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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2008Open to Public
Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type: See Specific Instructions	C Name of organization THE DUPAGE COMMUNITY FOUNDATION		D Employer identification number 36-3978733
		Doing Business As		E Telephone number (630) 665-5556
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 104 E. ROOSEVELT ROAD, SUITE 204		G Gross receipts \$ 20,916,958.
		City or town, state or country, and ZIP + 4 WHEATON, IL 60187-5267		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
F Name and address of principal officer: MR. DAVID MCGOWAN SAME AS C ABOVE				
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ WWW.DCFDN.ORG				
K Type 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 ACCEPT, HOLD, ADMINISTER, INVEST, AND DISBURSE FUNDS FOR THE BENEFIT OF THE RESIDENTS OF		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its 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 employees (Part V, line 2a)	5	6
	6	Total number of volunteers (estimate if necessary)	6	5
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	2,246,259.	5,105,233.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,042,191.	-2,632,197.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	54,756.	54,165.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,343,206.	2,527,201.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,322,937.	2,234,517.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	333,845.	442,263.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 254,974.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	432,497.	363,529.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,089,279.	3,040,309.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	1,253,927.	-513,108.
	20	Total assets (Part X, line 16)	Beginning of Year	End of Year
	21	Total liabilities (Part X, line 26)	24,829,353.	23,961,138.
	22	Net assets or fund balances. Subtract line 21 from line 20	5,828,313.	5,484,893.
			19,001,040.	18,476,245.

Part II Signature Block

Sign Here	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.			
	Signature of officer: <i>David M. McGowan</i> MR. DAVID MCGOWAN, PRESIDENT. Type or print name and title		Date: 2/24/10	
Paid Preparer's Use Only	Preparer's signature: <i>Jody A. Hawthorne</i> Firm's name (or yours if self-employed), address, and ZIP + 4: WOLF & COMPANY LLP 2100 CLEARWATER DRIVE OAK BROOK, ILLINOIS 60523-1927	Date: 2.19.10	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions): EIN ▶ Phone no. ▶ (630) 545-4500

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

832001 12-18-08

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2008)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

915-116

24

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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission.

**TO ACCEPT, HOLD, ADMINISTER, INVEST, AND DISBURSE FUNDS FOR THE
BENEFIT OF THE RESIDENTS OF DUPAGE COUNTY, ILLINOIS.**

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

If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes", describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 2,234,518. including grants of \$ 2,228,517.) (Revenue \$)
**TO MAKE CHARITABLE GRANTS AND PROVIDE TECHNICAL ASSISTANCE TO
NOT-FOR-PROFIT ORGANIZATIONS FOR THE BENEFIT OF THOSE LIVING IN DUPAGE
COUNTY**

4b (Code:) (Expenses \$ 390,413. 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 ► \$ 2,624,931. (Must equal Part IX, Line 25, column (B))

Form 990 (2008)

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 Schedule B, Schedule of Contributors?	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? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where 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; 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 hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as 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 U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total 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 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 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 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, questions 3, 4, or 5? <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 questions 24b-24d and complete Schedule K. If "No," go to question 25</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) and 501(c)(4) 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 Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <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, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

Form 990 (2008)

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <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, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	7	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	6	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	X	
10	Section 501(c)(7) organizations. Enter: N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter: N/A		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		

Form 990 (2008)

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)**Section A. Governing Body and Management**

	Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions		
1a Enter the number of voting members of the governing body	1a	19
b Enter the number of voting members that 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?	2	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?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9a Does the organization have local chapters, branches, or affiliates?	9a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X
11 Is there any officer, director or 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	11	X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	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?	15a	X
b Other officers or key employees of the organization?	15b	X
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?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply
☒ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►
 DAVID MCGOWAN, PRESIDENT - (630) 665-5556
 104 E. ROOSEVELT ROAD, SUITE 204, WHEATON, IL 60187-5267

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- 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 the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DALIP BAMMI DIRECTOR	1.00	X						0.	0.	0.
JANET A. HODGE DIRECTOR	1.00	X						0.	0.	0.
LAURIE K. MCMAHON SECRETARY	1.00	X						0.	0.	0.
JO BEAVERS DIRECTOR	1.00	X						0.	0.	0.
FRANK C. HUDETZ VICE CHAIRMAN	1.00	X						0.	0.	0.
JACK E. MENSCHING IMMEDIATE PAST CHAIR	1.00	X						0.	0.	0.
NORMAN J. BELES TREASURER	1.00	X						0.	0.	0.
MR. WILLIAM J. KENNEDY DIRECTOR	1.00	X						0.	0.	0.
JOAN S. MORRISSEY DIRECTOR	1.00	X						0.	0.	0.
STEPHEN M. BURT DIRECTOR	1.00	X						0.	0.	0.
DICK KUHN DIRECTOR	1.00	X						0.	0.	0.
MR. ERNEST J. MROZEK DIRECTOR	1.00	X						0.	0.	0.
MR. PHILLIP R. CABRERA DIRECTOR	1.00	X						0.	0.	0.
DANIEL MAGUIRE DIRECTOR	1.00	X						0.	0.	0.
CLAY P. NACCARATO DIRECTOR	1.00	X						0.	0.	0.
BRETT M. DALE DIRECTOR	1.00	X						0.	0.	0.
EMMETT P. MALLOY DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
NANCY E. SINDELAR DIRECTOR	1.00	X						0.	0.	0.
CARSON R. YEAGER CHAIRMAN	1.00	X						0.	0.	0.
DAVID MCGOWAN PRESIDENT	40.00			X				146,368.	0.	18,874.
1b Total								146,368.	0.	18,874.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 1

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		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 **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 0

Part VIII Statement of Revenue				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5105233.			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		5,105,233.			
Program Service Revenue			Business Code				
	2 a						
	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)		568,436.			568,436.
	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			
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)			-3200633.		-3200633.
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from fundraising events					
	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	54,165.			54,165.	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		54,165.				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		2,527,201.	0.	0.	-2578032.	

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21	2,228,517.	2,228,517.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. 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	165,243.	33,049.	16,524.	115,670.
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	217,005.	137,422.	79,583.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,155.	1,858.	1,297.	
9 Other employee benefits	29,864.	18,238.	10,308.	1,318.
10 Payroll taxes	26,996.	12,418.	7,019.	7,559.
11 Fees for services (non-employees).				
a Management				
b Legal	15.	6.	3.	6.
c Accounting	9,510.		9,510.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	4,908.	2,454.	491.	1,963.
13 Office expenses	30,157.	13,208.	4,770.	12,179.
14 Information technology				
15 Royalties				
16 Occupancy	4,718.	1,887.	802.	2,029.
17 Travel	2,115.	1,322.	225.	568.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,376.	1,649.	1,194.	1,533.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	21,398.	8,559.	3,638.	9,201.
23 Insurance	6,259.	2,504.	1,064.	2,691.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a ENDOWMENT EXPENSE	96,324.	96,324.	0.	0.
b INVESTMENT FEES	80,135.	32,054.	13,623.	34,458.
c BENEFIT EXPENSE	27,503.	0.	0.	27,503.
d MISCELLANEOUS	18,186.	5,900.	2,009.	10,277.
e ANNUAL REPORT	16,967.	8,483.	1,697.	6,787.
f All other expenses	40,958.	13,079.	6,647.	21,232.
25 Total functional expenses Add lines 1 through 24f	3,040,309.	2,624,931.	160,404.	254,974.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,966,010.	1	3,608,532.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	128,095.	3	349,403.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	10,547.	9	14,854.
	10a Land, buildings, and equipment: cost basis	10a 561,429.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 58,247.	10c	503,182.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	22,232,890.	12	19,485,167.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	24,829,353.	16	23,961,138.	
Liabilities	17 Accounts payable and accrued expenses	19,855.	17	21,531.
	18 Grants payable	10,000.	18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	5,798,458.	25	5,463,362.
	26 Total liabilities. Add lines 17 through 25	5,828,313.	26	5,484,893.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,344,721.	27	4,922,223.
	28 Temporarily restricted net assets	1,457,925.	28	1,541,469.
	29 Permanently restricted net assets	14,198,394.	29	12,012,553.
	Organizations that do not follow SFAS 117, 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	19,001,040.	33	18,476,245.
	34 Total liabilities and net assets/fund balances	24,829,353.	34	23,961,138.

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
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?		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2008

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. (Please check only **one** organization.)

- 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.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 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 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 the Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the organizations the organization supports.

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2008

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)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2355504.	2375050.	2007503.	2246259.	5105232.	14089548.
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 - 3	2355504.	2375050.	2007503.	2246259.	5105232.	14089548.
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)						
6 Public Support. Subtract line 5 from line 4						14089548.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	2355504.	2375050.	2007503.	2246259.	5105232.	14089548.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	364,810.	482,059.	564,423.	605,252.	568,436.	2584980.
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 IV.)		32,511.	43,830.	54,756.	54,165.	185,262.
11 Total support. Add lines 7 through 10						16859790.
12 Gross receipts from related activities, etc. (see instructions)					12	
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 2008 (line 6, column (f) divided by line 11, column (f))	14	83.57	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	82.13	%
16a 33 1/3% support test - 2008. 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 - 2007. 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 - 2008. 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 IV 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 - 2007. 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 IV 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"/>			

Schedule A (Form 990 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 IV.)						
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. 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 - 2007. 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 ▶ ☐

Schedule D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Attach to Form 990. To be completed by organizations that
answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008Open 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" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	59	
2 Aggregate contributions to (during year)	1,152,416.	
3 Aggregate grants from (during year)	619,642.	
4 Aggregate value at end of year	5,511,994.	
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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-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 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 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

3 Using the organization's 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 XIV.

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 Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to 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 XIV and complete the following table.

	Amount
1c	
1d	
1e	
1f	

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to 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	18168780.				
b Contributions	4,670,332.				
c Investment earnings or losses	-2664355.				
d Grants or scholarships					
e Other expenditures for facilities and programs	2,547,489.				
f Administrative expenses					
g End of year balance	17627268.				

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ☒ 23.11 %
 b Permanent endowment ☒ 68.15 %
 c Term endowment ☒ 8.74 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		95,000.		95,000.
b Buildings		379,696.	17,371.	362,325.
c Leasehold improvements				
d Equipment		86,733.	40,876.	45,857.
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))				503,182.

Schedule D (Form 990) 2008

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,527,201.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,040,309.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-513,108.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-11,687.
9	Total adjustments (net). Add lines 4-8	9	-11,687.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-524,795.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	2,515,514.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-11,687.
e	Add lines 2a through 2d	2e	-11,687.
3	Subtract line 2e from line 1	3	2,527,201.
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 XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	2,527,201.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	3,040,309.
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	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	3,040,309.
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 XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	3,040,309.

Part XIV Supplemental Information

Complete this part to 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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

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 8 - OTHER ADJUSTMENTS:

UNREALIZED LOSS ON INVESTMENTS: -15977.

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS: 4290.

Part XIV Supplemental Information (continued)

PART XII, LINE 2D - OTHER ADJUSTMENTS:

UNREALIZED LOSS ON INVESTMENTS: -15977.

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS: 4290.

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

OMB No 1545-0047

2008

Open to Public Inspection

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, line 15, or line 16.

Name of the organization

Employer identification number

THE DUPAGE COMMUNITY FOUNDATION

36-3978733

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** 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 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
Totals					

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

Schedule F (Form 990) 2008

Part IV Supplemental Information

Complete this part to provide the information required by Part I, line 2, and any other additional information.

THE FOUNDATION REQUIRES THE GRANT RECIPIENT TO SIGN AND RETURN A GRANT AGREEMENT FORM STATING THAT THEY WILL USE THE FUNDS AS OUTLINED IN THE AGREEMENT FORM.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.**
▶ **Attach to Form 990.**

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

THE DUPAGE COMMUNITY FOUNDATION

Employer identification number
36-3978733

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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) 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 non-cash assistance	(h) Purpose of grant or assistance
ADDISON COMMUNITY SWITCHBOARD 193 W. MICHAEL LN. ADDISON, IL 60101-261	23-7222128	501(C)3	6,000.	0.	OTHER	N/A	GENERAL OPERATING EXPENSES
ANIMA - YOUNG SINGERS OF GREATER CHICAGO - 799 ROOSEVELT RD. - GLEN ELLYN, IL 60137-591	36-3159041	501(C)3	5,164.	0.	OTHER	N/A	OUTREACH PROGRAMS
ANIMA - YOUNG SINGERS OF GREATER CHICAGO - 799 ROOSEVELT RD. - GLEN ELLYN, IL 60137-591	36-3159041	501(C)3	1,000.	0.	OTHER	N/A	UNRESTRICTED
ANIMA - YOUNG SINGERS OF GREATER CHICAGO - 799 ROOSEVELT RD. - GLEN ELLYN, IL 60137-591	36-3159041	501(C)3	800.	0.	OTHER	N/A	UNRESTRICTED
B. R. RYALL YMCA 49 DEICKE DRIVE GLEN ELLYN, IL 60137-568	36-2470895	501(C)3	25,000.	0.	OTHER	N/A	UNRESTRICTED
BRIDGE COMMUNITIES, INC. 505 CRESCENT BLVD. GLEN ELLYN, IL 60137-452	36-3705951	501(C)3	15,000.	0.	OTHER	N/A	TRANSITIONAL HOUSING SERVICES

2 Enter total number of section 501(c)(3) and government organizations

141.

3 Enter total number of other organizations

0.

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

Schedule I (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

THE DUPAGE COMMUNITY FOUNDATION

Employer identification number
36-3978733

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
BRIDGE COMMUNITIES, INC. 505 CRESCENT BLVD. GLEN ELLYN, IL 60137-452	36-3705951	501(C)3	1,000.	0.	OTHER	N/A	UNRESTRICTED
CASA OF DUPAGE COUNTY, INC. 505 N. COUNTY FARM RD. WHEATON, IL 60187	36-3875807	501(C)3	7,500.	0.	OTHER	N/A	COURT-ORDERED ADVOCACY PROGRAM
CHARLIE'S GIFT AUTISM CENTER 1048 W. OGDEN AVE. DOWNERS GROVE, IL 60515	13-4332520	501(C)3	5,000.	0.	OTHER	N/A	AFTER SCHOOL PROGRAM
CHICAGO POLICE DEPARTMENT 3510 S. MICHIGAN AVE. CHICAGO, IL 60653	00-0000000	501(C)3	20,000.	0.	OTHER	N/A	UNRESTRICTED
CHRIST-LIFE MINISTRIES P.O. BOX 3841 DES MOINES, IL 50323-084	42-1509052	501(C)3	25,000.	0.	OTHER	N/A	UNRESTRICTED
COLLEGE OF DUPAGE 425 FAWELL BLVD. GLEN ELLYN, IL 60137-659	23-7011835	501(C)3	1,000.	0.	OTHER	N/A	UNRESTRICTED
COLLEGE OF DUPAGE 425 FAWELL BLVD. GLEN ELLYN, IL 60137-659	23-7011835	501(C)3	5,000.	0.	OTHER	N/A	CORRIDO PROJECT
COLLEGE OF DUPAGE 425 FAWELL BLVD. GLEN ELLYN, IL 60137-659	23-7011835	501(C)3	100.	0.	OTHER	N/A	IN MEMORY OF ANTHONY ANTONIOU

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047
2008

Open to Public
Inspection

Name of the organization

Employer identification number
36-3978733

THE DUPAGE COMMUNITY FOUNDATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 HOUSING ASSOCIATION OF DUPAGE - 35 W. ST. CHARLES ROAD - VILLA PARK, IL 60181	36-3246645	501(C)3	10,000.	0.OTHER		N/A	SLIDING SCALE RENT PROGRAM
COOK COUNTY SHERIFF'S POLICE DEPARTMENT - 1401 MAYBROOK DRIVE - MAYWOOD, IL 60153	00-0000000	501(C)3	8,000.	0.OTHER		N/A	UNRESTRICTED
DAUGHTERS OF ST. MARY OF PROVIDENCE - 4200 N. AUSTIN AVE. - CHICAGO, IL 60634	00-0000000	501(C)3	254,705.	0.OTHER		N/A	UNRESTRICTED
DONKA 400 N. COUNTY FARM ROAD WHEATON, IL 60187	36-3284578	501(C)3	5,000.	0.OTHER		N/A	STAFF SUPPORT
DUPAGE COMMUNITY CLINIC 1506 E. ROOSEVELT ROAD P.O. BOX 606 WHEATON, IL 60189-060	36-3729319	501(C)3	1,000.	0.OTHER		N/A	UNRESTRICTED
DUPAGE COMMUNITY CLINIC 1506 E. ROOSEVELT ROAD P.O. BOX 606 WHEATON, IL 60189-060	36-3729319	501(C)3	10,000.	0.OTHER		N/A	SUPPLIES & SALARY SUPPORT
DUPAGE COUNTY 4-H FOUNDATION 1100 E. WARRENVILLE RD. NAPERVILLE, IL 60563	36-3291412	501(C)3	12,400.	0.OTHER		N/A	SUMMER YOUTH PROGRAM
DUPAGE FEDERATION ON HUMAN SERVICES REFORM - 146 W. ROOSEVELT ROAD - VILLA PARK, IL 60181	36-4197587	501(C)3	25,730.	0.OTHER		N/A	DESIGNATED FROM DUPAGE CO.

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**Department of the Treasury
Internal Revenue Service**Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008**Open to Public
Inspection**

Name of the organization

THE DUPAGE COMMUNITY FOUNDATIONEmployer identification number
36-3978733**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 HOMEOWNERSHIP CENTER 1333 N. MAIN STREET WHEATON, IL 60187	36-3770757	501(C)3	15,000.	0. OTHER		N/A	HOMEOWNERSHIP SERVICES
DUPAGE P.A.D.S. 705 W. LIBERTY WHEATON, IL 60187	36-3675494	501(C)3	11,000.	0. OTHER		N/A	UNRESTRICTED
DUPAGE P.A.D.S. 705 W. LIBERTY WHEATON, IL 60187	36-3675494	501(C)3	1,000.	0. OTHER		N/A	UNRESTRICTED
DUPAGE P.A.D.S. 705 W. LIBERTY WHEATON, IL 60187	36-3675494	501(C)3	500.	0. OTHER		N/A	UNRESTRICTED
DUPAGE P.A.D.S. 705 W. LIBERTY WHEATON, IL 60187	36-3675494	501(C)3	1,000.	0. OTHER		N/A	UNRESTRICTED
DUPAGE P.A.D.S. 705 W. LIBERTY WHEATON, IL 60187	36-3675494	501(C)3	7,500.	0. OTHER		N/A	OVERNIGHT HOUSING SHELTER SYSTEM
DUPAGE SENIOR CITIZENS COUNCIL 1919 S. HIGHLAND AVE. LOMBARD, IL 60148	36-2988023	501(C)3	2,000.	0. OTHER		N/A	UNRESTRICTED
DUPAGE SENIOR CITIZENS COUNCIL 1919 S. HIGHLAND AVE. LOMBARD, IL 60148	36-2988023	501(C)3	15,000.	0. OTHER		N/A	SENIOR NUTRITION PROGRAM

2 Enter total number of Section 501(c)(3) and government organizations**3** Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▲ **Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047
2008

**Open to Public
Inspection**

Name of the organization

THE DUPAGE COMMUNITY FOUNDATION

Employer identification number
36-3978733

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 SPONSORS 41 N. PARK BLVD. GLEN ELLYN, IL 60137	36-4467810	501(C)3	7,500.	0. OTHER		N/A	COMMUNITYWORKS
EASTER SEALS DUPAGE AND THE FOX VALLEY REGION - 830 S. ADDISON AVE. - VILLA PARK, IL 60181	36-2476388	501(C)3	10,000.	0. OTHER		N/A	UNRESTRICTED
ELMHURST ART MUSEUM P.O. BOX 23 150 COTTAGE HILL AVENUE ELMHURST, IL 60126-332	36-7096612	501(C)3	5,000.	0. OTHER		N/A	EXHIBITION COSTS
ELMHURST SYMPHONY ORCHESTRA ASSOCIATION - P.O. BOX 345 - ELMHURST, IL 60126-034	23-7348453	501(C)3	5,000.	0. OTHER		N/A	OUTREACH PROGRAMS
ESSE ADULT DAY SERVICES 515 S. WHEATON AVE. WHEATON, IL 60187	36-3188585	501(C)3	2,000.	0. OTHER		N/A	UNRESTRICTED
ESSE ADULT DAY SERVICES 515 S. WHEATON AVE. WHEATON, IL 60187	36-3188585	501(C)3	5,400.	0. OTHER		N/A	COMMUNITY CARE PROGRAM
FAMILY SHELTER SERVICE 605 E. ROOSEVELT RD. WHEATON, IL 60187	36-2883552	501(C)3	15,000.	0. OTHER		N/A	UNRESTRICTED
FAMILY SHELTER SERVICE 605 E. ROOSEVELT RD. WHEATON, IL 60187	36-2883552	501(C)3	1,000.	0. OTHER		N/A	UNRESTRICTED

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▲ **Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047
2008

Open to Public Inspection

Name of the organization

Employer identification number
36-3978733

THE DUPAGE COMMUNITY FOUNDATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
FEEDING NORTHWEST DUPAGE ST. ISIDORE CATHOLIC CHURCH 427 W. ARMY TRAIL ROAD - BLOOMINGDALE, IL 6010	36-4301829	501(C)3	10,200.	0. OTHER		N/A	MOBILE FOOD PANTRY
FIRST FOLIO THEATRE 146 JULIET COURT CLARENDON HILLS, IL 60514	36-4091752	501(C)3	6,000.	0. OTHER		N/A	SALARY SUPPORT
FIRST FOLIO THEATRE 146 JULIET COURT CLARENDON HILLS, IL 60514	36-4091752	501(C)3	1,000.	0. OTHER		N/A	UNRESTRICTED
FIRST UNITED METHODIST CHURCH OF ELMHURST - 232 S. YORK ROAD - ELMHURST, IL 60126	00-0000000	501(C)3	5,367.	0. OTHER		N/A	UNRESTRICTED
FOREST PRESERVE DISTRICT OF DUPAGE COUNTY - 3S580 NAPERVILLE ROAD - WHEATON, IL 60189-500	00-0000000	501(C)3	250.	0. OTHER		N/A	THANK YOU FOR PRIVATE TOUR
FOREST PRESERVE DISTRICT OF DUPAGE COUNTY - 3S580 NAPERVILLE ROAD - WHEATON, IL 60189-500	00-0000000	501(C)3	6,693.	0. OTHER		N/A	DESIGNATED
GATEWAY COMMUNITY CHURCH 7104 MCNEIL DR. AUSTIN AUSTIN, TX 78729-760	00-0000000	501(C)3	25,000.	0. OTHER		N/A	UNRESTRICTED
GLEN ELLYN CHILDREN'S RESOURCE CENTER - P.O. BOX 354 - GLEN ELLYN, IL 60138	20-0628057	501(C)3	5,000.	0. OTHER		N/A	AFTER-SCHOOL AND SUMMER PROGRAMS

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

THE DUPAGE COMMUNITY FOUNDATION

Employer identification number
36-3978733

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
GLEN ELLYN FOOD PANTRY 493 FOREST AVENUE GLEN ELLYN, IL 60137	36-3423123	501(C)3	3,435.	0.	OTHER	N/A	DESIGNATED
GLEN ELLYN FOOD PANTRY 493 FOREST AVENUE GLEN ELLYN, IL 60137	36-3423123	501(C)3	2,500.	0.	OTHER	N/A	UNRESTRICTED
GLEN ELLYN YOUTH & FAMILY COUNSELING SERV. - 535 FOREST AVENUE - GLEN ELLYN, IL 60137	36-3100204	501(C)3	5,000.	0.	OTHER	N/A	COMMUNITY COUNSELING PROGRAM
HINSDALE CENTER FOR THE ARTS 5903 S. COUNTY LINE ROAD P.O. BOX 1 HINSDALE, IL 60522-017	36-3092329	501(C)3	5,000.	0.	OTHER	N/A	HCA AT WASHINGTON SQUARE
HORIZONS - A FAMILY SERVICE ALLIANCE - 819 5TH STREET SE P.O. BOX 667 - CEDAR RAPIDS, IA 52406-066	42-1135083	501(C)3	10,000.	0.	OTHER	N/A	UNRESTRICTED
ILLINOIS STATE UNIVERSITY 251 FELL HALL NORMAL, IL 61790-232	00-0000000	501(C)3	1,000.	0.	OTHER	N/A	SCHOLARSHIP
ILLINOIS STATE UNIVERSITY 251 FELL HALL NORMAL, IL 61790-232	00-0000000	501(C)3	1,000.	0.	OTHER	N/A	SCHOLARSHIP
ILLINOIS STATE UNIVERSITY 251 FELL HALL NORMAL, IL 61790-232	00-0000000	501(C)3	3,000.	0.	OTHER	N/A	SCHOLARSHIP

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▲ **Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047
2008

**Open to Public
Inspection**

Name of the organization

Employer identification number
36-3978733

THE DUPAGE COMMUNITY FOUNDATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
INFANT 1108 OAK ST. WINNETKA, IL 60093-216	36-3315421	501(C)3	5,000.	0. OTHER		N/A	UNRESTRICTED
INSTITUTE FOR AFFORDABLE TRANSPORTATION - 5868 E. 71ST ST. - INDIANAPOLIS, IN 46220	35-2133517	501(C)3	20,000.	0. OTHER		N/A	UNRESTRICTED
INTERFAITH FOOD PANTRY 345 S. PRESIDENT STREET CAROL STREAM, IL 60188	36-3206531	501(C)3	6,742.	0. OTHER		N/A	FREEZER AND REFRIGERATOR
INTERNATIONAL ORDER OF THE ALHAMBRA - 3000 ST. CHARLES RD. - BELLWOOD, IL 60104	23-7505771	501(C)3	5,000.	0. OTHER		N/A	UNRESTRICTED
JUVENILE DIABETES RESEARCH FOUNDATION - GREATER CHICAGO CHAPTER - CHICAGO, IL 60610-338	51-0150028	501(C)3	5,000.	0. OTHER		N/A	UNRESTRICTED
LIFELINK CORPORATION 331 S. YORK ROAD BENSENVILLE BENSENVILLE, IL 60106-260	36-3487477	501(C)3	10,000.	0. OTHER		N/A	SALUD PRIMERO/HEALTH FIRST
LITERACY VOLUNTEERS OF DUPAGE 24W500 MAPLE AVE. NAPERVILLE, IL 60540	36-3749739	501(C)3	5,000.	0. OTHER		N/A	CUSTOMIZED TUTORING PROGRAM
LITTLE FRIENDS 140 N. WRIGHT STREET NAPERVILLE, IL 60540	36-2698644	501(C)3	10,000.	0. OTHER		N/A	CENTER FOR AUTISM

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▲ Attach to Form 990 to list additional information for
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OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

THE DUPAGE COMMUNITY FOUNDATION

Employer identification number
36-3978733

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
LIZZADRO MUSEUM OF LAPIDARY ART 220 COTTAGE HILL ELMHURST, IL 60126	36-2487600	501(C)3	100.	0.	OTHER	N/A	IN MEMORY OF DIANA NICHOLAS
LIZZADRO MUSEUM OF LAPIDARY ART 220 COTTAGE HILL ELMHURST, IL 60126	36-2487600	501(C)3	5,000.	0.	OTHER	N/A	GENERAL OPERATING
LOAVES & FISHES COMMUNITY PANTRY 556 W. FIFTH AVENUE NAPERVILLE, IL 60563	36-3786777	501(C)3	15,000.	0.	OTHER	N/A	COMMUNITY FOOD AND NUTRITION PROGRAM
LOVE CHRISTIAN CLEARINGHOUSE P.O. BOX 50 CLARENDON HILLS, IL 60514-005	36-3377798	501(C)3	10,000.	0.	OTHER	N/A	LOVE HELP PROGRAM
LUTHERAN SOCIAL SERVICES OF ILLINOIS - 1001 E. TOUHY - DES PLAINES, IL 60018	36-2584799	501(C)3	10,000.	0.	OTHER	N/A	WEST SUBURBAN COUNSELING PROGRAM
MARIANJOY FOUNDATION 26 W 171 ROOSEVELT ROAD P.O. BOX 16 WHEATON, IL 60187	35-2165613	501(C)3	5,000.	0.	OTHER	N/A	UNRESTRICTED
MARIANJOY FOUNDATION 26 W 171 ROOSEVELT ROAD P.O. BOX 16 WHEATON, IL 60187	35-2165613	501(C)3	15,000.	0.	OTHER	N/A	PEDIATRIC CONTINUING CARE PROGRAM
MORTON ARBORETUM 4100 ILLINOIS ROUTE 53 LISLE, IL 60532-129	36-1505770	501(C)3	15,000.	0.	OTHER	N/A	WOODLAND CONSERVATION STEWARDSHIP TRAINING PROGRAM

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▲ **Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047
2008

Open to Public Inspection

Name of the organization

Employer identification number
36-3978733

THE DUPAGE COMMUNITY FOUNDATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
MOUNT ST. JOSEPH 24955 N. HIGHWAY 12 12 LAKE ZURICH, IL 60047	51-0154138	501(C)3	424,508.	0.	OTHER	N/A	UNRESTRICTED
NAPERVILLE CARES 618-B WEST 5TH AVE. VE. NAPERVILLE, IL 60563	36-4320818	501(C)3	5,000.	0.	OTHER	N/A	EMERGENCY ASSISTANCE PROGRAM
NATIONAL ALLIANCE ON MENTAL ILLNESS DUPAGE - 2100 MANCHESTER RD. - WHEATON, IL 60187	36-3412057	501(C)3	1,000.	0.	OTHER	N/A	UNRESTRICTED
NATIONAL ALLIANCE ON MENTAL ILLNESS DUPAGE - 2100 MANCHESTER RD. - WHEATON, IL 60187	36-3412057	501(C)3	1,000.	0.	OTHER	N/A	UNRESTRICTED
NATIONAL ALLIANCE ON MENTAL ILLNESS DUPAGE - 2100 MANCHESTER RD. - WHEATON, IL 60187	36-3412057	501(C)3	500.	0.	OTHER	N/A	UNRESTRICTED
NATIONAL ALLIANCE ON MENTAL ILLNESS DUPAGE - 2100 MANCHESTER RD. - WHEATON, IL 60187	36-3412057	501(C)3	2,000.	0.	OTHER	N/A	UNRESTRICTED
NATIONAL ALLIANCE ON MENTAL ILLNESS DUPAGE - 2100 MANCHESTER RD. - WHEATON, IL 60187	36-3412057	501(C)3	10,000.	0.	OTHER	N/A	NAMI RECOVERY CONNECTIONS
NCO YOUTH & FAMILY SERVICES 1305 W. OSWEGO ROAD NAPERVILLE, IL 60540-624	36-2936229	501(C)3	10,000.	0.	OTHER	N/A	COUNSELING SERVICES

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Schedule I-1 (Form 990) 2008

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NORTHERN ILLINOIS FOOD BANK 600 INDUSTRIAL DRIVE ST. CHARLES, IL 60174-248	36-3203648	501(C)3	1,000.	0.	OTHER	N/A	UNRESTRICTED
NORTHERN ILLINOIS FOOD BANK 600 INDUSTRIAL DRIVE ST. CHARLES, IL 60174-248	36-3203648	501(C)3	2,000.	0.	OTHER	N/A	UNRESTRICTED
NORTHERN ILLINOIS FOOD BANK 600 INDUSTRIAL DRIVE ST. CHARLES, IL 60174-248	36-3203648	501(C)3	2,500.	0.	OTHER	N/A	UNRESTRICTED
OUTREACH COMMUNITY MINISTRIES 122 W. LIBERTY DRIVE WHEATON, IL 60187-512	23-7265066	501(C)3	15,000.	0.	OTHER	N/A	UNRESTRICTED
OUTREACH COMMUNITY MINISTRIES 122 W. LIBERTY DRIVE WHEATON, IL 60187-512	23-7265066	501(C)3	2,000.	0.	OTHER	N/A	UNRESTRICTED
PARK LAWN ASSOCIATION 10833 S. LAPORTE OAK LAWN, IL 60453	36-2406623	501(C)3	10,000.	0.	OTHER	N/A	UNRESTRICTED
PEOPLE'S RESOURCE CENTER 201 S. NAPERVILLE ROAD WHEATON, IL 60187-541	36-3157600	501(C)3	3,600.	0.	OTHER	N/A	UNRESTRICTED
PEOPLE'S RESOURCE CENTER 201 S. NAPERVILLE ROAD WHEATON, IL 60187-541	36-3157600	501(C)3	2,000.	0.	OTHER	N/A	UNRESTRICTED

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PEOPLE'S RESOURCE CENTER 201 S. NAPERVILLE ROAD WHEATON, IL 60187-541	36-3157600	501(C)3	500.	0. OTHER		N/A	UNRESTRICTED
PEOPLE'S RESOURCE CENTER 201 S. NAPERVILLE ROAD WHEATON, IL 60187-541	36-3157600	501(C)3	1,000.	0. OTHER		N/A	UNRESTRICTED
PEOPLE'S RESOURCE CENTER 201 S. NAPERVILLE ROAD WHEATON, IL 60187-541	36-3157600	501(C)3	1,000.	0. OTHER		N/A	UNRESTRICTED
PEOPLE'S RESOURCE CENTER 201 S. NAPERVILLE ROAD WHEATON, IL 60187-541	36-3157600	501(C)3	5,000.	0. OTHER		N/A	UNRESTRICTED
PEOPLE'S RESOURCE CENTER 201 S. NAPERVILLE ROAD WHEATON, IL 60187-541	36-3157600	501(C)3	3,000.	0. OTHER		N/A	UNRESTRICTED
PEOPLE'S RESOURCE CENTER 201 S. NAPERVILLE ROAD WHEATON, IL 60187-541	36-3157600	501(C)3	3,435.	0. OTHER		N/A	DESIGNATED
PEOPLE'S RESOURCE CENTER 201 S. NAPERVILLE ROAD WHEATON, IL 60187-541	36-3157600	501(C)3	2,500.	0. OTHER		N/A	UNRESTRICTED
PRAIRIE STATE LEGAL SERVICES 350 S. SCHWALE ROAD CAROL STREAM, IL 60188-278	37-1030764	501(C)3	15,000.	0. OTHER		N/A	DUPAGE COUNTY FORECLOSURE LEGAL ASSISTANCE PROJECT

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RAY GRAHAM ASSN. FOR PEOPLE WITH DISABILITIES - 2801 FINLEY ROAD - DOWNERS GROVE, IL 60515-101	36-2411166	501(C)3	5,000.	0.	OTHER	N/A	SPECIALIZED LIVING CENTER
RRAF 613 S. MAIN ST. LOMBARD, IL 60148-334	36-3185125	501(C)3	5,000.	0.	OTHER	N/A	GENERAL OPERATING
SAMARITAN INTERFAITH COUNSELING CENTER - 1819 BAY SCOTT CIRCLE - NAPERVILLE, IL 60540-113	36-2846570	501(C)3	5,000.	0.	OTHER	N/A	ACCESS PROGRAM
SENIOR HOME SHARING 711 E. ROOSEVELT ROAD WHEATON, IL 60187	36-3246634	501(C)3	3,000.	0.	OTHER	N/A	UNRESTRICTED
SENIOR HOME SHARING 711 E. ROOSEVELT ROAD WHEATON, IL 60187	36-3246634	501(C)3	7,000.	0.	OTHER	N/A	SHARED HOUSING PROGRAM
TEAM ILLINOIS HOCKEY CLUB 30 SQUIRE ROAD HAWTHORN WOODS, IL 60047	36-3666549	501(C)3	20,500.	0.	OTHER	N/A	SCHOLARSHIP
TEAM ILLINOIS HOCKEY CLUB 30 SQUIRE ROAD HAWTHORN WOODS, IL 60047	36-3666549	501(C)3	9,000.	0.	OTHER	N/A	SCHOLARSHIP
TEEN PARENT CONNECTION 739 ROOSEVELT ROAD GLEN ELLYN, IL 60137-993	36-3387034	501(C)3	5,000.	0.	OTHER	N/A	DOULA PROGRAM

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THE CONSERVATION FOUNDATION 10 S. 404 KNOCH KNOLLS ROAD NAPERVILLE, IL 60565	23-7221206	501(C)3	15,000.	0. OTHER		N/A	ENVIRONMENTAL EDUCATION AND WATERSHED PROTECTION PROGRAMS
THE CONSERVATION FOUNDATION 10 S. 404 KNOCH KNOLLS ROAD NAPERVILLE, IL 60565	23-7221206	501(C)3	10,000.	0. OTHER		N/A	UNRESTRICTED
THE CONSERVATION FOUNDATION 10 S. 404 KNOCH KNOLLS ROAD NAPERVILLE, IL 60565	23-7221206	501(C)3	5,000.	0. OTHER		N/A	ENVIRONMENTAL SUMMIT.
THE CONSERVATION FOUNDATION 10 S. 404 KNOCH KNOLLS ROAD NAPERVILLE, IL 60565	23-7221206	501(C)3	2,000.	0. OTHER		N/A	UNRESTRICTED
THE HUMANE SOCIETY OF THE UNITED STATES - 700 PROFESSIONAL DRIVE - GAITHERSBURG, MD 20879	53-0225390	501(C)3	125,000.	0. OTHER		N/A	UNRESTRICTED
THE NAVIGATORS P.O. BOX 6000 COLORADO SPRINGS, CO 80934	84-6226046	501(C)3	13,125.	0. OTHER		N/A	UNRESTRICTED
THE OUTREACH HOUSE C/O FIRST CHURCH OF LOMBARD 220 S. LOMBARD, IL 60148	20-0545709	501(C)3	7,500.	0. OTHER		N/A	NORTHERN IL MOBILE FOOD PANTRY
TRINITY EPISCOPAL CHURCH 130 N. WEST STREET WHEATON, IL 60187-509	00-0000000	501(C)3	15,123.	0. OTHER		N/A	DESIGNATED

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TRINITY EPISCOPAL CHURCH 130 N. WEST STREET WHEATON, IL 60187-509	00-0000000	501(C)3	3,000.	0.	OTHER	N/A	DESIGNATED
TRINITY EPISCOPAL CHURCH 130 N. WEST STREET WHEATON, IL 60187-509	00-0000000	501(C)3	3,000.	0.	OTHER	N/A	DESIGNATED
UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN - OFFICE - STUDENT FINANCIAL AID 620 E. JOHN ST. MC-303 - CHAMPAIGN, IL 61820-571	00-0000000	501(C)3	3,000.	0.	OTHER	N/A	SCHOLARSHIP
UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN - OFFICE - STUDENT FINANCIAL AID 620 E. JOHN ST. MC-303 - CHAMPAIGN, IL 61820-571	00-0000000	501(C)3	2,500.	0.	OTHER	N/A	SCHOLARSHIP
UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN - OFFICE - STUDENT FINANCIAL AID 620 E. JOHN ST. MC-303 - CHAMPAIGN, IL 61820-571	00-0000000	501(C)3	2,500.	0.	OTHER	N/A	SCHOLARSHIP
UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN - OFFICE - STUDENT FINANCIAL AID 620 E. JOHN ST. MC-303 - CHAMPAIGN, IL 61820-571	00-0000000	501(C)3	1,000.	0.	OTHER	N/A	SCHOLARSHIP
UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN - OFFICE - STUDENT FINANCIAL AID 620 E. JOHN ST. MC-303 - CHAMPAIGN, IL 61820-571	00-0000000	501(C)3	2,500.	0.	OTHER	N/A	SCHOLARSHIP
UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN - OFFICE - STUDENT FINANCIAL AID 620 E. JOHN ST. MC-303 - CHAMPAIGN, IL 61820-571	00-0000000	501(C)3	2,500.	0.	OTHER	N/A	SCHOLARSHIP

2 Enter total number of Section 501(c)(3) and government organizations

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Schedule I-1 (Form 990) 2008

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Department of the Treasury
Internal Revenue Service

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UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN - OFFICE -STUDENT FINANCIAL AID 620 E. JOHN ST. MC-303 - CHAMPAIGN, IL 61820-571	00-0000000	501(C)3	2,500.	0. OTHER		N/A	SCHOLARSHIP
WALK-IN MINISTRY OF HOPE 1047 CURTISS STREET ROOM 503 DOWNERS GROVE, IL 60515-460	37-0073814	501(C)3	5,000.	0. OTHER		N/A	IMMEDIATE ASSISTANCE PROGRAM
WELLNESS HOUSE 131 N. COUNTY LINE ROAD HINSDALE, IL 60521-240	36-3636933	501(C)3	5,000.	0. OTHER		N/A	FAMILY-FOCUSED PROGRAMMING FOR CANCER PATIENTS
WHEATON GRAND THEATER 123 N. HALE ST. P.O. BOX 1428 WHEATON, IL 60189-142	36-4397659	501(C)3	25,000.	0. OTHER		N/A	FOR RESTORATION OF THE THEATER.
WHEATON GRAND THEATER 123 N. HALE ST. P.O. BOX 1428 WHEATON, IL 60189-142	36-4397659	501(C)3	25,000.	0. OTHER		N/A	FOR RESTORATION OF THE THEATER.
WHEATON SOCIETY FOR CHRISTIAN INSTRUCTION - 530 E. HARRISON - WHEATON, IL 60187	36-2210719	501(C)3	1,000.	0. OTHER		N/A	UNRESTRICTED
WHEATON SOCIETY FOR CHRISTIAN INSTRUCTION - 530 E. HARRISON - WHEATON, IL 60187	36-2210719	501(C)3	2,500.	0. OTHER		N/A	FOR ANNUAL SCHOLARSHIP FUND
WHEATON SOCIETY FOR CHRISTIAN INSTRUCTION - 530 E. HARRISON - WHEATON, IL 60187	36-2210719	501(C)3	80,000.	0. OTHER		N/A	UNRESTRICTED

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WOODRIDGE COMMUNITY PANTRY 6809 HOBSON VALLEY DR. WOODRIDGE, IL 60517-174	36-3857072	501(C)3	5,000.	0.	OTHER	N/A	FOOD PANTRY
WOODRIDGE PARK DISTRICT 2600 CENTER DR. WOODRIDGE, IL 60517-202	00-0000000	501(C)3	32,000.	0.	OTHER	N/A	UNRESTRICTED
WOODRIDGE PARK DISTRICT 2600 CENTER DR. WOODRIDGE, IL 60517-202	00-0000000	501(C)3	10,000.	0.	OTHER	N/A	FOR THE CONSTRUCTION OF A UNIVERSALLY DESIGNED PARK AND PLAYGROUND.
WOODRIDGE PARK DISTRICT 2600 CENTER DR. WOODRIDGE, IL 60517-202	00-0000000	501(C)3	10,000.	0.	OTHER	N/A	FOR THE CONSTRUCTION OF A UNIVERSALLY DESIGNED PARK AND PLAYGROUND.
WOODRIDGE PARK DISTRICT 2600 CENTER DR. WOODRIDGE, IL 60517-202	00-0000000	501(C)3	50,000.	0.	OTHER	N/A	FOR THE CONSTRUCTION OF A UNIVERSALLY DESIGNED PARK AND PLAYGROUND.
WOODRIDGE PARK DISTRICT 2600 CENTER DR. WOODRIDGE, IL 60517-202	00-0000000	501(C)3	10,000.	0.	OTHER	N/A	UNRESTRICTED
WOODRIDGE PARK DISTRICT 2600 CENTER DR. WOODRIDGE, IL 60517-202	00-0000000	501(C)3	7,500.	0.	OTHER	N/A	FOR THE CONSTRUCTION OF A UNIVERSALLY DESIGNED PARK AND PLAYGROUND.
WOODRIDGE PARK DISTRICT 2600 CENTER DR. WOODRIDGE, IL 60517-202	00-0000000	501(C)3	100,000.	0.	OTHER	N/A	FOR THE CONSTRUCTION OF A UNIVERSALLY DESIGNED PARK AND PLAYGROUND.

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WOODRIDGE PARK DISTRICT 2600 CENTER DR. WOODRIDGE, IL 60517-202	00-0000000	501(C)3	32,496.	0.OTHER		N/A	FOR THE CONSTRUCTION OF A UNIVERSALLY DESIGNED PARK AND PLAYGROUND.
WORLD RELIEF DUPAGE 1825 COLLEGE AVE. WHEATON, IL 60187	23-6393344	501(C)3	7,000.	0.OTHER		N/A	PARTIAL SALARY ASSISTANCE
YORK CENTER PARK DISTRICT 1609 S. LUTHER AVE. LOMBARD, IL 60148-507	00-0000000	501(C)3	2,000.	0.OTHER		N/A	FOR THE CONSTRUCTION OF A UNIVERSALLY DESIGNED PARK AND PLAYGROUND.
YORK CENTER PARK DISTRICT 1609 S. LUTHER AVE. LOMBARD, IL 60148-507	00-0000000	501(C)3	32,000.	0.OTHER		N/A	FOR THE CONSTRUCTION OF A UNIVERSALLY DESIGNED PARK AND PLAYGROUND.
YORK CENTER PARK DISTRICT 1609 S. LUTHER AVE. LOMBARD, IL 60148-507	00-0000000	501(C)3	10,000.	0.OTHER		N/A	FOR THE CONSTRUCTION OF A UNIVERSALLY DESIGNED PARK AND PLAYGROUND.
YORK CENTER PARK DISTRICT 1609 S. LUTHER AVE. LOMBARD, IL 60148-507	00-0000000	501(C)3	19,859.	0.OTHER		N/A	FOR THE CONSTRUCTION OF A UNIVERSALLY DESIGNED PARK AND PLAYGROUND.
YORK CENTER PARK DISTRICT 1609 S. LUTHER AVE. LOMBARD, IL 60148-507	00-0000000	501(C)3	7,784.	0.OTHER		N/A	FOR THE CONSTRUCTION OF A UNIVERSALLY DESIGNED PARK AND PLAYGROUND.

2 Enter total number of Section 501(c)(3) and government organizations

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**SCHEDULE J
(Form 990)**Department of the Treasury
Internal Revenue Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees▶ Attach to Form 990. To be completed by organizations that
answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

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

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

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision
of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's
CEO/Executive Director. Check all that apply

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the revenues of:

- a** The organization?
- b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments
not described in lines 5 and 6? If "Yes," describe in Part III**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the
initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2008

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

NonCash Contributions

► To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No 1545-0047

2008

Open to Public
Inspection

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	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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	12	1,154,359	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 Acknowledgment

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for
at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for
the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization did not report revenues 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
33		

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

Schedule M (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

THE DUPAGE COMMUNITY FOUNDATION

Employer identification number
36-3978733

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DUPAGE COUNTY, ILLINOIS.

FORM 990, PART VI, SECTION A, LINE 10: THE PRESIDENT AND TREASURER REVIEW
AND 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 TWICE PER YEAR. 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 COMES FROM THE COUNCIL ON FOUNDATIONS ANNUAL SALARY
SURVEY.

FORM 990, PART VI, SECTION C, LINE 19: CONFLICT OF INTEREST POLICY - UPON
REQUEST.

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

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

THE DUPAGE COMMUNITY FOUNDATION

Employer identification number
36-3978733

FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:

DAVID MCGOWAN - 104 E. ROOSEVELT ROAD, SUITE 204

WHEATON, IL 60187-5267

DALIP BAMMI - 1586 BURNING TRAIL

WHEATON, IL 60187

JANET A. HODGE - 435 W. ELM PARK AVENUE

ELMHURST, IL 60126

LAURIE K. MCMAHON - 311 E. SIXTH STREET

HINSDALE, IL 60521

JO BEAVERS - 71 FOREST GATE CIRCLE

OAK BROOK, IL 60523

FRANK C. HUDETZ - 2241 EDGEBROOK DRIVE

LISLE, IL 60532

JACK E. MENSCHING - 626 EAST NORTH STREET

ITASCA, IL 60143

NORMAN J. BELES - 741 W. MAPLE STREET

HINSDALE, IL 60521

MR. WILLIAM J. KENNEDY - 571 HILL AVENUE

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
832211
12-18-08

Schedule O (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

THE DUPAGE COMMUNITY FOUNDATION

Employer identification number
36-3978733

GLEN ELLYN, IL 60137

JOAN S. MORRISSEY - 108 E. FARNHAM LANE

WHEATON, IL 60187

STEPHEN M. BURT - 706 LENOX ROAD

GLEN ELLYN, IL 60137

DICK KUHN - 552 S. WASHINGTON ST., #100

NAPERVILLE, IL 60540

MR. ERNEST J. MROZEK - 442 E. 8TH ST.

HINSDALE, IL 60521

MR. PHILLIP R. CABRERA - 2915 JORIE BLVD, DEPT. 200

OAK BROOK, IL 60523

DANIEL MAGUIRE - 23 W 370 FOXWOOD CT.

NAPERVILLE, IL 60540

CLAY P. NACCARATO - 11 S. ADAMS

HINSDALE, IL 60521

BRETT M. DALE - 24 HAWKINS CIRCLE

WHEATON, IL 60187

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

THE DUPAGE COMMUNITY FOUNDATION

Employer identification number
36-3978733

EMMETT P. MALLOY - 11 NATOMA DRIVE

OAK BROOK, IL 60523

NANCY E. SINDELAR - 21W581 ST. CHARLES ROAD

LOMBARD, IL 60148

CARSON R. YEAGER - 4034 CENTRAL AVENUE

WESTERN SPRINGS, IL 60558

FORM 990, PAGE 11, PART XI, LINE 2C

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Depreciation and Amortization 990
(Including Information on Listed Property)

▶ See separate instructions.

▶ Attach to your tax return.

Business or activity to which this form relates

Identifying number

THE DUPAGE COMMUNITY FOUNDATION

FORM 990 PAGE 10

36-3978733

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	21,947.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	21,947.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No		24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No						
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2008 tax year.					
43 Amortization of costs that began before your 2008 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).		
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	THE DUPAGE COMMUNITY FOUNDATION	36-3978733
	Number, street, and room or suite no. If a P.O. box, see instructions	For IRS use only
	104 E. ROOSEVELT ROAD, SUITE 204	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	WHEATON, IL 60187-5267	

Check type of return to be filed (File a separate application for each return):

- ☒ Form 990 ☐ Form 990-EZ ☐ Form 990-T (sec. 401(a) or 408(a) trust) ☐ Form 1041-A ☐ Form 5227 ☐ Form 8870
☐ Form 990-BL ☐ Form 990-PF ☐ Form 990-T (trust other than above) ☐ Form 4720 ☐ Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

DAVID MCGOWAN, EXECUTIVE DIRECTOR

- The books are in the care of **2100 MANCHESTER ROAD, BUILDING A - WHEATON, IL 60187**
Telephone No. **(630) 665-5556** FAX No. _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **MAY 15, 2010**
- 5 For calendar year _____, or other tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension
ADDITIONAL TIME IS REQUIRED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990 BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990 PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Jody A. Shuthert** Title **CPA**Date **2.15.10**

Form 8868 (Rev. 4-2009)