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.

			EXTENSION GRANTED TO 05/15/		
	Ω	00	Return of Organization Exempt From	Income Tax	OMB No. 1545-0047
For	m Y	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (· 2021
Dena	rtment	of the Treasury	Do not enter social security numbers on this form as it ma		Open to Public
Interr	nal Reve	enue Service	Go to www.irs.gov/Form990 for instructions and the late		Inspection
<u>A</u> F	or th	e 2021 calend	ar year, or tax year beginning $ { m JUL}1,2021$ and ending	JUN 30, 2022	
B c	Check if applicab	le: C Name of	organization	D Employer identifica	tion number
	Addre	ge THE	DUPAGE COMMUNITY FOUNDATION		
	Name Chang	ge Doing bi	usiness as DUPAGE FOUNDATION	36-397873	3
	Initial	Number	and street (or P.O. box if mail is not delivered to street address) Room/su	uite E Telephone number	
	Final Feturr		WOODCREEK DRIVE 310	630-665-5	
	termii ated	City or to	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	39,620,682.
	Amer	DOWIN	ERS GROVE, IL 60515-5408	H(a) Is this a group retu	
	Appli tion pendi		nd address of principal officer: DAVID MCGOWAN	for subordinates?	Yes X No
		SAME	AS C ABOVE	H(b) Are all subordinates inclu	uded? Yes No
		empt status:			st. See instructions
			DUPAGEFOUNDATION.ORG	H(c) Group exemption	
			X Corporation Trust Association Other ► L Y	ear of formation: 1986 M	State of legal domicile: 1 L
Pa	art I	Summary			
ø	1	Briefly describ	e the organization's mission or most significant activities: TO FOSTE	<u>R PHILANTHROPY</u>	, CONNECT
anc			TO AREA NEEDS, AND BUILD COMMUNITY PAR		
Governance	2		x if the organization discontinued its operations or disposed of m		
Š	3		ing members of the governing body (Part VI, line 1a)		<u>21</u> 21
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4		ependent voting members of the governing body (Part VI, line 1b)		14
ies	5		of individuals employed in calendar year 2021 (Part V, line 2a)		112
Activities &	6	Total number	of volunteers (estimate if necessary)		0.
Ac			d business revenue from Part VIII, column (C), line 12 business taxable income from Form 990-T, Part I, line 11		39,279.
		Net unrelated		Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)	10,158,651.	13,252,223.
anı	9			0.	0.
Revenue	10	•	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)	3,966,833.	6,266,211.
Å	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	169,603.	209,185.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,295,087.	19,727,619.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	8,658,723.	6,405,271.
	14		o or for members (Part IX, column (A), line 4)	0.	0.
s	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)	1,281,406.	1,396,855.
JSe	16a		undraising fees (Part IX, column (A), line 11e)	0.	0.
Expenses	b		ng expenses (Part IX, column (D), line 25)		
ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)	694,967.	770,019.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,635,096.	8,572,145.
	19	Revenue less	expenses. Subtract line 18 from line 12	3,659,991.	11,155,474.
Net Assets or				Beginning of Current Year	End of Year
sets	20	Total assets (F	Part X, line 16)		128,815,199.
it As	21		(Part X, line 26)	24,589,168.	34,477,141.
		Net assets or	fund balances. Subtract line 21 from line 20	101,114,083.	94,338,058.
	art II	•			
	-		declare that I have examined this return, including accompanying schedules and stat		nowledge and belief, it is
true	, corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which prepa	arer nas any knowledge.	

Sign Here	Signature of officer         DAVID MCGOWAN, PRESIDE         Type or print name and title	INT & CEO	Date	
Paid	Print/Type preparer's name KIMBERLY A. HAUMANN	Preparer's signature KIMBERLY A. HAUMANN	Date Check PTIN 12/14/22 self-employed P00546491	
Preparer	Firm's name 🕨 PLANTE & MORAN,	PLLC	Firm's EIN ▶ 38-1357951	
Use Only	Firm's address 🕨 10 S. RIVERSIDE	PLAZA, 9TH FLOOR		
	CHICAGO, IL 6060	06	Phone no. (312) 207-1040	
May the IF	David Type or print name and title       David Type or print name and title         Paid       Print/Type preparer's name       Preparer's signature       Date       Office (Incomposed = 1000)       PTIN         Paid       Print/Type preparer's name       Preparer's signature       Date       Date       PTIN         Firm's name       PLANTE & MORAN, PLLC       Firm's EIN ▶ 38-1357951       Sal-1357951         Jse Only       Firm's address ▶ 10 S. RIVERSIDE PLAZA, 9TH FLOOR CHICAGO, IL 60606       Phone no. (312) 207-1040         May the IRS discuss this return with the preparer shown above? See instructions       X Yes       No			
132001 12-09	LHA For Paperwork Reduction Act Not	ice, see the separate instructions.	Form <b>990</b> (2021)	

	990 (2021) THE DUPAGE COMMUNITY FOUNDATION 36-3978733 Page 2
Par	t III Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
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 \$6,405,271. including grants of \$6,405,271.) (Revenue \$244,559.) 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 \$946,104. including grants of \$) (Revenue \$)
	SERVE AS A SOURCE OF INFORMATION ABOUT THE NEEDS OF DUPAGE COUNTY.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d 4e	Other program services (Describe on Schedule O.)         (Expenses \$ including grants of \$ ) (Revenue \$ )         Total program service expenses ▶ 7,351,375.
	Form <b>990</b> (2021)
132002	12-09-21 <b>3</b>

<u>Form 990 (</u>					FOUNDATION
Part IV	Checklist of R	lequire	d Schedule	es	

1         Is the organization described in section 571(c)(3) or 4947(q)(1) (ther than a private foundation?         1         X           2         Is the organization required to complete Schedule 9, Schedule of Contributors? Sele instructions         3         X           3         Did the organization require indice to indirect policitical campaign activities, or have a section 30(h) election in effect         3         X           4         Section 57(k)(4) organizations. Did the organization engage in tobbying activities, or have a section 30(h) election in effect         4         X           5         Is the organization reaction and one of 00(k) 00 (c) (30 (c) (30 congrists or 50(k) (c) (20 cm) (c) (30 (c) (c) (c) congrists 30 (c) (k) (c) qm) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c				Yes	No
2         Is the organization engage in direct or index policies of constances? See instructions         2         X           3         Did the organization engage in direct or index policies of have a section 501(h) election in effect         3         X           4         Section 501(c)(k) organizations. Dd the organization engage in lobbying activities, or have a section 501(h) election in effect         4         X           5         Is the organization as other in first complete Schedule C, Part I         4         X           6         Did the organization in activities of the organization in the organization index of account? If Yes, 'complete Schedule C, Part I         5         X           6         Did the organization index of activities of anounts in such thread or accounts for Which dornars have the right to provide advised. None 3 at the organization index or accounts for Which dor a count is exclusived. C, Part II         7         X           7         Did the organization metaber that account liability, sorve as a custodian for amounts in such thread scutures? If Yes, 'complete Schedule D, Part I         8         X           9         Did the organization metaber that y conside account liability, sorve as a custodian for amounts in such thread scutures? If Yes, 'complete Schedule D, Part I         10         X           10         Did the organization metaber and anount for index organization, directly or throogh a reliabed organization, directly or throogh a reliabed organization, directly or throogh a reliabed organization, directly or throo	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3         Dit the organization engage in direct or indirect political campaign activities on bahal of an in apposition to candidates for public office? If Yres, 'complete Schedule C, Part I         3         X           4         Section 501(b) organizations. Did the organization engage in toDbying activities, or have a section 501(b) election in effect of the organization sectors 101(b).         3         X           5         Bit the organization assectors 201(b).         5         X           6         X         5         X           7         Section 501(b) organization matrin and yoon advised tunks or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution animation celectors of works of at historia structures, <i>Press, Complete Schedule D, Part I</i> 6         X           9         Did the organization matrina celectors of works of at historia transament, including assets? <i>Press, Complete Schedule D, Part I</i> 7         X           9         Did the organization report an amount for inad, buildings, and equipment in Part X, line 10, <i>Part I</i> 9         X           10         Did the organization report an amount for investments - order all stole for the lower guestions in Press, 'complete Schedule D, Part X         10         X           11         The organization report an amount for investments. Foresementals in donorestrincice denovements orin quasi endowments? If Yres, 'com		If "Yes," complete Schedule A			
public office? If ''res,' complete Schedule C, Fart I         3         X           4 Section 501((s)) cognizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect         4         X           5 Is the organization a section 501(k), 501((s)), 601((s)), 60	2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
4         Section 50 (c)(3) organizations. Dot the organization nigage in lobbying activities, or have a section 501(h) election in effect         4         X           5         Is the organization a section 501(h)(h, 501(b)), or 501(b)(h, 501(	3				
during the tax year? If Yes, "complete Schedule C, Part II         4         X           5         is the organization a section Schedule C, Part II         5           6         Did the organization markain any domra dvised funds or any similar funds or accounts for which domrs have the right to provide advised on and vision durinds or accounts for which domrs have the right to provide advised on the distribution or investment and amarkin is sub-tifued or accounts for which domrs have the right to provide advised on the distribution or investment and amarkin is sub-tifued or accounts for which domrs have the right to provide advised on the distribution or investment and amarkin is sub-tifued or provide advised Schedule D, Part II         6         X           7         X         A         8         X         9           8         X         9         Did the organization regona amount in Part X, line 21, for sercew or custodial account fability, serve as a custodian for amounts not listed in Part X, or poivide credit counseling, debt management, ordelt regain, or debt negotiation services?         9         X           9         Did the organization inderworks?         9         X         10         X           11         If the organization report an amount for head section. hold assets in donor-restricted endowments         11         X           12         Did the organization report an amount for head section. hold assets in davised in Part X, line 10?         11         X           13         X         11			3		<u> </u>
5         Is the organization ascion 501(cW), 501(cW), or 501(cW) organization that neceves membership dues, assessments, or similar amounts as defined in Rev. Proc. 961(9) <i>H</i> "yes," complete Schedule <i>C</i> , Part <i>II</i> 5         X           6         Did the organization maintain any donor advised funds or any similar funds or accounts? <i>II</i> "yes," complete Schedule <i>D</i> , Part <i>II</i> 6         X           7         X         8         Did the organization maintain any donor advised funds or any similar funds or accounts? <i>II</i> "yes," complete Schedule <i>D</i> , Part <i>II</i> 7         X           8         Did the organization maintain cellections of works of ath, historical treasures, or other similar asset? <i>II</i> "yes," complete Schedule <i>D</i> , Part <i>II</i> 7         X           9         Did the organization maintain cellections of works of ath, historical treasures, or other similar asset? <i>II</i> "yes," complete Schedule <i>D</i> , Part <i>II</i> 8         X           10         Did the organization, diactify or through a related organization, hold assets in donor-restricted endowments or or in quasi endowments? <i>II</i> "yes," complete Schedule <i>D</i> , Part <i>V</i> 10         X           11         the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>II</i> "yes," complete Schedule <i>D</i> , Part VI         11a         X           12         Did the organization report an amount for other isability for uncertain tax positions under FIN 48 (ASC 740/ <i>II</i> , "yes," complete Schedule <i>D</i> , Part X	4				
similar amounts as defined in Rev. Proc. 98-192 // "res." complete Schedule D, Part II         5         X           O Did the organization maintain direase, or historic durds or any similar funds or accounts? // "Yes," complete Schedule D, Part I         6         X           7         Did the organization maintain collections of works of art, historical treasures, or other similar assets? // "Yes," complete Schedule D, Part I         7         X           8         Did the organization maintain collections of works of art, historical treasures, or other similar assets? // "Yes," complete Schedule D, Part I         8         X           9         Did the organization maintain collections of works of art, historical treasures, or other assituation services?         9         X           10         the organization, directly or through a related organization, hold assets in donor restricted endowments         10         X           11         the organization answer to any of the following questions is "Yes," then complete Schedule D, Part V         10         X           12         Ub the organization report an amount for land, buildings, and equipment in Part X, line 10? // "Yes," complete Schedule D, Part V         11         X           13         X         Did the organization report an amount for hirvestments - program related in Part X, line 10? // "Yes," complete Schedule D, Part V         11         X           14         X         Did the organization report an amount for hirvestments - program related			4		<u> </u>
6       Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on thold a conservation assement, funds or accounts? If 'Yes,' complete Schedule D, Part II.       I         7       X         8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II.       I         9       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II.       I         9       Did the organization maintain any donor advised funds. Detail (I).       I       I         9       Did the organization meanity or hold a conservation assemble, including assemble in parts, group the Schedule D, Part IV.       III.       III.         9       Did the organization receive or nonjete Schedule D, Part V.       IIII.       IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	5				
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II       6       X         7       Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic inductures? If "Yes," complete Schedule D, Part II       7       X         8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV.       8       X         9       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listel in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV       10       X         10       Did the organization (micrity or through a raitated organization, hold assets in donor-restricted andowments) or in quasi andowments? If "Yes," complete Schedule D, Part V       10       X         11       If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       11       X         12       Did the organization report an amount for investments- organ related in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11       X         13       Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D			5		<u> </u>
7       Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.       7       X         8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II.       8       X         9       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?       9       X         10       Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V       10       X         11       It the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI       11a       X         12       Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI       11a       X         13       Did the organization report an amount for investments for the tax, year, complete Schedule D, Part XI       11e       X         14       W Statistica Statistica or statistica assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI       11a       X         15       Did the organization sep	6				
the environment, historic all areas, or historic structures? If "Yes," complete Schedule D, Part II.       7       X         8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.       8       X         9       Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed In Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?       9       X         10       Did the organization directly or through a related organization, hold assets in donor-restricted endowments       9       X         10       Did the organization report an amount for indu, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       10       X         11       The organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI       11a       X         11       Did the organization report an amount for investments - other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI       11a       X         11       Did the organization report an amount for investments - other assets in Part X, line 13? If "Yes," complete Schedule D, Part X       11d       X         11       Did the organization separts indeparted numbra statements for the t			6	<u> </u>	
B       Did the organization maintain collections of works of art, historical treasures, or other similar assets? #'Yes,' complete Schedule D, Part III       B         B       Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?       9       X         10       Did the organization (ancet) or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V       9       X         10       If the organization is answer to any of the following questions is 'Yes,' then complete Schedule D, Part VI, If the organization report an amount for inad, buildings, and equipment in Part X, line 127 If 'Yes,' complete Schedule D, Part VI       10       X         11       It he organization report an amount for insetments - robram related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 If 'Yes,' complete Schedule D, Part VI       111       X         11       Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 167 If 'Yes,' complete Schedule D, Part X       114       X         12       Did the organization separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Part X       114       X         13       X       114       X       114       X       114	7		_		77
Schedulo D, Part III       8       X         9       Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts on listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?       8       X         9       Did the organization, directly or through a related organization, hold assets in donorrestricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V       10       X         11       If the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI, vis, 'complete Schedule D, Part VI, vis, 'complete Schedule D, Part VI, the torganization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII       11a       X         9       Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII       11a       X         11       Did the organization report an amount for there assets in Part X, line 12? If 'Yes,' complete Schedule D, Part X       11e       X         12       Did the organization report an amount for there assets in Part X, line 2? If 'Yes,' complete Schedule D, Part X       11e       X         13       Did the organization onside there liabilities in Part X, line 13? If 'Yes,' complete Schedule D, Part X       11e       X			7		<u> </u>
9       Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?       9       X         10       Did the organization, directly or through a related organization, hold assets in donor restricted endowments or in quasi endowments? <i>II</i> "Yes," complete Schedule D, Part V       10       X         11       If the organization, directly or through a related organization, hold assets in donor restricted endowments       10       X         12       Did the organization, report an amount for land, buildings, and equipment in Part X, line 10? <i>II</i> "Yes," complete Schedule D, Part V       11a       X         13       Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>II</i> "Yes," complete Schedule D, Part VI       11a       X         14       Did the organization report an amount for three substimes in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>II</i> "Yes," complete Schedule D, Part X       11d       X         11d       Did the organization is point a manut for other assets in Part X, line 27: <i>II</i> "Yes," complete Schedule D, Part X       11d       X         11d       Did the organization solution use first Halk (SC 7407); <i>II</i> "Yes," complete Schedule D, Part X       11d       X         12a       Did the organization solution use	8				v
amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?       9       X         Did the organization, directly or through a related organization, hold assets in donor-restricted endowments       9       X         11       If the organization, directly or through a related organization, hold assets in donor-restricted endowments       10       X         11       If the organization, directly or through a related organization, should assets in donor-restricted endowments?       10       X         12       If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V       11       11       X         13       Ib the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI       11       11       X         14       X       11       X       11       X       11       X         15       Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       114       X         16       Did the organization report an amount for other labilities in Part X, line 15? If "Yes," complete Schedule D, Part X       114       X         11       Did the organization negrate consolidated finan	~	,	8		
# "Yes," complete Schedule D, Part IV       9       X         10       Did the organization, directly or through a related organization, hold assets in donor-restricted endowments       10       X         11       If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V       10       X         11       If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI.       11       X         12       Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI       11a       X         13       Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI       11d       X         14       Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11d       X         111       Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         112       Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         113       Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X <td>9</td> <td></td> <td></td> <td></td> <td></td>	9				
10       Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V       10       X         11       If the organization is answer to any of the following questions is 'Yes,'' then complete Schedule D, Parts VI, VIII, VIII, VI, VIII, VI, VIII, VI, V					v
or in quasi endowments? If 'Yes,' complete Schedule D, Part V     10     X       11 If the organization's answer to any of the following questions is 'Yes,'' then complete Schedule D, Parts VI, VII, VII, IX, or X, as applicable.     11a     X       a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,'' complete Schedule D, Part VI     11a     X       b Did the organization report an amount for investments - other securities in Part X, line 12?, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,'' complete Schedule D, Part VI     11b     X       c Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,'' complete Schedule D, Part VII     11d     X       e Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,'' complete Schedule D, Part VII     11d     X       e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,'' complete Schedule D, Part X     11d     X       12a     Did the organization is parate, independent audited financial statements for the tax year?     11e     X       13     State organization included in consolidated, independent audited financial statements for the tax year?     12a     X       14a     Did the organization askool descholariba in a fortio. IT/Ob(I)(I/A)(ii)? If 'Yes,'' complete Schedule D, Part X     13a     X       13     Is the organiza	40		9		
11       If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X, as applicable.       11       In the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If</i> "Yes," complete Schedule D, Part V       11a       X         b       Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," complete Schedule D, Part VII       11a       X         c       Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," complete Schedule D, Part VIII       11d       X         c       Did the organization report an amount for other assets in Part X, line 15% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," complete Schedule D, Part X       11d       X         e       Did the organization report an amount for other assets in Part X, line 25? <i>If</i> "Yes," complete Schedule D, Part X       11d       X         12b       Did the organization separate, independent audited financial statements for the tax year? (If "Yes," complete Schedule D, Part X       11f       X         12b       Did the organization assert PAIL       No in PI2a, then completing Schedule D, Part X X and XII       11d       X         12a       Did the organization answered 'No' to line 12a, then completing Schedule D, Part X X and XII       11d       X	10		10	v	
as applicable.         a) Did the organization report an amount for land, buildings, and equipment in Part X, line 10? /// "Yes," complete Schedule D, Part VI         b) Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VII         c) Did the organization report an amount for investments - orgoram related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VII         d) Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part X         f) Did the organization report an amount for other liabilities in Part X, line 25? // "Yes," complete Schedule D, Part X         f) Did the organization is separate, independent audited financial statements for the tax year include a footnote that addresses the organization included in consolidated, independent audited financial statements for the tax year?         f) If 'yes,' and if the organization included in consolidated, independent audited financial statements for the tax year?         f) If 'yes,' and if the organization neaction 170(b)(1)(A)(ii)? // "Yes,' complete Schedule D, Part X         1a) Did the organization aschool described in section 170(b)(1)(A)(iii)? // "Yes,' complete Schedule D, Part X         1a) Did the organization aschool Advented, and the organization aschool Advented in the organization is cubical the United States?         b) Did the organization report on Part IX, column (A), line 3, more than \$5,000 o			10	<u>_</u>	
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Part VI       11a       X         b       Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b       X         c       Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11c       X         d       Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI       11c       X         e       Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f       Did the organization's separate or consolidated financial statements for the tax year? complete Schedule D, Part X       11e       X         12a       Did the organization neluded in consolidated, independent audited financial statements for the tax year?       If "Yes," and if the organization aschool described in section 1700(b)(1)A(ii)? If "Yes," complete Schedule E       12a       X         13       Is the organization neport on Part IX, column (A), line 3, 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 II and IV       16       X	~				
b       Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b       X         c       Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11c       X         d       Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11c       X         f       Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f       Did the organization is oparate or consolidated financial statements for the tax year: complete Schedule D, Part X       11e       X         f       Did the organization included in consolidated, independent audited financial statements for the tax year?       11t       X         f       Was the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13i       X         f       Did the organization nave aggregate revenues or expenses of more than \$5,000 of grants or other assistance to or for any foreign organization report on Part X, columm (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Part II and IV       14b       X       14c       <	d		110	x	
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d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX       11d       X         e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         f Did the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11d       X         12a       Did the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year?       If "Yes," complete Schedule D, Parts XI and XII       12a       X         b Was the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       13       X         13 Is 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       16       X         15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garges grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV       16       X         16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garges professional	Ŭ		11c		х
Part X, line 16? If "Yes," complete Schedule D, Part IX       11d       X         e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year?       11f       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year?       11e       X         b Was the organization included in consolidated, independent audited financial statements for the tax year?       12b       X         13       St he organization a school described in section 170(b)(1)(A)(0)?       17 Wes," complete Schedule E       13       X         14a       Did the organization nawered "No" to line 12a, then completing Schedule E       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garnts or other assistance to or for any foreign organization report nor 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 II and IV       16       X         17       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of	d				
<ul> <li>e Did the organization report an amount for other liabilities in Part X, line 25? /f "Yes," complete Schedule D, Part X</li> <li>f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization is liability for uncertain tax positions under FIN 48 (ASC 740)? /f "Yes," complete Schedule D, Part X</li> <li>11e X</li> <li>12a Did the organization included in consolidated, independent audited financial statements for the tax year? // if "Yes," and if the organization a school described in section 170(b)(11)(4)(0)? /f "Yes," complete Schedule D, Parts XI and XII is optional</li> <li>12a X</li> <li>b Was the organization a school described in section 170(b)(11)(4)(0)? /f "Yes," complete Schedule E</li> <li>13 X</li> <li>14a Did the organization nave 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 a \$100,000 or more? /f "Yes," complete Schedule F, Parts I and IV</li> <li>14b X</li> <li>15 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? /f "Yes," complete Schedule F, Parts II and IV</li> <li>16 Did the organization report nor Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? /f "Yes," complete Schedule F, Parts II and IV</li> <li>16 Did the organization report more than \$15,000 total of fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? /f "Yes," complete Schedule G, Part I.</li> <li>18 X</li> <li>16 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? /f "Yes," com</li></ul>			11d		х
f       Did the organization's isability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part XI and XII       12a       X       12a <td>е</td> <td>Did the organization report an amount for other liabilities in Part X. line 25? If "Yes." complete Schedule D. Part X</td> <td></td> <td>Х</td> <td></td>	е	Did the organization report an amount for other liabilities in Part X. line 25? If "Yes." complete Schedule D. Part X		Х	
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete       12a       X         12b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12a       X         13       Is the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization nave 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 II and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign 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 II and IV       16       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 G, Part II and IV       16       X	f				
12a       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12b       X         b       Was the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         14a       Did the organization a school described in section 170(b)(1/(A)(ii)? If "Yes," complete Schedule E       13       X         14a       Did the organization neutration any service activities outside the United States?       14a       X         b       Did the organization report on Part IX, column (A), line 3, 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 garnts or other assistance to or for any foreign 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 II and IV       16       X         16       Did the organization report on 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 II       16       X         17 <td></td> <td></td> <td>11f</td> <td></td> <td>х</td>			11f		х
Schedule D, Parts XI and XII       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12b       X         13       Is the organization a school described in section 170(b)(1)(A)(ii)?       If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization nave 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 garants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       14b       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       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 9a? If "Yes,"       18       X         19       Did the organization operate one or more hospital facilities? If "Yes," complete S	12a				
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         13       Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14a       X         15       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 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), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part I. See instructions       17       X         18       Did the organization report more than \$15,000 otal of fundraising event gross income and contributions on Part VIII, lines to			12a	Х	
13       Is the organization a school described in section 170(b)(1)(A)(ii)?       If "Yes," complete Schedule E       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? 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 gargegate grants or other assistance to or for foreign individuals? 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 II and IV       16       X         17       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 G, Part II I and IV       16       X         18       Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 15,000 of gross income from gaming activities on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization report more than \$15,000 of gross in	b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
<ul> <li>14a Did the organization maintain an office, employees, or agents outside of the United States?</li> <li>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</li> <li>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 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 II and IV</li> <li>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 II and IV</li> <li>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</li> <li>18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," and IX is a complete Schedule G, Part II</li> <li>19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H</li> <li>20a X</li> <li>20a X</li> <li>20a X</li> <li>20b</li> <li>21 X</li> </ul>		If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
<ul> <li>b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i>.</li> <li>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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>.</li> <li>16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>.</li> <li>17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>. See instructions</li> <li>18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>.</li> <li>19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>.</li> <li>20a X</li> <li>20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</li> <li>20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I</i>. <i>Parts I and II</i>.</li> </ul>	13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000       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 II 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       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization operate one or more thospital facilities? If "Yes," complete Schedule H       20a       X         20a       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule H       20a       X         18       X       19       X         20a       X       20a       X         20a       Did the organization operate one or more hospital facilities? If "Yes," c	14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       18       X         19       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         20a       X       20b       20a       X         20b       If "Yes," to line 20a, did the organization attach a copy of its audited financial statements to this return?       21       X	b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
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column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions       17       X         18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       18       X         19       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       19       X         20a       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II       20a       X			16		<u> </u>
18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"       18       X         19       Did the organization operate one or more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"       19       X         20a       Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> 21       X	17				
1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         20a       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization operate on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II       21       X			17		<u>X</u>
19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         20a       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization operate on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II       21       X	18				
complete Schedule G, Part III       19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II       21       X			18	Ā	
20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II       21       X	19				v
b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II       21       X	00-				
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II       21       X					<u> </u>
domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II			200		
	21		21	x	
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 Form 990 (2021)
 THE DUPAGE COMMUNITY FOUNDATION
 36-3978733
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 Vac
 Na

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.		37	
	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	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
ba	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	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	
a	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?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
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	_		v
e	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
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
3	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			37
	sponsoring organization have excess business holdings at any time during the year?	8		X
)	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	<u>9a</u>		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
)	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	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			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
5	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.			
5	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
7				
•	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		

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Form 990 (2021)

Part V

Form 990	(2021)
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#### THE DUPAGE COMMUNITY FOUNDATION

X

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

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

		1 1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	21		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other			
	officer, director, trustee, or key employee?		2		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?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99				X
5	Did the organization become aware during the year of a significant diversion of the organization's asse				X
6	Did the organization have members or stockholders?				X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap				
	more members of the governing body?		7a		X
b					
-	persons other than the governing body?		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
a	The governing body?		8a	x	
b	Each committee with authority to act on behalf of the governing body?			X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			1	
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	ianua Cada I	<b>J</b>		
	the matrix and the section B requests information about policies not required by the internal Rev	/enue Code.)		Yes	N
10-2	Did the organization have local chapters, branches, or affiliates?		10a	165	X
					- 23
D	If "Yes," did the organization have written policies and procedures governing the activities of such cha		10b		
14.		boforo filing the form		x	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filling the form	? <b>11a</b>		
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		10	v	
12a				X X	-
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		<u>12b</u>		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,		v	
	on Schedule O how this was done		12c	X X	
13	Did the organization have a written whistleblower policy?			X	-
14	Did the organization have a written document retention and destruction policy?		14		
15	Did the process for determining compensation of the following persons include a review and approval	by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			37	
	The organization's CEO, Executive Director, or top management official		<u>15a</u>		
b	Other officers or key employees of the organization		<u>15b</u>	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem				
	taxable entity during the year?		<u>16a</u>		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 organi				
	exempt status with respect to such arrangements?		16b		
sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright  ext{IL}$				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990-T (section 501(	c)(3)s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.				
		on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict of interest policy	, and finar	cial	
	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	ks and records 🕨 _			
	DAVID MCGOWAN, PRESIDENT & CEO - 630-665-5556				
	3000 WOODCREEK DRIVE, 310, DOWNERS GROVE, IL 60515	-5408			
					(202

Form 990 (2021)	THE DUPAGE COMMUNITY FOUNDATION	36-3978733	Page 7
Part VII Compens	sation of Officers, Directors, Trustees, Key Employees, Highest	Compensated	
Employee	es, and Independent Contractors		
Check if Sch	nedule O contains a response or note to any line in this Part VII		
Section A. Officers, D	irectors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete this table	for all persons required to be listed. Report compensation for the calendar year end	ing with or within the organization's	s tax year.
<ul> <li>List all of the organ</li> </ul>	nization's current officers, directors, trustees (whether individuals or organizations)	, regardless of amount of compens	ation.

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, 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.

Name and title         Average hours per bides met advectorization between the structure of the structure of the structure of the body between the structure of the structure of the structure of the organization (V2/1098/NEC)         Reportable compensation from related organization (V2/1098/NEC)         Estimated compensation (V2/1098/NEC)           (1)         ME, DAVID MCOOMAN         40.00         X         278,414.         0.         24,882.           (2)         MR, MICHAEL STRUCK         40.00         X         128,289.         0.         8,532.           (3)         MS, BARBAR SZCEPANIAK         40.00         X         1117,077.         0.         8,532.           (4)         MR, DAVID MEISZ         40.00         X         1117,077.         0.         8,532.           (3)         MS, BARBAR SZCEPANIAK         40.00         X         111,087.         0.         8,532.           (4)         MR, DAVID MEISZ         40.00         X         X         0.         0.         0.           (7)         MR, BARBAR SZCEPENALK         40.00         X         X         0.         0.         0.         0.           (1)         MR, CHARLES E, SARL         1.00         X         X         0.         0.         0.         0.           (6)         MR, OSPER MEZDENRACH<	(A)	(B)			(0	C)			(D)	(E)	(F)
hours per vex.         box.         order and LaterContraction         compensation         compensation         compensation         amount of the organizations           10         MR.         DAVID MCSOWAN         10         10         10         10         10         10         10         10         10         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <td< td=""><td>Name and title</td><td>Average</td><td colspan="2">Position</td><td>Reportable</td><td>Reportable</td><td>Estimated</td></td<>	Name and title	Average	Position		Reportable	Reportable	Estimated				
Week (ist ary ours for granizations below line)         Week (ist ary but so for granizations below line)         Week (ist ary granizations (W-2/1099-MISC/ 1099-MEC)         Compensation (W-2/1099-MISC/ 1099-MEC)         Compensation from the organizations (W-2/1099-MISC/ 1099-MEC)           (1) ME. DAVID MCGOWAN FRESIDENT AND CBO         40.00         X         278,414.         0.         24,882.           (2) ME. DAVID MCGOWAN FRESIDENT AND CBO         40.00         X         128,289.         0.         8,532.           (3) MS. BARBARE SZCZEPANIAK         40.00         X         1117,077.         0.         8,532.           (4) ME. DAVID WEISZ         40.00         X         1117,077.         0.         8,532.           (5) ME. NARHANIEL WASSON         1.00         X         X         0.         0.         0.           (6) MS. DERKEN EXCENT         1.000         X         X         0.         0.         0.           (6) MS. DERKENS EXCH         1.000         X         X         0.         0.         0.           (8) MS. DERKSEN SCH         1.000         X         X         0.         0.         0.           (10) MR. WILLIAM BUM         1.000         X         X         0.         0.         0.           (10) MR. WILLIAM BUM         1.000		hours per	box	box, unless person is both an		compensation	compensation				
(1)         MR. DAVID MCGOWAN         40.00         x         278_010         x         278_0414         0.         24_882.           (2)         MR. MICHAEL STRICK         40.00         x         128_289.         0.         8,532.           (3)         MS. BARBARA SZCZEPANIAK         40.00         x         128_289.         0.         8,532.           (3)         MS. DARBARA SZCZEPANIAK         40.00         x         117,077.         0.         8,532.           (4)         MR. DAVID WEISZ         40.00         x         111,087.         0.         8,532.           (4)         MR. DAVID WEISZ         40.00         x         111,087.         0.         8,532.           (5)         MR. MATHANIEL WASSON         1.00         x         x         0.         0.         0.           TRUSTEE, CHAIR         CHART YEAR         x         x         0.         0.         0.         0.         0.           (7)         MR. MILLIAM BLUM         1.00         x         x         0.         0.         0.         0.           (8)         MS DELROSE KOCH         1.00         x         x         0.         0.         0.         0.           (9) </td <td></td> <td></td> <td></td> <td>cer an</td> <td>aaa</td> <td>recio</td> <td>r/trus</td> <td>lee)</td> <td></td> <td></td> <td></td>				cer an	aaa	recio	r/trus	lee)			
(1)         MR. DAVID MCGOWAN         40.00         x         278 June         278 June         24,882.           (2)         MR. MICHAEL STRICK         40.00         x         128,289.         0.         8,532.           (3)         MS. BARBARA SZCZEPANIAK         40.00         x         128,289.         0.         8,532.           (3)         MS. DARBARA SZCZEPANIAK         40.00         x         117,077.         0.         8,532.           (4)         MR. DAVID WEISZ         40.00         x         1111,087.         0.         8,532.           (4)         MR. DAVID WEISZ         40.00         x         111,087.         0.         8,532.           (5)         MR. MATHANIEL WASSON         1.00         x         x         0.         0.         0.           TRUSTEE, CHAIR         CHAIR (PART YEAR)         x         x         0.         0.         0.         0.         0.           (7)         MR. MILLIAM BLUM         1.00         x         x         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.			irecto							<b>v</b>	
(1)         MR. DAVID MCGOWAN         40.00         x         278 June         278 June         24,882.           (2)         MR. MICHAEL STRICK         40.00         x         128,289.         0.         8,532.           (3)         MS. BARBARA SZCZEPANIAK         40.00         x         128,289.         0.         8,532.           (3)         MS. DARBARA SZCZEPANIAK         40.00         x         117,077.         0.         8,532.           (4)         MR. DAVID WEISZ         40.00         x         1111,087.         0.         8,532.           (4)         MR. DAVID WEISZ         40.00         x         111,087.         0.         8,532.           (5)         MR. MATHANIEL WASSON         1.00         x         x         0.         0.         0.           TRUSTEE, CHAIR         CHAIR (PART YEAR)         x         x         0.         0.         0.         0.         0.           (7)         MR. MILLIAM BLUM         1.00         x         x         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.			e or d	tee			sated			`	
(1)         MR. DAVID MCGOWAN         40.00         x         278_010         x         278_0414         0.         24_882.           (2)         MR. MICHAEL STRICK         40.00         x         128_289.         0.         8,532.           (3)         MS. BARBARA SZCZEPANIAK         40.00         x         128_289.         0.         8,532.           (3)         MS. DARBARA SZCZEPANIAK         40.00         x         117,077.         0.         8,532.           (4)         MR. DAVID WEISZ         40.00         x         111,087.         0.         8,532.           (4)         MR. DAVID WEISZ         40.00         x         111,087.         0.         8,532.           (5)         MR. MATHANIEL WASSON         1.00         x         x         0.         0.         0.           TRUSTEE, CHAIR         CHART YEAR         x         x         0.         0.         0.         0.         0.           (7)         MR. MILLIAM BLUM         1.00         x         x         0.         0.         0.         0.           (8)         MS DELROSE KOCH         1.00         x         x         0.         0.         0.         0.           (9) </td <td></td> <td></td> <td>rustee</td> <td>l trus</td> <td></td> <td>ee</td> <td>npen</td> <td></td> <td></td> <td>1099-NEC)</td> <td></td>			rustee	l trus		ee	npen			1099-NEC)	
(1)         MR. DAVID MCGOWAN         40.00         x         278 June         278 June         24,882.           (2)         MR. MICHAEL STRICK         40.00         x         128,289.         0.         8,532.           (3)         MS. BARBARA SZCZEPANIAK         40.00         x         128,289.         0.         8,532.           (3)         MS. DARBARA SZCZEPANIAK         40.00         x         117,077.         0.         8,532.           (4)         MR. DAVID WEISZ         40.00         x         1111,087.         0.         8,532.           (4)         MR. DAVID WEISZ         40.00         x         111,087.         0.         8,532.           (5)         MR. MATHANIEL WASSON         1.00         x         x         0.         0.         0.           TRUSTEE, CHAIR         CHAIR (PART YEAR)         x         x         0.         0.         0.         0.         0.           (7)         MR. MILLIAM BLUM         1.00         x         x         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.			dual t	utiona	L	nploy	st coi	ar.	1000 1120/		
(1) MR. DAVID MCGOWAN       40.00       x       278,414.       0.       24,882.         (2) MR. MICHAEL SITRICK       40.00       x       128,289.       0.       8,532.         (3) MS. BABARA SICCEPANIAK       40.00       x       117,077.       0.       8,532.         (4) MR. DAVID NETSZ       40.00       x       111,087.       0.       8,532.         (4) MR. DAVID NETSZ       40.00       x       111,087.       0.       8,532.         (5) MR. NATHANIEL NASON       1.00       x       0.       0.       0.         TRUSTEE, CHAIR       X       x       0.       0.       0.         (6) MR. JOSEPH WEIDENBACH       1.00       x       x       0.       0.       0.         (7) MR. WILLIAM BLUM       1.00       x       x       0.       0.       0.       0.         (7) MR. WILLIAM BLUM       1.00       x       x       0.       0.       0.       0.         (9) MR. DELROFE KOCH       1.00       x       x       0.       0.       0.       0.         (11) MR. BETSY EROSNAN       1.00       x       0.       0.       0.       0.       0.       0.         (12) MR. THARLER E, SA			Indivi	Institu	Office	Key ei	Highe	Forme			
(2)         MR. MICHAEL SITRICK         40.00         X         128,289.         0.         8,532.           (3)         MS. BABARA SZCZEPANIAK         40.00         X         117,077.         0.         8,532.           (4)         MR. DAVID VEISZ         40.00         X         111,087.         0.         8,532.           (4)         MR. DAVID VEISZ         40.00         X         111,087.         0.         8,532.           (4)         MR. DAVID VEISZ         40.00         X         111,087.         0.         8,532.           (5)         MR. NATHANIEL WASSON         1.00         X         X         0.         0.         0.           (6)         MR. JOSEPH WEIDENBACH         1.00         X         X         0.         0.         0.           (7)         MR. MULLAM BLUM         1.00         X         X         0.         0.         0.           (9)         MR. CHARLE E. SAUL         1.00         X         X         0.         0.         0.           (9)         MR. CHARLE E. SAUL         1.00         X         X         0.         0.         0.           (10) MR. JULIUS W. BECTON         1.00         X         X         0.	(1) MR. DAVID MCGOWAN	40.00									
12)         MR. MICHAEL SITRICK         40.00         x         128,289.         0.         8,532.           (3)         MS. BARBARA SZCZEPANIAK         40.00         x         117,077.         0.         8,532.           (4)         MR. DAVID WEISZ         40.00         x         111,087.         0.         8,532.           (4)         MR. DAVID WEISZ         40.00         x         1111,087.         0.         8,532.           (5)         MR. NATHANIEL WASSON         1.00         x         x         0.         0.         0.           (6)         MR. JOSPEH WEIDENBACH         1.00         x         x         0.         0.         0.           (7)         MR. MULLAM BLUM         1.00         x         x         0.         0.         0.           (6)         MR. JOSEPH WEIDENBACH         1.00         x         x         0.         0.         0.           (7)         MR. MULLAM BLUM         1.00         x         x         0.         0.         0.           (8)         MS. DELEOSE KOCH         1.00         x         x         0.         0.         0.           (9)         MR. CHARLES E. SAUL         1.00         x	PRESIDENT AND CEO		1		х				278,414.	Ο.	24,882.
(3) MS, BARBAR SZCZEPANIAK         40.00         x         117,077.         0.         8,532.           (4) MR, DAVID WEISZ         40.00         x         111,087.         0.         8,532.           (4) MR, DAVID WEISZ         40.00         x         111,087.         0.         8,532.           (5) MR. NATHANTEL WASSON         1.00         x         111,087.         0.         8,532.           (7) MR. NATHANTEL WASSON         1.00         x         x         0.         0.         0.           (7) MR. WEIDENBACH         1.00         x         x         0.         0.         0.           (7) MR. WILLIAM BLUM         1.00         x         x         0.         0.         0.           (7) MR. VELIXM BLUM         1.00         x         x         0.         0.         0.           (7) MR. VELIXM BLUM         1.00         x         x         0.         0.         0.           (9) MR. CHARLES E. SAUL         1.00         x         x         0.         0.         0.           TRUSTEE         (PARUSE E. SAUL         1.00         x         0.         0.         0.           TRUSTEE         (PARUSE E. SAUL         1.00         x <t< td=""><td>(2) MR. MICHAEL SITRICK</td><td>40.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	(2) MR. MICHAEL SITRICK	40.00									
(3) MS, BARBAR SZCZEPANIAK       40.00       X       117,077.       0.       8,532.         (4) MR, DAVID WEISZ       40.00       X       111,087.       0.       8,532.         (5) MR. NATHANTEL WASSON       1.00       X       111,087.       0.       8,532.         (7) MR. NATHANTEL WASSON       1.00       X       111,087.       0.       8,532.         (7) MR. NATHANTEL WASSON       1.00       X       0.       0.       0.         (7) MR. WILLIAM BLUM       1.00       X       X       0.       0.       0.         (7) MR. WILLIAM BLUM       1.00       X       X       0.       0.       0.         (8) MS. DELROSE KOCH       1.00       X       X       0.       0.       0.         TRUSTEE, VICE CHAIR       X       X       0.       0.       0.       0.       0.         (9) MR. CHARLES E, SULL       1.00       X       X       0.       0.       0.       0.       0.       0.         TRUSTEE, CHARLE E, SULL       1.00       X       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.	V.P. FOR ADVANCEMENT				Х				128,289.	0.	8,532.
(4) MR. DAVID WEISZ       40.00       X       111,087.       0.       8,532.         (5) MR. NATHANIEL WASSON       1.00       X       X       0.       0.       0.         (6) MR. JOSEPH WEIDENBACH       1.00       X       X       0.       0.       0.         (7) MR. WILLIAM BLUM       1.00       X       X       0.       0.       0.         (7) MR. WILLIAM BLUM       1.00       X       X       0.       0.       0.         (8) MS. DELROSE KOCH       1.00       X       X       0.       0.       0.         (9) MR. CHALLES E. SAUL       1.00       X       X       0.       0.       0.         (10) MR. JULIUS W. BECTON       1.00       X       X       0.       0.       0.         (11) MS. DETSY BROSNAN       1.00       X       X       0.       0.       0.         TRUSTEE       PART YEAR       X       0.       0.       0.       0.       0.         (12) MR. TIMOTHY ELLIOT       1.00       X       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.       0.       0.	(3) MS. BARBARA SZCZEPANIAK	40.00									
(4) MR. DAVID WEISZ       40.00       X       111,087.       0.       8,532.         (5) MR. NATHANIEL WASSON       1.00       X       X       0.       0.       0.         (6) MR. JOSEPH WEIDENBACH       1.00       X       X       0.       0.       0.         (7) MR. WILLIAM BLUM       1.00       X       X       0.       0.       0.         (7) MR. WILLIAM BLUM       1.00       X       X       0.       0.       0.         (8) MS. DELROSE KOCH       1.00       X       X       0.       0.       0.         (9) MR. CHALLES E. SAUL       1.00       X       X       0.       0.       0.         (10) MR. JULIUS W. BECTON       1.00       X       X       0.       0.       0.         (11) MS. DETSY BROSNAN       1.00       X       X       0.       0.       0.         TRUSTEE       PART YEAR       X       0.       0.       0.       0.       0.         (12) MR. TIMOTHY ELLIOT       1.00       X       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.       0.       0.	V.P. FOR PROGRAMS						Х		117,077.	0.	8,532.
(5) MR. NATHANIEL WASSON       1.00       X       X       0.       0.       0.         (6) MR. JOSEPH WEIDENBACH       1.00       X       X       0.       0.       0.         (6) MR. JOSEPH WEIDENBACH       1.00       X       X       0.       0.       0.         (7) MR. WILLIAM BLUM       1.00       X       X       0.       0.       0.         (7) MR. WILLIAM BLUM       1.00       X       X       0.       0.       0.         (8) MS. DELROSE KOCH       1.00       X       X       0.       0.       0.         (9) MR. CHARLES E. SAUL       1.00       X       X       0.       0.       0.         TRUSTEE, TREASURER       X       X       0.       0.       0.       0.         (10) MR. JULIUS W. BECTON       1.00       X       X       0.       0.       0.         TRUSTEE (PART YEAR)       X       0.       0.       0.       0.       0.       0.         TRUSTEE (PART YEAR)       X       0.       0.       0.       0.       0.       0.       0.       0.         TRUSTEE (PART YEAR)       X       0.       0.       0.       0.       0.	(4) MR. DAVID WEISZ	40.00									
TRUSTEE, CHAIR         X         X         X         0.         0.         0.         0.           (6) MR. JOSEPH WEIDENBACH         1.00         X         X         0.         0.         0.         0.           TRUSTEE, CHAIR (PART YEAR)         1.00         X         X         0.         0.         0.         0.           (7) MR. WILLIAM BLUM         1.00         X         X         0.         0.         0.           (7) MR. WILLIAM BLUM         1.00         X         X         0.         0.         0.           (8) MS. DELROSE KOCH         1.00         X         X         0.         0.         0.           TRUSTEE, SECRETARY         X         X         0.         0.         0.         0.           (9) MR. CHARLES E. SAUL         1.00         X         X         0.         0.         0.           TRUSTEE, TREASURER         X         0.         0.         0.         0.         0.           TRUSTEE         X         0.         0.         0.         0.         0.           TRUSTEE         PART YEAR)         X         0.         0.         0.         0.           TRUSTEE         X	V.P. FOR FINANCE						Х		111,087.	0.	8,532.
(6) MR. JOSEPH WEIDENBACH       1.00       X       X       X       0.       0.       0.         TRUSTEE, CHAIR (PART YEAR)       X       X       X       0.       0.       0.       0.         (7) MR. WILLIAM BLUM       1.00       X       X       0.       0.       0.       0.         TRUSTEE, VICE CHAIR       X       X       0.       0.       0.       0.       0.         TRUSTEE, SECRETARY       X       X       0.       0.       0.       0.       0.         (9) MR. CHARLES E. SAUL       1.00       X       X       0.       0.       0.       0.         TRUSTEE       TREASURER       X       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0. <t< td=""><td>(5) MR. NATHANIEL WASSON</td><td>1.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	(5) MR. NATHANIEL WASSON	1.00									
TRUSTEE, CHAIR (PART YEAR)         X         X         X         0.         0.         0.           (7)         MR. WILLIAM BLUM         1.00         X         X         X         0.         0.         0.           (7)         MR. WILLIAM BLUM         1.00         X         X         X         0.         0.         0.           (8)         MS. DELROSE KOCH         1.00         X         X         0.         0.         0.           TRUSTEE, SECRETARY         X         X         0.         0.         0.         0.           (9)         MR. CHARLS E. SAUL         1.00         X         X         0.         0.         0.           TRUSTEE, TREASURER         X         X         0.         0.         0.         0.         0.           (10)         MR. JULIUS W. BECTON         1.00         X         0.         0.         0.         0.           (11)         MS. BETSY BROSNAN         1.00         X         0.         0.         0.         0.           (12)         MR. TIMOTHY ELLIOT         1.00         X         0.         0.         0.         0.           TRUSTEE         X         0.         0.	TRUSTEE, CHAIR		Х		Х				0.	0.	0.
(7) MR. WILLIAM BLUM       1.00       X       X       X       0.       0.       0.         TRUSTEE, VICE CHAIR       X       X       X       0.       0.       0.       0.         (8) MS. DELROSE ROCH       1.00       X       X       0.       0.       0.       0.         TRUSTEE, SECRETARY       X       X       0.       0.       0.       0.       0.         TRUSTEE, TREASURER       X       X       0.       0.       0.       0.       0.         (10) MR. JULIUS W. BECTON       1.00       X       X       0.       0.       0.       0.         (11) MS. BETSY BROSNAN       1.00       X       0.       0.       0.       0.       0.         TRUSTEE       PART YEAR)       X       0.       0.       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.	(6) MR. JOSEPH WEIDENBACH	1.00									
TRUSTEE, VICE CHAIR         X         X         X         0.         0.         0.           (8) MS. DELROSE KOCH         1.00         X         X         X         0.         0.         0.           (9) MR. CHARLES E. SAUL         1.00         X         X         X         0.         0.         0.           TRUSTEE, TREASURER         1.00         X         X         0.         0.         0.           TRUSTEE, TREASURER         X         X         0.         0.         0.         0.           TRUSTEE         TREASURER         X         X         0.         0.         0.           TRUSTEE         X         X         0.         0.         0.         0.           (11) MS. BETSY BROSNAN         1.00         X         0.         0.         0.         0.           TRUSTEE         X         0.         0.         0.         0.         0.         0.           (12) MR, TIMOTHY ELLIOT         1.00         X         0.         0.         0.         0.           TRUSTEE         X         0.         0.         0.         0.         0.         0.           (13) MS. ELIZABETH GOLTERMANN         1.	TRUSTEE, CHAIR (PART YEAR)		Х		Х				0.	0.	0.
(8) MS. DELROSE KOCH       1.00       X       X       X       0.       0.       0.         TRUSTEE, SECRETARY       X       X       X       0.       0.       0.       0.         (9) MR. CHARLES E. SAUL       1.00       X       X       X       0.       0.       0.         (10) MR. JULIUS W. BECTON       1.00       X       X       0.       0.       0.       0.         TRUSTEE       TRUSTEE       X       X       0.       0.       0.       0.         (11) MS. BETSY BROSNAN       1.00       X       0.       0.       0.       0.         TRUSTEE       (PART YEAR)       X       0.       0.       0.       0.       0.         TRUSTEE       (PART YEAR)       X       0.       0.       0.       0.       0.         TRUSTEE       (JAR, TIMOTHY ELLIOT       1.00       X       0.       0.       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.	(7) MR. WILLIAM BLUM	1.00									
TRUSTEE, SECRETARY       X       X       X       X       X       0.       0.       0.         (9) MR. CHARLES E. SAUL       1.00       X       X       X       0.       0.       0.         TRUSTEE, TREASURER       X       X       X       0.       0.       0.       0.         (10) MR. JULIUS W. BECTON       1.00       X       X       0.       0.       0.         TRUSTEE       X       X       0.       0.       0.       0.       0.         (11) MS. BETSY BROSNAN       1.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.       0.         (13) MS. ELIZABETH GOLTERMANN       1.00       X       0.       0.       0.       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.       0.       0.         TRUSTEE	TRUSTEE, VICE CHAIR		Х		Х				0.	0.	0.
(9) MR. CHARLES E. SAUL       1.00       X       X       X       0.       0.       0.         TRUSTEE, TREASURER       1.00       X       X       0.       0.       0.       0.         (10) MR. JULIUS W. BECTON       1.00       X       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (11) MS. BETSY BROSNAN       1.00       X       0.       0.       0.       0.         (12) MR. TIMOTHY ELLIOT       1.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (13) MS. ELIZABETH GOLTERMANN       1.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.       0.         (14) MR. ANDREW JOHNSON       1.00       X       0.       0.       0.       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0	(8) MS. DELROSE KOCH	1.00									
TRUSTEE, TREASURER       X       X       X       X       0.       0.       0.         (10) MR. JULIUS W. BECTON       1.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (11) MS. BETSY BROSNAN       1.00       X       0.       0.       0.       0.         (11) MS. BETSY BROSNAN       1.00       X       0.       0.       0.       0.         (12) MR. TIMOTHY ELLIOT       1.00       X       0.       0.       0.       0.         (13) MS. ELIZABETH GOLTERMANN       1.00       X       0.       0.       0.       0.         (14) MR. ANDREW JOHNSON       1.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (15) MR. JOHN KAISER       1.00       X       0.       0.       0.       0.       0.         (16) MS. MARY KAY KLUGE       1.00       X       0.       0.       0.       0.       0.         (17) MR. GERALD E. LEWIS       1.00       X       0.       0.       0.	TRUSTEE, SECRETARY		Х		Х				0.	0.	0.
(10) MR. JULIUS W. BECTON       1.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.         (11) MS. BETSY BROSNAN       1.00       X       0.       0.       0.       0.         TRUSTEE (PART YEAR)       X       0.       0.       0.       0.       0.       0.         (12) MR. TIMOTHY ELLIOT       1.00       X       0.       0.       0.       0.       0.         (13) MS. ELIZABETH GOLTERMANN       1.00       X       0.       0.       0.       0.         (14) MR. ANDREW JOHNSON       1.00       X       0.       0.       0.       0.       0.         (15) MR. JOHN KAISER       1.00       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0. <t< td=""><td>(9) MR. CHARLES E. SAUL</td><td>1.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	(9) MR. CHARLES E. SAUL	1.00									
TRUSTEE       X       0.       0.       0.       0.         (11) MS. BETSY BROSNAN       1.00       X       0.       0.       0.       0.         TRUSTEE (PART YEAR)       X       0.       0.       0.       0.       0.       0.         (12) MR. TIMOTHY ELLIOT       1.00       X       0.       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.       0.         (13) MS. ELIZABETH GOLTERMANN       1.00       TRUSTEE       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0	TRUSTEE, TREASURER		Х		Х				0.	0.	0.
(11) MS. BETSY BROSNAN       1.00       X       0.       0.       0.         TRUSTEE (PART YEAR)       X       0.       0.       0.       0.         (12) MR. TIMOTHY ELLIOT       1.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.         (13) MS. ELIZABETH GOLTERMANN       1.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (14) MR. ANDREW JOHNSON       1.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (15) MR. JOHN KAISER       1.00       X       0.       0.       0.       0.       0.         (16) MS. MARY KAY KLUGE       1.00       X       0.       0.       0.       0.       0.       0.         (17) MR. GERALD E. LEWIS       1.00       X       0.       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.	(10) MR. JULIUS W. BECTON	1.00									
TRUSTEE (PART YEAR)       X       0.       0.       0.       0.         (12) MR. TIMOTHY ELLIOT       1.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (13) MS. ELIZABETH GOLTERMANN       1.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (14) MR. ANDREW JOHNSON       1.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (15) MR. JOHN KAISER       1.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (16) MS. MARY KAY KLUGE       1.00       X       0.       0.       0.       0.       0.         (17) MR. GERALD E. LEWIS       1.00       X       0.       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.       0. </td <td></td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>			Х						0.	0.	0.
(12) MR. TIMOTHY ELLIOT       1.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.         (13) MS. ELIZABETH GOLTERMANN       1.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (14) MR. ANDREW JOHNSON       1.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (15) MR. JOHN KAISER       1.00       X       0.       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.       0.         (16) MS. MARY KAY KLUGE       1.00       X       0.       0.       0.       0.       0.         (17) MR. GERALD E. LEWIS       1.00       X       0.       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.       0.		1.00									
TRUSTEE       X       0.       0.       0.       0.         (13) MS. ELIZABETH GOLTERMANN       1.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.         (14) MR. ANDREW JOHNSON       1.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (15) MR. JOHN KAISER       1.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (16) MS. MARY KAY KLUGE       1.00       X       0.       0.       0.       0.         (17) MR. GERALD E. LEWIS       1.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.	TRUSTEE (PART YEAR)		Х						0.	0.	0.
(13) MS. ELIZABETH GOLTERMANN       1.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.         (14) MR. ANDREW JOHNSON       1.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (15) MR. JOHN KAISER       1.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (16) MS. MARY KAY KLUGE       1.00       X       0.       0.       0.       0.         TRUSTEE (PART YEAR)       X       0.       0.       0.       0.       0.         (17) MR. GERALD E. LEWIS       1.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.       0.		1.00									_
TRUSTEE       X       0.       0.       0.         (14) MR. ANDREW JOHNSON       1.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.         (15) MR. JOHN KAISER       1.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (16) MS. MARY KAY KLUGE       1.00       X       0.       0.       0.       0.         TRUSTEE (PART YEAR)       X       0.       0.       0.       0.       0.         (17) MR. GERALD E. LEWIS       1.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.			Х						0.	0.	0.
(14) MR. ANDREW JOHNSON       1.00       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.         (15) MR. JOHN KAISER       1.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (16) MS. MARY KAY KLUGE       1.00       X       0.       0.       0.       0.         TRUSTEE (PART YEAR)       X       0.       0.       0.       0.       0.         (17) MR. GERALD E. LEWIS       1.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.		1.00									_
TRUSTEE       X       0.       0.       0.         (15) MR. JOHN KAISER       1.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.         (16) MS. MARY KAY KLUGE       1.00       X       0.       0.       0.         TRUSTEE (PART YEAR)       X       0.       0.       0.       0.         (17) MR. GERALD E. LEWIS       1.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.			Х						0.	0.	0.
(15) MR. JOHN KAISER       1.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.         (16) MS. MARY KAY KLUGE       1.00       X       0.       0.       0.       0.         TRUSTEE (PART YEAR)       X       0.       0.       0.       0.       0.         (17) MR. GERALD E. LEWIS       1.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.		1.00									_
TRUSTEE     X     0.     0.     0.       (16) MS. MARY KAY KLUGE     1.00     X     0.     0.     0.       TRUSTEE (PART YEAR)     X     0.     0.     0.     0.       (17) MR. GERALD E. LEWIS     1.00     X     0.     0.     0.       TRUSTEE     X     0.     0.     0.     0.			Х						0.	0.	0.
(16) MS. MARY KAY KLUGE       1.00       X       0.       0.       0.         TRUSTEE (PART YEAR)       X       0.       0.       0.       0.         (17) MR. GERALD E. LEWIS       1.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.		1.00	l								-
TRUSTEE (PART YEAR)X0.0.0.(17) MR. GERALD E. LEWIS1.00X0.0.0.TRUSTEEX0.0.0.0.			X						0.	0.	0.
(17) MR. GERALD E. LEWIS         1.00         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.		1.00	I							-	_
TRUSTEE X 0. 0. 0.			X						0.	0.	0.
		1.00								•	<u>^</u>
			Х						0.	0.	

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Form 990 (2021) THE DUPAG	E COMMU	JNI	TY	F	OU	JND	'A	<b>FION</b>	36-397	<u>873</u> :	<u>3</u> F	⊃age <b>8</b>
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	and	Hig	ghes	st C	compensated Employee	s (continued)			
(A)	(B)		- ,	(C				(D)	(E)	Т	(F)	
Name and title	Average			Posit	tion			Reportable	Reportable		Estimat	ted
Name and the	hours per			heck m ss pers				compensation	compensation		amount	
	week			id a dir				from	from related		other	
	(list any	tor						the	organizations		ompens	
	hours for	direc				5		organization	(W-2/1099-MISC/		from th	
	related	e or	stee			Isate		(W-2/1099-MISC/	1099-NEC)		organiza	
	organizations	ruste	al tru:		/ee	mper		1099-NEC)	,		and rela	
	below	dual t	ution	_	nploy	st co	5	,			rganizat	
	line)	Individual trustee or director	nstitutional trustee	Officer	ey er	Highest compensated employee	Former				J	
(18) MS. DIANA L. MARTINEZ	1.00	_			×	1 - 0				+		
TRUSTEE	1.00	х						0.	0			0.
	1 0 0	Δ				-		0.	0	•—		0.
(19) MR. ROGER MCDOUGAL	1.00											•
TRUSTEE		Х						0.	0	•		0.
(20) MR. CHARLES MCKENNA	1.00											
TRUSTEE		Х						0.	0	•		Ο.
(21) MR. PAUL MILES	1.00											
TRUSTEE		х						0.	0			0.
(22) MS. JOAN MORRISSEY	1.00								<u></u>			
	1.00	77							0			0
TRUSTEE	1 0 0	Х				-		0.	0	•—		0.
(23) MR. JAMES G. MYERS	1.00											
TRUSTEE		Х						0.	0	•		0.
(24) MS. DOROTHY O'REILLY	1.00											
TRUSTEE		Х						0.	0	•		0.
(25) MR. PETER PAOLILLI	1.00									+		
TRUSTEE		х						0.	0			0.
(26) MR. KEVIN PHILLIPS	1.00	27							0	•		0.
	1.00								0			0
TRUSTEE		Х						0.	0			0.
1b Subtotal								634,867.	0		50,4	
c Total from continuation sheets to Part VII	, Section A							0.	0			0.
d Total (add lines 1b and 1c)								634,867.	0	•	50,4	.78.
2 Total number of individuals (including but no							io re	eceived more than \$100.0	000 of reportable			
compensation from the organization						,						4
componention non the organization											Yes	
2 Did the execution list on the former officer	director truct	I		male		~ ~ ~		wheat componented ampl				
<b>3</b> Did the organization list any <b>former</b> officer,	,			•		,		, i i	,			v
line 1a? If "Yes," complete Schedule J for su										3	_	X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	che	edule	Ji	for such individual		4	X	
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes." com										5		X
Section B. Independent Contractors	olete oenedat	001	01 00		1010	011						
1 Complete this table for your five highest cor	monsated ind	lono	ndor	at co	ntra	acto	re ti	hat received more than \$	100 000 of compone	ation	from	
	-								-	allon	nom	
the organization. Report compensation for t	ne calendar ye	eare	nair	ig wi	un c	JIWI	<u>tr iir</u>	,	ear.			
(A)								(B)			(C)	
Name and business	address							Description of s	ervices	Comp	pensatio	on
NORTHERN TRUST												
50 S LASALLE ST, CHICAGO,	IL 606	03						INVESTMENT MA	ANAGER	1	<u>35,5</u>	<u>,27.</u>
2 Total number of independent contractors (ir	ncludina but na	ot lir	niter	to t	hos	se lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz	•				1	1						
SEE PART VII, SECTION		ידא	ττλ	<u></u>	<u>ד</u> דאר	- C	μг	TETTS		<b>F</b>	m <b>990</b>	(0001)
	A CONT	т 1V	JA	τī		G	116	<b>O</b> T D		For	1 330	(2021)
132008 12-09-21												

11421214 147228 107808

Form 990 THE DUPAGE COMMUNITY FOUNDATION							36-3978733				
	art VII Section A. Officers, Directors, Trustees, Key Employees, and Highes										
(A)	(B)				C)			(D)	(E)	(F)	
Name and title	Average	/			ition		6.0	Reportable	Reportable	Estimated	
	hours per	(Cl	neck I	( all 1 T	that I	app I	iy)	compensation from	compensation from related	amount of other	
	week					/ee		the	organizations	compensation	
	(list any	ector				m ploy		organization	(W-2/1099-MISC)	from the	
	hours for	or dir	ee			ated e		(W-2/1099-MISC)		organization	
	related organizations	Individual trustee or director	Institutional trustee		ee	Highest compensated employee				and related organizations	
	below	dual tr	utiona	L_	mploy	st cor	L.			organizations	
	line)	Indivi	Institu	Officer	Key employee	Highe	Former				
(27) MS. SAHIRA SADIQ	1.00										
TRUSTEE		Х						0.	0.	0.	
(28) MS. MEGAN SHEBIK	1.00										
TRUSTEE		Х						0.	0.	0.	
(29) MS. JOYCE WEBB	1.00							_	_		
TRUSTEE (PART YEAR)		X						0.	0.	0.	
Total to Part VII, Section A, line 1c											
, .,								•	·		

132201 04-01-21

Pa	rt VII	Statement of Re	venue					
		Check if Schedule O	contains a resp	onse or note to an	y line in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under
nts	1 a	Federated campaigns	1a					sections 512 - 514
Gra	b		<u>1b</u>	500.4				
Αn C	С	Fundraising events		520,12	23.			
Contributions, Gifts, Grants and Other Similar Amounts	d				_			
Sins,	e	Government grants (contr			_			
er (	Ť	All other contributions, gifts,		10 730 11	0.0			
iď₽		similar amounts not included		12,732,10 \$ 6,357,75				
Log L	g	Noncash contributions included in <b>Total.</b> Add lines 1a-1f			13,252,223.			
00		Total. Add lines 1a-11		Business Co	,			
<b>n</b>	2 a							
Program Service Revenue	h							
am Ser	c							
E an	d							
- Sec	е							
Pro	f	All other program service	revenue					
	g	Total. Add lines 2a-2f						
	3	Investment income (includ						
		other similar amounts)			▶ 3,505,222.			3505222.
	4	Income from investment of	of tax-exempt be	ond proceeds	▶			
	5	Royalties			►			
			(i) Rea	l (ii) Person	al			
	6 a	Gross rents	6a					
	b	Less: rental expenses	6b		_			
	с	Rental income or (loss)	6c					
	d _	(		tion (ii) Other				
	7 a	Gross amount from sales of	(i) Securi					
		assets other than inventory	<b>7a</b> 22,601,	/50.	_			
Ø	D	Less: cost or other basis	<b>7b</b> ¹⁹ ,840,	769				
Revenue		and sales expenses Gain or (loss)						
leve		Net gain or (loss)			▶ 2,760,989.			2760989.
<u>ب</u>	9 U	Gross income from fundraisi	na events (not					
Othe	0 4	including \$	520,123. of					
Ũ		contributions reported on						
		Part IV, line 18		8a 16,9:	20.			
	b	Less: direct expenses		<b>8b</b> 52,2	94.			
	с	Net income or (loss) from	fundraising eve	nt <u>s</u>	-35,374.			-35,374.
	9 a	Gross income from gamin	ng activities. See	e				
		Part IV, line 19		9a				
	b	Less: direct expenses		9b				
		Net income or (loss) from		es	►			
	10 a	Gross sales of inventory, I						
		and allowances			_			
		Less: cost of goods sold			<b>N</b>			
	c	Net income or (loss) from	sales of invento					
sn	44 -	ADMINISTRATIVE FEES		Business Co 561000	244,559.	244,559.		
Jeol	11 а ь				244,009.	274,339.		
ilar ven	b							
Miscellaneous Revenue	c d	All other revenue						
Σ	L L	Total. Add lines 11a-11d			▶ 244,559.			
	12	Total revenue. See instruction			19,727,619.		0.	6230837.
13200	9 12-09				· · ·	•		Form <b>990</b> (2021)

THE DUPAGE COMMUNITY FOUNDATION

Form 990 (2021)

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#### Form 990 (2021)

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).

Secu	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons				
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	6,405,271.	6,405,271.		
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	406,703.	63,380.	95,453.	247,870.
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	752,005.	330,581.	298,508.	122,916.
8	Pension plan accruals and contributions (include	-	-		
	section 401(k) and 403(b) employer contributions)	46,448.	15,792.	15,792.	<u>14,864.</u> <u>35,837.</u>
9	Other employee benefits	111,989.	38,076.	38,076.	35,837.
10	Payroll taxes	79,710.	27,101.	27,101.	25,508.
11	Fees for services (nonemployees):	-	-		-
а	Management				
b	Legal	4,849.		4,849.	
с	Accounting	30,210.		30,210.	
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	349,461.	313,673.	35,788.	
g					
	column (A), amount, list line 11g expenses on Sch 0.)	47,285.	47,285.		
12	Advertising and promotion	98,706.	31,819.	8,392.	58,495.
13	Office expenses	34,862.	10,011.	11,537.	13,314.
14	Information technology	59,051.	18,896.	20,668.	19,487.
15	Royalties				
16	Occupancy	53,559.	16,692.	19,194.	17,673.
17	Travel	2,824.	579.	654.	1,591.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	16,279.	1,869.	96.	14,314.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	36,638.	11,724.	12,823.	12,091.
23	Insurance	10,538.	3,372.	3,688.	3,478.
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	CONSULTING	13,295.	13,295.		
b	SPECIAL EVENTS	6,696.			6,696.
с	STAFF DEVELOPMENT	5,766.	1,959.	1,960.	1,847.
d		-	-		-
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	8,572,145.	7,351,375.	624,789.	595,981.
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)				
	12-09-21				Form <b>990</b> (2021)

12

132010 12-09-21

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11421214 147228 107808

31

32

33

101,114,083.

125,703,251.

31

32

33

94,338,058.

Form 990 (2021)

128,815,199.

THE DUPAGE COMMUNITY FOUNDATION

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

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

(A) (B) Beginning of year End of year 1,924,849. 4,025,448. 1 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 2 433,057. 230,874. 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 disgualified 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 32,094. 91,660. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 1,588,958. basis. Complete Part VI of Schedule D _____ 10a 406,712. 1,218,884. 1,182,246. b Less: accumulated depreciation 10b 10c 123,170,805. 121,548,031. 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 546,336. 114,166. 15 15 Other assets. See Part IV, line 11 125,703,251. 128,815,199. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 117,341. 285,280. Accounts payable and accrued expenses 17 17 18 18 Grants payable 10,588,571. 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 24,471,827. 23,603,290. 25 of Schedule D 24,589,168. 34,477,141. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here  $\blacktriangleright$   $\overline{X}$ Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 14,502,998. 16,098,587. 27 27 Net assets without donor restrictions Net assets with donor restrictions 85,015,496. 79,835,060. 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

Form 990 (2021)

Part X | Balance Sheet

	990 (2021) THE DUPAGE COMMUNITY FOUNDATION	36-	3978	733	Pa	_{ge} 12		
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	19	,72	7,6	19.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	8	,572	2,1	45.		
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	101	,114	1,0	83.		
5	Net unrealized gains (losses) on investments	5	-17	,933	1,4	99.		
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	94	,338	3,0	58.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>			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	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	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?							
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit				1		
	Act and OMB Circular A-133?			3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit				1		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				
				-	uan	(0001)		

Form **990** (2021)

132012 12-09-21

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
2021
Open to Public Inspection

1

#### Name of the organization

Name of	lame of the organization Employer identification number								
			MUNITY FOUND					6-3978733	
Part I	t I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.								
The organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only o	one box.)				
1 🛄	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	A medical research organiz	ation operated in cor	njunction with a hospital	described	in section	n <b>170(b)(1)(A</b> )	)(iii). Enter	the hospital's name,	
	city, and state:								
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
	section 170(b)(1)(A)(iv). (Complete Part II.)								
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7 X	An organization that norma	Ily receives a substa	ntial part of its support fr	om a gove	rnmental ι	unit or from th	ne general p	oublic described in	
	section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9	An agricultural research org	ganization described	in section 170(b)(1)(A)(	i <b>x)</b> operate	d in conju	nction with a	land-grant	college	
	or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the n	name, city,	and state of	the college	or	
	university:								
10	An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from co	ontribution	s, membersh	ip fees, and	d gross receipts from	
	activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no n	nore than	33 1/3% of its	s support f	rom gross investment	
	income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acquir	ed by the org	anization a	ifter June 30, 1975.	
	See section 509(a)(2). (Co	mplete Part III.)							
11 🛄	An organization organized a	and operated exclusi	vely to test for public sa	fety. See <b>s</b>	section 50	9(a)(4).			
12	An organization organized a	and operated exclusi	vely for the benefit of, to	perform th	ne function	is of, or to ca	rry out the	purposes of one or	
	more publicly supported or	ganizations describe	d in <b>section 509(a)(1)</b> d	r section 5	509(a)(2). S	See <b>section </b>	509(a)(3). 🤇	Check the box on	
	lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.								
a	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving								
	the supported organization	on(s) the power to reg	gularly appoint or elect a	majority of	f the direct	tors or trustee	es of the su	ipporting	
	organization. You must o	complete Part IV, Se	ections A and B.						
b	<b>Type II.</b> A supporting org	anization supervised	or controlled in connect	ion with its	supporte	d organizatio	n(s), by hav	ving	
	control or management o	f the supporting orga	anization vested in the sa	ame person	ns that cor	ntrol or manaç	ge the supp	ported	
	_ organization(s). You mus	t complete Part IV,	Sections A and C.						
c	Type III functionally inte	grated. A supporting	g organization operated	in connecti	ion with, a	nd functional	ly integrate	ed with,	
	its supported organizatio	n(s) (see instructions)	). You must complete I	Part IV, Sec	ctions A, I	D, and E.			
d	Type III non-functionally	/ integrated. A supp	orting organization oper	ated in con	nection w	ith its suppor	ted organiz	zation(s)	
	that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distril	bution req	uirement and	an attentiv	/eness	
	requirement (see instruct	ions). <b>You must con</b>	nplete Part IV, Sections	A and D, a	and Part \	1.			
e	Check this box if the orga	anization received a v	written determination fro	m the IRS t	that it is a	Type I, Type I	II, Type III		
	functionally integrated, or	r Type III non-function	nally integrated supportion	ng organiza	ation.				
	er the number of supported of	•							
	vide the following information			(iv) Is the organ	nization listed	(v) Amount of			
	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governin	ig document?	support (see in	,	(vi) Amount of other support (see instructions)	
	organization		above (see instructions))	Yes	No	Support (See II	1311 40110113)		
 Total									

THE DUPAGE COMMUNITY FOUNDATION

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.)

See	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	5920176.	6988869.	7742951.	10158651.	13252224.	44062871.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	5920176.	6988869.	7742951.	10158651.	13252224.	44062871.	
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)						12896978.	
6	Public support. Subtract line 5 from line 4.						31165893.	
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
	Amounts from line 4	5920176.	6988869.		10158651.	13252224.	44062871.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	1444989.	2077121.	1835453.	1675579.	3505222.	10538364.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)	202,501.	165,883.	204,490.	214,629.	261,479.	1048982.	
11	Total support. Add lines 7 through 10						55650217.	
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	58,375.	
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	fourth, or fifth tax	year as a section 5	01(c)(3)		
	organization, check this box and stor	b here						
See	ction C. Computation of Publi	c Support Per	centage					
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	56.00 %	
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	<u> </u>	
16a	<b>33 1/3% support test - 2021.</b> If the c	organization did no	t check the box or	n line 13, and line [.]	14 is 33 1/3% or m	ore, check this bo	x and	
	stop here. The organization qualifies	as a publicly suppo	orted organization				► X	
b	33 1/3% support test - 2020. If the c	organization did no	t check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box	
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation				
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,	
	and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization							
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization			
b	0 10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or	
	more, and if the organization meets th	ne facts-and-circum	nstances test, cheo	ck this box and <b>s</b> t	<b>top here.</b> Explain i	n Part VI how the		
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation		
18	Private foundation. If the organization						s ►	
						Schedule A	(Form 990) 2021	

	Schedule A (	Form 990	) 2021
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#### 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	cuon A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 202	1 <b>(f)</b> 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							
	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						
~							
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support		1	1	1		
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 202	1 (f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	<ul> <li>Unrelated business taxable income</li> </ul>						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	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 assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	L					
14	First 5 years. If the Form 990 is for th	ie organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orga	nization,
							<b>&gt;</b>
Se	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2021 (I	ine 8, column (f), c	livided by line 13, o	column (f))		15	%
	Public support percentage from 2020					16	%
Se	ction D. Computation of Inves	tment Income	e Percentage				
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	a 33 1/3% support tests - 2021. If the						line 17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	▶∟
k	<b>33 1/3% support tests - 2020.</b> If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33 1	/3%, and
	line 18 is not more than 33 1/3%, che	ck this box and <b>s</b> t	t <b>op here.</b> The orga	nization qualifies	as a publicly suppo	orted organiza	ation ►
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	
1320	23 01-04-22		-			Sche	dule A (Form 990) 2021
			17				

#### THE DUPAGE COMMUNITY FOUNDATION

1

2

Yes No

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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.)

132024 01-04-21

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

Schedule A (Form 990) 2021

18

#### THE DUPAGE COMMUNITY FOUNDATION Schedule A (Form 990) 2021

No

Pa	rt IV Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization? 11a		
k	A family member of a person described on line 11a above? 11b		
c	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		
Se	ction 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</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <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>		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised, or controlled the supporting organization. 2		

			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)	1		

Sec	ction D. All Type III Supporting Organizations		
			Yes
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. Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the	method that the o	rganization used to satis	sfy the Integral Part Test o	during the year (see instructions).

•	Chec				nat the of	yanization	i useu ic	sausiy	the integral i	arti
-		The erger	vization o	atiofiad the		Toot O		line 9 /	,	

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

b	The organization is the p	parent of each o	f its supported of	organizations.	Complete line 3	below.

С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction	s).	
		Yes	

- 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. 132025 01-04-22

3b Schedule A (Form 990) 2021

3

2a

2b

3a

19

Schedule A	(Form 990)	2021	THE	DUPAGE	COMMUNIT	Y FC	UNDATIO	N
Part V	Type III	Non-	Functionally	Integrated	509(a)(3) Sup	portin	g Organiza	tions

1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instructions.
Sect	All other Type III non-functionally integrated supporting organizations mi	ust complete	(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		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	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-function	nally integrate	ed Type III supporting orga	nization (see

instructions).

Schedule A (Form 990) 2021

132026 01-04-22

e Excess from 2021

Schedule A (Form 990) 2021

#### THE DUPAGE COMMUNITY FOUNDATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

га		allol Supporting Orga	(continued)	
Sect	ion 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			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required - pro			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.		<u> </u>	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
-	(provide details in <b>Part VI</b> ). See instructions.	ie elgameater le respecter e	8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
10		(i)	·	(iii)
Sect	ion E - Distribution Allocations (see instructions)	(7) Excess Distributions	(ii) Underdistributions Pre-2021	Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
с	From 2018			
d	From 2019			
	From 2020			
	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
•	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
5				
	any. Subtract lines 3g and 4a from line 2. For result greater than zoro, and this is <b>Part VI</b> . Soo instructions			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2017			
	Excess from 2018			
C	Excess from 2019			
d	Excess from 2020			
	F			

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021			FOUNDATION	36-3978733 Page 8
Part VI Supplemental Ir	formation. Provide the	explanations requir	ed by Part II, line 10; Part II, I	ine 17a or 17b; Part III, line 12;
Part IV, Section A, lin	ies 1, 2, 3b, 3c, 4b, 4c, 5a, 6	5, 9a, 9b, 9c, 11a, 1	1b, and 11c; Part IV, Section	B, lines 1 and 2; Part IV, Section C, e 1; Part V, Section B, line 1e; Part V,
Section D, lines 5, 6,	and 8; and Part V, Section	E, lines 2, 5, and 6.	Also complete this part for a	ny additional information.
(See instructions.)			· ·	-
		NMC DROPT	πD.	
SCHEDULE A, LIST	OF UNUSUAL GRA	NTS RECEIV	(ED:	
DESCRIPTION: CONV	הסעבט טאניאשה	FOIINDATTON	т	
DESCRIPTION: CONV	ERIED FRIVAIE	FOUNDATION	N	
DATE: 06/26/17	AMOUNT: 15	843562.		
	111001111 10	0100021		
132028 01-04-22		~~		Schedule A (Form 990) 2021
		22		

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### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

#### ** PUBLIC DISCLOSURE COPY **

### Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

UNDATION	36

6-3978733

Filers of:	Section:
Form 990 or 990-EZ	$\fbox{3}$ 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

THE DUPAGE COMMUNITY FO

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

#### **General Rule**

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

#### **Special Rules**

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

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

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

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

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Name of organization

THE DUPAGE COMMUNITY FOUNDATION

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 3,447,087. Noncash X \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 2,508,905. Noncash X \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 1,560,212. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll ,349,077. Noncash 1 \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 975,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 Person Payroll 717,103. Noncash \$ X (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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Employer identification number

Page 2

36-3978733

^{123452 11-11-21} 

Name of organization

Schedule B (Form 990) (2021)

THE DUPAGE COMMUNITY FOUNDATION

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 573,300. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 8 Person Payroll 551,830. Noncash X (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 X Person Payroll 500,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 X Person Payroll Noncash 315,426. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 X Person Payroll 283,786. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

123452 11-11-21

11421214 147228 107808

Employer identification number

36-3978733

Name of c	organization		Employer identification number
THE D	UPAGE COMMUNITY FOUNDATION		36-3978733
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
1	stock		4512/17/21_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
2	STOCK	\$2,176,5	11. 04/28/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
6	STOCK	\$717,1	03. 03/03/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	Data received
8	STOCK	\$551,8	30. 12/22/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	Listo received
		\$	

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Schedule B (Form 990) (2021)

#### 11421214 147228 107808

2021.05010 THE DUPAGE COMMUNITY FOUN 107808_1

Schedule B (Form 990) (2021) Name of organization

Schedule I	B (Form 990) (2021)		Page <b>4</b>					
Name of o	organization		Employer identification number					
THE DI	UPAGE COMMUNITY FOUNDATI	ON	36-3978733					
Part III		ons to organizations described in se	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year					
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.) <b>\$</b>					
(a) No.	Use duplicate copies of Part III if additional s	space is needed.						
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gif	t					
	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee					
			_					
(a) No. from	(b) Purpose of gift (c) Use of gift		(d) Description of how gift is held					
Part I								
-	(e) Transfer of gift							
	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from	(b) Purpose of gift	(a) Line of gift	(d) Description of how gift is held					
Part I		(c) Use of gift						
-		(e) Transfer of gif	*					
			·					
	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee					
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						
	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee					
123454 11-11	1-21		Schedule B (Form 990) (2021)					

#### 11421214 147228 107808

SCHEDULE D

(Form	990)
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Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.



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.

Department of the Treasury Internal Revenue Service ... £ 11 ...:

Nam	THE DUPAGE COMMUNIT	Y FOUNDATION	
Pa			
	organization answered "Yes" on Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	134	
2	Aggregate value of contributions to (during year)	7,357,805.	
3	Aggregate value of grants from (during year)	-5,103,333.	
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w		ad funds
5	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ac		
Ŭ	for charitable purposes and not for the benefit of the donor or		
			<b>TT</b>
Pa			
1	Purpose(s) of conservation easements held by the organizatio		
•	Preservation of land for public use (for example, recreat		a historically important land area
	Protection of natural habitat		a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of	of a conservation easement on the last
_	day of the tax year.		Held at the End of the Tax Year
а			2a
b			
с	Number of conservation easements on a certified historic stru		
	Number of conservation easements included in (c) acquired at		
	listed in the National Register	-	
3	Number of conservation easements modified, transferred, rele		
	year ►		5 5
4	Number of states where property subject to conservation ease	ement is located >	
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
	▶		
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conservat	ion easements during the year
	▶\$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h	1)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservatio	n easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial stateme	ents that describes the
	organization's accounting for conservation easements.	· · · · · · · · · · · · · · · · · · ·	
Pa	t III Organizations Maintaining Collections of		her Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement a	nd balance sheet works
	of art, historical treasures, or other similar assets held for publ		-
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these item	S.
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and b	alance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		• • •
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under FASB AS	-	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2021

132051 10-28-21

11421214 147228 107808

		AGE COMMUNI				-3978733	Page <b>2</b>		
Pa	rt III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	er Similar As	sets _{(continue}	ed)		
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make	e significant use c	of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.								
5									
	to be sold to raise funds rather than to be maintained as part of the organization's collection?								
Pa	rt IV Escrow and Custodial Arran								
	reported an amount on Form 990, Par		5		,	, , , , ,			
1a	Is the organization an agent, trustee, custodi	an or other intermedi	arv for contributions	s or other assets n	ot included				
	on Form 990, Part X?					Yes	No		
h	If "Yes," explain the arrangement in Part XIII								
			owing table.			Amount			
~	Beginning balance				1c				
	Additions during the year								
ŭ	Distributions during the year								
f	Ending balance				<u>IC</u> If				
22	Did the organization include an amount on Fe				·····	Yes	No		
	If "Yes," explain the arrangement in Part XIII.				• • • • • • • • • • • • • • • • • • • •				
Pa									
		(a) Current year	(b) Prior year	(c) Two years back		back (e) Four y	ears back		
19	Beginning of year balance	98,505,987.	76,676,358.	78,351,568			12,768.		
h		13,023,058.	9,395,669.	7,108,523			77,809.		
u o	Contributions	-11,927,074.	22,058,987.	1,034,268	, ,		07,095.		
ט ה	Net investment earnings, gains, and losses	11,527,071.	11,000,007.	1,001,200	5,,,,,,	520. 5,5			
a	Grants or scholarships								
е	Other expenditures for facilities	8 003 984	9 625 027	0 919 001	9 1 9 /	220 6 1	39 731		
	and programs	8,003,984.	9,625,027.	9,818,001	8,184,1	220. 0,1	38,734.		
	Administrative expenses	01 507 007	00 505 007	76,676,358	70 251	560 76 2	<u> </u>		
g	End of year balance	91,597,987.	98,505,987.		. 78,351,	J00. 70,2	58,938.		
2	Provide the estimated percentage of the curr	12.8400		) held as:					
a	Board designated or quasi-endowment		_%						
b	Permanent endowment $\blacktriangleright \frac{28.1800}{52.0200}$	%							
С		%							
	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	id administered for	the organization				
	by:						es No		
	(i) Unrelated organizations						<u>X</u>		
	(ii) Related organizations					<u>3a(ii)</u>	<u> </u>		
b	If "Yes" on line 3a(ii), are the related organiza					3b			
4	Describe in Part XIII the intended uses of the		vment funds.						
Pa	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part	X, line 10.				
	Description of property	(a) Cost or of	• • •		Accumulated	(d) Book v	/alue		
		basis (investm	,	, ,	depreciation	-			
1a	Land			8,860.			<u>,860.</u>		
	Buildings		1,36	9,853.	256,467.	. 1,113	,386.		
С	Leasehold improvements								
d	Equipment		15	0,245.	150,245.	•	0.		
e	Other								
Tota	I. Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990, Part )	K. column (B), line 1	)c.)	►	1,182	,246.		
					Sch	edule D (Form 9	990) 2021		

Schedule	D (Form 990) 2021			COMMUNITY	FOUN	NDATION	36-3	978733	Page <b>3</b>
Part VI									
		-				11b. See Form 990, Part X, I			
	iption of security or cate			(b) Book valu	Je	(c) Method of valuation	: Cost or end-of-	year market v	alue
	cial derivatives								
	y held equity interest	s							
(3) Other									
(A)									
(B)									
(C)									
(D)									
(E) (F)									
<u>(F)</u> (G)									
(H)									
	(b) must equal Form 99	0 Part X col	(B) line 12 )						
Part VI	II Investments -	Program	n Related.						
		-		on Form 990, Part	IV, line 1	11c. See Form 990, Part X, I	ine 13.		
	(a) Description o	of investmen	t	(b) Book valu	Je	(c) Method of valuation	: Cost or end-of-	year market v	alue
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
	(b) must equal Form 99	90, Part X, co	. (B) line 13.) 🕨						
Part IX					n <i>i</i>				
	Complete if the or	ganization a			IV, line	11d. See Form 990, Part X, I	ine 15.	(1.) De els se	- 1
			(a	Description				(b) Book va	alue
<u>(1)</u>									
(2)									
(3)									
<u>(4)</u>									
(5)									
<u>(6)</u> (7)									
(8)									
(9)									
	lumn (h) must equal F	orm 990 P	art X col (B) lin	e 15)					
Part X	Other Liabilitie	es.	<u>art X, 001. (D) iiil</u>	<u>c (c)</u>					
	Complete if the or	ganization a	inswered "Yes'	on Form 990, Part	IV, line 1	11e or 11f. See Form 990, P	art X, line 25.		
1.	(a) [	Description (	of liability					(b) Book va	alue
(1) Fe	ederal income taxes								
(2) A	GENCY FUNDS	5						23,531,	,409.
(3) A	NNUITY PAYA	ABLE						71	,881.
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
								23,603,	<u>,290.</u>
2. Liabilit	ty for uncertain tax po	ositions. In F	Part XIII, provid	e the text of the foo	tnote to	the organization's financial	statements that i	eports the	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

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Sche	ule D (Form 990) 2021 THE DUPAGE COMMUNITY FOUNDATION				3978733 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial State	ments With I			<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,499,888.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	<b>2</b> a - 1	7,931,499.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		52,294.		
е	Add lines <b>2a</b> through <b>2d</b>			2e	-17,879,205.
3	Subtract line 2e from line 1			3	19,379,093.
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	348,526.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	348,526.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990. Part I. line 12.)		5	19,727,619.	
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements With	Expenses per R	etur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements			1	8,275,913.
1 2				1	8,275,913.
-	Total expenses and losses per audited financial statements			1	8,275,913.
2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a		1	8,275,913.
2 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a 2b		1	8,275,913.
2 a b	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	52,294.	1	8,275,913.
2 a b c	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	52,294.	1 2e	52,294.
2 a b c d	Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a 2b 2c 2d	52,294.		
2 a b c d e	Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	52,294.	2e	52,294.
2 a b c d e 3	Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         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	2a 2b 2c 2d	52,294.	2e	52,294.
2 a b c d e 3 4	Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         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:	2a 2b 2c 2d 2d	52,294.	2e	52,294.
2 a b c d e 3 4	Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         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	2a 2b 2c 2d 2d 4a 4b	52,294. 348,526.	2e	52,294.
2 a b c d e 3 4	Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         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.)	2a 2b 2c 2d 2d 4a 4b	52,294. 348,526.	2e 3	52,294. 8,223,619.
2 a b c d e 3 4 a b c 5	Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         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	2a 2b 2c 2d 2d 4a 4b	52,294. 348,526.	2e 3 4c	<u>52,294</u> . 8,223,619. 348,526.
2 a b c d e 3 4 a b c 5 Pa	Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         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. (This must equal Form 990, Part I, line 18.)	2a 2b 2c 2d 2d 4a 4b	52,294.	2e 3 4c 5	52,294. 8,223,619. 348,526. 8,572,145.

#### 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

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Schedule D (Form 990) 2021

52,294.

52,294.

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Schedule D	(Form 990	) 2021
		-

Part XIII Supplemental Information (continued)	
	Oskadula D (Esua 200) 000
	Schedule D (Form 990) 2021

SCHEDULE G	Supplemental Information Regarding Fundraising or Gaming Activities						vities	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.							2021	
Department of the Treasury		organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.							
Internal Revenue Service	► Go	Inspection							
Name of the organization	nization Employer THE DUPAGE COMMUNITY FOUNDATION 36-39							identification number	
	ing Activities.	Complete if the organization answe			n Form 990, Part IV, I	ine 1			
· · · · ·	complete this part	t. ed funds through any of the followin	a aatiu	ition (	Chock all that apply				
a Mail solicitat					overnment grants				
<b>b</b> Internet and	email solicitations				nment grants				
c Phone solici		g Special	fundra	lising	events				
d In-person so 2 a Did the organizatio		or oral agreement with any individual	(includ	lina of	ficers. directors. trus	tees.	or		
key employees list	ed in Form 990, P	art VII) or entity in connection with p	rofessi	onal fu	undraising services?		Ye		
		viduals or entities (fundraisers) pursua	ant to	agreer	ments under which th	ne fu	ndraiser is to b	e	
compensated at le								1	
(i) Name and addres	s of individual	(ii) Activity					<ul> <li>Amount paid (or retained by)</li> </ul>	(vi) Amount paid to (or retained by)	
or entity (fund	draiser)			trol of utions?	from activity		fundraiser sted in col. (i)	organization	
			Yes	No					
<ol> <li>List all states in whi or licensing.</li> </ol>	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is	exempt from re	egistration	
LHA For Paperwork R	eduction Act Noti	ce, see the Instructions for Form 9	90 or	990-E	Ζ.		Schedul	e G (Form 990) 2021	

132081 10-21-21

 

 Schedule G (Form 990) 2021
 THE
 DUPAGE
 COMMUNITY
 FOUNDATION
 36-3978733
 Page 2

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

 of fundraising event contribution n For m 990-EZ lines 1 and 6b List events with an reater the , 90 \$5 000 ointo and a e inc

_		of fundraising event contributions and gro	ss income on Form 990	EZ, lines I and 60. List e	events with gross receipt	s greater than \$5,000.
			(a) Event #1 ANNUAL BENEFIT	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	537,043.			537,043.
	2	Less: Contributions	520,123.			520,123.
	3	Gross income (line 1 minus line 2)	16,920.			16,920.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	13,865.			13,865.
ect E	7	Food and beverages				
Dir		Entortainment				
	8	Entertainment	38,429.			38,429.
	9 10	Other direct expenses Direct expense summary. Add lines 4 through			<u> </u>	52,294.
		Net income summary. Subtract line 10 from lin				-35,374.
Pa	irt	<b>III Gaming.</b> Complete if the organization a				
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
	-					
ses	2	Cash prizes				
Expe	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	_		Yes%	<b>Yes</b> %	Yes%	
	6	Volunteer labor	No	<b>No</b>	<b>No</b>	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		•••••	
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming ac				Yes No
<b>b</b> If "No," explain:						
	_					
		ere any of the organization's gaming licenses re 'Yes," explain:			year?	Yes No
13208	32 10	0-21-21			Sche	dule G (Form 990) 2021

Sch	edule G (Form 990) 2021	THE 1	DUPAGE	COMMUNIT	Y FOUNDATION	<b>1</b> 36-3	897873	3 Page 3
11	Does the organization conduct ga	aming activ	vities with no	onmembers?			Yes	No
12	Is the organization a grantor, bene	-				•		
	to administer charitable gaming?						Yes	No
	Indicate the percentage of gaming							0/
	The organization's facility						13a 13b	<u>        %</u>
	An outside facility Enter the name and address of the						130	70
		o poi o o i i i			e gaming, ep celai e celi			
	Name 🕨							
	Address 🕨							
15a	Does the organization have a con-	tract with a	a third party	from whom the o	rganization receives ga	ming revenue?	🗌 Yes	No No
b	If "Yes," enter the amount of gam				► \$	and the amount		
	of gaming revenue retained by the							
С	If "Yes," enter name and address	of the third	d party:					
	Name							
	Address 🕨							
40								
16	Gaming manager information:							
	Name ►							
	Gaming manager compensation	► \$						
	Description of services provided							
	Description of services provided j							
	_							
	Director/officer	Emp	oloyee		endent contractor			
17	Mandatory distributions:							
	Is the organization required under	state law	to make cha	aritable distribution	ns from the gaming pro	ceeds to		
	retain the state gaming license?						Yes	No No
b	Enter the amount of distributions	•			d to other exempt orga	nizations or spent in the		
Pa	organization's own exempt activit rt IV Supplemental Infor				vived by Dert L line Ob	columns (iii) and (v); and Pa	rt III, linne O	0h 10h
ιa	15b, 15c, 16, and 17b, as						rt III, lines 9,	, 9D, TUD,
	,,,,,,,							
13208	33 10-21-21					Sched	ule G (Forn	n 990) 2021
				35				

11421214 147228 107808

Sche	edu	ile G	à (Fo	rm 990	))
	-				

Part IV	Supplemental Information (continued)
132084 11-18-:	Schedule G (Form 990)

11421214 147228 107808

SCHEDULE I	G	rants and Oth	er Assistan	ce to Organ	izations,		OMB No. 1545-0047
(Form 990)	Gov	vernments, an ete if the organization	d Individual	s in the Ŭni	ted States		2021
Department of the Treasury	Comple		Attach to For				Open to Public
Internal Revenue Service		Go to www.ir	s.gov/Form990 fo	r the latest inform	nation.		Inspection
Name of the organization THE DUPAG	E COMMUNII	Y FOUNDATI	Л				Employer identification number 36-3978733
Part I General Information on Grants a							
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	on
criteria used to award the grants or assis	stance?						X Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to recipient that received more than S				1 0	anization answered "Y	′es" on Form 990, Part	IV, line 21, for any
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
360 YOUTH SERVICES							
1305 W. OSWEGO RD.							
NAPERVILLE, IL 60540	36-2936229		32,950.	0.	N/A	N/A	YOUTH DEVELOPMENT
ADDISON SCHOOL DISTRICT 4 222 N. KENNEDY DR.							
ADDISON, IL 60101	36-6004477		6,000.	0.	N/A	N/A	ARTS, CULTURE
A.D.O.P.T. PET SHELTER 420 INDUSTRIAL DR.							
NAPERVILLE, IL 60563	36-3683984		25,500.	0.	N/A	N/A	ANIMAL RELATED
ADVOCATE CHARITABLE FOUNDATION 3075 HIGHLAND PKWY., STE. 600							
DOWNERS GROVE, IL 60515	36-3297360		5,889.	0.	N/A	N/A	HEALTH SERVICES
AGEOPTIONS 1048 LAKE ST., STE. 300							
OAK PARK, IL 60301	36-2806193		10,000.	0.	N/A	N/A	SENIOR SERVICES
ALIVE CENTER 500 W. 5TH AVE.							
NAPERVILLE, IL 60563	45-4998475		45,800.	0.	N/A	N/A	MENTAL HEALTH
2 Enter total number of section 501(c)(3) a	0		e line 1 table				▶ <u>196.</u>
3 Enter total number of other organization	s listed in the line 1	table					

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

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

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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	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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANIMAL RESCUE FOUNDATION							
P.O. BOX 4423							
WHEATON, IL 60189	36-4236669		13,700.	0.	N/A	N/A	ANIMAL RELATED
ATLAS NETWORK							
TWO LIBERTY CENTER							RESEARCH INSTITUTE /
ARLINGTON, VA 22203	94-2763845		77,500.	0.	N/A	N/A	PUBLIC POLICY ANALYSIS
AURORA CHILDREN'S DENTAL SERVICE 238 S. GLENWOOD PL.							
AURORA, IL 60506	36-6080249		8,000.	0.	N/A	N/A	HEALTH SERVICES
BENSENVILLE SCHOOL DISTRICT 2 210 S. CHURCH RD. BENSENVILLE, IL 60106	36-6004475		20,000.	0.	N/A	N/A	EARLY CHILDHOOD CARE AND EDUCATION
BIKE BALD GROUP 27 STONE HILL DR., STE. C OSWEGO, IL 60543	46-4210893		12,500.	0.	N/A	N/A	FRAGILE HEALTH
BLACK HILLS WILD HORSE SANCTUARY P.O. BOX 998 HOT SPRINGS, SD 57747	46-0401462		15,000.	0.	N/A	N/A	ANIMAL RELATED
BRIDGE COMMUNITIES, INC. 505 CRESCENT BLVD.							
GLEN ELLYN, IL 60137	36-3705951		103,000.	0.	N/A	N/A	YOUTH DEVELOPMENT
BRIGHTSIDE THEATRE P.O. BOX 5976							
NAPERVILLE, IL 60567	27-1016240		20,500.	0.	N/A	N/A	ARTS, CULTURE
BUFFALO THEATRE ENSEMBLE P.O. BOX 2608							
GLEN ELLYN, IL 60138	81-2435419		20,000.	0.	N/A	N/A	ARTS, CULTURE

(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			
B.UNITY										
P.O. BOX 5448										
WOODRIDGE, IL 60517	27-4318369		15,000.	0.	N/A	N/A	ARTS, CULTURE			
CAMPUS CRUSADE FOR CHRIST										
P.O. BOX 628222										
ORLANDO, FL 32862	95-6006173		19,000.	0.	N/A	N/A	FAITH-BASED			
CANDOR HEALTH EDUCATION										
15 SPINNING WHEEL LN., STE. 410										
HINSDALE, IL 60521	36-2608742		7,500.	0.	N/A	N/A	HEALTH SERVICES			
CAREER & NETWORKING CENTER										
924 W. 75TH ST., STE. 120-136										
NAPERVILLE, IL 60565	36-4093212		12,500.	0.	N/A	N/A	EMPLOYMENT & JOB			
CARE USA										
P.O. BOX 1870 MERRIFIELD, VA 22116	13-1685039		9,000.	0	N/A	N/A	INTERNATIONAL			
MERRIFIELD, VA 22110	13-1005039		9,000.	0.	N/A	N/A	INTERNATIONAL			
CASA OF DUPAGE COUNTY, INC.										
505 N. COUNTY FARM RD., 3C										
WHEATON, IL 60187	36-3875807		29,000.	0.	N/A	N/A	YOUTH DEVELOPMENT			
CASE										
22W600 BUTTERFIELD RD.				_			EARLY CHILDHOOD CARE AND			
GLEN ELLYN, IL 60137	36-4416397		59,500.	0.	N/A	N/A	EDUCATION			
CATHOLIC CHARITIES, DIOCESE OF										
JOLIET - 16555 WEBER RD CREST							EMERGENCY ASSISTANCE			
HILL, IL 60403	36-2170817		41,600.	0.	N/A	N/A	(FINANCIAL)			
CATO INSTITUTE										
1000 MASSACHUSETTS AVE., NW	23-7432162		22 500	0	AT / A	NT / 7	RESEARCH INSTITUTE /			
WASHINGTON, DC 20001	23-/432162		32,500.	υ.	N/A	N/A	PUBLIC POLICY ANALYSIS			

Schedule I (Form 990)         THE DUPAG           Part II         Continuation of Grants and Other A		Y FOUNDATI		vernmente (Sch	adula I (Earm 000) Da		86-3978733 Page
(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	<b>(h)</b> Purpose of grant or assistance
CHICAGO DENTAL SOCIETY FOUNDATION 101 N. MICHIGAN AVE., STE. 200 CHICAGO, IL 60611	26-0784174		20,000.	0.	N/A	N/A	HEALTH SERVICES
CHICAGO FOUNDATION FOR WOMEN 40 S. DEARBORN ST., STE. 400 CHICAGO, IL 60603	36-3348160		8,000.	0.	N/A	N/A	COMMUNITY IMPROVEMENT
CHICAGO POLICE MEMORIAL FOUNDATION 407 W. WASHINGTON BLVD. CHICAGO, IL 60607	56-2450501		10,000.	0.	N/A	N/A	COMMUNITY IMPROVEMENT
CHICAGO SINFONIETTA O E. LAKE ST., STE. 1430 CHICAGO, IL 60601	36-3517987		58,383.	0.	N/A	N/A	ARTS, CULTURE
CHICAGO SYMPHONY ORCHESTRA 220 S. MICHIGAN AVE., 8TH FL. CHICAGO, IL 60604	36-2167823		12,500.	0.	N/A	N/A	ARTS, CULTURE
CHILD'S VOICE 80 HANSEN COURT NOOD DALE, IL 60191	36-4031325		14,340.	0.	N/A	N/A	DISABILITIES
COLLEGE OF DUPAGE FOUNDATION 25 FAWELL BLVD. 2LEN ELLYN, IL 60137	23-7011835		35,500.	0.	N/A	N/A	ARTS, CULTURE
COLLEGE OF DUPAGE SCHOLARSHIPS 25 FAWELL BLVD. SLEN ELLYN, IL 60137	23-7011835		18,000.	0.	N/A	N/A	SCHOLARSHIP - EDUCATION
COMMUNITY SCHOOL OF THE ARTS, WHEATON COLLEGE - 501 COLLEGE AVE. - WHEATON, IL 60187	36-2182171		50,000.	0.	N/A	N/A	ARTS, CULTURE

# 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>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMPASS CHURCH							
1551 HOBSON RD.							
NAPERVILLE, IL 60540	36-3256985		9,400.	0	N/A	N/A	FAITH-BASED
,,			_ ,				
CONSCIOUS CAPITALISM							
P.O. BOX 5458							
WARREN, MI 48090	20-2238653		10,000.	0.	N/A	N/A	EDUCATIONAL/LITERACY
·							
CORNERSTONE COMMUNITY CHURCH							
605 S. MAPLE ST.							
KOUTS, IN 46347	35-1872998		200,000.	٥.	N/A	N/A	COMMUNITY IMPROVEMENT
CREO DUPAGE							
393 N. MAIN ST.							
GLEN ELLYN, IL 60137	83-4158665		10,500.	0.	N/A	N/A	EDUCATIONAL/LITERACY
DAYONE PACT							
550 WARRENVILLE RD., STE. 100B							
LISLE, IL 60532	36-3125214		23,000.	0.	N/A	N/A	DISABILITIES
DIVINE INFANT JESUS CHURCH							
1601 NEWCASTLE AVE.	26 21 70 701		10 000				
WESTCHESTER, IL 60154	36-2179791		10,000.	0.	N/A	N/A	FAITH-BASED
DOCTORS WITHOUT BORDERS							
P.O. BOX 5030							
HAGERSTOWN, MD 21741	13-3433452		13,500.	0	N/A	N/A	HEALTH SERVICES
	15 5455452		13,500.	0.	N/A	N/A	HEADIN SERVICES
DONKA, INC.							
400 N. COUNTY FARM RD.							
WHEATON, IL 60187	36-3284578		10,800.	0	N/A	N/A	DISABILITIES
······································			,				
DUPAGE CHILDREN'S MUSEUM							
301 N. WASHINGTON ST.							
NAPERVILLE, IL 60540	36-3565001		30,000.	0.	N/A	N/A	EDUCATIONAL/LITERACY

		Y FOUNDATI			/=		36-3978733 Page
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
UPAGE FEDERATION ON HUMAN							
ERVICES REFORM - 1910 S. HIGHLAND							
VE., SUITE 135 - LOMBARD, IL							
0148	36-4197587		35,062.	0.	N/A	N/A	EDUCATIONAL/LITERACY
DUPAGE HABITAT FOR HUMANITY							
600 E. ROOSEVELT RD.							
HEATON, IL 60187	36-4003119		14,500.	0.	N/A	N/A	HOUSING, SHELTER
/			,				
UPAGE HEALTH COALITION							
511 THORNHILL DR., STE. C							
AROL STREAM, IL 60188	36-4448208		21,000.	0.	N/A	N/A	HEALTH SERVICES
DUPAGEPADS							
01 W. LIBERTY DR.							
HEATON, IL 60187	36-3675494		74,500.	0.	N/A	N/A	HOUSING, SHELTER
DUPAGE SENIOR CITIZENS COUNCIL							
990 SPRINGER DR.							
LOMBARD, IL 60148	36-2988023		16,300.	0.	N/A	N/A	SENIOR SERVICES
UPAGE SYMPHONY ORCHESTRA							
P. O. BOX 844							
APERVILLE, IL 60566	36-6108011		18,000.	0.	N/A	N/A	ARTS, CULTURE
EASTERSEALS DUPAGE & FOX VALLEY							
30 S. ADDISON AVE.							
VILLA PARK, IL 60181	36-2476388		37,700.	0	N/A	N/A	DISABILITIES
ILLA FARK, IL 00101	50-2470500		57,700.	0.	N/A	N/A	
CASTERSEALS JOLIET REGION							
12 BARNEY DR.							
OLIET, IL 60435	36-2300706		10,000.	0.	N/A	N/A	DISABILITIES
DUCARE WEST DUPAGE							
51 PEARL RD.							EARLY CHILDHOOD CARE AN
MEST CHICAGO, IL 60185	26-2259307		203,000.	0	N/A	N/A	EDUCATION

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

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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	art II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELGIN SYMPHONY ORCHESTRA							
20 DUPAGE CT.							
ELGIN, IL 60120	36-3145577		55,000.	0.	N/A	N/A	ARTS, CULTURE
ELMHURST ART MUSEUM 150 S. COTTAGE HILL AVE.							
ELMHURST, IL 60126	36-4096612		31,600.	0.	N/A	N/A	ARTS, CULTURE
ELMHURST SYMPHONY ORCHESTRA P.O. BOX 345							
ELMHURST, IL 60126	23-7348453		27,500.	0.	N/A	N/A	ARTS, CULTURE
ESSE ADULT DAY SERVICES 515 S. WHEATON AVE.							
WHEATON, IL 60187	36-3188585		11,000.	0.	N/A	N/A	SENIOR SERVICES
EVANGELICAL CHILD & FAMILY AGENCY 1530 N. MAIN ST.							
WHEATON, IL 60187	36-2229573		8,000.	0.	N/A	N/A	COUNSELING
EXODUS WORLD SERVICE 780 BUSSE HIGHWAY							
PARK RIDGE, IL 60068	36-3604920		15,500.	0.	N/A	N/A	EDUCATIONAL/LITERACY
FAMILY FOCUS 310 S. PEORIA ST., STE. 301							EARLY CHILDHOOD CARE AND
CHICAGO, IL 60607	36-2884042		15,000.	0.	N/A	N/A	EDUCATION
FAMILY SHELTER SERVICE OF METROPOLITAN FAMILY SERVICES DUPAGE - 605 E. ROOSEVELT RD							
WHEATON, IL 60187	36-2883552		16,800.	0.	N/A	N/A	HOUSING, SHELTER
F.E. PEACOCK MIDDLE SCHOOL 301 E. NORTH ST.							
ITASCA, IL 60143	36-6004481		25,000.	٥.	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>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FERAL FIXERS							
P.O. BOX 1416							
LOMBARD, IL 60148	13-4364615		22,000.	0.	N/A	N/A	ANIMAL RELATED
FETCHING TAILS FOUNDATION							
764 N. EDGEWOOD AVE.							
WOOD DALE, IL 60191	47-3210253		30,000.	0.	N/A	N/A	ANIMAL RELATED
FIRST UNITED METHODIST CHURCH OF							
ELMHURST - 232 S. YORK ST							
ELMHURST, IL 60126	31-1813333		7,000.	0.	N/A	N/A	FAITH-BASED
FLORIDA GULF COAST UNIVERSITY							
FOUNDATION, INC 10501 FGCU	65 0402060		15 000	0	AT / A	NT / 7	
BLVD. S FORT MYERS, FL 33965	65-0403969		15,000.	0.	N/A	N/A	EDUCATIONAL/LITERACY
FOREST PRESERVE DISTRICT OF DUPAGE							
COUNTY - 3S580 NAPERVILLE ROAD -							
WHEATON, IL 60189	36-6006552		150,000.	٥.	N/A	N/A	ANIMAL RELATED
FOUNDATION FOR INDIVIDUAL RIGHTS							
IN EDUCATION - 510 WALNUT ST.,							
STE. 1250 - PHILADELPHIA, PA 19106	04-3467254		25,000.	0.	N/A	N/A	CIVIL RIGHTS
HON VALLEY CUDICATION ACATON							
FOX VALLEY CHRISTIAN ACTION 35W624 RIVERWOODS LANE							
ST. CHARLES, IL 60174	36-2911588		47,000.	0	N/A	N/A	YOUTH DEVELOPMENT
	30 2911300		±7,000.				
FOX VALLEY UNITED WAY							
44 E. GALENA BLVD.							EARLY CHILDHOOD CARE AN
AURORA, IL 60505	36-2195467		50,000.	0.	N/A	N/A	EDUCATION
FRIENDS OF IMILIWAHA							
C/O SACRED HEART MONASTERY							
LISLE, IL 60532	45-3811165		6,000.	0.	N/A	N/A	FAITH-BASED

# 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>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF THE FOREST PRESERVE							
DISTRICT OF DUPAGE COUNTY - 3S580							
NAPERVILLE RD WHEATON, IL 60189	45-2343580		6,000.	0.	N/A	N/A	ANIMAL RELATED
FRIENDS OF THE WHEATON MUNICIPAL							
BAND - P.O. BOX 727 - WHEATON, IL							
60187	36-4086210		23,300.	0.	N/A	N/A	ARTS, CULTURE
GALENA-JO DAVIESS COUNTY							
HISTORICAL SOCIETY - 513							
BOUTHILLIER ST GALENA, IL 61036	36-2416177		7,500.	0.	N/A	N/A	PRESERVATION/RESTORATION
GEORGE MASON UNIVERSITY							
FOUNDATION, INC 4400 UNIVERSITY	54 1602040		F0.000				
DR., MS 1A3 - FAIRFAX, VA 22030	54-1603842		50,000.	0.	N/A	N/A	EDUCATIONAL/LITERACY
GIANT STEPS							
2500 CABOT DR.							
LISLE, IL 60532	36-4111286		15,500.	٥.	N/A	N/A	EDUCATIONAL/LITERACY
GLEN ELLYN CHILDREN'S RESOURCE							
CENTER - 346 TAFT AVE., STE. 205 -							
GLEN ELLYN, IL 60137	20-0628057		28,000.	0.	N/A	N/A	EDUCATIONAL/LITERACY
GLEN ELLYN FOOD PANTRY							
493 FOREST AVE.							
GLEN ELLYN, IL 60137	36-3423123		7,030.	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
CDEAMED CUICAGO CACE DIDD COCTONY							
GREATER CHICAGO CAGE BIRD SOCIETY 317 S. ARDMORE AVE.							
VILLA PARK, IL 60181	36-3688706		10,000.	0	N/A	N/A	ANIMAL RELATED
,,				¥.	F * **		

## 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		if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
GREATER FAMILY HEALTH							
370 SUMMIT ST., STE. 1A							
ELGIN, IL 60169	36-4249586		8,000.	0.	N/A	N/A	HEALTH SERVICES
HCS FAMILY SERVICES							
19 E. CHICAGO AVE.							
HINSDALE, IL 60521	36-2174821		9,655.	0.	N/A	N/A	FOOD, NUTRITION, CLOTHING
HESED HOUSE							
659 S. RIVER ST.							
AURORA, IL 60506	36-3285644		23,600.	0.	N/A	N/A	HOUSING, SHELTER
UTNODALE WWANE GOOTERY							
HINSDALE HUMANE SOCIETY 21 SALT CREEK LN.							
HINSDALE, IL 60521	36-2441177		81,500.	0	N/A	N/A	ANIMAL RELATED
	50 24411/7		01,500.	0.	N/A	N/A	ANIMAD RELATED
H.O.M.E. DUPAGE, INC.							
1600 E. ROOSEVELT RD.							
WHEATON, IL 60187	36-3770757		28,000.	0.	N/A	N/A	EDUCATIONAL/LITERACY
NODE G EDONE DOOD							
HOPE'S FRONT DOOR 1047 CURTISS ST.							
DOWNERS GROVE, IL 60515	27-0073814		11,000.	0	N/A	N/A	HEALTH SERVICES
	27 0073014		11,000.				
HUMANITARIAN SERVICE PROJECT							
465 RANDY RD.							
CAROL STREAM, IL 60188	36-3187979		8,500.	0.	N/A	N/A	FOOD, NUTRITION, CLOTHING
IGNATIAN SPIRITUALITY PROJECT							
205 W. MONROE ST., STE. 317							
CHICAGO, IL 60606	20-5383724		25,000.	0.	N/A	N/A	FAITH-BASED
ILLINOIS POLICY INSTITUTE							
300 S. RIVERSIDE PLAZA, STE. 1650							RESEARCH INSTITUTE /
CHICAGO, IL 60606	41-2057028		10,000.	0.	N/A	N/A	PUBLIC POLICY ANALYSIS

Part II Continuation of Grants and Other A	Assistance to Dom	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LLINOIS STATE UNIVERSITY							
CAMPUS BOX 2320							
NORMAL, IL 60179	37-6025713		6,000.	0.	N/A	N/A	SCHOLARSHIP - EDUCATION
MMIGRANT SOLIDARITY DUPAGE							
11 S. NAPERVILLE RD., STE. C							
THEATON, IL 60187	27-2978949		17,000.	0.	N/A	N/A	ARTS, CULTURE
							·····
INNOCENCE PROJECT							
40 WORTH ST., STE. 701							
NEW YORK CITY, NY 10013	32-0077563		20,000.	0.	N/A	N/A	LEGAL SERVICES
NSIDE OUT CLUB DUPAGE							
90 ROYAL ST. GEORGE DR., STE. 141-							
NAPERVILLE, IL 60563	46-1125962		7,250.	0.	N/A	N/A	EDUCATIONAL/LITERACY
INSTITUTE FOR JUSTICE							
001 N. GLEBE RD., STE. 900							RESEARCH INSTITUTE /
RLINGTON, VA 22203	52-1744337		35,000.	0	N/A	N/A	PUBLIC POLICY ANALYSIS
	52 1744557						
ITASCA SCHOOL DISTRICT 10							
00 N. MAPLE ST.							
TASCA, IL 60143	36-6004481		25,000.	0.	N/A	N/A	ARTS, CULTURE
EENEYVILLE SCHOOL DISTRICT 20							
540 ARLINGTON DR. E							
ANOVER PARK, IL 60133	36-6004487		10,000.	0.	N/A	N/A	ARTS, CULTURE
IDS ABOVE ALL							
2765 W. HIGGINS RD., STE. 450 2HICAGO, IL 60631	36-2171716		7,500.	0	N/A	N/A	MENTAL HEALTH
	20-51/1/10		7,500.	U.			MENTAL REALTR
IDSMATTER							
20 W. JACKSON AVE.							
APERVILLE, IL 60540	36-4448507		35,000.	0.	N/A	N/A	EDUCATIONAL/LITERACY

		TY FOUNDATI					6-3978733 Pag
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>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	(h) Purpose of grant or assistance
AVE DADY UTON COUCOI							
AKE PARK HIGH SCHOOL 00 W. BRYN MAWR AVE.							
ROSELLE, IL 60172	36-3690659		8,549.	0	N/A	N/A	ARTS, CULTURE
(OSEIIIE, 11 00172	30 30 00 00 00 00 00 00 00 00 00 00 00 0		0,545.	0.	N/A		ARIS, COLICKE
EAN FOUNDATION USA							
.09 SYMONDS DR., #104							
HINSDALE, IL 60521	85-3109960		10,000.	0.	N/A	N/A	INTERNATIONAL
			, ,				
LITERACY DUPAGE							
2100 MANCHESTER RD., SUITE 904							
HEATON, IL 60187	36-3749739		24,000.	0.	N/A	N/A	EDUCATIONAL/LITERACY
ITTLE FRIENDS, INC.							
27555 DIEHL RD.							
VARRENVILLE, IL 60555	36-2698644		36,225.	0.	N/A	N/A	DISABILITIES
LIZZADRO MUSEUM OF LAPIDARY ART							
2220 KENSINGTON RD.							
DAK BROOK, IL 60523	36-2487600		20,250.	0	N/A	N/A	ARTS, CULTURE
AM BROOK, 11 00010	50 110,000		20,200.				
LOAVES & FISHES COMMUNITY SERVICES							
.871 HIGH GROVE LN.							EMERGENCY ASSISTANCE
APERVILLE, IL 60540	36-3786777		94,600.	0.	N/A	N/A	(FINANCIAL)
OGGERHEAD MARINELIFE CENTER							
.4200 U.S. HWY 1							
UNO BEACH, FL 33408	59-2445926		12,000.	0.	N/A	N/A	EDUCATIONAL/LITERACY
OMBARD SCHOOL DISTRICT 44							
50 W. MADISON ST.				•			
OMBARD, IL 60148	36-6004504		6,000.	0.	N/A	N/A	ARTS, CULTURE
OVE CHRISTIAN CLEARINGHOUSE							
P.O. BOX 50							EMERGENCY ASSISTANCE
CLARENDON HILLS, IL 60514	36-3377798		17,300.	n	N/A	N/A	(FINANCIAL)
TUTELO TI 'CTTU NOTNEAVE'	50-5577798		17,300.	υ.	N/A	N/A	(FINANCIAL)

# 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>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MANHATTAN INSTITUTE FOR POLICY							
RESEARCH, INC 52 VANDERBILT							RESEARCH INSTITUTE /
AVE NEW YORK, NY 10017	13-2912529		10,000.	0.	N/A	N/A	PUBLIC POLICY ANALYSIS
MARKLUND							
1S450 WYATT DR.							
GENEVA, IL 60134	36-2652532		11,000.	0.	N/A	N/A	DISABILITIES
MAY RIVER MONTESSORI							
P.O. BOX 2557							
BLUFFTON, SC 29910	57-0853132		9,000.	0.	N/A	N/A	EDUCATIONAL/LITERACY
NAVOLAKE VILLAGE							
MAYSLAKE VILLAGE 1801 35TH ST.							
OAK BROOK, IL 60523	36-6096464		9,500.	0	N/A	N/A	HEALTH SERVICES
OAR BROOK, 11 00525	50-0050404		3,500.	0.	N/A	N/A	HEALIN SERVICES
METROPOLITAN FAMILY SERVICES							
DUPAGE - 222 E. WILLOW AVE							EARLY CHILDHOOD CARE AND
WHEATON, IL 60187	36-2167061		42,500.	0.	N/A	N/A	EDUCATION
,							
MISERICORDIA							
6300 N. RIDGE AVE.							
CHICAGO, IL 60660	36-2170153		17,335.	0.	N/A	N/A	DISABILITIES
MONARCH LANDING							
2255 MONARCH DR.							
NAPERVILLE, IL 60563	83-0938335		91,384.	0.	N/A	N/A	SENIOR SERVICES
NODWON ADDODEWIN							
MORTON ARBORETUM							
4100 ILLINOIS ROUTE 53	36-1505770			•	NT / 7	NT / 7	EDUCATIONAL (LETTERACY
LISLE, IL 60532	30-1303/10		20,000.	0.	N/A	N/A	EDUCATIONAL/LITERACY
MOTHER MCAULEY HIGH SCHOOL							
3737 W. 99TH ST.							
CHICAGO_IL 60655	36-2345207		9,000.	n	N/A	N/A	EDUCATIONAL/LITERACY

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

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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	urt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAMI DUPAGE							
115 N. COUNTY FARM RD.							
WHEATON, IL 60187	36-3412057		57,100.	0.	N/A	N/A	MENTAL HEALTH
NAPERVILLE AREA HUMANE SOCIETY							
1620 W. DIEHL RD.							
NAPERVILLE, IL 60563	36-3040480		25,500.	0.	N/A	N/A	ANIMAL RELATED
NEIGHBORHOOD FOOD PANTRIES 123 FREMONT ST.							
WEST CHICAGO, IL 60185	36-4301829		50,000.	0.	N/A	N/A	FOOD, NUTRITION, CLOTHING
NORTH CENTRAL COLLEGE 30 N. BRAINARD ST. NAPERVILLE, IL 60566	36-2169157		5,600.	0	N/A	N/A	SCHOLARSHIP - EDUCATION
			5,000.	<b>.</b>			
NORTHEAST DUPAGE FAMILY AND YOUTH							
SERVICES - 777 ARMY TRAIL RD	45 05 00010		40.000				
ADDISON, IL 60101	45-0562810		49,000.	0.	N/A	N/A	MENTAL HEALTH
NORTHERN ILLINOIS FOOD BANK 273 DEARBORN CT.							
GENEVA, IL 60134	36-3203648		104,200.	0.	N/A	N/A	FOOD, NUTRITION, CLOTHING
ONEWAY MINISTRIES P.O. BOX 2211							
NAPERVILLE, IL 60567	31-1675712		17,000.	0.	N/A	N/A	FAITH-BASED
OPERATION DEPLOYED, INC. 704 BITTERSWEET LN.							
HINSDALE, IL 60521	84-4302158		8,500.	0.	N/A	N/A	COMMUNITY IMPROVEMENT
ORPHANETWORK 2624 SOUTHERN BLVD., STE. 202							
VIRGINIA BEACH, VA 23452	54-1983817		20,000.	0.	N/A	N/A	FAITH-BASED

# 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.)

Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OUTREACH 373 S. SCHMALE DR., STE. 102							
CAROL STREAM, IL 60188	23-7265066		145,600.	0	N/A	N/A	COMMUNITY IMPROVEMENT
					,	.,	
PATH TO RECOVERY FOUNDATION							
710 E. OGDEN AVE., STE. 320							
NAPERVILLE, IL 60540	47-1562358		10,000.	0.	N/A	N/A	MENTAL HEALTH
PEOPLE'S RESOURCE CENTER							
201 S. NAPERVILLE RD.							
WHEATON, IL 60187	36-3157600		152,604.	0.	N/A	N/A	FOOD, NUTRITION, CLOTHING
DILLADO CONCINITAV HEALAH							
PILLARS COMMUNITY HEALTH 23 CALENDAR AVE.							
LA GRANGE, IL 60525	36-2170869		10,000.	0	N/A	N/A	HEALTH SERVICES
	30 2170003		10,000.				
PLANNED PARENTHOOD OF ILLINOIS							
17 N. STATE STREET., 5TH FL.							
CHICAGO, IL 60602	36-2170901		6,000.	٥.	N/A	N/A	HEALTH SERVICES
PLAY FOR ALL PLAYGROUND & GARDEN							
FOUNDATION - C/O WHEATON PARK							
DISTRICT - WHEATON, IL 60187	46-3862874		87,950.	٥.	N/A	N/A	RECREATION
POISED FOR SUCCESS							
312 S. WESTMORE-MEYERS RD.							
LOMBARD, IL 60148	81-0549749		8,500.	0.	N/A	N/A	FOOD, NUTRITION, CLOTHING
PURDUE UNIVERSITY							
610 PURDUE MALL							
WEST LAFAYETTE, IN 47907	35-6002041		6,500.	0.	N/A	N/A	SCHOLARSHIP - EDUCATION
,,,			-,				
RAY GRAHAM ASSOCIATION							
901 WARRENVILLE RD., STE. 500							
LISLE, IL 60532	36-2411166		31,651.	0.	N/A	N/A	MENTAL HEALTH

		TY FOUNDATI					36-3978733 Page	
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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REPORTERS WITHOUT BORDERS, INC. P.O. BOX 34032								
WASHINGTON, DC 20032	20-0708028		15,000.	0	N/A	N/A	INTERNATIONAL	
WASHINGTON, DC 20052	20-0708028		15,000.	0.	N/A	N/A		
RESILIENT, NFP								
136 E. HIGHLAND AVE.								
VILLA PARK, IL 60181	32-0542637		15,500.	0.	N/A	N/A	EDUCATIONAL/LITERACY	
,			,					
SACRED HEART RETREAT APOSTOLATE								
896 CIENEGA RD., P.O. BOX 1795								
BIG BEAR LAKE, CA 92315	43-2005333		11,000.	0.	N/A	N/A	FAITH-BASED	
SAGUARO CHAPTER, NATL. SOCIETY OF								
THE D.A.R 11044 E. MONTE AVE								
MESA, AZ 85209	23-7442611		7,500.	0.	N/A	N/A	EDUCATIONAL/LITERACY	
SAMARACARE								
1819 BAY SCOTT CIRCLE, STE. 109				_				
NAPERVILLE, IL 60540	36-2846570		35,000.	0.	N/A	N/A	MENTAL HEALTH	
CARCE								
SCARCE								
800 S. ROHLWING RD., UNIT D	36-3908867		27 200	0	at / a	NT / 7		
ADDISON, IL 60101 SCIENCE LITERACY PROJECT/GENETIC	30-3908867		27,300.	0.	N/A	N/A	PRESERVATION/RESTORATION	
LITERACY PROJECT - 4780 ASHFORD								
DUNWOODY RD., STE. 540-431 -								
ATLANTA, GA 30338	52-1844456		12,500.	0	N/A	N/A	SCIENCE & TECH	
ATLANTA, GA 30330	52 1044450		12,500.	0.	N/A			
SEASPAR								
4500 BELMONT RD.								
DOWNERS GROVE, IL 60515	36-3264898		7,500.	0.	N/A	N/A	DISABILITIES	
			, , ,					
SENIOR HOME SHARING, INC.								
403 W. ST. CHARLES RD., STE. B								
LOMBARD, IL 60148	36-3246634		12,300.	0.	N/A	N/A	HOUSING, SHELTER	

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

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHARING CONNECTIONS							
5111 CHASE AVE.							
DOWNERS GROVE, IL 60515	36-4363123		31,000.	0.	N/A	N/A	HOUSING, SHELTER
SHELTER, INC.							
1616 N. ARLINGTON HEIGHTS RD.							
ARLINGTON HEIGHTS, IL 60004	23-7399596		10,000.	0.	N/A	N/A	MENTAL HEALTH
			, ,				
SIGNAL HILL CHAPTER, NATL. SOCIETY							
OF THE D.A.R 28065 N. SPRING							
CT MUNDELEIN, IL 60060	23-7167032		10,500.	0.	N/A	N/A	EDUCATIONAL/LITERACY
SPECTRIOS INSTITUTE FOR LOW VISION							
219 E. COLE AVE.			1				
WHEATON, IL 60187	36-3083157		17,500.	0.	N/A	N/A	HEALTH SERVICES
SPINAL CSF LEAK FOUNDATION							
707 W. MAIN AVE., STE. B1 PMB 103							
SPOKANE, WA 99201	47-1141080		16,502.	0.	N/A	N/A	FRAGILE HEALTH
			,				
SPRING WOOD MIDDLE SCHOOL							
5540 ARLINGTON DR. E							
HANOVER PARK, IL 60133	36-6004487		10,000.	0.	N/A	N/A	ARTS, CULTURE
STAND TOGETHER FOUNDATION							
1320 N. COURTHOUSE RD., STE. 220							
ARLINGTON, VA 22201	27-3197768		50,000.	0.	N/A	N/A	COMMUNITY IMPROVEMENT
CT TOAN OF ADD DADTON & CONCOL							
ST. JOAN OF ARC PARISH & SCHOOL 820 DIVISION ST.							
	36-2192836		10 000	0	N/A	N/A	EDUCATIONAL/LITERACY
LISLE, IL 60532	30-2192030		10,000.	υ.	N/A		EDUCATIONAL/ LITERACY
ST. JOHN'S EPISCOPAL CHURCH							
750 W. AURORA AVE.							
NAPERVILLE, IL 60540	23-7075487		8,000.	0	N/A	N/A	FAITH-BASED

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

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. MARK'S EPISCOPAL CHURCH							
393 N. MAIN ST. GLEN ELLYN, IL 60137	23-7075487		51,530.	0.	N/A	N/A	FAITH-BASED
ST. MICHAEL CATHOLIC CHURCH 310 S. WHEATON AVE.							
WHEATON, IL 60187	36-2182131		8,000.	0.	N/A	N/A	FAITH-BASED
STUDENTS FOR LIBERTY, INC. 1750 TYSONS BLVD., STE. 1500 MCLEAN, VA 22102	94-3435899		10,000.	0	N/A	N/A	RESEARCH INSTITUTE / PUBLIC POLICY ANALYSIS
ICLEAN, VA 22102	54-3433099		10,000.	0.	N/A	N/A	FUBLIC FULICI ANALISIS
SWIFTY FOUNDATION							
3916 SARAZEN CT. WOODRIDGE, IL 60517	46-1853577		252,500.	0	N/A	N/A	HEALTH SERVICES
	10 1000077		202,000	••			
TEEN PARENT CONNECTION							
475 TAFT AVE.	36-3387034		E1 200	0	NT / 3	NT / 3	MENTAL HEALTH
GLEN ELLYN, IL 60137	30-3307034		51,200.	0.	N/A	N/A	MENIAL REALIR
THE BRIDGE TEEN CENTER							
15555 S. 71ST CT.							
ORLAND PARK, IL 60462	20-3802111		7,500.	0.	N/A	N/A	EDUCATIONAL/LITERACY
THE CANCER SUPPORT CENTER							
19645 S. LAGRANGE RD.							
MOKENA, IL 60448	36-3880404		11,000.	0.	N/A	N/A	HEALTH SERVICES
THE COMMUNITY HOUSE							
415 W. EIGHTH ST.							
HINSDALE, IL 60521	36-2167735		55,000.	0.	N/A	N/A	MENTAL HEALTH
THE CONSERVATION FOUNDATION							
10S404 KNOCH KNOLLS RD.							
NAPERVILLE, IL 60565	23-7221206		24,000.	0.	N/A	N/A	PRESERVATION/RESTORATI

# 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>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE OUTREACH HOUSE							
805 S. MAIN ST.							
LOMBARD, IL 60148	20-0545709		14,000.	0	N/A	N/A	FOOD, NUTRITION, CLOTHING
,							
THE ROTARY FOUNDATION							
14280 COLLECTIONS CENTER DR.							
CHICAGO, IL 60693	36-3245072		6,450.	0.	N/A	N/A	INTERNATIONAL
			, ,				
THE WETLANDS INITIATIVE							
53 W. JACKSON BLVD., STE. 1015							
CHICAGO, IL 60604	36-3942451		19,000.	٥.	N/A	N/A	PRESERVATION/RESTORATION
THOMAS JEFFERSON JUNIOR HIGH							
SCHOOL - 7925 JANES AVE							
WOODRIDGE, IL 60517	36-6004517		10,000.	0.	N/A	N/A	ARTS, CULTURE
THREE FIRES COUNCIL, BOY SCOUTS OF							
AMERICA - 415 N. 2ND ST ST.							
CHARLES, IL 60174	36-3831877		9,130.	0.	N/A	N/A	YOUTH DEVELOPMENT
TRANSPORT							
TRINITY EPISCOPAL CHURCH							
130 N. WEST ST.	36-2170847		12 000	0	N/A	N/A	FAITH-BASED
WHEATON, IL 60187	50-2170847		13,000.	0.	N/A	N/A	FAIIR-BASED
TURNING POINTE AUTISM FOUNDATION							
1500 W. OGDEN AVE.							
NAPERVILLE, IL 60540	26-1286022		12,693.	0	N/A	N/A	EDUCATIONAL/LITERACY
, 00010			,				
UNION CHURCH OF HINSDALE							
137 S. GARFIELD ST.							
HINSDALE, IL 60521	13-1957221		55,000.	0.	N/A	N/A	FAITH-BASED
· ·			,				
UNITY FOUNDATION OF LA PORTE							
COUNTY - 422 FRANKLIN ST., STE. C							
- MICHIGAN CITY, IN 46360	35-1658674		10,000.	0.	N/A	N/A	COMMUNITY IMPROVEMENT

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

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ILLINOIS FOUNDATION P.O. BOX 734500 CHICAGO, IL 60673	37-6006007		130,000.	0	N/A	N/A	EDUCATIONAL/LITERACY
UNIVERSITY OF ILLINOIS AT CHICAGO 1200 W. HARRISON ST. CHICAGO, IL 60607	37-6006007		6,000.		N/A	N/A	SCHOLARSHIP - EDUCATION
UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN - 620 E. JOHN ST, MC-303 - CHAMPAIGN, IL 61820	37-6000511		12,000.	0.	N/A	N/A	SCHOLARSHIP - EDUCATION
UNIVERSITY OF WISCONSIN FOUNDATION US BANK LOCKBOX 78807 MILWAUKEE, WI 53278	39-0743975		20,500.	0.	N/A	N/A	EDUCATIONAL/LITERACY
UNLOCKING COMMUNITIES 100 N. HERMITAGE AVE., UNIT 704 CHICAGO, IL 60612	83-2060233		10,000.	0.	N/A	N/A	INTERNATIONAL
VARIETY THE CHILDREN'S CHARITY OF ILLINOIS - 603 ROGERS ST DOWNERS GROVE, IL 60515	36-1908475		23,500.	0.	N/A	N/A	RECREATION
VILLAGE OF GLEN ELLYN 535 DUANE ST. GLEN ELLYN, IL 60137	36-6005897		25,000.	0.	N/A	N/A	ARTS, CULTURE
VISIONARY FAMILY MINISTRIES 205 N. WASHINGTON ST. WHEATON, IL 60187	45-3279421		6,665.	0.	N/A	N/A	FAITH-BASED
VNA HEALTH CARE 400 N. HIGHLAND AVE. AURORA, IL 60506	36-2182095		20,000.	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	
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WARN GOARD FOR GOOL WIDD								
WARM COATS FOR COOL KIDS								
133 N. CAROLINE AVE.	96 2499467		12 000	0	AT / A	NT / 7		
ELMHURST, IL 60126	86-3488467		13,000.	0.	N/A	N/A	FOOD, NUTRITION, CLOTHIN	
WEST CHICAGO SCHOOL DISTRICT 33								
312 E. FOREST AVE.								
WEST CHICAGO, IL 60185	36-6004442		6,000.	0.	N/A	N/A	ARTS, CULTURE	
,			, ,				,	
WESTERN DUPAGE SPECIAL RECREATION								
ASSOCIATION - 116 N. SCHMALE RD								
CAROL STREAM, IL 60188	36-3932924		15,346.	0.	N/A	N/A	DISABILITIES	
WEST SUBURBAN COMMUNITY PANTRY								
6809 HOBSON VALLEY DR., STE. 118							EMERGENCY ASSISTANCE	
WOODRIDGE, IL 60517	36-3857072		61,250.	0.	N/A	N/A	(FINANCIAL)	
WEST SUBURBAN HUMANE SOCIETY								
1901 OGDEN AVE.								
DOWNERS GROVE, IL 60515	23-7355420		35,145.	0.	N/A	N/A	ANIMAL RELATED	
WHEATON ACADEMY								
900 PRINCE CROSSING RD.								
WEST CHICAGO, IL 60185	36-2388793		30,000.	0	N/A	N/A	EDUCATIONAL/LITERACY	
	30-2300793		50,000.	0.	N/A	N/A	EDUCATIONAL/ LITERACI	
WHEATON DRAMA, INC.								
111 N. HALE ST.								
WHEATON, IL 60187	36-2603079		10,000.	0.	N/A	N/A	ARTS, CULTURE	
WHEATON PARK DISTRICT								
855 W. PRAIRIE AVE.								
WHEATON, IL 60187	36-6006155		6,308.	0.	N/A	N/A	RECREATION	
WILL-GRUNDY MEDICAL CLINIC								
213 E. CASS ST.								
JOLIET, IL 60432	36-3492306		20,000.	0.	N/A	N/A	HEALTH SERVICES	

# 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>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOODRIDGE SCHOOL DISTRICT 68							
7925 JANES AVE.							
WOODRIDGE, IL 60517	36-6004517		20,000.	0.	N/A	N/A	ARTS, CULTURE
WORLD CENTRAL KITCHEN							
200 MASSACHUSETTS AVE. NW, 7TH FLOO	27-3521132		5,500.	0	NT / 7	N/A	FOOD, NUTRITION, CLOTHING
WASHINGTON, DC 20001	27-3521132		5,500.	0.	N/A	N/A	FOOD, NOTRITION, CLOTHING
WORLD RELIEF CHICAGOLAND							
191 S. GARY AVE., STE. 130							REFUGEE/IMMIGRANT
CAROL STREAM, IL 60188	23-6393344		30,500.	0.	N/A	N/A	SERVICES
WYNDEMERE RESIDENTS ASSOCIATION 200 WYNDEMERE CIR.							
WHEATON, IL 60187	27-3177958		13,000.	0	N/A	N/A	SENIOR SERVICES
	27 3177530		13,000.	0.	N/A	N/A	SERIER SERVICES
XILIN ASSOCIATION							
1163 E. OGDEN AVE., STE. 610							
NAPERVILLE, IL 60563	36-3890616		10,000.	0.	N/A	N/A	COMMUNITY IMPROVEMENT
YOUNG MEN'S EDUCATIONAL NETWORK							
1241 S. PULASKI RD.							
CHICAGO, IL 60623	36-4124098		6,000.	0.	N/A	N/A	EDUCATIONAL/LITERACY
YOUR CHILDREN'S BOOKSHELF							
1310 N. RIVERSIDE DR.							
MCHENRY, IL 60050	83-1945203		8,000.	0.	N/A	N/A	EDUCATIONAL/LITERACY
,							· · · · · · · · · · · · · · · · · · ·
YOUTH OUTLOOK							
1828 OLD NAPERVILLE RD.							
NAPERVILLE, IL 60563	36-4223806		20,000.	0.	N/A	N/A	YOUTH DEVELOPMENT
YWCA METROPOLITAN CHICAGO							
1 N. LASALLE ST., STE. 1700					1	1	EARLY CHILDHOOD CARE AND

#### Schedule I (Form 990) 2021

THE	DUPAGE	COMMUNITY	FOUNDATION
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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	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information re-	quired in Part I, lir	e 2; Part III, column	(b); and any other ac	ditional information.	

PART I, LINE 2:

GRANTEES ARE REQUIRED TO SIGN AN AWARD LETTER THAT STATES THEIR INTENDED

USE FOR THE FUNDS. IN SOME CASES, SITE VISITS ARE MADE AND/OR 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

	JNITY FOUNDATION 36-3	978733 Page 2
Part IV Supplemental Information		
APPROVAL. IN SOME CASES, THE GRANT	AWARD MAY BE USED AS A CHALLE	NGE GRANT
BY THE RECIPIENT ORGANIZATION OR MA	Y ONLY BE GIVEN AS A MATCH FOR	
ADDITIONAL PROJECT FUNDING. ALL GR	ANTEE ORGANIZATIONS ARE REQUIR	ED TO
SUBMIT A COMPLETED FINAL REPORT UPO	N COMPLETION OF THEIR PROJECT	OR WITHIN
ONE YEAR, WHICHEVER COMES FIRST. T	HE FINAL REPORT ASKS THE FOLLO	WING:
1. DESCRIPTION OF OUTCOMES ACHIEVED	USING THE OUTCOME MEASURES TA	BLE FROM
THE INITIAL APPLICATION.		
2. HAS THE PROJECT DIFFERED IN EXEC	UTION FROM THE APPLICATION?	
3. PROVIDE AN EXAMPLE THAT ILLUSTRA	TED WHAT YOU CONSIDER TO BE TH	E MOST
SIGNIFICANT IMPACT ON THE LIVES OF	THE INDIVIDUALS SERVED.	
4. DESCRIPTION OF FUTURE PLANS FOR	PROJECT'S SUSTAINABILITY.	

Schedule I (Form 990)

132291 04-01-21

SC	HEDULE J   Compensation Information	I	OMB No. 1	545-004	47
	rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest		00	~ 4	
<b>(</b>	Compensated Employees		20	21	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		Open to	Publi	ic
	tment of the Treasury         al Revenue Service         Al Revenue Service		Inspe		
-		mployer id	entificatio	n nur	nber
	THE DUPAGE COMMUNITY FOUNDATION	36-39	97873	3	
Pa					
				Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990	0,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	,			
	First-class or charter travel Housing allowance or residence for personal	use			
	Travel for companions Payments for business use of personal reside	ence			
	Tax indemnification and gross-up payments				
	Discretionary spending account Personal services (such as maid, chauffeur, c	chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		. 1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's				
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	to			
	establish compensation of the CEO/Executive Director, but explain in Part III.				
	Compensation committee Written employment contract				
	Independent compensation consultant				
	Form 990 of other organizations	mittee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a related organization:				v
a	Receive a severance payment or change-of-control payment?		. <u>4a</u>		X X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?				X
С	Participate in or receive payment from an equity-based compensation arrangement?		. <b>4c</b>		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only solution $501(a)(2)$ $501(a)(4)$ and $501(a)(20)$ organizations must complete lines 5.0				
5	<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
3	contingent on the revenues of:				
9			5a		x
h	The organization?Any related organization?		5a 5b		X
~	If "Yes" on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
-	contingent on the net earnings of:				
а	The organization?		6a		х
	Any related organization?				X
	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
	not described on lines 5 and 6? If "Yes," describe in Part III		7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		. 8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in				
	Regulations section 53.4958-6(c)?	<u></u>	9		
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedu	le J (Forn	1 990)	2021

#### 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-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	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. DAVID MCGOWAN	(i)	270,265.	0.	8,149.	0.	24,882.	303,296.	0.
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	<u>(ii)</u>							
	(i)							
	<u>(ii)</u>							
	(i)							
	<u>(ii)</u>							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(ii)							

#### Part III Supplemental Information

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

#### PART I, LINE 7:

AS INDICATED IN SCHEDULE J, PART II, THREE HIGHEST COMPENSATED EMPLOYEES

LISTED ON PART VII, SECTION A, LINE 1A DID RECEIVE BONUSES. BONUSES TO

HIGHEST COMPENSATED EMPLOYEES ARE NONFIXED PAYMENTS BASED UPON MERIT AND

APPROVED BY THE PRESIDENT AND EXCECUTIVE COMMITTEE OF THE BOARD OF

TRUSTEES.

#### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

2021

**Open to Public** 

Inspection

1

Employer identification number

Department of the Treasury Internal Revenue Service

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

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

Name of the organization

THE DUPAGE COMMUNITY FOUNDATION

	THE DUPAGE C	OMMUNI	TY FOUNDA	FION	36-3	<u> 39787</u>	33	
Par	t I Types of Property							
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d)</b> Method of de noncash contribu	eterminir	0	3
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	43	6,357,800.	AVERAGE HIG	H/LO	W	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	Other ► ()							
27	Other ► ()							
28	Other  ( )							
29	Number of Forms 8283 received by the organized	zation during	g the tax year for c	ontributions				
	for which the organization completed Form 82	83, Part V, D	Oonee Acknowledg	ement 29				
						`	Yes	No
30a	During the year, did the organization receive by	y contributic	on any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	e of the initia	al contribution, and	which isn't required to be us	ed for			
	exempt purposes for the entire holding period?	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review of	of any nonstandard contribut	ions?	31	X	
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	/ for which column (a) is chec	ked,			
	describe in Part II.							
ιцλ	For Paperwork Poduction Act Notice, see	the Instruct	tions for Earm 000	<b>`</b>	Schodulo N		0001	2024

Reduction Act Notice, see the Instructions for Form 990.

edule M (Form 990) 2021

132141 11-17-21

	VI (Form 990) 2021				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) 2021

132142 11-17-21

65 2021.05010 THE DUPAGE COMMUNITY FOUN 107808_1 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.

THE DUPAGE COMMUNITY FOUNDATION

Employer identification number 36-3978733

OMB No. 1545-0047

**Open to Public** 

Inspection

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

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

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

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

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

DATE THEIR CONFLICT OF INTEREST POLICY.

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

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

MEETS IN EXECUTIVE SESSION TO REVIEW PERFORMANCE AND PROVIDE FEEDBACK TO

THE CHAIR OF THE BOARD WHO CONDUCTS THE ACTUAL REVIEW.

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

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

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

CONFLICT OF INTEREST POLICY - UPON REQUEST.

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

FORM 990, PART XII, LINE 2C

Schedule O (Form 990) 2021 Name of the organization	Page Employer identification number 36-3978733
THE DUPAGE COMMUNITY FOUNDATION	36-3978733
THE PROCESS FOR OVERSIGHT OF THE AUDIT AS WELL SELECTION	OF INDEPENDENT
ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR.	
ACCOMPANY IND NOT CIMMOLD FROM THE FRICK TEMA.	
132212 11-11-21 <b>67</b>	Schedule O (Form 990) 20

#### UNRELATED BUSINESS INCOME

## **CARRYOVER DATA TO 2022**

Name THE DUPAGE COMMUNITY FOUNDATION	Employer Identification Number 36-3978733	
Based on the information provided with this return, the following are possible carryover amounts to		
FEDERAL CONTRIBUTION - 50% CASH		40,811.

119341 04-01-21

Name	THE DUPAGE COM	MUNITY FOUNDAT	TION							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	Total Amount Used	Amount Used for 06/30/22	Amount Used for							
	5,704.	5,704.	5,704.								
2020 3 0 5											
-											
à H											
1											
<											
-											
Λ											
1											
5											
2											
-											
J											
/											
V		American	August	A	A	A	A	Auropat	Arrent	A	A
Detail	E Amount S Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
Туре	S Used for B		0000101						0000101		
	c										
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Ν	Vame:	THE DUPAGE CO	MMUNITY FOUND	ATION							FEIN:	36-3978733
		and Entity: CON 382 Annual Limitation	TRIBUTION - 5	0% CASH FED Section 382 Carryover		DETAIL C	ARRYOVER SCH	IEDULE				
ľ	Year Origi- nated	Original Carryover Amount	Total Amount Used	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	2019	8,151,090.										
C D E F	2020 2021	8,151,090. 8,298,259. 5,591,462.										
G H J K												
L M N O P												
O P Q R S T												
U V												
w												
1	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 B												
A B C D E F G												
E												
F G												
H I												
J												
K L												
М												
N O												
P Q												
R												
S T												
U												
V W												

112571 04-01-21

Form	990-T		OMB No. 1545-0047			
		(and proxy tax under section 6033(e))		0004		
		For calendar year 2021 or other tax year beginning <u>JUL 1, 2021</u> , and ending <u>JUN 30, 202</u>	<u>2</u> .	2021		
Departr	nent of the Treasury	► Go to www.irs.gov/Form990T for instructions and the latest information.	-	Open to Public Inspection for		
Internal	Revenue Service	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		
A	Check box if address changed.	Name of organization ( Check box if name changed and see instructions.)		oyer identification number		
	empt under section	Print THE DUPAGE COMMUNITY FOUNDATION		36-3978733		
X	501( <b>c</b> )( <b>3</b> ) 408(e) 220(e)		p exemption number nstructions)			
	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		
		C Book value of all assets at end of year		an amended return.		
<b>G</b> C	heck organization	type  X 501(c) corporation 501(c) trust 401(a) trust Other trust				
H C	heck if filing only to	o 🕨 🔄 Claim credit from Form 8941 👘 Claim a refund shown on Form 2439				
I C	heck if a 501(c)(3)	organization filing a consolidated return with a 501(c)(2) titleholding corporation	<u></u>			
		f attached Schedules A (Form 990-T)		<u>1</u>		
		was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	▶∟	Yes X No		
-		ame and identifying number of the parent corporation.				
L ⊺ Par		re of ► DAVID MCGOWAN, PRESIDENT & CEO Telephone number ► 6 related Business Taxable Income	30-	665-5556		
1		business taxable income computed from all unrelated trades or businesses (see	1	44,643.		
2	Reserved		2			
3	Add lines 1 and 2		3	44,643.		
4	Charitable contribution	outions (see instructions for limitation rules) STMT 1 STMT 2	4	4,364.		
5	Total unrelated bu	usiness taxable income before net operating losses. Subtract line 4 from line 3	5	40,279.		
6	Deduction for net	operating loss. See instructions	6			
7		business taxable income before specific deduction and section 199A deduction.		40 270		
_	Subtract line 6 from		7	<u>40,279.</u> 1,000.		
8		n (generally \$1,000, but see instructions for exceptions)	8	1,000.		
9		99A deduction. See instructions	9	1,000.		
10		Add lines 8 and 9	10	1,000.		
11		ess taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7,		39,279.		
Par	enter zero t II Tax Com	nutation	11	55,215.		
		xable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	8,249.		
2		trust rates. See instructions for tax computation. Income tax on the amount on	-	0,249.		
2	Part I, line 11 from		2			
3	Proxy tax. See ins		3			
3 4	-	s. See instructions	4			
- 5		um tax (trusts only)	5			
6		liant facility income. See instructions	6			
7	•	through 6 to line 1 or 2, whichever applies	7	8,249.		
LHA		Reduction Act Notice, see instructions.	<u> </u>	Form <b>990-T</b> (2021)		

Form 9	90-T (2021)			F	2 age
Part	III Tax and Payments				
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)				
b	Other credits (see instructions) 1b				
с	General business credit. Attach Form 3800 (see instructions)				
d	Credit for prior year minimum tax (attach Form 8801 or 8827)				
е	Total credits. Add lines 1a through 1d		1e		
2	Subtract line 1e from Part II, line 7		2	8,2	49.
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Other (attach statement)	Form 8866	3		
4	Total tax. Add lines 2 and 3 (see instructions).				
	section 1294. Enter tax amount here		4	8,2	
5	Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4		5		0.
6a	Payments: A 2020 overpayment credited to 2021 6a				
b	2021 estimated tax payments. Check if section 643(g) election applies				
с	Tax deposited with Form 8868 6c	14,500.			
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d				
е	Backup withholding (see instructions) 6e				
f	Credit for small employer health insurance premiums (attach Form 8941)				
g	Other credits, adjustments, and payments: Form 2439				
	□ Form 4136 Other Total ▶ 6g				
7	Total payments. Add lines 6a through 6g		7 1	.4,5	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached		8	2	81.
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 overpaid		10	5,9	
		Refunded	11		0.
Part	IV Statements Regarding Certain Activities and Other Information (see in	structions)			
1	At any time during the 2021 calendar year, did the organization have an interest in or a signature	or other authority		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of th	e foreign country			
	here				X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	insferor 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				
4	Enter available pre-2018 NOL carryovers here <b>&gt;</b> \$ Do not include any	post-2017 NOL carr	yover		
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction				
5	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers	s. Don't reduce			
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax yea	r. See instructions.			
		e post-2017 NOL ca			
	900000 \$		5,704.		
	\$				
6a	Did the organization change its method of accounting? (see instructions)				X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form	1128? If "No,"			
	explain in Part V				
Part	V Supplemental Information				

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

	Under penalties of perjury, I declare that I have examine correct, and complete. Declaration of preparer (other that					wledge	and belief, it is true,
Here	Signature of officer	Date PRESIDENT & CI		EO the pr		the IRS discuss this return with reparer shown below (see uctions)? X Yes No	
Paid	Print/Type preparer's name	Preparer's signature KIMBERLY A.		Date	Check self- employ	if ed	PTIN
Preparer	KIMBERLY A. HAUMANN	HAUMANN		12/14/22			P00546491
Use Only	Firm's name <b>PLANTE &amp; MO</b>	RAN, PLLC			Firm's EIN		38-1357951
,	10 S. RIVI	ERSIDE PLAZA	, 9TH FI	LOOR			
	Firm's address 🕨 CHICAGO ,	LL 60606			Phone no.	(3	12) 207-1040
123711 01-31-2	22						Form <b>990-T</b> (2021)

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### 36-3978733

FORM 990-T	CONTRIBUTIONS	STATEMENT 1
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
360 YOUTH SERVICES	N/A	32,950.
ADDISON SCHOOL DISTRICT 4	N/A	6,000.
A.D.O.P.T. PET SHELTER	N/A	25,500.
ADVOCATE CHARITABLE FOUNDATION	N/A	5,889.
AGEOPTIONS	N/A	10,000.
ALIVE CENTER	N/A	45,800.
ANIMAL RESCUE FOUNDATION	N/A	13,700.
ATLAS NETWORK	N/A	77,500.
AURORA CHILDREN'S DENTAL	N/A	
SERVICE		8,000.
BENSENVILLE SCHOOL DISTRICT 2	N/A	20,000.
BIKE BALD GROUP	N/A	12,500.
BLACK HILLS WILD HORSE	N/A	
SANCTUARY		15,000.
BRIDGE COMMUNITIES, INC.	N/A	103,000.
BRIGHTSIDE THEATRE	N/A	20,500.
BUFFALO THEATRE ENSEMBLE	N/A	20,000.
B.UNITY	N/A	15,000.
CAMPUS CRUSADE FOR CHRIST	N/A	19,000.
CANDOR HEALTH EDUCATION	N/A	7,500.
CAREER & NETWORKING CENTER	N/A	12,500.
CARE USA	N/A	9,000.
CASA OF DUPAGE COUNTY, INC.	N/A	29,000.
CASE	N/A	59,500.
CATHOLIC CHARITIES, DIOCESE OF	N/A	
JOLIET		41,600.
CATO INSTITUTE	N/A	32,500.
CHICAGO DENTAL SOCIETY	N/A	
FOUNDATION		20,000.
CHICAGO FOUNDATION FOR WOMEN	N/A	8,000.
CHICAGO POLICE MEMORIAL	N/A	
FOUNDATION		10,000.
CHICAGO SINFONIETTA	N/A	58,383.
CHICAGO SYMPHONY ORCHESTRA	N/A	12,500.
CHILD'S VOICE	N/A	14,340.
COLLEGE OF DUPAGE FOUNDATION	N/A	35,500.
COMMUNITY SCHOOL OF THE ARTS,	N/A	
WHEATON COLLEGE	/-	50,000.
COMPASS CHURCH	N/A	9,400.
CONSCIOUS CAPITALISM	N/A	10,000.
CORNERSTONE COMMUNITY CHURCH	N/A	200,000.
CREO DUPAGE	N/A	10,500.
DAYONE PACT	N/A	23,000.
DIVINE INFANT JESUS CHURCH	N/A	10,000.
DOCTORS WITHOUT BORDERS	N/A	13,500.
DONKA, INC.	N/A	10,800.
DUPAGE CHILDREN'S MUSEUM	N/A	30,000.
DUPAGE FEDERATION ON HUMAN	N/A	
SERVICES REFORM	/-	35,062.
DUPAGE HABITAT FOR HUMANITY	N/A	14,500.
DUPAGE HEALTH COALITION	N/A	21,000.
DUPAGEPADS	N/A	74,500
DUPAGE SENIOR CITIZENS COUNCIL	N/A	16,300.
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STATEMENT(S) 1

2021.05010 THE DUPAGE COMMUNITY FOUN 107808_1

## 36-3978733

THE DURGE COMMONITY FOUNDATION		30 3370733
DUPAGE SYMPHONY ORCHESTRA	N/A	18,000.
EASTERSEALS DUPAGE & FOX	N/A	
VALLEY	27./2	37,700.
EASTERSEALS JOLIET REGION	N/A	10,000.
EDUCARE WEST DUPAGE ELGIN SYMPHONY ORCHESTRA	N/A N/A	203,000. 55,000.
ELMHURST ART MUSEUM	N/A	31,600.
ELMHURST SYMPHONY ORCHESTRA	N/A	27,500.
ESSE ADULT DAY SERVICES	N/A	11,000.
EVANGELICAL CHILD & FAMILY	N/A	,
AGENCY		8,000.
EXODUS WORLD SERVICE	N/A	15,500.
FAMILY FOCUS	N/A	15,000.
FAMILY SHELTER SERVICE OF	N/A	
METROPOLITAN FAMILY SERVICES		
DUPAGE	77.77	16,800.
F.E. PEACOCK MIDDLE SCHOOL	N/A	25,000.
FERAL FIXERS FETCHING TAILS FOUNDATION	N/A N/A	22,000. 30,000.
FIRST UNITED METHODIST CHURCH	N/A N/A	50,000.
OF ELMHURST	N/A	7,000.
FLORIDA GULF COAST UNIVERSITY	N/A	7,000.
FOUNDATION, INC.		15,000.
FOREST PRESERVE DISTRICT OF	N/A	,
DUPAGE COUNTY		150,000.
FOUNDATION FOR INDIVIDUAL	N/A	
RIGHTS IN EDUCATION		25,000.
FOX VALLEY CHRISTIAN ACTION	N/A	47,000.
FOX VALLEY UNITED WAY	N/A	50,000.
FRIENDS OF IMILIWAHA	N/A	6,000.
FRIENDS OF THE FOREST PRESERVE	N/A	C 000
DISTRICT OF DUPAGE COUNTY FRIENDS OF THE WHEATON	N/A	6,000.
MUNICIPAL BAND	N/A	23,300.
GALENA-JO DAVIESS COUNTY	N/A	25,500.
HISTORICAL SOCIETY	1() 11	7,500.
GEORGE MASON UNIVERSITY	N/A	.,
FOUNDATION, INC.		50,000.
GIANT STEPS	N/A	15,500.
GLEN ELLYN CHILDREN'S RESOURCE	N/A	
CENTER		28,000.
GLEN ELLYN FOOD PANTRY	N/A	7,030.
GLOBAL FOODBANKING NETWORK	N/A	10,000.
GREATER CHICAGO CAGE BIRD	N/A	10 000
SOCIETY GREATER FAMILY HEALTH	N/A	10,000. 8,000.
HCS FAMILY SERVICES	N/A	9,655.
HESED HOUSE	N/A	23,600.
HINSDALE HUMANE SOCIETY	N/A	81,500.
H.O.M.E. DUPAGE, INC.	N/A	28,000.
HOPE'S FRONT DOOR	N/A	11,000.
HUMANITARIAN SERVICE PROJECT	N/A	8,500.
IGNATIAN SPIRITUALITY PROJECT	N/A	25,000.
ILLINOIS POLICY INSTITUTE	N/A	10,000.
IMMIGRANT SOLIDARITY DUPAGE	N/A	17,000.
INNOCENCE PROJECT	N/A	20,000.
INSIDE OUT CLUB DUPAGE	N/A	7,250.
INSTITUTE FOR JUSTICE	N/A	35,000.

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### THE DUPAGE COMMUNITY FOUNDATION

#### **ITASCA SCHOOL DISTRICT 10** N/A KEENEYVILLE SCHOOL DISTRICT 20 N/A KIDS ABOVE ALL N/A KIDSMATTER N/A LAKE PARK HIGH SCHOOL N/A LEAN FOUNDATION USA N/A LITERACY DUPAGE N/A LITTLE FRIENDS, INC. N/A LIZZADRO MUSEUM OF LAPIDARY N/A ART LOAVES & FISHES COMMUNITY N/A SERVICES LOGGERHEAD MARINELIFE CENTER N/A LOMBARD SCHOOL DISTRICT 44 N/A LOVE CHRISTIAN CLEARINGHOUSE N/A MANHATTAN INSTITUTE FOR POLICY N/A RESEARCH, INC. MARKLUND N/A MAY RIVER MONTESSORI N/A MAYSLAKE VILLAGE N/A METROPOLITAN FAMILY SERVICES N/A DUPAGE N/A MISERICORDIA MONARCH LANDING N/A MORTON ARBORETUM N/A MOTHER MCAULEY HIGH SCHOOL N/A NAMI DUPAGE N/A NAPERVILLE AREA HUMANE SOCIETY N/A NEIGHBORHOOD FOOD PANTRIES N/A NORTHEAST DUPAGE FAMILY AND N/A YOUTH SERVICES NORTHERN ILLINOIS FOOD BANK N/A ONEWAY MINISTRIES N/A OPERATION DEPLOYED, INC. N/A ORPHANETWORK N/A OUTREACH N/A PATH TO RECOVERY FOUNDATION N/A PEOPLE'S RESOURCE CENTER N/A PILLARS COMMUNITY HEALTH N/A PLANNED PARENTHOOD OF ILLINOIS N/A PLAY FOR ALL PLAYGROUND & N/A GARDEN FOUNDATION POISED FOR SUCCESS N/A RAY GRAHAM ASSOCIATION N/A REPORTERS WITHOUT BORDERS, N/A INC. RESILIENT, NFP N/A SACRED HEART RETREAT N/A APOSTOLATE SAGUARO CHAPTER, NATL. SOCIETY N/A OF THE D.A.R. SAMARACARE N/A SCARCE N/A N/A SCIENCE LITERACY PROJECT/GENETIC LITERACY PROJECT SEASPAR N/A SENIOR HOME SHARING, INC. N/A

36-397873	33
25,00 10,00 7,50 35,00 8,54 10,00 24,00 36,22	0. 0. 0. 9.
20,25	0.
94,60 12,00 6,00 17,30	0.
10,000 11,000 9,000 9,500	0.
42,50 17,33 91,38 20,00 9,00 57,10 25,50 50,00	4. 0. 0. 0.
$\begin{array}{r} 49,000\\ 104,200\\ 17,000\\ 8,500\\ 20,000\\ 145,600\\ 10,000\\ 152,600\\ 10,000\\ 6,000\end{array}$	0. 0. 0. 0.
87,95 8,50 31,65	0. 0. 1.
15,00 15,50	0. 0.
11,00	
7,50 35,00 27,30	0.
12,50 7,50 12,30	0. 0. 0.

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STATEMENT(S) 1

2021.05010 THE DUPAGE COMMUNITY FOUN 107808_1

THE	DUPAGE	COMMUNITY	FOUNDATION
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## 36-3978733

	_	
SHARING CONNECTIONS	N/A	31,000.
SHELTER, INC.	N/A	10,000.
SIGNAL HILL CHAPTER, NATL.	N/A	
SOCIETY OF THE D.A.R.		10,500.
SPECTRIOS INSTITUTE FOR LOW	N/A	
VISION		17,500.
SPINAL CSF LEAK FOUNDATION	N/A	16,502.
SPRING WOOD MIDDLE SCHOOL	N/A	10,000.
STAND TOGETHER FOUNDATION	N/A	50,000.
ST. JOAN OF ARC PARISH &	N/A	
SCHOOL		10,000.
ST. JOHN'S EPISCOPAL CHURCH	N/A	8,000.
ST. MARK'S EPISCOPAL CHURCH	N/A	51,530.
ST. MICHAEL CATHOLIC CHURCH	N/A	8,000.
STUDENTS FOR LIBERTY, INC.	N/A	10,000.
SWIFTY FOUNDATION	N/A	252,500.
TEEN PARENT CONNECTION	N/A	51,200.
THE BRIDGE TEEN CENTER	N/A	7,500.
THE CANCER SUPPORT CENTER	N/A	11,000.
THE COMMUNITY HOUSE	N/A	55,000.
THE CONSERVATION FOUNDATION	N/A	24,000.
THE OUTREACH HOUSE	N/A	14,000.
THE ROTARY FOUNDATION	N/A	6,450.
THE WETLANDS INITIATIVE	N/A	19,000.
THOMAS JEFFERSON JUNIOR HIGH	N/A	10 000
SCHOOL	NT / 7	10,000.
THREE FIRES COUNCIL, BOY	N/A	0 1 2 0
SCOUTS OF AMERICA	NT / 7	9,130.
TRINITY EPISCOPAL CHURCH	N/A	13,000.
TURNING POINTE AUTISM	N/A	10 600
FOUNDATION	NT / 7	12,693. 55,000.
UNION CHURCH OF HINSDALE UNITY FOUNDATION OF LA PORTE	N/A N/A	55,000.
COUNTY	N/A	10,000.
UNIVERSITY OF ILLINOIS	N/A	10,000.
FOUNDATION	N/A	130,000.
UNIVERSITY OF WISCONSIN	N/A	130,000.
FOUNDATION	N/A	20,500.
UNLOCKING COMMUNITIES	N/A	10,000.
VARIETY THE CHILDREN'S CHARITY	N/A	10,000.
OF ILLINOIS		23,500.
VILLAGE OF GLEN ELLYN	N/A	25,000.
VISIONARY FAMILY MINISTRIES	N/A	6,665.
VNA HEALTH CARE	N/A	20,000.
WARM COATS FOR COOL KIDS	N/A	13,000.
WEST CHICAGO SCHOOL DISTRICT	N/A	10,000.
33	11/11	6,000.
WESTERN DUPAGE SPECIAL	N/A	0,0001
RECREATION ASSOCIATION		15,346.
WEST SUBURBAN COMMUNITY PANTRY	N/A	61,250.
WEST SUBURBAN HUMANE SOCIETY	N/A	35,145.
WHEATON ACADEMY	N/A	30,000.
WHEATON DRAMA, INC.	N/A	10,000.
WHEATON PARK DISTRICT	N/A	6,308.
WILL-GRUNDY MEDICAL CLINIC	N/A	20,000.
WOODRIDGE SCHOOL DISTRICT 68	N/A	20,000.
WORLD CENTRAL KITCHEN	N/A	5,500.
WORLD RELIEF CHICAGOLAND	N/A	30,500.
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	THE	DUPAGE	COMMUNITY	FOUNDATION
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WYNDEMERE RESIDENTS	N/A
ASSOCIATION	
XILIN ASSOCIATION	N/A
YOUNG MEN'S EDUCATIONAL	N/A
NETWORK	
YOUR CHILDREN'S BOOKSHELF	N/A
YOUTH OUTLOOK	N/A
YWCA METROPOLITAN CHICAGO	N/A
BEVILL STATE COMMUNITY COLLEGE	N/A
COLLEGE OF DUPAGE SCHOLARSHIPS	N/A
ILLINOIS STATE UNIVERSITY	N/A
NORTH CENTRAL COLLEGE	N/A
PURDUE UNIVERSITY	N/A
UNIVERSITY OF ILLINOIS AT	N/A
CHICAGO	
UNIVERSITY OF ILLINOIS AT	N/A
URBANA-CHAMPAIGN	

TOTAL TO FORM 990-T, PART I, LINE 4

<u>36-3978733</u> <u>13,000.</u> 10,000. <u>6,000.</u>

> 5,000. 18,000. 6,000. 5,600. 6,500. 6,000.

8,000. 20,000. 157,000.

12,000.

5,595,826.

FORM 990-T	CONTRIBUTION	IS SUMMARY	STATEMENT 2
	CONTRIBUTIONS SUBJECT TO 100 CONTRIBUTIONS SUBJECT TO 25	% LIMIT % LIMIT	
FOR TAX FOR TAX	OF PRIOR YEARS UNUSED CONTRI YEAR 2016 YEAR 2017 YEAR 2018	BUTIONS	
FOR TAX	YEAR 2019 8,	151,090 298,259	
TOTAL CARI TOTAL CURI	YOVER ENT YEAR 10% CONTRIBUTIONS	16,449 5,595	•
	RIBUTIONS AVAILABLE	22,045	5,175 1,364
EXCESS 10	TRIBUTIONS 8 CONTRIBUTIONS	22,040	0
	SS CONTRIBUTIONS	22,040	<u> </u>
ALLOWABLE	CONTRIBUTIONS DEDUCTION		4,364
TOTAL CON	RIBUTION DEDUCTION		4,364

SCHE	DULE A
(Form	990-T)

## **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

Name of the organization Α

THE DUPAGE COMMUNITY FOUNDATION

Unrelated business activity code (see instructions) > 900000 С

## Describe the unrelated trade or business **INVESTMENT ACTVITY**

<u>E</u> [	E Describe the unrelated trade or business INVESTMENT ACTVITY				
Pa	rt 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			
	Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	4a	33,378.		33,378.
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach statement) <b>STATEMENT</b> 3	5	21,089.		21,089.
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	54,467.		54,467.

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				2	
3	Repairs and maintenance				3	
4	Bad debts				4	
5	Interest (attach statement). See instructions				5	
6	Taxes and licenses				6	4,120.
7	Depreciation (attach Form 4562). See instructions	7				
8					8b	
9	Depletion				9	
10	Contributions to deferred compensation plans				10	
11	Employee benefit programs				11	
12	Excess exempt expenses (Part VIII)				12	
13	Excess readership costs (Part IX)				13	
14	Other deductions (attach statement)				14	
15	Total deductions. Add lines 1 through 14				15	4,120.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from					
	column (C)				16	50,347.
17	Deduction for net operating loss. See instructions	STZ	ATEMENT	4	17	5,704.
18	Unrelated business taxable income. Subtract line 17 from line 16				18	44,643.
LHA	For Paperwork Reduction Act Notice, see instructions.			5	Schedu	le A (Form 990-T) 2021

Internal Revenue Service

Department of the Treasury

123741 01-28-22

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R	Employer identified	cation number
		cation number
	36-39787	33

1

of

D Sequence:

	ule A (Form 990-T) 2021				Page 2
Part		thod of inventory value			
1					
2	Purchases				
3 4	Cost of labor Additional section 263A costs (attach statement)				
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				
9	Do the rules of section 263A (with respect to property				Yes No
Part					
1	Description of property (property street address, city,	state, ZIP code). Chec	k if a dual-use. See inst	ructions.	
	A 🗌				
	В				
	c				
	D	1	1	1	1
		Α	В	C	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
h	but not more than 50%) From real and personal property (if the				
b	percentage of rent for personal property (in the				
	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				
	<i>,</i> <b>, , , , , , , , , ,</b>		•		
3	Total rents received or accrued. Add line 2c columns /	A <u>through D. Enter he</u> i	re and on Part I, line 6, o	column (A)	0.
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
					0
5 Part	Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income		I, line 6, column (B)		0.
	Description of debt-financed property (street address,	see instructions)	Obselvite duel use Ca	- :	
1	A	city, state, ZIP code).	Check II a dual-use. Se	e instructions.	
	в 🗌				
	c 🗌				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5		%	9	6 %
7	Gross income reportable. Multiply line 2 by line 6			L	0.
8	Total gross income (add line 7, columns A through D	η. ∟nter here and on P	raπ I, line 7, column (A)	·····•	0.
9	Allocable deductions. Multiply line 3c by line 6				
9 10	Total allocable deductions. Add line 9, columns A th	L Irough D. Enter here a	nd on Part L line 7 colu	Imn (B)	0.
11	Total dividends-received deductions included in line				0.
123721 (					e A (Form 990-T) 2021
		83			· · / =

												1
	ule A (Form 990-T) 2021 VI Interest, Annu		waltice and B	onto fron	n Control		aonization			· 、		Page 3
Part	VI Interest, Annu		byanties, and h				Exempt Control	,	e instruct	,		
	1. Name of controlle	ed	2. Employer	3. Net	unrelated		al of specified	1	rt of colur		6. De	eductions directly
	organization		identification	incon	ne (loss)		nents made		included			onnected with
			number	(see ins	structions)				olling orga gross inc		inco	ome in column 5
(1)												
(2)												
(3)												
<u>(4)</u>												
	· <del>·</del> · · ·				Controlled O	-	1					
7	7. Taxable Income	in	Net unrelated come (loss)		otal of specif yments mad		<b>10.</b> Part of column 9 that is included in the controlling organization's		in the		conr	uctions directly nected with
		(See	e instructions)				gross	incom	е	m	come	in column 10
<u>(1)</u>												
<u>(2)</u>												
<u>(3)</u>												
<u>(4)</u>							Add colum	ne 5 a	nd 10	Ad	d colu	umns 6 and 11.
							Enter here					e and on Part I,
							line 8, c	column	(A)		line 8	, column (B)
Totals						►			0.			0.
Part	VII Investment I	Income	of a Section 50	1(c)(7), (	9), or (17)	Orgar	nization _{(s}	ee inst	ructions)			
	<b>1.</b> Desc	cription of i	ncome		2. Amou		3. Deductio		4. Set-			Total deductions
					incon	ne	directly conne (attach stater		(attach st	tateme		and set-asides add cols 3 and 4)
(1)												
(2)												
(3)												
(4)					Add amou	inte in					_	Add amounts in
					column 2							column 5. Enter
					here and o	,						ere and on Part I,
Totals				•	line 9, colu							ine 9, column (B) 0 •
Part		xempt A	ctivity Income	. Other T	han Adve		a Income	see ins	structions)			
1	Description of exploite		,	,								
2	Gross unrelated busin		e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)		2		
3	Expenses directly con											
	line 10, column (B)		•							3		
4	Net income (loss) from	n unrelated	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 expension											
	4. Enter here and on P	Part II, line ⁻	12							7		

Schedule A (Form 990-T) 2021

123731 01-28-22

	ule A (Form 990-T) 2021				Page 4
Part	0				
1	Name(s) of periodical(s). Check box if reportin	ng two or more periodical	s on a consolidated bas	sis.	
	A [				
	B				
	c				
	D				
Enter a	amounts for each periodical listed above in the				
•		A	<u> </u>	C	D
2	Gross advertising income				0.
	Add columns A through D. Enter here and or	Part I, line 11, column (A	•	▶	
a	Diversity of a statistic second state in a statistical				<u> </u>
3	Direct advertising costs by periodical		) )		0.
а	Add columns A through D. Enter here and or	Part I, line TT, column (E	5)	►	
4	Advertising asin (less) Subtract line 2 from li				
4	Advertising gain (loss). Subtract line 3 from li 2. For any column in line 4 showing a gain,	ne			
	complete lines 5 through 8. For any column i	n			
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
•	line 5, subtract line 6 from line 5. If line 5 is le				
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain	on			
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the g		mns total or zero here a	nd on	
	Part II, line 13				0.
Part	X Compensation of Officers, Di	rectors, and Truste	es (see instructions)		
				3. Percentage	4. Compensation
	1. Name	2. 1	Title	of time devoted	attributable to
				to business	unrelated business
<u>(1)</u>				%	
(2)				%	
(3)				%	
<u>(4)</u>				%	
<b>-</b>					0
Part		· · · · ·		<b>&gt;</b>	0.
Fart		ee instructions)			

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 3
DESCRIPTION	NET INCOME OR (LOSS)
PALLADIAN PARTNERS IV LLC - ORDINARY BUSINESS INCOME	
(LOSS)	-54.
GT REAL PROPERTY HOLDINGS III, LLC - ORDINARY BUSINESS	
INCOME (LOSS)	-1.
PALLADIAN PARTNERS V-A LLC - ORDINARY BUSINESS INCOME	
(LOSS)	-450.
PALLADIAN PARTNERS V-A LLC - INTEREST INCOME	14.
PALLADIAN PARTNERS VI LP - ORDINARY BUSINESS INCOME (LOSS)	7,106.
PALLADIAN PARTNERS VI LP - INTEREST INCOME	1,111.
PALLADIAN PARTNERS VI LP - ROYALTIES	41.
PALLADIAN PARTNERS V LLC - ORDINARY BUSINESS INCOME (LOSS)	-632.
PALLADIAN PARTNERS V LLC - INTEREST INCOME	27.
MERIT MEZZANNE FUND V LP - ORDINARY BUSINESS INCOME (LOSS)	3,337.
GT REAL PROPERTY IV - ORDINARY BUSINESS INCOME (LOSS)	-440.
PALLADIAN PARTNERS VII - ORDINARY BUSINESS INCOME (LOSS)	432.
PALLADIAN PARTNERS VII - OTHER INCOME (LOSS)	-167.
GLOBAL BANKING - ORDINARY BUSINESS INCOME (LOSS)	7.
AC POWER & ENERGY - ORDINARY BUSINESS INCOME (LOSS)	7,413.
AC POWER & ENERGY - INTEREST INCOME	1.
AC POWER & ENERGY - OTHER INCOME (LOSS)	-764.
ARTHUR STREET III - ORDINARY BUSINESS INCOME (LOSS)	-11.
AIM FUEL - ORDINARY BUSINESS INCOME (LOSS)	957.
AIM FUEL - INTEREST INCOME	1.
AIM PE - ORDINARY BUSINESS INCOME (LOSS)	2,508.
AIM PE - INTEREST INCOME	653.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	21,089.

DL DEDUCTION	CARRYFORWARD OF POST 2017 NOL
5,704.	0.
	DL DEDUCTION 5,704.

990-T SCH A	POST-201	7 NET OPERATING	LOSS DEDUCTION	STATEMENT 5
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/21	5,704.	0.	5,704.	5,704.
NOL CARRYOV	VER AVAILABLE THIS	YEAR	5,704.	5,704.

Department of the Treasury Internal Revenue Service

#### Name

#### 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

Yes X No

Employer identification number

36-3978733 ▶ ___ Yes

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 or los	SS.

THE DUPAGE COMMUNITY FOUNDATION

Operation         Cost (sales price)         Cost (or other basis)         Or loss from Form() § 246, Part I, line 2, column (g)         Subtract column (g)           1         Totals for all hort-term transactions reported on Form 109-9 for which basis part in the 2, column (g)         Image: Cost (or other basis)         Or loss from Form() § 246, Part I, line 2, column (g)         Subtract column (g)           1         Totals for all hort-term transactions reported on Form 309, exercise this line basis and g to line 1b         Image: Cost (or other basis)         Image: Cos	Part I Short-Term Capital Gai	ins and Losses - Ass	ets Held One Year o	or Less		
read of tents to whole dolars.	See instructions for how to figure the amounts to enter on the lines below.	Proceeds	Cost	or loss from Form(s) 89	49,	Subtract column (e) from
reported on Form 109-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you proves to report all these black and go to line. It b Totals for all transactions reported on Form(s) 8049 with Box A checked	round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column	(g)	
Form(s) 8949 with Box A checked	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					
2       Totals for all transactions reported on Form(s) 8949 with Box B checked       -3.         3       Totals for all transactions reported on Form (652, line 26 or 37)       4         4       5         5       Short-term capital gain or (loss) from like-kind exchanges from Form 8824       6         6       (						
Form(s) 8949 with Box B checked       -3.         3 Totals for all transactions reported on Form (38) 8949 with Box C checked       -3.         4 Short-term capital gain from installment sales from Form 6252, line 26 or 37       4         5 Short-term capital gain from installment sales from Form 8824       5         6 Unused capital loss carryover (attach computation)       6 (         7 Totshort-term capital gain or (loss) from like-kind exchanges from Form 8824       6 (         6 enter once in the lines below.       7 Tot-3.         (g) Adjustments to gain or (loss). Combine lines ta through 6 in column h         Total Cains and Losses - Assets Held More Than One Year         (g) Adjustments to gain or form 8024         (g) Adjustments to gain or form 909-8 for which basis was reported to the lines below.         (g) Adjustments to gain or form 999-8 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 reported on Form (s) 8949 with Box E checked						
3       Totals for all transactions reported on Form (\$) 8949 with Box C checked       -3.         4       Short-term capital gain from installment sales from Form 6252, line 26 or 37.       4         5       Short-term capital gain or (loss) from like-kind exchanges from Form 824       6         6       Unused capital loss carryover (attach computation)       7       -3.         7       Net short-term capital gain or (loss). Combine lines ta through 6 in column h       6       (       )         7       -3.       6       (       )       -3.         6       Unused capital gain or (loss). Combine lines ta through 6 in column h       7       -3.         7       -3.       6       (       )       -3.         7       -3.       6       (       )       -3.         80       Instructions for Nov to figure the amounts for the set on complete if you condition (set) start or the lines below.       (c)       (c)       (g) Adjustments to gain or loss from Form (9,8949, the lines below.       Studt for all long-term transactions reported on form 1039-B for which basis was a reported on Form 1039-B for which basis was a reported on Form 8949, leave this line bank and go to line 80	I I					
Form(s) 8949 with Box C checked       -3.         4 Short-term capital gain form installment sales from Form 6252, line 26 or 37       4         5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824       5         6 Unused capital loss carryover (attact computation)       6         7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h       7         9 Total To thew to figure the amounts to easier to the lines below.       (e)         Part III       Long-Term Capital Gains and Losses - Assets Held More Than One Year         See instructions for how to figure the amounts to easier to complete if you       (e)         Proceeds       (c)         Proceeds       (c)         (c) other basis)       (c) other basis         Ba Totals for all long-term transactions reported on Form 1999-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 reported on Form(s) 8949 with Box D checked       9         9 Totals for all transactions reported on Form(s) 8949 with Box E checked       11       7, 950.         10 Totals for all transactions reported on Form(s) 8949 with Box E checked       13       14         11 Totals for all transactions reported on Form(s) 8949 with Box E checked       13       14         12 Long-term capital gain form installment sales from Form 822, line 26 or 37       12						
4       Short-term capital gain from installment sales from Form 6252, line 26 or 37       4         5       Short-term capital gain or (loss) from like-kind exchanges from Form 8824       5         6       Unused capital loss carryover (attach computation)       7       -3.         Part II       Long-Term Capital Gains and Losses - Assets Held More Than One Year       6       (n) Gain or (loss).         Short-term capital gain or (loss). Combine lines 1a through 6 in column h       (n) Gain or (loss)       Subtract column (e) from column (e) from column form may be easier to complete if you cond off certis to whole dollars.       (n) Gain or (loss)       Subtract column (e) from column (e) from column (f) or other basis)         8a       Totals for all ton-term transactions reported on Form 109.9-B for which basis was reported to the IRS and for which you have no adjustments (see instructions), However, in You chocked       (f)       Subtract column (f)         8a       Totals for all transactions reported on Form (s) 8949 with Box D checked       (f)       Subtract column (f)       Subtract column (f)         9       Totals for all transactions reported on Form (s) 8949 with Box E checked       (f)       Subtract column (f)       Subtract column (f)         10       Totals for all transactions reported on Form (s) 8949 with Box E checked       (f)       Subtract column (f)       Subtract column (f)         11       Totals for all transactions reported on Form (s) 8949 with Box E check	I					-3.
5       Short-term capital gain or (loss) from like-kind exchanges from Form 8824       5         6       Unused capital loss carryover (attach computation)       7       -3.         7       Net short-term capital gain or (loss). Combine lines 1a through 6 in column h       7       -3.         9       Part III       Long-Term Capital Gains and Losses - Assets Held More Than One Year       (f) Gain or (loss)         See instructions for how to figure the amounts to enter on the lines below.       (d)       Proceeds       (cost         This form may be asier to complete if you       (sales price)       (or other basis)       (g) Adjustments to gain or loss from Form(9) 8949, Part II, line 2, column (g)       Subtract column (e) molumn (c) and combine the result with column (g)         8a       Totals for all long-term transactions reported on Form 8949, leave this line blank and go to line 80       (f) Gain or (loss)       (g) Adjustments (see instructions reported on Form(s) 8949 with Box E checked       (f) Tatals for all transactions reported on Form(s) 8949 with Box E checked       (f) Tatals for all transactions reported on Form(s) 8949 with Box E checked       (f) Tatal for all transactions reported on Form 6252, line 26 or 37       11       7, 950.         12       Long-term capital gain or (loss). Combine lines 8 a through 14 in column h       15       33, 381.         14       Capital gain distributions       14       15       33, 381.         14		from Form 6252. line 26 or 3	7		4	
6       Unused capital loss carryover (attach computation)       6       (       )         7       Net short-term capital gain or (loss). Combine lines 1a through 6 in column h       7       -3.         9       Part II       Long-Term Capital Gains and Losses - Assets Held More Than One Year       (g) Adjustments to gain or (loss)       (h) Gain or (loss)         See instructions for how to figure the anounts to term on the lines below.       (g) Adjustments to gain or loss from Form(8) 8949, Part II, line 2, column (g)       (h) Gain or (loss)         8a       Totals for all long-term transactions reported on form 1099-Pb 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 balak and go to line 8b       (b) Totals for all transactions reported on Form(s) 8949 with Box D checked       (c) Form(s) 8949 with Box D checked       (c) Form(s) 8949 with Box F checked       (c) Form(s) 8949 with Box F checked       (c) Form 822, line 26 or 37       (c) Form 822, line 26 or 37       (c) Form 822, line 26 or 37       (c) Form 823, line 26 or 37       (c) Form 823, line 26 or 37       (c) Form 824 gain distributions       (c) Form 823, line 26 or 37       (c) Form 823, line 26 or 37       (c) Form 823, line 26 or 37       (c) Form 824 gain distributions       (c) Form 824 gain form Insaltenent sales from Form 8252, line 26 or 37       (c) Form 823, line 26 or 37       (c) Form 824 gain distributions       (c) Form 824 gain distributions       (c) Form 824 gain distribu					5	
7       Net short-term capital gain or (loss). Combine lines 1a through 6 in column h       7       -3.         Part II       Long-Term Capital Cains and Losses - Assets Held More Than One Year       Image: Case instructions for how to figure the amounts to enter on the lines below.       (d)       (e)       (g) Adjustments to gain or (loss)       (h) Gain or (loss)         See instructions for how to figure the amounts to whole dollars.       (d)       Proceeds (sales price)       (e)       (g) Adjustments (loss)       (h) Gain or (loss)         8a       Totals for all long-term transactions reported on form 1009-B for which hasis was reported to the IRS and for which you have no adjustments (see instructions), However, if you choose to report all these transactions reported on form 5949, leave this line bahak and go to line 80       Image: Case instructions), However, if you choose to report all these transactions reported on form 6949, with Box D checked       Image: Case instructions)       Image: Case instructions)         9       Totals for all transactions reported on form (s) 8949 with Box D checked       Image: Case instructions)       Image: Case instructions)<						( )
Part II       Long-Term Capital Gains and Losses - Assets Held More Than One Year         See instructions for how to figure the amounts to enter on the lines below.       (d)       (e)       (g) Adjustments to gain or (loss)       (h) Gain or (loss)         This form may be easier to complete if you round off cents to while dollars.       (d)       (e)       (gr other basis)       (g) Adjustments to gain or (loss)       (b) Gain or (loss)         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 reported on Form 8949, leave this line blank and go to line 8b       Image: See the see the see the see the see the sec	7 Net short-term capital gain or (loss). Combin	e lines 1a through 6 in column	h			-3.
to enter on the lines below. •       (U)	Part II Long-Term Capital Gai	ns and Losses - Ass	ets Held More Than	One Year		
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       Image: Construction is construction is construction is construction is construction in the isometry of the isomet	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.	Proceeds	Cost	or loss from Form(s) 89	49,	Subtract column (e) from column (d) and combine the
Form(s) 8949 with Box D checked       9         9       Totals for all transactions reported on Form(s) 8949 with Box E checked       9         10       Totals for all transactions reported on Form(s) 8949 with Box E checked       25,431.         11       Totals for all transactions reported on Form(s) 8949 with Box F checked       11         11       Enter gain from Form 4797, line 7 or 9       11         12       11       7,950.         12       Long-term capital gain from installment sales from Form 6252, line 26 or 37       12         13       11       14         14       14       14         15       33,381.       14         16       16       17         17       33,378.       18         18       33,378.       18	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					
9 Totals for all transactions reported on Form(s) 8949 with Box E checked       25,431.         10 Totals for all transactions reported on Form(s) 8949 with Box F checked       25,431.         11 Enter gain from Form 4797, line 7 or 9       11 7,950.         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       33,381.         Part III       Summary of Parts I and II       16         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       33,378.         18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns       18       33,378.	8b Totals for all transactions reported on					
Form(s) 8949 with Box E checked       25,431.         10 Totals for all transactions reported on Form(s) 8949 with Box F checked       11       7,950.         11 Enter gain from Form 4797, line 7 or 9       11       7,950.         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       33,381.         Part III       Summary of Parts I and II       16         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 short-term capital gain (line 15) over net short-term capital loss (line 7)       17       33,378.         18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns       18       33,378.	Form(s) 8949 with <b>Box D</b> checked					
10       Totals for all transactions reported on Form(s) 8949 with Box F checked       25,431.         11       Enter gain from Form 4797, line 7 or 9       11       7,950.         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       33,381.         Part III       Summary of Parts I and II       16       17         17       A33,378.       18       Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns       18       33,378.	•					
Form(s) 8949 with Box F checked       25,431.         11       Enter gain from Form 4797, line 7 or 9       11       7,950.         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       33, 381.         Part III       Summary of Parts I and II       16       16         17       Net capital gain. 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       33, 378.         18       Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns       18       33, 378.						
11       Enter gain from Form 4797, line 7 or 9       11       7,950.         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       33,381.         Part III       Summary of Parts I and II       16         17       Net capital gain. Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)       16         18       Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns       18       33, 378.	-					
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       33, 381.         Part III       Summary of Parts I and II       16         16       17       Net capital gain. 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       33, 378.         18       Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns       18       33, 378.						<u>25,431.</u>
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       33,381.         Part III       Summary of Parts I and II       16         16       17       Net capital gain. Enter excess of net long-term capital gain (line 7) over net long-term capital loss (line 7)       16         17       Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)       17       33,378.         18       Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns       18       33,378.						7,950.
14 Capital gain distributions       14         15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h       15       33,381.         Part III       Summary of Parts I and II       16         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       33,378.         18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns       18       33,378.			7			
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h       15       33,381.         Part III       Summary of Parts I and II       16         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       33,378.         18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns       18       33,378.		d exchanges from Form 8824				
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)         17       Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)         18       Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns						22 201
16Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)1617Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)1718Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns181833, 378.			nh		15	33,381.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)1733,378.18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns1833,378.			lless (line 15)		10	
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns       18       33, 378.						32 270
	Note: If losses exceed gains, see Capital Los		pheaste inte on other returns		10	

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

Schedule D (Form 1120) 2021

121051 12-17-21

Form	8949
	ent of the Treasury Revenue Service

Name(s) shown on return

## **Sales and Other Dispositions of Capital Assets**

Go to www.irs.gov/Form8949 for instructions and the latest information.
 File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 15	45-0074
200	

Attachment Sequence No. 12A

Social security number or taxpayer identification no.

THE DUPAGE COM							978733		
Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your									
broker and may even tell you which b Part I Short-Term. Transacti	broker and may even tell you which box to check. Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long term								
transactions, see page 2. Note: You may aggregate all	transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).								
You must check Box A, B, or C below.	Check only one bo	x. If more than one b	ox applies for your short	-term transactions, comp	lete a separate	e Form 8949, page 1, for			
If you have more short-term transactions than will (A) Short-term transactions rep									
(B) Short-term transactions rep	-		•		Note abo	jvej			
X (C) Short-term transactions no			-	ported to the mo					
1 (a)	(b)	(c)	(d)	(e)		t, if any, to gain or	(h)		
Description of property	Date acquired	Date sold or	Proceeds	Cost or other	l <b>loss.</b> If yo in column	ou enter an amount (g), enter a code in	Gain or (loss).		
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the <b>Note</b> below and	column (f)	. See instructions.	Subtract column (e) from column (d) &		
		(Mo., day, yr.)		see Column (e) in	(f)	<b>(g)</b> Amount of	combine the result		
				the instructions	Code(s)	adjustment	with column (g)		
PALLADIAN PARTNERS									
V-A LLC							-1.	С	
PALLADIAN PARTNERS								~	
V LLC							-2.	С	
							ļ		
2 Totals. Add the amounts in colum									
negative amounts). Enter each to									
Schedule D, line 1b (if Box A abo							-3.		
above is checked), or line 3 (if B		iecked)							

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

89

11421214 147228 107808

Form 8949 (2021)				Attachm	nent Sequenc	e No. <b>12A</b>	Page <b>2</b>
Name(s) shown on return. Name and S	SN or taxpaye	r identification no	o. not required if	shown on page 1			ity number or ntification no.
THE DUPAGE COMMU	JNITY FO	UNDATION	ſ			36-3	978733
Before you check Box D, E, or F below, statement will have the same informatio	see whether y on as Form 109	ou received any 9-B. Either will s	Form(s) 1099-B o how whether you	or substitute statem Ir basis (usually you	ent(s) from yc r cost) was re	our broker. A su ported to the IF	bstitute IS by your
broker and may even tell you which box Part II Long-Term. Transactions see page 1.	<u>involving capita</u>	l assets you held m	ore than 1 year are	generally long-term (s	ee instructions	). For short-term t	ransactions,
<b>Note:</b> You may aggregate all lor codes are required. Enter the tot							
You must check Box D, E, or F below. Che	ck only one box	. If more than one bo	x applies for your long	-term transactions, compl	ete a separate For	m 8949, page 2, for	
If you have more long-term transactions than will fit o (D) Long-term transactions report					-		
(E) Long-term transactions report	.,	-		•		1	
X (F) Long-term transactions not re		-					
1 (a)	(b)	(c)	(d)	(e)		f any, to gain or	(h)
	Date acquired Mo., day, yr.)	Date sold or disposed of (Mo., day, yr.)	Proceeds (sales price)	Cost or other basis. See the <b>Note</b> below and	in column (g) column (f). <b>S</b>	enter an amount , enter a code in ee instructions.	Gain or (loss). Subtract column (e) from column (d) &
		(IVIO., UAY, YI.)		see <i>Column (e)</i> in the instructions	<b>(f)</b> Code(s)	<b>(g)</b> Amount of adjustment	combine the result with column (g)
PALLADIAN PARTNERS							
IV LLC							33.
PALLADIAN PARTNERS							7 766
V-A LLC PALLADIAN PARTNERS							7,766.
V LLC							15,533.
AC POWER & ENERGY							2,099.
							,
2 Totals. Add the amounts in columns	s (d), (e), (g), ar	nd (h) (subtract					
negative amounts). Enter each total	here and inclu	de on your					
Schedule D, line 8b (if Box D above							DE 401
above is checked), or <b>line 10</b> (if <b>Box</b>			100 inc		haois as as		<u>25,431.</u>
<b>Note:</b> If you checked Box D above but adjustment in column (g) to correct the	•			. ,	•		
123012 12-14-21							orm <b>8949</b> (2021)

Form	4	7	<b>'97</b>	
			-	

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 2021 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		
assets	1c	

 Part I
 Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other

 Than Casualty or Theft-Most Property Held More Than 1 Year
 (see instructions)

2 SE	(a) Description of property E STATEMENT 6	(b) Date acquired (mo., day, yr.)	(C) Date sold (mo., day, yr.)	(d) Gross sales price	(See Instruction (e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	( <b>y</b> ) Gain or (loss)
3	Gain, if any, from Form 4684, line 3	<u> </u>				3	2
4	Section 1231 gain from installment						
5	Section 1231 gain or (loss) from like						
6	Gain, if any, from line 32, from othe						
7	Combine lines 2 through 6. Enter th					7	
	Partnerships and S corporations. line 10, or Form 1120-S, Schedule	Report the gain of	r (loss) following	the instructions fo			
	Individuals, partners, S corporati from line 7 on line 11 below and sk 1231 losses, or they were recaptur the Schedule D filed with your retur	ip lines 8 and 9. If I ed in an earlier yea	ine 7 is a gain aı r, enter the gain	nd you didn't have from line 7 as a lor	any prior year sec	tion	
8	Nonrecaptured net section 1231 lo	sses from prior yea	rs. See instructi	ons			3
9	Subtract line 8 from line 7. If zero o	r less, enter -0 If li	ne 9 is zero, ent				
	line 9 is more than zero, enter the a	mount from line 8	on line 12 below	/ and enter the gair	n from line 9 as a lo	ong-term	
	capital gain on the Schedule D filed	d with your return.	See instructions			g	7,950
Pa	rt II Ordinary Gains and	Losses (see in	structions)				
10	Ordinary gains and losses not incl	uded on lines 11 th	rough 16 (inclu	de property held 1	vear or less):		
11	Loss, if any, from line 7			-		1	1 (
12	Gain, if any, from line 7 or amount	from line 8, if applic	able				2
13	Gain, if any, from line 31						3
14	Net gain or (loss) from Form 4684,	lines 31 and 38a					4
15	Ordinary gain from installment sale	s from Form 6252,	line 25 or 36 💠				5
16	Ordinary gain or (loss) from like-kine	d exchanges from F	Form 8824				6
17	Combine lines 10 through 16					1	7
18	For all except individual returns, en	ter the amount fror	n line 17 on the	appropriate line of	your return and sk	kip lines	
	a and b below. For individual return						
а	If the loss on line 11 includes a loss	s from Form 4684,	line 35, column	(b)(ii), enter that pa	rt of the loss here.	Enter the	
	loss from income-producing proper						
	as an employee.) Identify as from "						Ja 🛛
b	Redetermine the gain or (loss) on li	ne 17 excluding the	e loss, if any, on	line 18a. Enter her	e and on Schedule	e1	
						18	·
LH/	A For Paperwork Reduction Act	Notice, see separ	ate instructions	S.			Form <b>4797</b> (202 ⁻

118011 12-17-21

36-3978733

Page **2** 

<b>19</b> (a) Description of section 1245, 1250, 1252, 1254, o	or 1255 p	property:		(b) Date acquir (mo., day, yr.)		(c) Date sold (mo., day, yr.)
A						
В						
C						
D						
These columns relate to the properties on						
lines 19A through 19D.		Property A	Property B	Property (	2	Property D
Gross sales price (Note: See line 1a before completing.)	20					
Cost or other basis plus expense of sale	21					
Depreciation (or depletion) allowed or allowable	22					
Adjusted basis. Subtract line 22 from line 21	23					
Total gain. Subtract line 23 from line 20	24					
If section 1245 property:						
a Depreciation allowed or allowable from line 22	25a					
<b>b</b> Enter the <b>smaller</b> of line 24 or 25a	25b					
<b>If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.						
<b>a</b> Additional depreciation after 1975. See instructions	26a					
<b>b</b> Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions	26b					
<b>c</b> Subtract line 26a from line 24. If residential rental property <b>or</b> 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					
7 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.	07.					
a Soil, water, and land clearing expenses	27a					
<b>b</b> Line 27a multiplied by applicable percentage	27b					
c Enter the smaller of line 24 or 27b	27c					
<ul> <li>a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions</li> </ul>	28a					
<b>b</b> Enter the <b>smaller</b> of line 24 or 28a	28b					
<ul> <li>If section 1255 property:</li> <li>a Applicable percentage of payments excluded</li> </ul>						
from income under section 126. See instructions	29a					
<b>b</b> Enter the <b>smaller</b> of line 24 or 29a. See instructions	29b					
ummary of Part III Gains. Complete property of	olumns	A through D through	line 29b before going	g to line 30.		
Total gains for all properties. Add property columns	A throu	gh D, line 24			30	
Add property columns A through D, lines 25b, 26g,	270 00	and 20h Enter ha	ro and on line 19		24	
	,	,		nortion	31	
2 Subtract line 31 from line 30. Enter the portion from		y or theπ on ⊦orm 46	684, line 33. Enter the	portion	~	
from other than casualty or theft on Form 4797, line Part IV Recapture Amounts Under Section	ne 170	and 280E/b)/2)	When Business	Lise Drope to	32 50% (	or Lose
(see instructions)	115 175	anu 2007(DJ(2)	when business	Use Diops lo	JU% (	1 F699
				(a) Section 179		(b) Section 280F(b)(2)

			179	280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33		
34	Recomputed depreciation. See instructions	34		
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35		
1180	12 12-17-21			Form 4797 (2021)

### THE DUPAGE COMMUNITY FOUNDATION

FORM 4797	PRO	PERTY HEL	D MORE THAI	N ONE YEAR	ST	ATEMENT 6
DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
PALLADIAN PARTNERS IV LLC						43.
PALLADIAN PARTNERS V-A LLC						559.
PALLADIAN PARTNERS VI LP						-40.
PALLADIAN PARTNERS V LLC						1,119.
PALLADIAN PARTNERS VII AC POWER & ENERGY ARTHUR STREET III AIM FUEL AIM PE						21. -1,490. -35. 4,575. 3,198.
TOTAL TO 4797, PA	RT I, LINE	2				7,950.

Department of the Treasury Internal Revenue Service

#### Name

#### 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

Yes X No

Employer identification number

36-3978733 ▶ ___ Yes

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 or le	oss.

THE DUPAGE COMMUNITY FOUNDATION

This form may be easier to complete if you       Proceeds (sales price)       Cost (or other basis)       or loss from Form((s) 9494, Part I, line 2, column (g)       column (g) and combine the result with column (g)         I Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which pou have no adjustments (see instructions), However, if you choose to report all these transactions reported on Form(s) 8949 with Box A checked	Can instructions for how to figure the amounts					
ound of cents to whole dollars.       is the tent massetions       result with column (g)         1a Totats for all short-erm transactions was reported to the IRS and for which you have no adjustments (see instructions).       result with column (g)         1b Totals for all transactions reported on Form(s) 8949 with Box A checked	to enter on the lines below.	Proceeds	Cost	or loss from Form(s) 89	49,	Subtract column (e) from column (d) and combine the
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 reported on Form (s) 8949 with Box A checked	round off cents to whole dollars.	(sales price)		Farti, ine 2, column	.9)	result with column (g)
Form(s) 8949 with Box A checked	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					
2       Totals for all transactions reported on Form(s) 8949 with Box B checked       -3.         3       Totals for all transactions reported on Form(s) 8949 with Box C checked       -3.         4       5.         5       Short-term capital gain from installment sales from Form 6252, line 26 or 37.       4         6       Unused capital loss carryover (attach computation)       6         7       Net short-term capital gain or (loss). Combine lines ta through 6 in column h       7         7       -3.         Part II       Long-Term Capital Gains and Losses - Assets Held More Than One Year         Se instructions for how to figure the amounts of enter on the lines below.       (d) Proceeds (sales price)       (e) Cost (or other basis)       (g) Adjustments to gain or loss from Form(s) 8949, with 80x for Mich basis was reported to the IRS and for which you have no adjustments (see instructions, However, if you choose to report all these transactions reported on Form(s) 8949 with Box for backed       (h) Gain or (loss) Subtract column (g)         80       Totals for all transactions reported on Form(s) 8949 with Box for backed       (h) Cast or all transactions reported on Form(s) 8949 with Box for checked       (h) Cast or all transactions reported on Form(s) 8949 with Box for backed       (h) Cast or all transactions reported on Form(s) 8949 with Box for checked       (h) Cast or all transactions reported on Form(s) 8949 with Box for backed       (h) Cast or all transactions reported on Form(s) 8949 with Box for backed       (h) Cast or all	<b>1b</b> Totals for all transactions reported on					
Form(s) 8949 with Box 8 checked       -3.         3 Totals for all transactions reported on Form(s) 8949 with Box C checked       -3.         4 Short-term capital gain from installment sales from Form 6252, line 26 or 37       4         5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824       5         6 Unused capital loss carryover (attach computation)       6         7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h       7         Part II       Long-Term Capital Gains and Losses - Assets Held More Than One Year         See instructions for how to figure the amounts or enter on the lines below.       (d) Proceeds (sales price)       (e) Cost (cost (cost cost from The lines below.       (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 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 reported on Form(s) 8949 with Box D checked	Form(s) 8949 with <b>Box A</b> checked					
3 Totals for all transactions reported on Form(s) 8949 with Box C checked       -3.         4 Short-term capital gain from installment sales from Form 6252, line 26 or 37       4         5 Short-term capital gain or (loss) from like-kind exchanges from Form 824       5         6 Unused capital loss carryover (attach computation)       7       -3.         7 Net short-term capital gain or (loss). Combine lines ta through 6 in column h       7       -3.         Part II       Long-Term Capital Gains and Losses - Assets Held More Than One Year       6       (	2 Totals for all transactions reported on					
Form(s) 8949 with Box C checked       -3.         4 Short-term capital gain from installment sales from Form 6252, line 26 or 37       4         5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824       5         6 Unused capital loss carryover (attach computation)       6 (         7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h       7         Part II       Long-Term Capital Gains and Losses - Assets Held More Than One Year         See instructions for how to figure the amounts to enter on the lines below.       (d)         Proceeds (sales price)       Cost (or other basis)       or loss from Form(s) 8849, Part II, line 2, column (g)         8a Totals for all long-term transactions reported on Form 8949, leave this line blank and go to line 8b       6       -3.         8b Totals for all transactions reported on Form (s) 8949 with Box D checked       -3.       -3.         9 Totals for all transactions reported on Form(s) 8949 with Box D checked       25, 431.       -3.         10 Totals for all transactions reported on Form(s) 8949 with Box E checked       -3.       -3.         10 Totals for all transactions reported on Form(s) 8949 with Box E checked       -3.       -3.         10 Totals for all transactions reported on Form(s) 8949 with Box E checked       -3.       -3.         10 Totals for all transactions reported on Form(s) 8949 with Box E checked       -3.	Form(s) 8949 with <b>Box B</b> checked					
4       Short-term capital gain from installment sales from Form 6252, line 26 or 37       4         5       Short-term capital gain or (loss) from like-kind exchanges from Form 8824       6         6       Unused capital loss carryover (attach computation)       7         7       Net short-term capital gain or (loss). Combine lines 1 a through 6 in column h       7         Part II       Long-Term Capital Gains and Losses - Assets Held More Than One Year         5       See instructions for how to figure the amounts to enter on the lines below.       (d)         Proceeds       (cost (sales price)       (g) Adjustments to gain or loss from Form (8849, Part II, line 2, 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 reported on Form (s) 8949 with Box D checked       6         9       Totals for all transactions reported on Form(s) 8949 with Box E checked       25, 431.         10       Totals for all transactions reported on Form(s) 8949 with Box E checked       25, 431.	<b>3</b> Totals for all transactions reported on					
5       Short-term capital gain or (loss) from like-kind exchanges from Form 8824       5         6       Unused capital loss carryover (attach computation)       7         7       Net short-term capital gain or (loss). Combine lines 1a through 6 in column h       7         Part II       Long-Term Capital Gains and Losses - Assets Held More Than One Year         See instructions for how to figure the amounts on entropy on the lines below.       (e)       (g) Adjustments to gain or loss from Form(s) 8949, Proceeds (sales price)       (or other basis)       (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)       Subtract column (e) from column (g)         8a       Totals for all long-term transactions reported on Form 8949, leave this line blank and go to line 8b       Form 1099-B for which basis was reported on Form 8949, leave this line blank and go to line 8b       Form(s) 8949 with Box E checked       Form(s) 8949 with Box E checked         9       Totals for all transactions reported on Form(s) 8949 with Box F checked       25, 431.       7       9         10       Totals for all transactions reported on Form(s) 8949 with Box F checked       25       25, 431.       7						-3.
6       Unused capital loss carryover (attach computation)       6       (       )         7       Net short-term capital gain or (loss). Combine lines 1a through 6 in column h       7       -3.         Part II       Long-Term Capital Gains and Losses - Assets Held More Than One Year       (h) Gain or (loss)         See instructions for how to figure the amounts of enter on the lines below.       (d)       (e)       (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)       Subtract column (e) from column (d) and combine the 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 reported on Form 8949, leave this line blank and go to line 8b       Image: Column (g)       Image: Column (g)       Subtract column (g)         8b       Totals for all transactions reported on Form 8949, leave this line blank and go to line 8b       Image: Column (g)       Image: Column (g)       Subtract column (g)         8b       Totals for all transactions reported on Form (s) 8949 with Box D checked       Image: Column (g)       Image: Column (g)       Image: Column (g)         9       Totals for all transactions reported on Form(s) 8949 with Box E checked       Image: Column (g)       Image: Column (g)       Image: Column (g)         9       Totals for all transactions reported on Form(s) 8949 with Box E che					4	
7       Net short-term capital gain or (loss). Combine lines 1a through 6 in column h       7       -3.         Part II       Long-Term Capital Gains and Losses - Assets Held More Than One Year       (a)       (b) Gain or (loss)         See instructions for how to figure the amounts of energy to complete if you       (c)       (c)       (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)       (h) Gain or (loss)         Subtract column (d) and combine the result with column (g)       Cost (sales price)       (or other basis)       (g) Adjustments (see instructions), However, if you colose to report all these transactions reported on Form (s) 8949, leave this line blank and go to line 8b       (b) Gain or (loss)       (c)         8b Totals for all transactions reported on Form(s) 8949 with Box D checked       (c)	5 Short-term capital gain or (loss) from like-k	nd exchanges from Form 8824			5	
Part II       Long-Term Capital Gains and Losses - Assets Held More Than One Year         See instructions for how to figure the amounts to enter on the lines below.       (d) Proceeds (sales price)       (e) Cost (or other basis)       (g) Adjustments to gain or loss from Form(§) 8949, Part II, line 2, column (g)       (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 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       Image: See Structure See Stru					6	()
See instructions for how to figure the amounts to enter on the lines below.       (d) Proceeds (sales price)       (e) Cost (or other basis)       (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)       (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)         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       Image: Cost (see	7 Net short-term capital gain or (loss). Comb	ine lines 1a through 6 in column	<u>h</u>		7	-3.
to enter on the lines below.       to Proceeds (sales price)       to Cost (sales price)       to Cost (or other basis)       to Part II, line 2, column (g)       Subtract column (e) from column (d) and combine the 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       Image: Subtract column (g)       Subtract column (g)         8b Totals for all transactions reported on Form(s) 8949 with Box D checked       Form(s) 8949 with Box E checked       Image: Subtract column (g)         9 Totals for all transactions reported on Form(s) 8949 with Box E checked       Image: Subtract column (g)       Image: Subtract column (g)         10 Totals for all transactions reported on Form(s) 8949 with Box F checked       Image: Subtract column (g)       Image: Subtract column (g)         41       Totals for all transactions reported on Form(s) 8949 with Box F checked       Image: Subtract column (g)       Image: Subtract column (g)         10 Totals for all transactions reported on Form(s) 8949 with Box F checked       Image: Subtract column (g)       Image: Subtract column (g)         25, 431.       Totals for all transactions reported on Form (s) 8949 with Box F checked       Image: Subtract column (g)       Image: Subtract column (g)		ains and Losses - Ass	ets Held More Tha	n One Year		
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       Image: Construction of the sector	to enter on the lines below. This form may be easier to complete if you	Proceeds	Cost	or loss from Form(s) 89	49,	Subtract column (e) from column (d) and combine the
Form(s) 8949 with Box D checked       9         9 Totals for all transactions reported on       9         Form(s) 8949 with Box E checked       10         10 Totals for all transactions reported on       25,431.         14 Form(s) 8949 with Box F checked       7,950	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 t	8				
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         25,431.	<b>8b</b> Totals for all transactions reported on					
Form(s) 8949 with Box E checked       25,431.         10 Totals for all transactions reported on Form(s) 8949 with Box F checked       25,431.         14 Extension form form form form form form form form						
10 Totals for all transactions reported on Form(s) 8949 with Box F checked     25,431.       41 Straight for form form form 1707 in 2     7,950	-					
Form(s) 8949 with Box F checked         25,431.           11         7,950						
11 Enter gain from Form 4/9/, line / or 9						
						7,950.
12   Long-term capital gain from installment sales from Form 6252, line 26 or 37			/			
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824         13		nd exchanges from Form 8824				
						22 201
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h       15       33,381.         Part III       Summary of Parts I and II       15			nh		15	33,381.
			11 (l' <b>45</b> )		40	
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       33,378.						32 270
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 33,378.						
	<b>Note:</b> If losses exceed gains, see <i>Capital Li</i>		plicable line on other returns	s	18	

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

Schedule D (Form 1120) 2021

121051 12-17-21

Form	8949				
Department of the Treasury Internal Revenue Service					

Name(s) shown on return

## **Sales and Other Dispositions of Capital Assets**

► Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB N	lo. 154	15-0074	
0	nr		

2021 Attachment Sequence No. **12A** 

Social security number or taxpayer identification no.

202022

THE DUPAGE COM	MUNITY FO	OUNDATION	1			36-3	978733
Before you check Box A, B, or C bell statement will have the same information	ow, see whether ation as Form 10			or substitute statem Ir basis (usually you	nent(s) fron r cost) was	your broker. A su reported to the IF	bstitute S by your
broker and may even tell you which is Part I Short-Term. Transact		al assets you held	1 year or less are ge	enerally short-term (see	e instruction	s). For long-term	
transactions, see page 2. Note: You may aggregate al codes are required. Enter the	I short-term transac	tions reported on F	Form(s) 1099-B show	ving basis was reporte	ed to the IRS	and for which no ac	
You must check Box A, B, or C below.	Check only one bo	x. If more than one b	ox applies for your sho	rt-term transactions, comp	lete a separat	e Form 8949, page 1, for	
If you have more short-term transactions than wil (A) Short-term transactions rep							
(B) Short-term transactions rep				-	11010 4.5		
X (C) Short-term transactions no		-	-				
1 (a)	(b)	(c)	(d)	(e)	Adjustmen	it, if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds	Cost or other	in column	ou enter an amount (g), enter a code in	Gain or (loss).
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the <b>Note</b> below and		See instructions.	Subtract column (e) from column (d) &
		(Mo., day, yr.)		see Column (e) in	(f)	<b>(g)</b> Amount of	combine the result
				the instructions	Code(s)	adjustment	with column (g)
PALLADIAN PARTNERS							
V-A LLC							<1.>
PALLADIAN PARTNERS							
V LLC							<2.>
			_				
							ļ
							ļ
							<u> </u>
2 Totals. Add the amounts in colur							
negative amounts). Enter each to		-					
Schedule D, line 1b (if Box A abo							<3.>
above is checked), or line 3 (if B Note: If you checked Box A above b			was incorrect ent	er in column (e) the	hasis as r	enorted to the IPS	

adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

95

11421214 147228 107808

2021.05010 THE DUPAGE COMMUNITY FOUN 107808_1

Form 8949 (2021)				Attachn	nent Sequer	nce No. 12A	Page <b>2</b>			
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 COMMUNITY FOUNDATION 36-3978733										
Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your										
Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions,										
see page 1. Note: You may aggregate all codes are required. Enter the	long-term transact	ions reported on F	orm(s) 1099-B show	ing basis was reported	d to the IRS a	nd for which no adj	ustments or			
You must check Box D, E, or F below. C	heck 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	each applicable box.			
If you have more long-term transactions than will					-					
<ul> <li>(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)</li> <li>(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS</li> </ul>										
X (F) Long-term transactions not	• •		5							
1 (a)	(b)	(c)	(d)	(e)		, if any, to gain or	(h)			
Description of property	Date acquired	Date sold or	Proceeds	Cost or other		u enter an amount g), enter a code in	Gain or (loss).			
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the <b>Note</b> below and	column (f).	See instructions.	Subtract column (e) from column (d) &			
		(Mo., day, yr.)		see Column (e) in	(f)	<b>(g)</b> Amount of	combine the result			
				the instructions	Code(s)	adjustment	with column (g)			
PALLADIAN PARTNERS										
IV LLC							33.			
PALLADIAN PARTNERS V-A LLC							7,766.			
PALLADIAN PARTNERS							/,/00.			
V LLC							15,533.			
AC POWER & ENERGY							2,099.			
2 Totals. Add the amounts in colum										
negative amounts). Enter each to		•								
Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked) or <b>line 10</b> (if <b>B</b>		•					25,431.			
above is checked), or line 10 (if E		, F	was incorrect ent	l er in column (a) the	hasis as re	norted to the IPS				
<b>Note:</b> If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See <i>Column</i> (g) in the separate instructions for how to figure the amount of the adjustment.										

Form	2220
	ment of the Treasury Revenue Service

Name

## Underpayment of Estimated Tax by Corporations

FORM 990-T

Attach to the corporation's tax return.
 FORM
 Go to www.irs.gov/Form2220 for instructions and the latest information.

OMB No. 1545-0123

mplo	oyer identification numbe	۶r
	36-3978733	

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

**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.

Part I Required Annual Payment			
1 Total tax (see instructions)		1	8,249.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a		
<b>b</b> Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b		
<b>c</b> Credit for federal tax paid on fuels (see instructions)			
d Total. Add lines 2a through 2c		2d	
3 Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The does not owe the penalty			8,249.
4 Enter the tax shown on the corporation's 2020 income tax return. See instructions. <b>Caution:</b> If or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on			
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required t enter the amount from line 3	5	8,249.	
Part II Reasons for Filing - Check the boxes below that apply. If any boxes are che even if it does not owe a penalty. See instructions.	ecked, the corporation <b>mus</b> t	•••••	- /
6 The corporation is using the adjusted seasonal installment method.			
7 The corporation is using the annualized income installment method.			

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

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	9	10/15/21	12/15/21	03/15/22	06/15/22
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	2,062.	2,063.	2,062.	2,062.
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	13				
14	Add amounts on lines 16 and 17 of the preceding column	14		2,062.	4,125.	6,187.
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	0.	0.	0.	0.
16	If the amount on line 15 is zero, subtract line 13 from line					
	14. Otherwise, enter -0-	16		2,062.	4,125.	
17	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	2,062.	2,063.	2,062.	2,062.
18	<b>Overpayment.</b> If line 10 is less than line 15, subtract line 10					
	from line 15. Then go to line 12 of the next column	18				
Go	to Part IV on page 2 to figure the penalty. Do not go to Part IV	if th	ere are no entries on lin	e 17 - no penalty is owed	i.	

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2021)

112801 01-06-22

## FORM 990-T

Form 2220 (2021)

### 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						
0	Number of days from due date of installment on line 9 to the							
	date shown on line 19	20						
1	Number of days on line 20 after 4/15/2021 and before 7/1/2021	21						
2	Underpayment on line 17 x Number of days on line 21 x 3% (0.03)	22	\$	\$	\$		\$	
-	365		Ψ		¥		Ψ	
3	Number of days on line 20 after 6/30/2021 and before 10/1/2021	23						
4	Underpayment on line 17 x Number of days on line 23 x 3% (0.03)	24	\$	\$	\$		\$	
	365							
5	Number of days on line 20 after 9/30/2021 and before 1/1/2022	25						
6	Underpayment on line 17 x Number of days on line 25 x 3% (0.03)	26	\$	\$	\$		\$	
-	365						Ψ	
7	Number of days on line 20 after 12/31/2021 and before 4/1/2022	27	SE	E ATTACHED	WORKSHEI	ET		
8	Underpayment on line 17 x Number of days on line 27 x 3% (0.03)	28	\$	\$	\$		\$	
^	365							
9	Number of days on line 20 after 3/31/2022 and before 7/1/2022	29						
0	Underpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$		\$	
1		31						
2	Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$		\$	
3	Number of days on line 20 after 9/30/2022 and before 1/1/2023	33						
			<b>.</b>		<b>*</b>		<b>•</b>	
4	Underpayment on line 17 x Number of days on line 33 x *%	34	\$	\$	\$		\$	
5	Number of days on line 20 after 12/31/2022 and before 3/16/2023 $\qquad \dots$	35						
6	Underpayment on line 17 x Number of days on line 35 x *%	36	\$	\$	\$		\$	
	365							
7	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$		\$	
8	Penalty. Add columns (a) through (d) of line 37. Enter the to	otal he	ere and on Form 1120.	line 34; or the compara	ıble			
	line for other income tax returns		,	, 1			\$	281

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 1-800-829-4933 to get interest rate information.

Form **2220** (2021)

112802 01-06-22

### FORM 990-T UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s)				Identifying N	umber
THE DUPAGE	COMMUNITY FC	UNDATION		36-39	78733
(A)	(B)	(C) Adjusted	(D) Number Dava	(E) Daily	(F)
*Date	Amount	Balance Due	Number Days Balance Due	Penalty Rate	Penalty
		-0-			
10/15/21	2,062.	2,062.	61	.000082192	10
12/15/21	2,063.	4,125.	90	.000082192	31
03/15/22	2,062.	6,187.	16	.000082192	8
03/31/22	0.	6,187.	76	.000109589	52
06/15/22	2,062.	8,249.	15	.000109589	14
06/30/22	0.	8,249.	92	.000136986	104
09/30/22	0.	8,249.	46	.000164384	62
enalty Due (Sum of Col	umn F).				281

* Date of estimated tax payment, withholding credit date or installment due date.

112511 04-01-21

Form	4	7	<b>'9</b> '	7
- ·			-	

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

27

Seauence No. Identifying number

THE DUPAGE COMMUNITY FOUNDATION		36-3978733
<b>1a</b> Enter the gross proceeds from sales or exchanges reported to you for 2021 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		
assets	1c	

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) Part I

2 SE	(a) Description of property CE STATEMENT 7	(b) Date acquired (mo., day, yr.)	(C) Date sold (mo., day, yr.)	(d) Gross sales price	(see Instruction (e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
3 4 5 6	Gain, if any, from Form 4684, line 35 Section 1231 gain from installment Section 1231 gain or (loss) from like Gain, if any, from line 32, from other	sales from Form 6 -kind exchanges fi ⁻ than casualty or t	252, line 26 or 3 rom Form 8824 theft				7,950.
<ul> <li>7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows 7</li> <li>Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.</li> <li>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.</li> </ul>							
8 9	Nonrecaptured net section 1231 los Subtract line 8 from line 7. If zero or line 9 is more than zero, enter the ar capital gain on the Schedule D filed <b>rt II</b> Ordinary Gains and	less, enter -0 If li mount from line 8 with your return. S	ine 9 is zero, ent on line 12 below See instructions	er the gain from lin and enter the gair		ow. If ong-term	7,950.
10	Ordinary gains and losses not inclu			de property held 1	vear or less).		
	oramary game and respect her more						
		-					
11							( )
12	Gain, if any, from line 7 or amount fr						
13	Gain, if any, from line 31						
14 15	Net gain or (loss) from Form 4684, li Ordinary gain from installment sales						
16	Ordinary gain or (loss) from like-kind						
17							
18	For all except individual returns, ent						
а	a and b below. For individual returns If the loss on line 11 includes a loss loss from income-producing propert	s, complete lines a from Form 4684, l y on Schedule A (	a and b below. line 35, column Form 1040), line	(b)(ii), enter that pa 16. (Do not includ	rt of the loss here. e any loss on prop	Enter the erty used	
_	as an employee.) Identify as from "F						
b	Redetermine the gain or (loss) on lin	-	· •				
LH,				<b>S.</b>		18b	Form <b>4797</b> (2021)

118011 12-17-21

36-3978733 Page 2

	<b>(a)</b> Description of section 1245, 1250, 1252, 1254, or 1255 property:         (b)					
4						
3						
C						
0						
These columns relate to the properties on						
lines 19A through 19D.		Property A	Property B	Property C	Property D	
Gross sales price (Note: See line 1a before completing.)	20					
Cost or other basis plus expense of sale	21					
Depreciation (or depletion) allowed or allowable	22					
Adjusted basis. Subtract line 22 from line 21	23					
Total gain. Subtract line 23 from line 20	24					
If section 1245 property:						
a Depreciation allowed or allowable from line 22	25a					
<b>b</b> Enter the <b>smaller</b> of line 24 or 25a	25b					
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>b</b> Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions	26b					
<b>c</b> Subtract line 26a from line 24. If residential rental property <b>or</b> 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					
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						
<b>b</b> Line 27a multiplied by applicable percentage	27b					
c Enter the smaller of line 24 or 27b	27c					
<ul> <li>If section 1254 property:</li> <li>a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions</li> </ul>	28a					
<b>b</b> Enter the <b>smaller</b> 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>b</b> Enter the <b>smaller</b> of line 24 or 29a. See instructions	29b					
ummary of Part III Gains. Complete property	columns	A through D through	line 29b before going	to line 30.		
Total gains for all properties. Add property column	30					
Add property columns A through D, lines 25b, 26g						
2 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion						
from other than casualty or theft on Form 4797, lin art IV Recapture Amounts Under Section	e 6 ons 179	and 280F(b)(2)	When Business	Use Drops to 50%	or Less	
(see instructions)						

			115	2001 (0)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33		
34	Recomputed depreciation. See instructions	34		
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35		
1180	012 12-17-21			Form 4797 (2021)

101

### 11421214 147228 107808

2021.05010 THE DUPAGE COMMUNITY FOUN 107808_1

### THE DUPAGE COMMUNITY FOUNDATION

FORM 4797	PROP	PERTY HELI	O MORE THAN	N ONE YEAR	ST	ATEMENT 7
DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
PALLADIAN PARTNERS IV LLC						43.
PALLADIAN PARTNERS V-A LLC						559.
PALLADIAN PARTNERS VI LP PALLADIAN						-40.
PARTNERS V LLC						1,119.
PALLADIAN PARTNERS VII AC POWER & ENERGY ARTHUR STREET III AIM FUEL AIM PE						21. -1,490. -35. 4,575. 3,198.
TOTAL TO 4797, PA	RT I, LINE	2				7,950.