part II Long-Term. Transaction see page 1.		al assets you held n	nore than 1 year are	generally long-term (s	ee instructior	ns). For short-term t	ransactions,			
Note: You may aggregate all codes are required. Enter the										
You must check Box D, E, or F below. C	Check only one bo	x. If more than one b	ox applies for your long	-term transactions, compl	ete a separate F	orm 8949, page 2, for				
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)										
 (b) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (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	8	Т						
1 (a)	(b)	(c)	(d) Proceeds	(e)		, if any, to gain or u enter an amount	(h)			
Description of property (Example: 100 sh. XYZ Co.)	Date acquired (Mo., day, yr.)	Date sold or disposed of	(sales price)	Cost or other basis. See the	l in column (g), enter a code in See instructions .	Gain or (loss). Subtract column (e)			
	(1010., day, yr.)	(Mo., day, yr.)		Note below and	(4)	(g)	from column (d) & combine the result			
				see Column (e) in the instructions	Code(s)	Amount of adjustment	with column (g)			
PALLADIAN PARTNERS						adjuotinont				
VII							3.			
AC POWER & ENERGY							6.			
2 Totals. Add the amounts in colum	nns (d), (e), (g), a	nd (h) (subtract								
negative amounts). Enter each to		•								
Schedule D, line 8b (if Box D above is checked) or line 10 (if B							9.			
above is checked), or line 10 (if E Note: If you checked Box D above b			u was incorrect, ent	L er in column (e) the	basis as re	ported to the IRS	·			
adjustment in column (g) to correct t										

Form	2220
	ment of the Treasury Revenue Service

Underpayment of Estimated Tax by Corporations Attach to the corporation's tax return.

FORM 990-T

Name

evenue Serv	ice	GO 10 W	ww.irs.gov/Form2220 for instructions and the fatest information.		
				Employer ide	entification number
THE	DUPAGE	COMMUNITY	FOUNDATION	36-	3978733

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.

F	Part I Required Annual Payment								
1	Total tax (see instructions)						······	1	
	Descend helding company toy (Cabadula DII (Farm 1100) lin		included on line 1		0.0				
	Personal holding company tax (Schedule PH (Form 1120), line				2a				
Ľ	Look-back interest included on line 1 under section $460(b)(2)$				01				
	contracts or section 167(g) for depreciation under the income	tore	cast method		2b				
c	Credit for federal tax paid on fuels (see instructions)				2c				
	Total. Add lines 2a through 2c						2	d	
	Subtract line 2d from line 1. If the result is less than \$500, do								
	does not owe the penalty		•					3	
4	Enter the tax shown on the corporation's 2022 income tax retu								
	or the tax year was for less than 12 months, skip this line and	ente	r the amount from line 3 or	n line 5				4	
5	Required annual payment. Enter the smaller of line 3 or line	4. lf	the corporation is required	l to skip lir	ie 4,				
	enter the amount from line 3							5	
F	Part II Reasons for Filing - Check the boxes belo	w th	at apply. If any boxes are cl	hecked, th	e corpo	oration must f	ile Form 2220		
	even if it does not owe a penalty. See instructions.								
6	The corporation is using the adjusted seasonal installr	nent	method.						
7	The corporation is using the annualized income install	men	t method.						
8	The corporation is a "large corporation" figuring its firs	st red	quired installment based on	the prior	year's t	ax.			
F	Part III Figuring the Underpayment								
			(a)		(b)		(C)		(d)
9	Installment due dates. Enter in columns (a) through (d) the								
	15th day of the 4th (Form 990-PF filers: Use 5th month),								
	6th, 9th, and 12th months of the corporation's tax year \dots	9							
10	Required installments. 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	10							
11	Estimated tax paid or credited for each period. For								
	column (a) only, enter the amount from line 11 on line 15.								
	See instructions	11							
	Complete lines 12 through 18 of one column								
	before going to the next column.								
12	Enter amount, if any, from line 18 of the preceding column	12							

13	Add lines 11 and 12
14	Add amounts on lines 16 and 17 of the preceding column
15	Subtract line 14 from line 13. If zero or less, enter -0-

16	If the amount on line 15 is zero, subtract	line	13 from	line
	14. Otherwise, enter -0-			

	14. Otherwise, enter -0-	16		
7	Underpayment. 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	17		
8	Overpayment. If line 10 is less than line 15, subtract line 10			
	from line 15. Then go to line 12 of the next column	18		

13 14 15

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)

LHA 312801 02-05-24 OMB No. 1545-0123 2023

FORM 990-T

Form 2220 (2023)

Part IV Figuring the Penalty

			(a)	(b)	(C)	(d)
9	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19					
n	INSTEAD OF 4TH MONTH.) SEE INSTRUCTIONS	19					
U	date shown on line 19	20					
1	Number of days on line 20 after 4/15/2023 and before 7/1/2023	21					
2	Underpayment on line 17 x Number of days on line 21 x 7% (0.07) 365	22	\$	\$	\$	\$	
3	Number of days on line 20 after 6/30/2023 and before 10/1/2023	23					
1	Underpayment on line 17 x Number of days on line 23 x 7% (0.07) 365	24	\$	\$	\$	\$	
5	Number of days on line 20 after 9/30/2023 and before 1/1/2024	25					
6	Underpayment on line 17 x Number of days on line 25 x 8% (0.08) 365	26	\$	\$	\$	 \$	
7	Number of days on line 20 after 12/31/2023 and before 4/1/2024	27					
8	Underpayment on line 17 x Number of days on line 27 x 8% (0.08) 366	28	\$	\$	\$	 \$	
9	Number of days on line 20 after 3/31/2024 and before 7/1/2024	29					
D	Underpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$	\$	
1	Number of days on line 20 after 6/30/2024 and before 10/1/2024	31					
2	Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$	 \$	
3	Number of days on line 20 after 9/30/2024 and before 1/1/2025	33					
4	Underpayment on line 17 x Number of days on line 33 x *%	34	\$	\$	\$	\$	
5	Number of days on line 20 after 12/31/2024 and before 3/16/2025	35					
6	Underpayment on line 17 x Number of days on line 35 x %	36	\$	\$	\$	 \$	
7	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$	 \$	
3	Penalty. Add columns (a) through (d) of line 37. Enter the to	otal he	ere and on Form 1120.	line 34: or the comparal	ble		
	line for other income tax returns			, -:		\$	(

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**. You can also call 800-829-4933 to get interest rate information.

Form **2220** (2023)

312802 02-05-24



Alternative Minimum Tax-Corporations

OMB No. 1545-0123

Attach to your tax return.

Go to www.irs.gov/Form4626 for instructions and the latest information.

2023

Nam	e				Employ	er identificat	ion number
	THE DUPAGE COMMUNITY FOUNDATION				3	6-3978	733
A	Is the corporation filing this form a member of a controlled group treated as a single	emplov	er under sections 59(k)	1)(D) and 52?		Yes	XNo
	If "Yes," the corporation must complete Part V listing the names, EINs, and						
	statement income or loss for each member of the controlled group treated						
	account in the determination of "applicable corporation" under section 59(I						
	Is the corporation filing this form a member of a foreign-parented multinational grou			section 59(k)(2)	(B)? [Yes	X No
	If "Yes," the corporation must complete Part V listing the names, EINs, and	• •	,	()()	() =		
	statement income or loss for each member of the FPMG under section 59(
Pa	rt I Applicable Corporation Determination (Report all am	iounts i	n U.S. dollars.)				
	If you have already determined in current or prior years you are an a			Part I and contir	nue to Pa	art II.	
			(a) First Preceding	(b) Second Pr			receding
			Year Ended	Year End	led	Year E	Inded
1	Net income or loss per applicable financial statement(s) (AFS) (see inst):						
а	Consolidated net income or loss per the AFS of the corporation	1a					
b	Include AFS net income or loss of other includible entities (add						
	net income and subtract net loss)	1b					
с	Exclude AFS net income or loss of excludible entities (add net						
	loss and subtract net income)	1c					
d	Adjustment for certain consolidating entries (see instructions)	1d					
e	Specified additional net income or loss item B. Reserved for future use	1e					
f	AFS net income or loss of all entities in the test group before						
	adjustments. Combine lines 1a through 1d	1f					
2	Adjustments:						
	Financial statements covering different tax years	2a					
	Corporations that are not included on the taxpayer's consolidated						
	return (see instructions)	2b					
с	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)	2c					
d	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)	2d					
е	Certain taxes (see instructions)	2e					
f	Patronage dividends and per-unit retain allocations (cooperatives only)	2f					
g	Alaska native corporations	2g					
h	Certain credits (see instructions)	2h					
i	Mortgage servicing income	2i					
j	Tax-exempt entities (organizations subject to tax under section 511)	2j					
k	Depreciation	2k					
Т	Qualified wireless spectrum	21					
m	Covered transactions	2m					
n	Adjustments related to bankruptcy and insolvency	2n					
0	Certain insurance company adjustments	20					
р	Adjustment P - Reserved for future use	2p					
q	Adjustment Q - Reserved for future use	2q					
r	Adjustment R - Reserved for future use	2r					
s	Adjustment S - Reserved for future use	2s					
z	Other (see instructions)	2z					
3	Specified adjustment. Reserved for future use	3					
4	Total adjustments. Combine lines 2a through 2z	4				ļ	
5	AFSI. Combine lines 1f and 4	5				ļ	
6	AFSI of first, second, and third preceding tax years. Combine columns (a),	, (b), an	id (c) of line 5		6	ļ	
7	3-year average annual AFSI (see instructions)				7		

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LHA For Paperwork Reduction Act Notice, see separate instructions.

316231 02-12-24

2023.05010 THE DUPAGE COMMUNITY FOUN 107808_1

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Form 4	626 (2023)				Page 2
Part	I Applicable Corporation Determination (Report all amo	ounts in U.S.	dollars.) (continued	d)	
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)	(b)	(c)
			First Preceding	Second Preceding	Third Preceding
			Year Ended	Year Ended	Year Ended
10	AFSI for purposes of the \$100 million test before adjustments:				
а	AFSI from line 5	10a			
b	Aggregation differences (see instructions)	10b			
С	Total AFSI for purposes of the \$100 million test before adjustments.				
	Combine lines 10a and 10b	10c			
11	Adjustments:				
а	Income not effectively connected to a U.S. trade or business	11a			
b	Pro-rata share of CFC net income described in section 56A(c)(3)				
	(attach worksheet) (see instructions)	11b			
С	Reserved for future use - Other adjustments 1	11c			
d	Reserved for future use - Other adjustments 2				
12	Total adjustments. Combine lines 11a and 11b	12			
13	Total AFSI for purposes of the \$100 million test. Combine lines				
	10c and 12	13			
14	AFSI of first, second, and third preceding tax years. Combine columns	(a), (b), and ((c) of line 13	14	
15	3-year average annual AFSI for purposes of the \$100 million test				
16	Is line 15 \$100 million or more?				
	Yes. Continue to Part II.				
	No. STOP here. Attach to your tax return.				

	4626 (2023)		Page 3
Par	rt II Corporate Alternative Minimum Tax		
1	Net income or loss per applicable financial statement(s) (AFS) (see instructions):		
а	Consolidated net income or loss per the AFS of the corporation	1a	-5,943.
b	Include AFS net income or loss of other includible entities (add net income and subtract net loss)	1b	
с	Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)	1c	
d	Adjustment for certain consolidating entries (see instructions)	1d	
е	Specified additional net income or loss item D. Reserved for future use	1e	
f	AFS net income or loss before adjustments. Combine lines 1a through 1d	1f	-5,943.
2	Adjustments:		
а	Financial statements covering different tax years	2a	
b	Reserved for future use - Adjustment 2b	2b	
с	Corporations that are not included on the taxpayers - consolidated return (see instructions)	2c	
d	The corporation's distributive share of adjusted financial statement income of partnerships	2d	
е	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)	2e	
f	Amounts that are not effectively connected to a U.S. trade or business	2f	
g	Certain taxes. Enter the amount from Part III, line 7	2g	
h	Patronage dividends and per-unit retain allocations (cooperatives only)	2h	
i	Alaska native corporations	2 i	
j	Certain credits (see instructions)	2j	
k	Mortgage servicing income	2k	
Т	Covered benefit plans described in section 56A(c)(11)(B)	21	
m		2m	
n	Depreciation	2n	
о	Qualified wireless spectrum	20	
р	Covered transactions	2p	
q	Adjustments related to bankruptcy and insolvency	2q	
r	Certain insurance company adjustments	2r	
s	AFSI adjustment S - Reserved for future use	2s	
t	AFSI adjustment T - Reserved for future use	2t	
u		2u	
z	Other (see instructions) STATEMENT 3 *	2z	9.
3	Total adjustments. Combine lines 2a through 2z	3	9.
4	AFSI before financial statement net operating loss carryover. Combine lines 1f and 3	4	-5,934.
5	Financial statement net operating loss (FSNOL) (see instructions)	5	
6	AFSI. Subtract line 5 from line 4. If zero or less, enter -0-	6	
	Multiply line 6 by 15% (0.15)	7	
8	Corporate alternative minimum tax foreign tax credit (CAMT FTC). Enter amount from Part IV, Section I, line 6 (see inst)	8	
9	Tentative minimum tax. Subtract line 8 from line 7. If zero or less, enter -0-)	9	
10	Regular tax liability (see instructions)	10	
11	Base erosion minimum tax (see instructions)	11	
12	Combine lines 10 and 11	12	
13	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	13	
Par	rt III Adjustment for Certain Taxes Under Section 56A(c)(5)		
1	Current income tax provision - Foreign	1	
2	Current income tax provision - Federal	2	
3	Deferred income tax provision - Foreign	3	
4	Deferred income tax provision - Federal	4	
5	Income taxes included in equity method investment income	5	
6 a	Adjustment A - Reserved for future use	6a	
	Adjustment B - Reserved for future use	6b	
	Adjustment C - Reserved for future use	6c	
	Adjustment D - Reserved for future use	6d	
	Adjustment E - Reserved for future use	6e	
	Adjustment F - Reserved for future use	6f	
	Adjustment G - Reserved for future use	6g	
	Adjustment H - Reserved for future use	6h	
	Income taxes in other places	6z	
	Total. Combine lines 1 through 6z. Enter here and on Part II, line 2g	7	
	3 02-12-24 SEE ALS	0	Form 4626 (2023)

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Form	4626 (2023)				Page 4
Pa	t IV Alternative Minimum Tax - Corporations Foreign Tax Credit				
Sec	tion I - AMT Foreign Tax Credit				
1	Domestic corporation AMT foreign income taxes:				
а	Total foreign taxes paid or accrued as reported on Form 1118, Schedule B,				
	Part I, column 2(j)	1a			
b	Adjustment	1b			
с	Adjustment	1c			
d	Adjustment	1d			
е	Adjustment	1e			
f	Adjustment	1f			
g	Adjustment	1g			
2	Total domestic corporation AMT foreign income taxes. Combine lines 1a through 1g			2	
3	Allowable controlled foreign corporation (CFC) AMT foreign income taxes:				
а	Pro-rata share of CFC AMT foreign income taxes from Part IV, Section II, line				
	11, column (n)	3a			
b	Carryover of excess foreign taxes (from Part IV, Section III, line 4, column (vii))	3b			
С	Total CFC AMT foreign income taxes. Add lines 3a and 3b			3c	
d	Percentage specified in section 55(b)(2)(A)(i)	3d	15%		
е	Pro-rata share of CFC net income described in section 56A(c)(3) (attach				
	worksheet) (see instructions)	3e			
f	CFC AMT foreign tax credit limitation (multiply line 3d by line 3e)			3f	
g	Allowable CFC AMT foreign income taxes (lesser of line 3c or line 3f)			3g	
4	CAMT FTC Line 4 - Reserved for future use			4	
5	CAMT FTC Line 5 - Reserved for future use			5	
6	Total AMT foreign income taxes. Combine lines 2 and 3g. Enter this amount on Part II, I	ine 8		6	

Form 4626 (2023)

Form 4797
Dependence of the Treesury

Department of the Treasury Internal Revenue Service Name(s) shown on return

Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2)) Attach to your tax return. Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

Attachment Sequence No. 27

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	1a	
b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of		
MACRS assets	1b	
c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS		
assats	10	

 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)

	-		-		`	,		
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(C) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or basis, plu improvement expense of	is s and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
PA	LLADIAN PARTNERS							
VI	I							-18.
3	Gain, if any, from Form 4684, line 39	•		•			3	
4	Section 1231 gain from installment sa						4	
5	Section 1231 gain or (loss) from like-k						5	
6	Gain, if any, from line 32, from other t						6	
7	Combine lines 2 through 6. Enter the	gain or (loss) her					7	-18.
	Partnerships and S corporations. R line 10, or Form 1120-S, Schedule K,		() U		r Form 1065, Sche	edule K,		
	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 loss	es from prior yea	ars. See instructi	ons			8	
9	Subtract line 8 from line 7. If zero or le line 9 is more than zero, enter the am	ess, enter -0 If li	ine 9 is zero, ent	er the gain from lin	e 7 on line 12 belo	w. If		
	capital gain on the Schedule D filed w	/ith your return. S	See instructions				9	
Pa	art II Ordinary Gains and I							
10	Ordinary gains and losses not includ	ed on lines 11 th	nrough 16 (includ	le property held 1	year or less):			

11	Loss, if any, from line 7						11	(18.)
12	Gain, if any, from line 7 or amount from	m line 8, if applic	able				12	
13	Gain, if any, from line 31						13	
14	Net gain or (loss) from Form 4684, line	a 31 and 38a					14	
15	Ordinary gain from installment sales fr	rom Form 6252,	line 25 or 36				15	
16	6 Ordinary gain or (loss) from like-kind exchanges from Form 8824						16	
17	17 Combine lines 10 through 16					17	-18.	
18	For all except individual returns, enter	the amount from	n line 17 on the	appropriate line of	your return and sk	kip lines		
	a and b below. For individual returns,	complete lines a	and b below.					
а	If the loss on line 11 includes a loss fr	om Form 4684,	line 35, column	(b)(ii), enter that pa	rt of the loss here.	Enter the		
	loss from income-producing property	on Schedule A (Form 1040), line	16. (Do not includ	e any loss on prop	erty used		
	as an employee.) Identify as from "For	rm 4797, line 18a	a." See instructi	ons			18a	
b	Redetermine the gain or (loss) on line	17 excluding the	e loss, if any, on	line 18a. Enter her	e and on Schedule	e 1		
	(Form 1040), Part I, line 4						18b	
LH	A For Paperwork Reduction Act No	otice, see separ	ate instructions	3.				Form 4797 (2023)
3180	11 12-27-23							

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Page **2**

Pa	art III Gain From Disposition of Propert	y Und	er Sections 124	5, 1250, 1252, 12	254, and 1255 (see	e instructions)
19	(a) Description of section 1245, 1250, 1252, 1254, c	or 1255 p	property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A						
<u> </u>						
C						
_D						
	These columns relate to the properties on lines 19A through 19D.		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20				
21	Cost or other basis plus expense of sale	21				
22	Depreciation (or depletion) allowed or allowable \ldots	22				
23	Adjusted basis. Subtract line 22 from line 21	23				
24	Total gain. Subtract line 23 from line 20	24				
25	If section 1245 property:					
a	Depreciation allowed or allowable from line 22	25a				
k	Enter the smaller of line 24 or 25a	25b				
26	If section 1250 property: 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	26a				
t	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b				
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	26c				
c	Additional depreciation after 1969 and before 1976	26d				
	Enter the smaller of line 26c or 26d	26e				
	Section 291 amount (corporations only)	26f				
07	Add lines 26b, 26e, and 26f If section 1252 property: Skip this section if you didn't	26g				
	dispose of farmland or if this form is being completed for a partnership.	27a				
	Soil, water, and land clearing expenses	27a 27b				
	Enter the smaller of line 24 or 27b	270 27c				
28	If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a				
L	Enter the smaller of line 24 or 28a	28b				
29 2	If section 1255 property: Applicable percentage of payments excluded from income under section 126. See instructions	29a				
k	Enter the smaller of line 24 or 29a. See instructions	29b				
	mmary of Part III Gains. Complete property c		A through D through	line 29b before goin	g to line 30.	
30	Total gains for all properties. Add property columns	A throu	gh D, line 24			
31	Add property columns A through D, lines 25b, 26g,	27c, 28l	o, and 29b. Enter he	re and on line 13		
32	Subtract line 31 from line 30. Enter the portion from		y or theft on Form 46	84, line 33. Enter the	·	
Pa	from other than casualty or theft on Form 4797, line art IV Recapture Amounts Under Sectio	ns 179	and 280F(b)(2)	When Business		or Less
	(see instructions)		<u> </u>			
					(a) Section 179	(b) Section 280F(b)(2)

17933Section 179 expense deduction or depreciation allowable in prior years33343435Recomputed depreciation. See instructions for where to report35

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FORM 4626

36-3978733

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	5
	5
EXCESS CONTRIBUTIONS	5
ALLOWABLE CONTRIBUTIONS)
	0
AMT CONTRIBUTION ADJUSTMENT	-) =

FORM 4626	OTHER AMT ADJUSTMENTS	STATEMENT 3
DESCRIPTION		AMOUNT
ADJUSTED GAIN OR LOSS		9.
TOTAL TO FORM 4626, LINE 22		9.