

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

2017
Open to Public Inspection

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

A For the **2017** calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE DUPAGE COMMUNITY FOUNDATION Doing business as DUPAGE FOUNDATION		D Employer identification number 36-3978733
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number 630-665-5570
	3000 WOODCREEK DRIVE 310		G Gross receipts \$ 30,722,329.
	City or town, state or province, country, and ZIP or foreign postal code DOWNERS GROVE, IL 60515-5408		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	F Name and address of principal officer: DAVID MCGOWAN SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(c) Group exemption number ▶
J Website: ▶ WWW.DUPAGEFOUNDATION.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1986	M State of legal domicile: IL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO FOSTER PHILANTHROPY, CONNECT DONORS TO AREA NEEDS, AND BUILD COMMUNITY PARTNERSHIPS		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	14
	6 Total number of volunteers (estimate if necessary)	6	115
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 20,944,269.	Current Year 5,920,176.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,825,909.	4,862,458.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	238,199.	153,672.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,008,377.	10,936,306.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,163,818.	4,819,615.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	848,571.	922,889.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 385,274.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	773,208.	922,982.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,785,597.	6,665,486.	
19 Revenue less expenses. Subtract line 18 from line 12	17,222,780.	4,270,820.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 87,821,181.	End of Year 94,927,711.
	21 Total liabilities (Part X, line 26)	14,670,707.	16,437,010.
	22 Net assets or fund balances. Subtract line 21 from line 20	73,150,474.	78,490,701.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	▶ DAVID MCGOWAN, PRESIDENT & CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	KIMBERLY A. HAUMANN	KIMBERLY A. HAUMANN	12/13/18		P00546491
	Firm's name ▶ PLANTE & MORAN, PLLC	Firm's EIN ▶ 38-1357951			
	Firm's address ▶ 10 S. RIVERSIDE PLAZA, 9TH FLOOR CHICAGO, IL 60606			Phone no. (312) 207-1040	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: VISION - THE DUPAGE COMMUNITY FOUNDATION SEEKS TO RAISE THE QUALITY OF LIFE THROUGHOUT DUPAGE COUNTY. MISSION - TO FOSTER PHILANTHROPY, CONNECT DONORS TO AREA NEEDS AND BUILD COMMUNITY PARTNERSHIPS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

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

4a (Code:) (Expenses \$ 4,819,615. including grants of \$ 4,819,615.) (Revenue \$ 202,501.) TO MAKE CHARITABLE GRANTS AND PROVIDE ASSISTANCE TO NOT-FOR-PROFIT ORGANIZATIONS PRIMARILY FOR THE BENEFIT OF THOSE LIVING IN DUPAGE COUNTY AND TO CONNECT DONORS TO ORGANIZATIONS. SPECIAL AREAS OF FOCUS INCLUDE EARLY CHILDHOOD EDUCATION AND ARTS.

4b (Code:) (Expenses \$ 1,046,772. including grants of \$) (Revenue \$) SERVE AS A SOURCE OF INFORMATION ABOUT THE NEEDS OF DUPAGE COUNTY.

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

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

4e Total program service expenses 5,866,387.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes questions about Form 1096, Form W-2G, Form W-3, and various IRS forms like 8282, 8899, and 720.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a	19	
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b	19	
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **IL**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **DAVID MCGOWAN, PRESIDENT & CEO - 630-665-5570**
3000 WOODCREEK DRIVE, NO. 310, DOWNERS GROVE, IL 60515-5408

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

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MS. DENICE GIERACH TRUSTEE, CHAIR	1.00 0.00	X		X				0.	0.	0.
(2) MR. ERNEST MROZEK TRUSTEE, VICE CHAIR	1.00 0.00	X		X				0.	0.	0.
(3) MR. JOSEPH WEIDENBACH TRUSTEE, SECRETARY	1.00 0.00	X		X				0.	0.	0.
(4) MR. CHARLES MCKENNA TRUSTEE, TREASURER	1.00 0.00	X		X				0.	0.	0.
(5) MR. WILLIAM BLUM TRUSTEE	1.00 0.00	X						0.	0.	0.
(6) MS. BETSY BROSANAN TRUSTEE	1.00 0.00	X						0.	0.	0.
(7) MR. LAMOUNTE COLEMAN TRUSTEE	1.00 0.00	X						0.	0.	0.
(8) MR. WILLIAM GIFFIN TRUSTEE	1.00 0.00	X						0.	0.	0.
(9) MS. DENISE HORNE TRUSTEE	1.00 0.00	X						0.	0.	0.
(10) MR. CHRISTOPHER JANC TRUSTEE	1.00 0.00	X						0.	0.	0.
(11) MR. JOHN KAISER TRUSTEE	1.00 0.00	X						0.	0.	0.
(12) MR. WILLIAM KENNEDY TRUSTEE	1.00 0.00	X						0.	0.	0.
(13) MS. MARY KAY KLUGE TRUSTEE	1.00 0.00	X						0.	0.	0.
(14) MS. DELROSE KOCH TRUSTEE	1.00 0.00	X						0.	0.	0.
(15) MR. ROGER MCDUGAL TRUSTEE	1.00 0.00	X						0.	0.	0.
(16) MS. DOROTHY O'REILLY TRUSTEE	1.00 0.00	X						0.	0.	0.
(17) MS. MEGAN SHEBIK TRUSTEE	1.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MR. NATHANIEL WASSON TRUSTEE	1.00 0.00	X						0.	0.	0.
(19) MS. JOYCE WEBB TRUSTEE	1.00 0.00	X						0.	0.	0.
(20) MR. DAVID MCGOWAN PRESIDENT AND CEO	40.00 0.00			X				188,120.	0.	22,644.
1b Sub-total								188,120.	0.	22,644.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								188,120.	0.	22,644.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NORTHERN TRUST 50 S LASALLE ST, CHICAGO, IL 60603	INVESTMENT MANAGER	126,744.

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	404,179.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,515,997.				
	g Noncash contributions included in lines 1a-1f: \$		2,493,633.				
	h Total. Add lines 1a-1f		5,920,176.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,444,989.			1,444,989.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		23,127,038.					
		b Less: cost or other basis and sales expenses		19,709,569.			
		c Gain or (loss)		3,417,469.			
	d Net gain or (loss)		3,417,469.			3,417,469.	
	8 a Gross income from fundraising events (not including \$ 404,179. of contributions reported on line 1c). See Part IV, line 18	a	27,625.				
		b Less: direct expenses	b	76,454.			
		c Net income or (loss) from fundraising events		-48,829.			-48,829.
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a ADMINISTRATIVE FEES		561000	202,501.	202,501.			
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			202,501.				
12 Total revenue. See instructions.			10,936,306.	202,501.	0.	4,813,629.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,813,615.	4,813,615.		
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	6,000.	6,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	188,120.	28,200.	18,800.	141,120.
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	566,678.	259,462.	225,251.	81,965.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	28,763.	10,962.	9,300.	8,501.
9 Other employee benefits	85,585.	32,617.	27,673.	25,295.
10 Payroll taxes	53,743.	20,482.	17,377.	15,884.
11 Fees for services (non-employees):				
a Management				
b Legal	15.		15.	
c Accounting	27,210.		27,210.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	311,892.	294,609.	17,283.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	252,691.	252,691.		
12 Advertising and promotion	59,092.	22,491.	4,143.	32,458.
13 Office expenses	24,014.	8,406.	7,658.	7,950.
14 Information technology	57,680.	20,811.	19,214.	17,655.
15 Royalties				
16 Occupancy	53,409.	19,270.	17,791.	16,348.
17 Travel	2,769.	1,093.	723.	953.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	17,578.	2,219.	826.	14,533.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	51,532.	18,593.	17,166.	15,773.
23 Insurance	9,553.	3,447.	3,182.	2,924.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONSULTING	51,135.	51,135.		
b SPECIAL EVENTS	2,989.	284.		2,705.
c STAFF DEVELOPMENT	1,423.		213.	1,210.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	6,665,486.	5,866,387.	413,825.	385,274.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,996,344.	1	1,457,169.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	1,458,823.	3	739,910.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	40,289.	9	41,179.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,588,958.		
	b Less: accumulated depreciation	10b 237,596.		
	11 Investments - publicly traded securities	1,402,894.	10c	1,351,362.
	12 Investments - other securities. See Part IV, line 11	82,311,597.	11	90,764,543.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	611,234.	14	573,548.
16 Total assets. Add lines 1 through 15 (must equal line 34)	87,821,181.	15	94,927,711.	
17 Accounts payable and accrued expenses	50,113.	16	78,302.	
18 Grants payable		17		
19 Deferred revenue		18		
20 Tax-exempt bond liabilities		19		
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21		
23 Secured mortgages and notes payable to unrelated third parties		22		
24 Unsecured notes and loans payable to unrelated third parties		23		
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	14,620,594.	24	16,358,708.	
26 Total liabilities. Add lines 17 through 25	14,670,707.	25	16,437,010.	
27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		26		
27 Unrestricted net assets	6,823,203.	27	7,040,248.	
28 Temporarily restricted net assets	28,553,055.	28	32,191,971.	
29 Permanently restricted net assets	37,774,216.	29	39,258,482.	
30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds		30		
31 Paid-in or capital surplus, or land, building, or equipment fund		31		
32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	73,150,474.	33	78,490,701.	
34 Total liabilities and net assets/fund balances	87,821,181.	34	94,927,711.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,936,306.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,665,486.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,270,820.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	73,150,474.
5	Net unrealized gains (losses) on investments	5	1,069,407.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	78,490,701.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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 in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2017)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9090740.	6510695.	6944901.	5100707.	5920176.	33567219.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	9090740.	6510695.	6944901.	5100707.	5920176.	33567219.
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)						11315370.
6 Public support. Subtract line 5 from line 4.						2251849.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	9090740.	6510695.	6944901.	5100707.	5920176.	33567219.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	722,977.	930,845.	983,366.	1042473.	1444989.	5124650.
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.)	108,234.	112,920.	105,185.	111,846.	202,501.	640,686.
11 Total support. Add lines 7 through 10						39332555.
12 Gross receipts from related activities, etc. (see instructions)					12	1,708,538.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	56.57 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	59.86 %
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2017

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Part VI

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

Multiple horizontal lines for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2017

Name of the organization

THE DUPAGE COMMUNITY FOUNDATION

Employer identification number

36-3978733

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, 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 ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization THE DUPAGE COMMUNITY FOUNDATION	Employer identification number 36-3978733
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>843,988.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>513,526.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>505,833.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>473,389.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>442,400.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>308,253.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE DUPAGE COMMUNITY FOUNDATION	Employer identification number 36-3978733
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ 268,833.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ 257,595.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ 218,044.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ 215,062.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	_____ _____ _____	\$ 212,785.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	_____ _____ _____	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE DUPAGE COMMUNITY FOUNDATION	Employer identification number 36-3978733
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	_____ _____ _____	\$ 153,271.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
14	_____ _____ _____	\$ 143,147.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	_____ _____ _____	\$ 130,240.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE DUPAGE COMMUNITY FOUNDATION	Employer identification number 36-3978733
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>1</u>	STOCK _____ _____ _____	\$ <u>20,988.</u>	<u>12/31/17</u>
<u>2</u>	STOCK _____ _____ _____	\$ <u>512,011.</u>	<u>12/31/17</u>
<u>4</u>	STOCK _____ _____ _____	\$ <u>473,389.</u>	<u>12/31/17</u>
<u>5</u>	STOCK _____ _____ _____	\$ <u>442,400.</u>	<u>12/31/17</u>
<u>13</u>	STOCK _____ _____ _____	\$ <u>153,271.</u>	<u>12/31/17</u>
	_____ _____ _____	\$ _____	

Name of organization THE DUPAGE COMMUNITY FOUNDATION	Employer identification number 36-3978733
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2017
Open to Public Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	112	
2 Aggregate value of contributions to (during year)	4,300,592.	
3 Aggregate value of grants from (during year)	3,731,510.	
4 Aggregate value at end of year	44,861,013.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

4 Number of states where property subject to conservation easement is located ▶ _____

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

Yes No

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

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

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

Yes No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2017

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	71,112,768.	50,511,780.	48,523,380.	46,549,806.	36,258,912.
b Contributions	5,377,809.	20,482,648.	6,824,861.	5,576,633.	8,668,253.
c Net investment earnings, gains, and losses	5,907,095.	6,281,699.	-145,954.	1,071,170.	5,683,162.
d Grants or scholarships					
e Other expenditures for facilities and programs	6,138,734.	6,163,359.	4,690,507.	4,674,229.	4,060,521.
f Administrative expenses					
g End of year balance	76,258,938.	71,112,768.	50,511,780.	48,523,380.	46,549,806.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 6.31 %
 - b Permanent endowment 51.48 %
 - c Temporarily restricted endowment 42.21 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|-----|----|
| (i) unrelated organizations | | X |
| (ii) related organizations | | X |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		68,860.		68,860.
b Buildings		1,369,853.	109,915.	1,259,938.
c Leasehold improvements				
d Equipment		150,245.	127,681.	22,564.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,351,362.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AGENCY FUNDS	16,201,773.
(3) ANNUITY PAYABLE	156,935.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	16,358,708.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	12,082,167.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,069,407.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	76,454.
e	Add lines 2a through 2d	2e	1,145,861.
3	Subtract line 2e from line 1	3	10,936,306.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	10,936,306.

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

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

1	Total expenses and losses per audited financial statements	1	6,741,940.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	76,454.
e	Add lines 2a through 2d	2e	76,454.
3	Subtract line 2e from line 1	3	6,665,486.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	6,665,486.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 76,454.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 76,454.

Part XIII Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization THE DUPAGE COMMUNITY FOUNDATION	Employer identification number 36-3978733
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Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
3 a Sub-total	0	0			0.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			0.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	GENERAL OPERATING EXPENSES	6,000.	WIRE TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **1**

3 Enter total number of other organizations or entities **0**

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Schedule F (Form 990) 2017

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Multiple horizontal lines for supplemental information.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
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.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

THE DUPAGE COMMUNITY FOUNDATION

Employer identification number

36-3978733

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			

Total

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ANNUAL BENEFIT (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	431,804.		431,804.
	2	Less: Contributions	404,179.		404,179.
	3	Gross income (line 1 minus line 2)	27,625.		27,625.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	50,276.		50,276.
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	26,178.		26,178.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-48,829.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
360 YOUTH SERVICES 1305 W. OSWEGO RD. NAPERVILLE, IL 60540-6249	36-2936229	501(C)(3)	55,000.	0.			PROGRAM DEVELOPMENT
ACTION FOR HEALTHY KIDS 600 W. VAN BUREN ST., STE. 720 CHICAGO, IL 60607	47-0902020	501(C)(3)	20,000.	0.			PROGRAM DEVELOPMENT
ADDISON SCHOOL DISTRICT 4 222 N. KENNEDY DR. ADDISON, IL 60101	36-6007393	501(C)(3)	49,920.	0.			PROGRAM DEVELOPMENT
ADDISON TRAIL HIGH SCHOOL 213 N. LOMBARD RD. ADDISON, IL 60101	36-6004527	501(C)(3)	25,000.	0.			PROGRAM DEVELOPMENT
ADVOCATE CHARITABLE FOUNDATION-YOUNG HEARTS FOR LIFE - 1901 S. MEYERS RD., STE. 350 - OAKBROOK TERRACE, IL 60181-5207	36-3602197	501(C)(3)	10,000.	0.			GENERAL/OPERATING, PROGRAM DEVELOPMENT
ADVOCATE GOOD SAMARITAN HOSPITAL, 3815 HIGHLAND AVE. DOWNERS GROVE, IL 60515-1590	36-3297360	501(C)(3)	10,000.	0.			EQUIPMENT/SUPPLIES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **155.**

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

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

Schedule I (Form 990) (2017)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALIVE CENTER 500 W. 5TH AVE. NAPERVILLE, IL 60563	45-4998475	501(C)(3)	25,000.	0.			PROGRAM DEVELOPMENT
AMERICAN COUNCIL ON SCIENCE AND HEALTH - 110 E. 42ND ST., STE. 1300 - NEW YORK, NY 10017	13-2911127	501(C)(3)	5,000.	0.			GENERAL/OPERATING
AMERICAN RED CROSS P.O. BOX 37839 BOONE, IA 50037-0839	53-0196605	501(C)(3)	26,867.	0.			EMERGENCY FUNDS, GENERAL/OPERATING
AMERICA'S FUTURE FOUNDATION 3434 WASHINGTON BLVD., 1ST FLOOR ARLINGTON, VA 22201	52-1928321	501(C)(3)	10,000.	0.			GENERAL/OPERATING
ARTS COUNCIL OF MONGOLIA - US 2025 23RD AVE. E. SEATTLE, WA 98112	56-2373006	501(C)(3)	5,000.	0.			GENERAL/OPERATING
ATLAS NETWORK 1201 L STREET NW FLOOR 2 WASHINGTON, DC, VA 20005-4019	94-2763845	501(C)(3)	47,500.	0.			GENERAL/OPERATING, PROGRAM DEVELOPMENT
AUGUSTANA COLLEGE OFFICE OF FINANCIAL ASSISTANCE, 639 38TH ST. - ROCK ISLAND, IL 61201-2296	36-2166962	501(C)(3)	5,250.	0.			STUDENT AID
AURORA CHILDREN'S DENTAL SERVICE 238 S. GLENWOOD PL. AURORA, IL 60506	36-6080249	501(C)(3)	8,000.	0.			GENERAL/OPERATING
B.R. RYALL YMCA 49 DEICKE DR. GLEN ELLYN, IL 60137-5685	36-2470895	501(C)(3)	7,380.	0.			GENERAL/OPERATING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEDS PLUS PO BOX 2035 LA GRANGE, IL 60525	36-3741040	501(C)(3)	5,000.	0.			PROGRAM DEVELOPMENT
BENSENVILLE SCHOOL DISTRICT 210 S. CHURCH BENSENVILLE, IL 60106	36-6004475	501(C)(3)	50,000.	0.			PROGRAM DEVELOPMENT
BEVILL STATE COMMUNITY COLLEGE 1411 INDIANA AVE. JASPER, AL 35501	63-0578660	501(C)(3)	6,600.	0.			STUDENT AID
BRIDGE COMMUNITIES, INC. 505 CRESCENT BLVD., STE. E GLEN ELLYN, IL 60137-4529	36-3705951	501(C)(3)	68,000.	0.			GENERAL/OPERATING, NOT SPECIFIED, PROGRAM DEVELOPMENT
BUFFALO THEATRE ENSEMBLE 415 MELROSE AVE. GLEN ELLYN, IL 60137	81-2435419	501(C)(3)	20,000.	0.			PROGRAM DEVELOPMENT
CAMPTON HISTORIC AGRICULTURAL LANDS, INC. - PO BOX 403 - LAFOX, IL 60147	36-2969064	501(C)(3)	5,000.	0.			GENERAL/OPERATING
CARE FOR CARS 817 HUNTLEIGH DR. NAPERVILLE, IL 60540	45-4967795	501(C)(3)	12,000.	0.			NOT SPECIFIED, PROGRAM DEVELOPMENT
CARING NETWORK ILLINOIS 1200 ROOSEVELT RD., STE. 114 GLEN ELLYN, IL 60137-7807	36-3154700	501(C)(3)	10,000.	0.			GENERAL/OPERATING, PROGRAM DEVELOPMENT
CASA OF DUPAGE COUNTY, INC. 505 N COUNTY FARM RD 3C WHEATON, IL 60187	36-3875807	501(C)(3)	23,000.	0.			GENERAL/OPERATING, NOT SPECIFIED, PROGRAM DEVELOPMENT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASE 22W600 BUTTERFILED RD. GLEN ELLYN, IL 60137	36-4416397	501(C)(3)	50,000.	0.			PROGRAM DEVELOPMENT
CATHOLIC CHARITIES, DIOCESE OF JOLIET - 16555 WEBER RD. - CREST HILL, IL 60403	36-2170817	501(C)(3)	22,200.	0.			GENERAL/OPERATING, PROGRAM DEVELOPMENT
CATO INSTITUTE 1000 MASSACHUSETTS AVE., NW WASHINGTON, DC, VA 20001-5403	23-7432162	501(C)(3)	25,000.	0.			GENERAL/OPERATING
CHICAGO SINFONIETTA 70 E LAKE ST., STE. 1430 CHICAGO, IL 60601	36-3517987	501(C)(3)	31,624.	0.			PROGRAM DEVELOPMENT
CHICAGO SYMPHONY ORCHESTRA 220 S MICHIGAN AVE., 8TH FLOOR CHICAGO, IL 60604-2559	36-2167823	501(C)(3)	252,500.	0.			PROGRAM DEVELOPMENT
CHILD'S VOICE 180 HANSEN COURT WOOD DALE, IL 60191	36-4031325	501(C)(3)	6,000.	0.			GENERAL/OPERATING, PROGRAM DEVELOPMENT
COLLEGE OF DUPAGE FOUNDATION 425 FAWELL BLVD. GLEN ELLYN, IL 60137-6599	23-7011835	501(C)(3)	6,000.	0.			GENERAL/OPERATING, PROGRAM DEVELOPMENT
COLLEGE OF DUPAGE SCHOLARSHIPS 425 FAWELL BLVD. GLEN ELLYN, IL 60137-6599	23-7011835	501(C)(3)	15,000.	0.			STUDENT AID
COMMUNITY CONSOLIDATED SCHOOL DISTRICT 93 - 230 COVINGTON DR. - BLOOMINGDALE, IL 60108	36-6004530	501(C)(3)	61,450.	0.			GENERAL/OPERATING, PROGRAM DEVELOPMENT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY FOUNDATION OF WILL COUNTY - 701 ESSINGTON RD., STE. 103 - JOLIET, IL 60435	76-0821144	501(C)(3)	7,500.	0.			EQUIPMENT/SUPPLIES
COMMUNITY SCHOOL OF THE ARTS 501 COLLEGE AVE. WHEATON, IL 60187	36-2182171	501(C)(3)	150,000.	0.			PROGRAM DEVELOPMENT
DARE TO DREAM: GET EDUCATED! PO BOX 328 ELMHURST, IL 60126-0328	27-1778698	501(C)(3)	13,000.	0.			PROGRAM DEVELOPMENT
DIVINE INFANT JESUS CHURCH 1601 NEWCASTLE AVE. WESTCHESTER, IL 60154	36-2179791	501(C)(3)	10,000.	0.			GENERAL/OPERATING
DOCTORS WITHOUT BORDERS 40 RECTOR ST., 16TH FLOOR NEW YORK, NY 10006	13-3433452	501(C)(3)	15,500.	0.			GENERAL/OPERATING
DUPAGE CHILDREN'S MUSEUM 301 N WASHINGTON ST NAPERVILLE, IL 60540-4537	36-3565001	501(C)(3)	25,000.	0.			GENERAL/OPERATING
DUPAGE FEDERATION ON HUMAN SERVICES REFORM - 246 E JANATA BLVD., STE. 265 - LOMBARD, IL 60148	36-4197587	501(C)(3)	20,000.	0.			PROGRAM DEVELOPMENT
DUPAGE HABITAT FOR HUMANITY 1600 E ROOSEVELT RD. WHEATON, IL 60187	36-4003119	501(C)(3)	41,000.	0.			GENERAL/OPERATING, NOT SPECIFIED, PROGRAM DEVELOPMENT
DUPAGE HEALTH COALITION 511 THORHILL, SUITE E CAROL STREAM, IL 60188	36-4448208	501(C)(3)	45,000.	0.			PROGRAM DEVELOPMENT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUPAGE PADS 601 W LIBERTY DR WHEATON, IL 60187	36-3675494	501(C)(3)	59,500.	0.			EQUIPMENT/SUPPLIES, GENERAL/OPERATING, NOT SPECIFIED, PROGRAM DEVELOPMENT
DUPAGE SENIOR CITIZENS COUNCIL 1990 SPRINGER DR. LOMBARD, IL 60148	36-2988023	501(C)(3)	10,700.	0.			GENERAL/OPERATING, PROGRAM DEVELOPMENT
DUPAGE SYMPHONY ORCHESTRA PO BOX 844 NAPERVILLE, IL 60566	36-6108011	501(C)(3)	10,000.	0.			PROGRAM DEVELOPMENT
EASTER SEALS DUPAGE & FOX VALLEY 830 S ADDISON AVE. VILLA PARK, IL 60181	36-2476388	501(C)(3)	36,378.	0.			EQUIPMENT/SUPPLIES, GENERAL/OPERATING, NOT SPECIFIED, PROGRAM DEVELOPMENT
EASTER SEALS JOLIET REGION 212 BARNEY DR. JOLIET, IL 60435	36-2300706	501(C)(3)	20,000.	0.			PROGRAM DEVELOPMENT
EDUCARE OF WEST DUPAGE 851 PEARL RD. WEST CHICAGO, IL 60561	26-2259307	501(C)(3)	201,000.	0.			GENERAL/OPERATING, STAFF DEVELOPMENT
EISENHOWER JUNIOR HIGH SCHOOL 1410 W. 75TH ST. DARIEN, IL 60561	27-0278609	501(C)(3)	5,900.	0.			GENERAL/OPERATING
ELGIN SYMPHONY ORCHESTRA 20 DUPAGE CT. ELGIN, IL 60120	36-3145577	501(C)(3)	57,000.	0.			GENERAL/OPERATING
ELMHURST ART MUSEUM 150 S COTTAGE HILL AVE ELMHURST, IL 60126-3329	36-4096612	501(C)(3)	51,040.	0.			GENERAL/OPERATING, NOT SPECIFIED, PROGRAM DEVELOPMENT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EPIPHANY LUTHERAN CHURCH 314 W VALLETTE ST. ELMHURST, IL 60126	36-2246711	501(C)(3)	7,500.	0.			GENERAL/OPERATING, NOT SPECIFIED
EQUINE DREAMS, INC. PO BOX 372 SANDWICH, IL 60548	36-4300398	501(C)(3)	20,000.	0.			EQUIPMENT/SUPPLIES
FAMILY FOCUS, INC. 310 S PEORIA ST., STE. 301 CHICAGO, IL 60607	36-2884042	501(C)(3)	10,000.	0.			PROGRAM DEVELOPMENT
FAMILY SHELTER SERVICE 605 E ROOSEVELT RD WHEATON, IL 60187	36-2883552	501(C)(3)	70,300.	0.			GENERAL/OPERATING, NOT SPECIFIED, PROGRAM DEVELOPMENT, SALARY SUPPORT
FIRST FOLIO THEATRE 146 JULIET CT CLARENDON HILLS, IL 60514	36-4091752	501(C)(3)	5,500.	0.			GENERAL/OPERATING, PROGRAM DEVELOPMENT
FOUNDATION FOR INDIVIDUAL RIGHTS IN EDUCATION - 510 WALNUT ST, STE. 1250 - PHILADELPHIA, PA 19106-9943	04-3467254	501(C)(3)	40,000.	0.			GENERAL/OPERATING
FOUNDATION FOR TEACHING ECONOMICS 260 RUSSEL BLVD., STE. B DAVIS, CA 95616	51-0183347	501(C)(3)	30,000.	0.			GENERAL/OPERATING
FOX VALLEY CHRISTIAN ACTION 35W624 RIVERWOODS LANE ST. CHARLES, IL 60174	36-2911588	501(C)(3)	60,000.	0.			PROGRAM DEVELOPMENT
FREEDOM GOLF ASSOCIATION 504 BURR RIDGE CLUB DR. BURR RIDGE, IL 60527	46-0643217	501(C)(3)	7,500.	0.			GENERAL/OPERATING, PROGRAM DEVELOPMENT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF IMILIWAHA, C/O BENEDICTINE SISTERS SACRED HEART MONASTERY - 1910 MAPLE AVE. - LISLE, IL 60532	45-3811165	501(C)(3)	5,000.	0.			GENERAL/OPERATING
GIVING DUPAGE 421 N COUNTY FARM RD., RM. 1-700 WHEATON, IL 60187	26-2696088	501(C)(3)	6,500.	0.			PROGRAM DEVELOPMENT
GLEN ELLYN CHILDREN'S RESOURCE CENTER - 346 TAFT AVE., STE. 205 - GLEN ELLYN, IL 60137	20-0628057	501(C)(3)	22,500.	0.			GENERAL/OPERATING, NOT SPECIFIED, PROGRAM DEVELOPMENT
GLENBARD EAST HIGH SCHOOL 1014 S. MAIN ST. LOMBARD, IL 60148	36-6004526	501(C)(3)	10,000.	0.			PROGRAM DEVELOPMENT
GLENBARD NORTH HIGH SCHOOL 990 KUHN RD. CAROL STREAM, IL 60188	99-9973006	501(C)(3)	24,872.	0.			PROGRAM DEVELOPMENT
GLOBAL FOODBANKING NETWORK 70 E. LAKE, STE. 1200 CHICAGO, IL 60601	20-4268851	501(C)(3)	20,000.	0.			GENERAL/OPERATING
H.O.M.E DUPAGE, INC. 1600 E ROOSEVELT RD. WHEATON, IL 60187	36-3770757	501(C)(3)	20,000.	0.			PROGRAM DEVELOPMENT
HESED HOUSE 659 S. RIVER STREET AURORA, IL 60506	36-3285644	501(C)(3)	10,000.	0.			STAFF DEVELOPMENT
HUMANITARIAN SERVICE PROJECT 465 RANDY RD. CAROL STREAM, IL 60188	36-3187979	501(C)(3)	12,000.	0.			NOT SPECIFIED, PROGRAM DEVELOPMENT

Schedule I (Form 990)

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ILLINOIS ACTION FOR CHILDREN 4753 BROADWAY, STE. 1200 CHICAGO, IL 60640	36-2712912	501(C)(3)	15,000.	0.			PROGRAM DEVELOPMENT
ILLINOIS POLICY INSTITUTE 190 S. LASALLE ST., STE. 1500 CHICAGO, IL 60603	41-2057028	501(C)(3)	20,000.	0.			GENERAL/OPERATING
ILLINOIS STATE UNIVERSITY CAMPUS BOX 2320 NORMAL, IL 61790 NORMAL, IL 61790-2320	37-6025713	501(C)(3)	5,000.	0.			STUDENT AID
INDEPENDENT INSTITUTE 100 SWAN WAY OAKLAND, CA 94621	94-3008370	501(C)(3)	50,000.	0.			PROGRAM DEVELOPMENT
INDIAN TRAIL JUNIOR HIGH SCHOOL 222 N. KENNEDY DR. ADDISON, IL 60101	36-6007393	501(C)(3)	18,732.	0.			PROGRAM DEVELOPMENT
INSIDE OUT CLUB DUPAGE 790 ROYAL ST. GEORGE ST., STE. 141- NAPERVILLE, IL 60563	46-1125962	501(C)(3)	27,500.	0.			PROGRAM DEVELOPMENT
INSTITUTE FOR JUSTICE 901 N. GLEBE RD., STE. 900 ARLINGTON, VA 22203	52-1744337	501(C)(3)	35,000.	0.			GENERAL/OPERATING
ISLAND COUNTRY CLUB CHARITABLE FOUNDATION, INC. - 500 NASSAU RD. - MARCO ISLAND, FL 34145	59-3618210	501(C)(3)	26,000.	0.			GENERAL/OPERATING, PROGRAM DEVELOPMENT
JACKSON MIDDLE SCHOOL 301 W JACKSON ST VILLA PARK, IL 60181	36-6004505	501(C)(3)	17,000.	0.			PROGRAM DEVELOPMENT

Schedule I (Form 990)

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

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JEFFERSON MIDDLE SCHOOL 255 W VERMONT ST VILLA PARK, IL 60181	36-6004505	501(C)(3)	24,502.	0.			PROGRAM DEVELOPMENT
LIBERTY JUSTICE CENTER 190 S. LASALLE ST., STE. 1500 CHICAGO, IL 60603	45-4204425	501(C)(3)	50,000.	0.			GENERAL/OPERATING
LIVING WELL CANCER RESOURCE CENTER 442 WILLIAMSBURG AVE. GENEVA, IL 60134	16-1727774	501(C)(3)	25,000.	0.			PROGRAM DEVELOPMENT
LOAVES & FISHES COMMUNITY SERVICES 1871 HIGH GROVE LN. NAPERVILLE, IL 60540	36-3786777	501(C)(3)	55,350.	0.			GENERAL/OPERATING, NOT SPECIFIED, PROGRAM DEVELOPMENT
LOGGERHEAD MARINELIFE CENTER 14200 U.S. HWY 1 JUNO BEACH, FL 33480	59-2445926	501(C)(3)	5,300.	0.			GENERAL/OPERATING
LOMBARD SCHOOL DISTRICT 44 150 W MADISON AVE. LOMBARD, IL 60148	36-6004504	501(C)(3)	9,100.	0.			PROGRAM DEVELOPMENT
LUCY BURNS INSTITUTE, INC. INC., 8383 GREENWAY BLVD., STE. 600 MIDDLETON, WI 53562	20-8036372	501(C)(3)	5,000.	0.			GENERAL/OPERATING
MANHATTAN INSTITUTE FOR POLICY RESEARCH, INC. - 52 VANDERBILT AVE. - NEW YORK, NY 10017	13-2912529	501(C)(3)	26,500.	0.			PROGRAM DEVELOPMENT
MAYSLAKE VILLAGE 1801 35TH STREET OAK BROOK, IL 60523-2699	36-6096464	501(C)(3)	8,000.	0.			NOT SPECIFIED, PROGRAM DEVELOPMENT

Schedule I (Form 990)

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

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MEREDITH COLLEGE 3800 HILLSBOROUGH ST RALEIGH, NC 27607	56-0530242	501(C)(3)	25,000.	0.			EQUIPMENT/SUPPLIES
METROPOLITAN FAMILY SERVICES DUPAGE - 222 E. WILLOW AVENUE - WHEATON, IL 60187	36-2167061	501(C)(3)	104,600.	0.			PROGRAM DEVELOPMENT
MORTON ARBORETUM 4100 ILLINOIS ROUTE 53 LISLE, IL 60532	36-1505770	501(C)(3)	19,000.	0.			NOT SPECIFIED, PROGRAM DEVELOPMENT
NAPERVILLE ELDERLY HOMES, INC. 310 W MARTIN AVE. NAPERVILLE, IL 60540	36-2709810	501(C)(3)	7,500.	0.			PROGRAM DEVELOPMENT
NATIONAL ALLIANCE ON MENTAL ILLNESS DUPAGE - 115 N COUNTY FARM RD - WHEATON, IL 60187	36-3412057	501(C)(3)	46,500.	0.			GENERAL/OPERATING, PROGRAM DEVELOPMENT
NATIONAL PARKS CONSERVATION ASSOCIATION - 777 6TH ST. NW, STE. 700 - WASHINGTON, DC, VA 20001-3723	53-0225165	501(C)(3)	25,500.	0.			GENERAL/OPERATING, NOT SPECIFIED
NAVY SEAL FOUNDATION 1619 D ST. VIRGINIA BEACH, VA 23459	31-1728910	501(C)(3)	15,000.	0.			GENERAL/OPERATING
NEIGHBORHOOD FOOD PANTRIES,C/O ST. ISIDORE CATHOLIC CHURCH - 427 W ARMY TRAIL RD - BLOOMINGDALE, IL 60108	36-4301829	501(C)(3)	20,000.	0.			PROGRAM DEVELOPMENT
NORTH CENTRAL COLLEGE 30 N BRAINARD ST NAPERVILLE, IL 60540	36-2169157	501(C)(3)	6,250.	0.			STUDENT AID

Schedule I (Form 990)

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

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NORTHERN ILLINOIS FOOD BANK 273 DEARBORN CT. GENEVA, IL 60134	36-3203648	501(C)(3)	54,700.	0.			GENERAL/OPERATING, PROGRAM DEVELOPMENT
ONEWAY MINISTRIES P.O. BOX 2211 NAPERVILLE, IL 60567	31-1675712	501(C)(3)	59,104.	0.			EQUIPMENT/SUPPLIES, GENERAL/OPERATING, PROGRAM DEVELOPMENT, STAFF DEVELOPMENT
ORPHANETWORK 2624 SOUTHERN BLVD., STE. 101 VIRGINIA BEACH, VA 23452	54-1983817	501(C)(3)	40,000.	0.			GENERAL/OPERATING
OUTREACH COMMUNITY MINISTRIES 373 S. SCHMALE DR., STE. 102 CAROL STREAM, IL 60188	23-7265066	501(C)(3)	71,000.	0.			NOT SPECIFIED, PROGRAM DEVELOPMENT
PACIFIC LEGAL FOUNDATION 930 G ST. SACRAMENTO, CA 95814	94-2197343	501(C)(3)	10,000.	0.			GENERAL/OPERATING
PARK LAWN ASSOCIATION 10833 S LAPORTE OAK LAWN, IL 60452	36-2406623	501(C)(3)	10,800.	0.			GENERAL/OPERATING
PENNSYLVANIA STATE UNIVERSITY 103 BUILDING STE. 212 UNIVERSITY PARK, PA 16802	24-6000376	501(C)(3)	100,000.	0.			ENDOWMENT FUNDS
PEOPLE'S RESOURCE CENTER 201 S. NAPERVILLE ROAD WHEATON, IL 60187-5417	36-3157600	501(C)(3)	56,045.	0.			BUILDING/RENOVATION, GENERAL/OPERATING, NOT SPECIFIED, PROGRAM DEVELOPMENT
PRINCETON UNIVERSITY ANNUAL GIVING P.O. BOX 5357 PRINCETON, NJ 08546-5357	21-0634501	501(C)(3)	20,000.	0.			ANNUAL CAMPAIGNS, PROGRAM DEVELOPMENT

Schedule I (Form 990)

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

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PURDUE RESEARCH FOUNDATION 403 W WOOD ST WEST LAFAYETTE , IN 47907	35-1052049	501(C)(3)	50,000.	0.			PROGRAM DEVELOPMENT
RAY GRAHAM ASSOCIATION 901 WARRENVILLE RD., STE. 500 LISLE , IL 60532-4319	36-2411166	501(C)(3)	6,200.	0.			GENERAL/OPERATING, NOT SPECIFIED, PROGRAM DEVELOPMENT
REPORTERS WITHOUT BORDERS INC., P.O. BOX 34032 WASHINGTON, DC, VA 20005	20-0708028	501(C)(3)	7,500.	0.			GENERAL/OPERATING
SACRED HEART RETREAT APOSTOLATE 10480 1/2 WINNETKA AVE. CHATSWORTH, CA 91311	43-2005333	501(C)(3)	5,000.	0.			PROGRAM DEVELOPMENT
SAGUARO CHAPTER, NATL. SOCIETY OF THE D.A.R. - 2635 E. 1ST PL - MESA, AZ 85213	23-7442611	501(C)(3)	7,500.	0.			GENERAL/OPERATING
SALT CREEK BALLET 98 E. CHICAGO AVE. WESTMONT, IL 60559-1559	36-3415520	501(C)(3)	20,000.	0.			PROGRAM DEVELOPMENT
SALT CREEK DISTRICT 48 1110 S VILLA AVE VILLA PARK, IL 60181	36-6004507	501(C)(3)	25,000.	0.			PROGRAM DEVELOPMENT
SAMARACARE 1819 BAY SCOTT CIRCLE, STE. 109 NAPERVILLE, IL 60540-1130	36-2846570	501(C)(3)	15,000.	0.			SALARY SUPPORT
SCARCE 799 ROOSEVELT RD., BLDG. 2, STE. 10 GLEN ELLYN, IL 60137-5938	36-3908867	501(C)(3)	20,000.	0.			PROGRAM DEVELOPMENT

Schedule I (Form 990)

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SCHOOL AND TUTORS ON WHEELS 100 S. 6TH ST. LAGRANGE, IL 60525	45-2564510	501(C)(3)	10,000.	0.			PROGRAM DEVELOPMENT
SHARING CONNECTIONS 5111 CHASE AVE. DOWNERS GROVE, IL 60515	36-4363123	501(C)(3)	10,000.	0.			PROGRAM DEVELOPMENT
SIGNAL HILL CHAPTER, NATL. SOCIETY OF THE D.A.R. - 324 RAMBLE RD - LAKE IN THE HILLS, IL 60156	23-7167032	501(C)(3)	5,000.	0.			PROGRAM DEVELOPMENT
SOUTH EAST ASSN. FOR SPECIAL PARKS/RECREATION - 4500 BELMONT RD. - DOWNERS GROVE, IL 60515-2500	36-3264898	501(C)(3)	37,677.	0.			GENERAL/OPERATING, PROGRAM DEVELOPMENT
SPECIAL KIDS DAY 535 SPRING RD. ELMHURST, IL 60126	20-2123895	501(C)(3)	8,000.	0.			NOT SPECIFIED, PROGRAM DEVELOPMENT
SPECTRIOS INSTITUTE 219 E COLE AVE WHEATON, IL 60187	36-3083157	501(C)(3)	14,029.	0.			EQUIPMENT/SUPPLIES, PROGRAM DEVELOPMENT
SPINAL CSF LEAK FOUNDATION 170 S. LINCOLN ST., STE. 100 SPOKANE, WA 99201	47-1141080	501(C)(3)	25,000.	0.			PROGRAM DEVELOPMENT
SPIRITO! SINGERS 900 JORIE BLVD., STE. 102 OAK BROOK, IL 60523	26-2273153	501(C)(3)	5,000.	0.			EQUIPMENT/SUPPLIES
ST. CATHERINE OF BOLOGNA SCHOOL 112 ERSKINE RD RINGWOOD, NJ 07456	22-1593534	501(C)(3)	10,500.	0.			STUDENT AID

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ST. ISAAC JOGUES PARISH SCHOOL 421 S. CLAY ST. HINSDALE, IL 60521 HINSDALE, IL 60521-4035	36-2371229	501(C)(3)	10,000.	0.			GENERAL/OPERATING
ST. JOAN OF ARC PARISH & SCHOOL 820 DIVISION ST LISLE, IL 60532	36-2192836	501(C)(3)	9,000.	0.			GENERAL/OPERATING, NOT SPECIFIED
ST. RAPHAEL CATHOLIC CHURCH 1215 MODAFF RD. NAPERVILLE, IL 60540	26-4312959	501(C)(3)	8,000.	0.			GENERAL/OPERATING
STUDENTS FOR LIBERTY, INC. INC., P.O. BOX 97246 WASHINGTON, DC, VA 20090	94-3435899	501(C)(3)	6,500.	0.			GENERAL/OPERATING, NOT SPECIFIED
TAYLOR UNIVERSITY 236 WEST READE AVE. UPLAND, IN 46989	35-0868181	501(C)(3)	5,500.	0.			STUDENT AID
TECHNOSERVE, INC. INC., 1777 N. KENT ST., STE. 1100 ARLINGTON, VA 22209	13-2626135	501(C)(3)	10,000.	0.			GENERAL/OPERATING
TEEN PARENT CONNECTION 475 TAFT AVE. GLEN ELLYN, IL 60137	36-3387034	501(C)(3)	33,050.	0.			GENERAL/OPERATING, NOT SPECIFIED, PROGRAM DEVELOPMENT
THE COMMUNITY HOUSE 415 W. 8TH ST HINSDALE, IL 60521	36-2167735	501(C)(3)	10,500.	0.			NOT SPECIFIED, PROGRAM DEVELOPMENT
THE CONSERVATION FOUNDATION 10S404 KNOCH KNOLLS RD NAPERVILLE, IL 60565	23-7221206	501(C)(3)	12,500.	0.			EQUIPMENT/SUPPLIES, GENERAL/OPERATING, NOT SPECIFIED, PROGRAM DEVELOPMENT

Schedule I (Form 990)

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THE MECCA CENTER 16W560 91ST ST WILLOWBROOK, IL 60527	03-0499735	501(C)(3)	6,500.	0.			GENERAL/OPERATING
THREE FIRES COUNCIL BOY SCOUTS OF AMERICA - 415 N. 2ND STREET - ST. CHARLES, IL 60174	36-3831877	501(C)(3)	8,745.	0.			PROGRAM DEVELOPMENT
TRINITY EPISCOPAL CHURCH 130 N. WEST STREET WHEATON, IL 60187	36-2170847	501(C)(3)	6,000.	0.			GENERAL/OPERATING
TRUTH IN ACCOUNTING P.O. BOX 580 GLENCOE, IL 60022	35-2185292	501(C)(3)	175,000.	0.			GENERAL/OPERATING
UMMAH RELIEF INTERNATIONAL P.O. BOX 1426 ELGIN, IL 60121	36-3954960	501(C)(3)	10,000.	0.			GENERAL/OPERATING
UNION CHURCH OF HINSDALE 137 S. GARFIELD AVE. HINSDALE, IL 60521	13-1957221	501(C)(3)	25,000.	0.			ANNUAL CAMPAIGNS
UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN - 620 E. JOHN ST., MC-303 - CHAMPAIGN, IL 61820-5712	37-6006004	501(C)(3)	11,500.	0.			STUDENT AID
VERITAS ACADEMY P.O. BOX 1581 CODY, WY 82414	47-1107248	501(C)(3)	10,000.	0.			GENERAL/OPERATING, PROGRAM DEVELOPMENT
VILLA PARK DISTRICT 45 225 W VERMONT ST VILLA PARK, IL 60181	36-6004505	501(C)(3)	24,843.	0.			PROGRAM DEVELOPMENT

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VISUAL RESOURCES ASSOCIATION, CUNNINGHAM MEMORIAL LIBRARY, INDIANA STATE UNIVERSI - 510 N. 6-12 ST. - TERRE HAUTE, IN	26-0697925	501(C)(3)	5,100.	0.			PROGRAM DEVELOPMENT
VNA HEALTH CARE 400 N HIGHLAND AVE AURORA, IL 60506	36-2182095	501(C)(3)	20,000.	0.			ANNUAL CAMPAIGNS
WELLNESS HOUSE, 131 131 N. COUNTY LINE RD. HINSDALE, IL 60521	36-3636933	501(C)(3)	25,500.	0.			GENERAL/OPERATING, PROGRAM DEVELOPMENT
WEST CHICAGO DISTRICT 33 312 E FOREST AVE WEST CHICAGO, IL 60185	36-3652226	501(C)(3)	19,900.	0.			PROGRAM DEVELOPMENT
WESTERN DUPAGE SPECIAL RECREATION ASSOCIATION - 116 N. SCHMALE RD. - CAROL STREAM, IL 60188	36-3932924	501(C)(3)	52,807.	0.			GENERAL/OPERATING, PROGRAM DEVELOPMENT
WHEATON COLLEGE 501 COLLEGE AVE. WHEATON, IL 60187	36-2182171	501(C)(3)	6,000.	0.			STUDENT AID
WHEATON COLLEGE 501 COLLEGE AVENUE WHEATON, IL 60187	36-2182171	501(C)(3)	18,670.	0.			PROGRAM DEVELOPMENT
WILL-GRUNDY MEDICAL CLINIC 213 E CASS ST JOLIET, IL 60432	36-3492306	501(C)(3)	25,000.	0.			GENERAL/OPERATING
WILLOWBROOK HIGH SCHOOL 1250 S ARDMORE AVE. VILLA PARK, IL 60181	36-6004527	501(C)(3)	24,885.	0.			PROGRAM DEVELOPMENT

Schedule I (Form 990)

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

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WORLD RELIEF DUPAGE 191 S. GARY AVE., STE. 130 CAROL STREAM, IL 60188	23-6393344	501(C)(3)	48,500.	0.			EQUIPMENT/SUPPLIES, PROGRAM DEVELOPMENT
WYNDEMERE RESIDENTS ASSOCIATION 200 WYNDEMERE CIRCLE, E317 WHEATON, IL 60187	27-3177958	501(C)(3)	23,295.	0.			PROGRAM DEVELOPMENT
YOUNG LIFE METRO SOUTHWEST 812 HILLGROVE AVE. WESTERN SPRINGS, IL 60558	84-0385934	501(C)(3)	5,000.	0.			GENERAL/OPERATING
YOUTH OUTLOOK 1828 OLD NAPERVILLE RD. NAPERVILLE, IL 60563	36-4223806	501(C)(3)	20,000.	0.			PROGRAM DEVELOPMENT
YWCA METROPOLITAN CHICAGO 1 N. LASALLE ST., STE. 1150 CHICAGO, IL 60602	36-2179765	501(C)(3)	71,000.	0.			GENERAL/OPERATING, PROGRAM DEVELOPMENT

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

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

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

PART 1, LINE TWO:

AS PART OF THE GRANT AGREEMENT, GRANTEEES ARE REQUIRED TO SUBMIT A REPORT THAT IDENTIFIES THE USAGE OF GRANT FUNDS ALONG WITH MEASURABLE OUTCOMES ON THE PROGRAMS THAT BENEFITED FROM THE FINANCIAL SUPPORT.

GRANTS ARE NORMALLY AWARDED FOR ONE-TIME PROPOSED PROJECTS. THE RECIPIENT ORGANIZATION MUST ADHERE TO THE PROJECT DATES AND PROPOSAL, AS APPROVED BY THE GRANT COMMITTEE AND CONTACT FOUNDATION STAFF WITH ANY REVISIONS FOR APPROVAL. IN SOME CASES, THE GRANT AWARD MAY BE USED

Part IV Supplemental Information

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

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

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

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

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

Multiple horizontal lines for providing answers to the questions.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2017

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
THE DUPAGE COMMUNITY FOUNDATION

Employer identification number
36-3978733

Part I Questions Regarding Compensation

	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, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	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:		
a The organization?	6a	X
b Any related organization?	6b	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	X
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)?	9	

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

Schedule J (Form 990) 2017

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MR. DAVID MCGOWAN PRESIDENT AND CEO	(i)	183,686.	0.	4,434.	0.	22,644.	210,764.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

[Lined area for supplemental information]

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for the latest information.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	36	2,493,633.	AVERAGE HIGH/LOW
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **0**

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2017

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

SCHEDULE M, PART I, COLUMN (B):

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

B.

Multiple horizontal lines for data entry.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

THE DUPAGE COMMUNITY FOUNDATION

Employer identification number

36-3978733

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

THE BOARD OF TRUSTEES AND PRESIDENT ARE PROVIDED A COPY OF FORM 990 FOR
REVIEW BEFORE FILING. THE PRESIDENT AND TREASURER SIGN OFF ON FORM 990.

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

ANNUALLY, TRUSTEES, STAFF AND VOLUNTEERS ARE ASKED TO UPDATE SIGN, AND DATE
THEIR CONFLICT OF INTEREST POLICY.

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

THE PRESIDENT'S PERFORMANCE IS REVIEWED ANNUALLY. THE EXECUTIVE COMMITTEE
MEETS IN EXECUTIVE SESSION TO REVIEW PERFORMANCE AND PROVIDE FEEDBACK TO
THE CHAIR OF THE BOARD WHO CONDUCTS THE ACTUAL REVIEW.

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

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

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

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

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

PMT #	_____
AMT	_____
INIT	_____

Attorney General LISA MADIGAN State of Illinois
Charitable Trust Bureau, 100 West Randolph
11th Floor, Chicago, Illinois 60601

CO # 01-027387

Report for the Fiscal Period:

Beginning 07/01/2017

& Ending 06/30/2018
 MO DAY YR

Make Checks Payable to the Illinois Charity Bureau Fund

- Check all items attached:**
- Copy of IRS Return
 - Audited Financial Statements
 - Copy of Form IFC
 - \$15.00 Annual Report Filing Fee
 - \$100.00 Late Report Filing Fee

Federal ID # 36-3978733

Are contributions to the organization tax deductible? Yes No

Date Organization was created: 07/06/1994
 MO DAY YR

LEGAL NAME THE DUPAGE COMMUNITY FOUNDATION	Year-end amounts	
MAIL ADDRESS 3000 WOODCREEK DRIVE, NO. 310	A) ASSETS	A) \$ 94,927,711.
CITY, STATE DOWNERS GROVE, IL	B) LIABILITIES	B) \$ 16,437,010.
ZIP CODE 60515-5408	C) NET ASSETS	C) \$ 78,490,701.
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	54.008 %	D) \$ 5,947,801.
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	%	E) \$
F) OTHER REVENUES	45.992 %	F) \$ 5,064,959.
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$ 11,012,760.
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		
H) OPERATING CHARITABLE PROGRAM EXPENSE	16.660 %	H) \$ 1,123,226.
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	16.660 %	J) \$ 1,123,226.
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):		\$
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	71.487 %	K) \$ 4,819,615.
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	88.147 %	L) \$ 5,942,841.
M) MANAGEMENT AND GENERAL EXPENSE	6.138 %	M) \$ 413,825.
N) FUNDRAISING EXPENSE	5.715 %	N) \$ 385,274.
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	O) \$ 6,741,940.
III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)		
PROFESSIONAL FUNDRAISERS:		
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$ 0.
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$
PROFESSIONAL FUNDRAISING CONSULTANTS:		
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$ 0.
IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:		
T) NAME, TITLE: DAVID MCGOWAN, PRESIDENT & CEO		T) \$ 188,120.
U) NAME, TITLE: MIKE SITRICK, VP FOR ADVANCEMENT		U) \$ 99,876.
V) NAME, TITLE: BARBARA SZCZEPANIAK, VP FOR PROGRAMS		V) \$ 95,148.
V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES		List on back side of instructions CODE
W) DESCRIPTION: INFORMATION SOURCE FOR COMMUNITY NEEDS		W) # 300
X) DESCRIPTION: GRANTS TO OTHER CHARITABLE ORGANIZATIONS		X) # 150
Y) DESCRIPTION:		Y) #

IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:

	YES	NO
1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?		<input checked="" type="checkbox"/>
2. HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?		<input checked="" type="checkbox"/>
3. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?		<input checked="" type="checkbox"/>
4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?		<input checked="" type="checkbox"/>
5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?		<input checked="" type="checkbox"/>
6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)		<input checked="" type="checkbox"/>
7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?		<input checked="" type="checkbox"/>
7b. IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ _____ ; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ _____ ; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ _____ ; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$ _____		
8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?		<input checked="" type="checkbox"/>
9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?		<input checked="" type="checkbox"/>
10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?		<input checked="" type="checkbox"/>
11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: <u>THE NORTHERN TRUST COMPANY OF ILLINOIS, 50 S LASALLE ST, CHICAGO, IL</u> <u>SYNTRINSIC INVESTMENT COUNSEL/BNY MELLON CO., 1 PERSHING PLAZA, NJ</u> <u>MORGAN STANLEY, 2211 YORK RD, STE 100, OAK BROOK, IL 60523</u>		
12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <u>DAVID MCGOWAN, PRESIDENT & CEO - 630-665-5570</u>		

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

DAVID MCGOWAN

PRESIDENT or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

JOSEPH L. WEIDENBACH

TREASURER or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

KIMBERLY A. HAUMANN

PREPARER (PRINT NAME)

SIGNATURE

DATE