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Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**2014****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

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

- Do not enter social security numbers on this form as it may be made public.  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2014 calendar year, or tax year beginning , and ending

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization **DEKALB COUNTY COMMUNITY FOUNDATION**  
 Doing business as  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**475 DEKALB AVENUE**  
 City or town State ZIP code  
**SYCAMORE IL 60178**  
 Foreign country name Foreign province/state/county Foreign postal code

**D** Employer identification number  
**36-3788167**

**E** Telephone number  
**(815) 748-5383**

**G** Gross receipts \$ **21,334,911**

**F** Name and address of principal officer  
**Daniel Templin, Executive Dir 475 DeKalb Ave, Sycamore, IL 60178**

**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No  
**H(b)** Are all subordinates included? ☐ Yes ☐ No  
 If "No," attach a list (see instructions)

**I** Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) (insert no ) ☐ 4947(a)(1) or ☐ 527

**J** Website: **dekalbcountyfoundation.org**

**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

**L** Year of formation **1993**

**M** State of legal domicile **IL**

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities: **Our mission is to enhance the quality of life in DeKalb County, Illinois by proactively addressing community needs and expanding, managing, and distributing philanthropic resources**

**2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

**3** Number of voting members of the governing body (Part VI, line 1a) **3** **21**

**4** Number of independent voting members of the governing body (Part VI, line 1b) **4** **21**

**5** Total number of individuals employed in calendar year 2014 (Part V, line 2a) **5** **7**

**6** Total number of volunteers (estimate if necessary) **6**

**7a** Total unrelated business revenue from Part VIII, column (C), line 12 **7a** **0**

**b** Net unrelated business taxable income from Form 990-T, line 34 **7b** **0**

|                                                                                             | Prior Year | Current Year |
|---------------------------------------------------------------------------------------------|------------|--------------|
| <b>8</b> Contributions and grants (Part VIII, line 1h)                                      | 1,144,258  | 1,657,715    |
| <b>9</b> Program service revenue (Part VIII, line 2g)                                       | 0          | 0            |
| <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)                     | 3,131,199  | 3,260,549    |
| <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)          | 6,325      | 25,834       |
| <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 4,281,782  | 4,944,098    |
| <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)                  | 1,332,910  | 1,767,966    |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                     | 0          | 0            |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 257,384    | 285,403      |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11)                     | 0          | 0            |
| <b>b</b> Total fundraising expenses (Part IX, column (A), line 12) <b>58,366</b>            |            |              |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)                      | 254,416    | 272,464      |
| <b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)          | 1,844,710  | 2,325,833    |
| <b>19</b> Revenue less expenses Subtract line 18 from line 12                               | 2,437,072  | 2,618,265    |

|                                                                     | Beginning of Current Year | End of Year |
|---------------------------------------------------------------------|---------------------------|-------------|
| <b>20</b> Total assets (Part X, line 16)                            | 44,112,367                | 45,881,945  |
| <b>21</b> Total liabilities (Part X, line 26)                       | 4,153,434                 | 4,596,881   |
| <b>22</b> Net assets or fund balances Subtract line 21 from line 20 | 39,958,933                | 41,285,064  |

**Part II Signature Block**

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

**Sign Here**  
 Signature of officer: **Daniel P. Templin** Date: **8/10/15**  
 Type or print name and title: **Daniel P. Templin Secretary**

**Paid Preparer Use Only**  
 Print/Type preparer's name: **J SCOTT CHILTON CPA** Preparer's signature: **J. Scott Chilton CPA** Date: **7/20/2015**  
 Check ☒ if self-employed PTIN: **P00299857**  
 Firm's name: **J SCOTT CHILTON CPA** Firm's EIN: **36-4019188**  
 Firm's address: **1013 N 1ST ST, DEKALB, IL 60115** Phone no: **(815) 758-8141**

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Form **990** (2014)

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**Part III****Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

Our purpose is to serve donors in achieving their philanthropic objectives, to create and build a lasting source of revenue to benefit the residents of our community and to provide leadership and resources in addressing community needs

**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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a** (Code: ) (Expenses \$ 1,928,569 including grants of \$ 1,767,966 ) (Revenue \$ )

During 2014 the Foundation received contributions in excess of 1.6 million dollars, and distributed grants of \$ 1,767,966 to charitable organizations. In addition to the various grant programs, the Foundation also improves the quality of life in DeKalb County through participation in various community initiatives. Most notable is the Community Works Initiative, which works with advisory groups to address issues in child care, land use, and workforce development in DeKalb County

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4d** Other program services (Describe in Schedule O )

(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

**4e** Total program service expenses ▶ 1,928,569

**Part IV Checklist of Required Schedules**

|                                                                                                                                                                                                                                                                                                                    | Yes          | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A                                                                                                                                                                         | <b>1</b> X   |    |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?                                                                                                                                                                                                         | <b>2</b> X   |    |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I                                                                                                                      | <b>3</b>     | X  |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II                                                                                                       | <b>4</b>     | X  |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III                                                                               | <b>5</b>     | X  |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I                                                    | <b>6</b> X   |    |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                                                                                            | <b>7</b>     | X  |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III                                                                                                                                                         | <b>8</b>     | X  |
| <b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV            | <b>9</b>     | X  |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V                                                                                                     | <b>10</b> X  |    |
| <b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable                                                                                                                                                           |              |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI                                                                                                                                                                       | <b>11a</b> X |    |
| <b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII                                                                                                     | <b>11b</b>   | X  |
| <b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII                                                                                                     | <b>11c</b>   | X  |
| <b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX                                                                                                                      | <b>11d</b>   | X  |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X                                                                                                                                                                                     | <b>11e</b> X |    |
| <b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X                                                            | <b>11f</b> X |    |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII                                                                                                                                                        | <b>12a</b> X |    |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional                                                                           | <b>12b</b>   | X  |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                                                                                                                                                                        | <b>13</b>    | X  |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                                                                             | <b>14a</b>   | X  |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | <b>14b</b>   | X  |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV                                                                                                           | <b>15</b>    | X  |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV                                                                                                     | <b>16</b>    | X  |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)                                                                                            | <b>17</b>    | X  |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II                                                                                                                           | <b>18</b>    | X  |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III                                                                                                                                                     | <b>19</b>    | X  |
| <b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                                                                                                                                                                                             | <b>20a</b>   | X  |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                                                                                              | <b>20b</b>   |    |

**Part IV Checklist of Required Schedules (continued)**

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

**Part V****Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V. ☐

|            |                                                                                                                                                                                                                                            | Yes        | No |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|
| <b>1a</b>  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.                                                                                                                                                              | 7          |    |
| <b>1b</b>  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.                                                                                                                                                           | 0          |    |
| <b>c</b>   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?                                                                                   | <b>1c</b>  | X  |
| <b>2a</b>  | 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.                                                             | 7          |    |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).        | <b>2b</b>  | X  |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                              | <b>3a</b>  | X  |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O.                                                                                                                              | <b>3b</b>  |    |
| <b>4a</b>  | 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)? | <b>4a</b>  | X  |
| <b>b</b>   | If "Yes," enter the name of the foreign country:<br>See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                                                                    |            |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                      | <b>5a</b>  | X  |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                           | <b>5b</b>  | X  |
| <b>c</b>   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                          | <b>5c</b>  |    |
| <b>6a</b>  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                    | <b>6a</b>  | X  |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                              | <b>6b</b>  |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                       |            |    |
| <b>a</b>   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?                                                                                            | <b>7a</b>  | X  |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                            | <b>7b</b>  |    |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                       | <b>7c</b>  | X  |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year.                                                                                                                                                                         | <b>7d</b>  |    |
| <b>e</b>   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                            | <b>7e</b>  | X  |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                               | <b>7f</b>  | X  |
| <b>g</b>   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                           | <b>7g</b>  |    |
| <b>h</b>   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                                                                                                         | <b>7h</b>  |    |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?                                             | <b>8</b>   | X  |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>                                                                                                                                                                           |            |    |
| <b>a</b>   | Did the sponsoring organization make any taxable distributions under section 4966?                                                                                                                                                         | <b>9a</b>  | X  |
| <b>b</b>   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                          | <b>9b</b>  | X  |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:                                                                                                                                                                                             |            |    |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12.                                                                                                                                                                  | <b>10a</b> |    |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.                                                                                                                                               | <b>10b</b> |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:                                                                                                                                                                                            |            |    |
| <b>a</b>   | Gross income from members or shareholders.                                                                                                                                                                                                 | <b>11a</b> |    |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)                                                                                                               | <b>11b</b> |    |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                          | <b>12a</b> |    |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year.                                                                                                                                                     | <b>12b</b> |    |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                    |            |    |
| <b>a</b>   | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.                                           | <b>13a</b> |    |
| <b>b</b>   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.                                                                                 | <b>13b</b> |    |
| <b>c</b>   | Enter the amount of reserves on hand.                                                                                                                                                                                                      | <b>13c</b> |    |
| <b>14a</b> | Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                 | <b>14a</b> | X  |
| <b>b</b>   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.                                                                                                                                 | <b>14b</b> |    |

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

**Section A. Governing Body and Management**

|                                                                                                                                                                                                                                                                                                                 |    | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|----|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | 21 |     |    |
| <b>b</b> Enter the number of voting members included in line 1a, above, who are independent                                                                                                                                                                                                                     | 21 |     |    |
| <b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?                                                                                                                                  | 2  |     | X  |
| <b>3</b> 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  |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                                                                                                                                                                                       | 4  |     | X  |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?                                                                                                                                                                                             | 5  |     | X  |
| <b>6</b> Did the organization have members or stockholders?                                                                                                                                                                                                                                                     | 6  |     | X  |
| <b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?                                                                                                                                                    | 7a |     | X  |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?                                                                                                                                              | 7b |     | X  |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following                                                                                                                                                                       |    |     |    |
| <b>a</b> The governing body?                                                                                                                                                                                                                                                                                    | 8a | X   |    |
| <b>b</b> Each committee with authority to act on behalf of the governing body?                                                                                                                                                                                                                                  | 8b | X   |    |
| <b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O                                                                                           | 9  |     | X  |

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ▶ IL

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

**20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶  
 Daniel P. Templin, Executive Director (815) 748-5383  
 475 DeKalb Ave, Sycamore, IL 60178

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

| (A)<br>Name and Title               | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                     |                                                                                            | Individual trustee or director                                                                               | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (1) Marcy A Billington<br>Director  | 1.00<br>0.00                                                                               | X                                                                                                            |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (2) Kevin E Buick<br>Director       | 1.00<br>0.00                                                                               | X                                                                                                            |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (3) Amie Carey<br>Director          | 1.00<br>0.00                                                                               | X                                                                                                            |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (4) Micki Chulick<br>Director       | 1.00<br>0.00                                                                               | X                                                                                                            |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (5) Latricia Dawkins<br>Director    | 1.00<br>0.00                                                                               | X                                                                                                            |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (6) Patricia A Foster<br>Director   | 1.00<br>0.00                                                                               | X                                                                                                            |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (7) Kevin Fuss<br>Director          | 1.00<br>0.00                                                                               | X                                                                                                            |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (8) Kristina Garcia<br>Director     | 1.00<br>0.00                                                                               | X                                                                                                            |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (9) Marcia Goodrich<br>Director     | 1.00<br>0.00                                                                               | X                                                                                                            |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (10) LaVerne Gyant<br>Director      | 1.00<br>0.00                                                                               | X                                                                                                            |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (11) Alethia Hummel<br>Director     | 1.00<br>0.00                                                                               | X                                                                                                            |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (12) Donna Larson<br>Vice President | 1.00<br>0.00                                                                               | X                                                                                                            |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (13) Kevin McArtor<br>Director      | 1.00<br>0.00                                                                               | X                                                                                                            |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (14) Charles McCormick<br>Director  | 1.00<br>0.00                                                                               | X                                                                                                            |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |

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

| (A)<br>Name and title                                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                |                                                                                            | Individual trustee or director                                                                               | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (15) Frank H Roberts<br>Treasurer                              | 1 00<br>0 00                                                                               | X                                                                                                            |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (16) Penny Rosenow<br>Director                                 | 1 00<br>0 00                                                                               | X                                                                                                            |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (17) Dana Stover<br>Director                                   | 1 00<br>0 00                                                                               | X                                                                                                            |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (18) Timothy Suter<br>President                                | 1 00<br>0 00                                                                               | X                                                                                                            |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (19) Donna Turner<br>Director                                  | 2 00<br>0 00                                                                               | X                                                                                                            |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (20) Dick Underwood<br>Director                                | 2 00<br>0 00                                                                               | X                                                                                                            |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (21) Beth White<br>Director                                    | 2 00<br>0 00                                                                               | X                                                                                                            |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (22) Daniel P. Templin<br>Executive Director, Sec              | 40 00<br>0 00                                                                              |                                                                                                              |                       | X       |              |                              |        | 90,770                                                               | 0                                                                         | 3,135                                                                                         |
| (23)                                                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (24)                                                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (25)                                                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>1b Sub-total</b>                                            |                                                                                            |                                                                                                              |                       |         |              |                              |        | 90,770                                                               | 0                                                                         | 3,135                                                                                         |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                            |                                                                                                              |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                            |                                                                                                              |                       |         |              |                              |        | 90,770                                                               | 0                                                                         | 3,135                                                                                         |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

**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 or individual 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. Report compensation for the calendar year ending with or within the organization's tax year

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                | 0                   |
|                                  |                                | 0                   |
|                                  |                                | 0                   |
|                                  |                                | 0                   |
|                                  |                                | 0                   |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII. ☐

|                                                                   |                                              |                                                                                   | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512-514 |  |
|-------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------------------------------------|----------------------|----------------------------------------------------|-----------------------------------------|------------------------------------------------------------------|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b> | 1a                                           | Federated campaigns                                                               | 1a 0                 |                                                    |                                         |                                                                  |  |
|                                                                   | b                                            | Membership dues                                                                   | 1b 0                 |                                                    |                                         |                                                                  |  |
|                                                                   | c                                            | Fundraising events                                                                | 1c 0                 |                                                    |                                         |                                                                  |  |
|                                                                   | d                                            | Related organizations                                                             | 1d 0                 |                                                    |                                         |                                                                  |  |
|                                                                   | e                                            | Government grants (contributions)                                                 | 1e 0                 |                                                    |                                         |                                                                  |  |
|                                                                   | f                                            | All other contributions, gifts, grants, and<br>similar amounts not included above | 1f 1,657,715         |                                                    |                                         |                                                                  |  |
|                                                                   | g                                            | Noncash contributions included in lines 1a-1f:                                    | \$ 0                 |                                                    |                                         |                                                                  |  |
|                                                                   | h                                            | <b>Total.</b> Add lines 1a-1f                                                     | 1,657,715            |                                                    |                                         |                                                                  |  |
| <b>Program Service Revenue</b>                                    |                                              |                                                                                   | <b>Business Code</b> |                                                    |                                         |                                                                  |  |
|                                                                   | 2a                                           |                                                                                   | 0                    |                                                    |                                         |                                                                  |  |
|                                                                   | b                                            |                                                                                   | 0                    |                                                    |                                         |                                                                  |  |
|                                                                   | c                                            |                                                                                   | 0                    |                                                    |                                         |                                                                  |  |
|                                                                   | d                                            |                                                                                   | 0                    |                                                    |                                         |                                                                  |  |
|                                                                   | e                                            |                                                                                   | 0                    |                                                    |                                         |                                                                  |  |
|                                                                   | f                                            | All other program service revenue                                                 | 0                    |                                                    |                                         |                                                                  |  |
|                                                                   | g                                            | <b>Total.</b> Add lines 2a-2f                                                     | 0                    |                                                    |                                         |                                                                  |  |
| <b>Other Revenue</b>                                              | 3                                            | Investment income (including dividends, interest, and<br>other similar amounts)   | 679,494              |                                                    |                                         | 679,494                                                          |  |
|                                                                   | 4                                            | Income from investment of tax-exempt bond proceeds                                | 0                    |                                                    |                                         |                                                                  |  |
|                                                                   | 5                                            | Royalties                                                                         | 0                    |                                                    |                                         |                                                                  |  |
|                                                                   | 6a                                           | (i) Real                                                                          |                      |                                                    |                                         |                                                                  |  |
|                                                                   |                                              | (ii) Personal                                                                     |                      |                                                    |                                         |                                                                  |  |
|                                                                   |                                              | 4,416                                                                             |                      |                                                    |                                         |                                                                  |  |
|                                                                   |                                              | 4,416                                                                             |                      | 0                                                  |                                         |                                                                  |  |
|                                                                   | d                                            | Net rental income or (loss)                                                       | 4,416                |                                                    |                                         | 4,416                                                            |  |
|                                                                   | 7a                                           | (i) Securities                                                                    |                      |                                                    |                                         |                                                                  |  |
|                                                                   |                                              | (ii) Other                                                                        |                      |                                                    |                                         |                                                                  |  |
|                                                                   |                                              | 18,971,868                                                                        |                      | 0                                                  |                                         |                                                                  |  |
|                                                                   |                                              | 16,390,813                                                                        |                      | 0                                                  |                                         |                                                                  |  |
|                                                                   | c                                            | Gain or (loss)                                                                    | 2,581,055            |                                                    |                                         |                                                                  |  |
|                                                                   | d                                            | Net gain or (loss)                                                                | 2,581,055            |                                                    |                                         | 2,581,055                                                        |  |
|                                                                   | 8a                                           |                                                                                   |                      |                                                    |                                         |                                                                  |  |
|                                                                   |                                              | 0                                                                                 |                      |                                                    |                                         |                                                                  |  |
|                                                                   |                                              | 0                                                                                 |                      |                                                    |                                         |                                                                  |  |
|                                                                   |                                              | 0                                                                                 |                      |                                                    |                                         |                                                                  |  |
|                                                                   | c                                            | Net income or (loss) from fundraising events                                      | 0                    |                                                    |                                         |                                                                  |  |
|                                                                   | 9a                                           |                                                                                   |                      |                                                    |                                         |                                                                  |  |
|                                                                   |                                              | 0                                                                                 |                      |                                                    |                                         |                                                                  |  |
|                                                                   |                                              | 0                                                                                 |                      |                                                    |                                         |                                                                  |  |
| 0                                                                 |                                              |                                                                                   |                      |                                                    |                                         |                                                                  |  |
| c                                                                 | Net income or (loss) from gaming activities  | 0                                                                                 |                      |                                                    |                                         |                                                                  |  |
| 10a                                                               |                                              |                                                                                   |                      |                                                    |                                         |                                                                  |  |
|                                                                   | 0                                            |                                                                                   |                      |                                                    |                                         |                                                                  |  |
|                                                                   | 0                                            |                                                                                   |                      |                                                    |                                         |                                                                  |  |
|                                                                   | 0                                            |                                                                                   |                      |                                                    |                                         |                                                                  |  |
| c                                                                 | Net income or (loss) from sales of inventory | 0                                                                                 |                      |                                                    |                                         |                                                                  |  |
| <b>Miscellaneous Revenue</b>                                      |                                              | <b>Business Code</b>                                                              |                      |                                                    |                                         |                                                                  |  |
| 11a                                                               | Increase in CSV Life Insurance               | 900099                                                                            | 19,887               |                                                    |                                         | 19,887                                                           |  |
| b                                                                 | Other Income                                 | 900099                                                                            | 1,531                |                                                    |                                         | 1,531                                                            |  |
| c                                                                 |                                              |                                                                                   | 0                    |                                                    |                                         |                                                                  |  |
| d                                                                 | All other revenue                            |                                                                                   | 0                    |                                                    |                                         |                                                                  |  |
| e                                                                 | <b>Total.</b> Add lines 11a-11d              |                                                                                   | 21,418               |                                                    |                                         |                                                                  |  |
| 12                                                                | <b>Total revenue.</b> See instructions.      |                                                                                   | 4,944,098            | 0                                                  | 0                                       | 3,286,383                                                        |  |

**Part IX Statement of Functional Expenses**

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. |                                                                                                                                                                                                                                                | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1                                                                              | Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21.                                                                                                                                              | 1,767,966             | 1,767,966                       |                                        |                             |
| 2                                                                              | Grants and other assistance to domestic individuals. See Part IV, line 22.                                                                                                                                                                     | 0                     |                                 |                                        |                             |
| 3                                                                              | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.                                                                                                              | 0                     |                                 |                                        |                             |
| 4                                                                              | Benefits paid to or for members.                                                                                                                                                                                                               | 0                     |                                 |                                        |                             |
| 5                                                                              | Compensation of current officers, directors, trustees, and key employees.                                                                                                                                                                      | 97,192                |                                 | 59,569                                 | 37,623                      |
| 6                                                                              | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).                                                                                                 | 0                     |                                 |                                        |                             |
| 7                                                                              | Other salaries and wages.                                                                                                                                                                                                                      | 164,086               | 100,518                         | 63,568                                 |                             |
| 8                                                                              | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).                                                                                                                                            | 4,262                 |                                 | 4,262                                  |                             |
| 9                                                                              | Other employee benefits.                                                                                                                                                                                                                       | 585                   |                                 | 585                                    |                             |
| 10                                                                             | Payroll taxes.                                                                                                                                                                                                                                 | 19,278                | 4,442                           | 11,958                                 | 2,878                       |
| 11                                                                             | Fees for services (non-employees).                                                                                                                                                                                                             |                       |                                 |                                        |                             |
| a                                                                              | Management.                                                                                                                                                                                                                                    | 0                     |                                 |                                        |                             |
| b                                                                              | Legal.                                                                                                                                                                                                                                         | 0                     |                                 |                                        |                             |
| c                                                                              | Accounting.                                                                                                                                                                                                                                    | 23,605                |                                 | 23,605                                 |                             |
| d                                                                              | Lobbying.                                                                                                                                                                                                                                      | 0                     |                                 |                                        |                             |
| e                                                                              | Professional fundraising services. See Part IV, line 17.                                                                                                                                                                                       | 0                     |                                 |                                        |                             |
| f                                                                              | Investment management fees.                                                                                                                                                                                                                    | 0                     |                                 |                                        |                             |
| g                                                                              | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)                                                                                                                                    | 55,990                |                                 | 55,990                                 |                             |
| 12                                                                             | Advertising and promotion.                                                                                                                                                                                                                     | 0                     |                                 |                                        |                             |
| 13                                                                             | Office expenses.                                                                                                                                                                                                                               | 34,346                | 12,691                          | 11,243                                 | 10,412                      |
| 14                                                                             | Information technology.                                                                                                                                                                                                                        | 14,818                |                                 | 14,818                                 |                             |
| 15                                                                             | Royalties.                                                                                                                                                                                                                                     | 0                     |                                 |                                        |                             |
| 16                                                                             | Occupancy.                                                                                                                                                                                                                                     | 6,173                 | 3,087                           | 1,543                                  | 1,543                       |
| 17                                                                             | Travel.                                                                                                                                                                                                                                        | 15,772                | 7,886                           | 6,309                                  | 1,577                       |
| 18                                                                             | Payments of travel or entertainment expenses for any federal, state, or local public officials.                                                                                                                                                | 0                     |                                 |                                        |                             |
| 19                                                                             | Conferences, conventions, and meetings.                                                                                                                                                                                                        | 9,917                 | 4,959                           | 2,479                                  | 2,479                       |
| 20                                                                             | Interest.                                                                                                                                                                                                                                      | 8,862                 |                                 | 8,862                                  |                             |
| 21                                                                             | Payments to affiliates.                                                                                                                                                                                                                        | 0                     |                                 |                                        |                             |
| 22                                                                             | Depreciation, depletion, and amortization.                                                                                                                                                                                                     | 57,028                | 0                               | 57,028                                 | 0                           |
| 23                                                                             | Insurance.                                                                                                                                                                                                                                     | 7,429                 |                                 | 7,429                                  |                             |
| 24                                                                             | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)                                              |                       |                                 |                                        |                             |
| a                                                                              | Dues & Subscriptions.                                                                                                                                                                                                                          | 7,416                 | 3,708                           | 1,854                                  | 1,854                       |
| b                                                                              | Life Insurance Investment Premiums.                                                                                                                                                                                                            | 23,312                | 23,312                          |                                        |                             |
| c                                                                              | Other Expenses.                                                                                                                                                                                                                                | 7,796                 |                                 | 7,796                                  |                             |
| d                                                                              |                                                                                                                                                                                                                                                | 0                     |                                 |                                        |                             |
| e                                                                              | All other expenses.                                                                                                                                                                                                                            | 0                     |                                 |                                        |                             |
| 25                                                                             | <b>Total functional expenses.</b> Add lines 1 through 24e.                                                                                                                                                                                     | 2,325,833             | 1,928,569                       | 338,898                                | 58,366                      |
| 26                                                                             | <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                       |                                 |                                        |                             |

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X. ☐

|                                                                            |                                                                                                                                                                                                                                                                                                                                         | (A)<br>Beginning of year |            | (B)<br>End of year |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------|--------------------|
| <b>Assets</b>                                                              | <b>1</b> Cash—non-interest-bearing                                                                                                                                                                                                                                                                                                      | 1,327,330                | <b>1</b>   | 1,428,375          |
|                                                                            | <b>2</b> Savings and temporary cash investments                                                                                                                                                                                                                                                                                         |                          | <b>2</b>   |                    |
|                                                                            | <b>3</b> Pledges and grants receivable, net                                                                                                                                                                                                                                                                                             | 127,279                  | <b>3</b>   | 12,566             |
|                                                                            | <b>4</b> Accounts receivable, net                                                                                                                                                                                                                                                                                                       | 72,796                   | <b>4</b>   | 63,937             |
|                                                                            | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.                                                                                                                                                           |                          | <b>5</b>   |                    |
|                                                                            | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. |                          | <b>6</b>   |                    |
|                                                                            | <b>7</b> Notes and loans receivable, net                                                                                                                                                                                                                                                                                                | 600,000                  | <b>7</b>   | 510,000            |
|                                                                            | <b>8</b> Inventories for sale or use                                                                                                                                                                                                                                                                                                    |                          | <b>8</b>   |                    |
|                                                                            | <b>9</b> Prepaid expenses and deferred charges                                                                                                                                                                                                                                                                                          | 12,472                   | <b>9</b>   | 5,012              |
|                                                                            | <b>10a</b> Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D                                                                                                                                                                                                                                           | <b>10a</b> 1,769,645     |            |                    |
|                                                                            | <b>b</b> Less: accumulated depreciation                                                                                                                                                                                                                                                                                                 | <b>10b</b> 141,786       |            |                    |
|                                                                            | <b>11</b> Investments—publicly traded securities                                                                                                                                                                                                                                                                                        | 1,667,008                | <b>10c</b> | 1,627,859          |
|                                                                            | <b>12</b> Investments—other securities See Part IV, line 11                                                                                                                                                                                                                                                                             | 40,089,458               | <b>11</b>  | 42,030,812         |
|                                                                            | <b>13</b> Investments—program-related See Part IV, line 11                                                                                                                                                                                                                                                                              | 0                        | <b>12</b>  | 0                  |
|                                                                            | <b>14</b> Intangible assets                                                                                                                                                                                                                                                                                                             | 55,000                   | <b>13</b>  | 55,000             |
|                                                                            | <b>15</b> Other assets See Part IV, line 11                                                                                                                                                                                                                                                                                             | 0                        | <b>14</b>  | 0                  |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) | 161,024                                                                                                                                                                                                                                                                                                                                 | <b>15</b>                | 148,384    |                    |
|                                                                            | 44,112,367                                                                                                                                                                                                                                                                                                                              | <b>16</b>                | 45,881,945 |                    |
| <b>Liabilities</b>                                                         | <b>17</b> Accounts payable and accrued expenses                                                                                                                                                                                                                                                                                         | 8,861                    | <b>17</b>  | 9,291              |
|                                                                            | <b>18</b> Grants payable                                                                                                                                                                                                                                                                                                                | 59,000                   | <b>18</b>  | 65,000             |
|                                                                            | <b>19</b> Deferred revenue                                                                                                                                                                                                                                                                                                              |                          | <b>19</b>  |                    |
|                                                                            | <b>20</b> Tax-exempt bond liabilities                                                                                                                                                                                                                                                                                                   |                          | <b>20</b>  |                    |
|                                                                            | <b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D                                                                                                                                                                                                                                                          |                          | <b>21</b>  |                    |
|                                                                            | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L                                                                                                                                           |                          | <b>22</b>  |                    |
|                                                                            | <b>23</b> Secured mortgages and notes payable to unrelated third parties                                                                                                                                                                                                                                                                | 0                        | <b>23</b>  | 0                  |
|                                                                            | <b>24</b> Unsecured notes and loans payable to unrelated third parties                                                                                                                                                                                                                                                                  | 145,362                  | <b>24</b>  | 103,128            |
|                                                                            | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D                                                                                                                                                          | 3,940,211                | <b>25</b>  | 4,419,462          |
|                                                                            | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25                                                                                                                                                                                                                                                                             | 4,153,434                | <b>26</b>  | 4,596,881          |
| <b>Net Assets or Fund Balances</b>                                         | <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>                                                                                                                                                                       |                          |            |                    |
|                                                                            | <b>27</b> Unrestricted net assets                                                                                                                                                                                                                                                                                                       | 12,941,684               | <b>27</b>  | 13,157,391         |
|                                                                            | <b>28</b> Temporarily restricted net assets                                                                                                                                                                                                                                                                                             | 26,896,571               | <b>28</b>  | 28,005,513         |
|                                                                            | <b>29</b> Permanently restricted net assets                                                                                                                                                                                                                                                                                             | 120,678                  | <b>29</b>  | 122,160            |
|                                                                            | <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>                                                                                                                                                                                                |                          |            |                    |
|                                                                            | <b>30</b> Capital stock or trust principal, or current funds                                                                                                                                                                                                                                                                            |                          | <b>30</b>  |                    |
|                                                                            | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund                                                                                                                                                                                                                                                              |                          | <b>31</b>  |                    |
|                                                                            | <b>32</b> Retained earnings, endowment, accumulated income, or other funds                                                                                                                                                                                                                                                              |                          | <b>32</b>  |                    |
|                                                                            | <b>33</b> <b>Total net assets or fund balances</b>                                                                                                                                                                                                                                                                                      | 39,958,933               | <b>33</b>  | 41,285,064         |
|                                                                            | <b>34</b> <b>Total liabilities and net assets/fund balances</b>                                                                                                                                                                                                                                                                         | 44,112,367               | <b>34</b>  | 45,881,945         |

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI. ☒

|    |                                                                                                               |    |            |
|----|---------------------------------------------------------------------------------------------------------------|----|------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)                                                     | 1  | 4,944,098  |
| 2  | Total expenses (must equal Part IX, column (A), line 25)                                                      | 2  | 2,325,833  |
| 3  | Revenue less expenses Subtract line 2 from line 1                                                             | 3  | 2,618,265  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4  | 39,958,933 |
| 5  | Net unrealized gains (losses) on investments                                                                  | 5  | -812,883   |
| 6  | Donated services and use of facilities                                                                        | 6  |            |
| 7  | Investment expenses                                                                                           | 7  |            |
| 8  | Prior period adjustments                                                                                      | 8  |            |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)                                          | 9  | -479,251   |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 41,285,064 |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII. ☐

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

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No 1545-0047

**2014**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

DEKALB COUNTY COMMUNITY FOUNDATION

Employer identification number

36-3788167

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations 0
- g Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–9 above or IRC section (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---------------------------------------------------------------------------------------------|-------------------------------------------------------------|----|---------------------------------------------------|-------------------------------------------------|
|                                    |          |                                                                                             | Yes                                                         | No |                                                   |                                                 |
| (A)                                |          |                                                                                             |                                                             |    |                                                   |                                                 |
| (B)                                |          |                                                                                             |                                                             |    |                                                   |                                                 |
| (C)                                |          |                                                                                             |                                                             |    |                                                   |                                                 |
| (D)                                |          |                                                                                             |                                                             |    |                                                   |                                                 |
| (E)                                |          |                                                                                             |                                                             |    |                                                   |                                                 |
| <b>Total</b>                       |          |                                                                                             |                                                             |    | 0                                                 | 0                                               |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶                                                                                                                                                                | (a) 2010  | (b) 2011  | (c) 2012  | (d) 2013  | (e) 2014  | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                                                   | 1,188,757 | 3,288,314 | 2,704,450 | 1,144,258 | 1,657,715 | 9,983,494 |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                                                     |           |           |           |           |           | 0         |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge                                                                                             |           |           |           |           |           | 0         |
| <b>4 Total.</b> Add lines 1 through 3                                                                                                                                                                        | 1,188,757 | 3,288,314 | 2,704,450 | 1,144,258 | 1,657,715 | 9,983,494 |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |           |           |           |           |           | 1,468,753 |
| <b>6 Public support.</b> Subtract line 5 from line 4                                                                                                                                                         |           |           |           |           |           | 8,514,741 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶                                                                                                                                                                       | (a) 2010  | (b) 2011  | (c) 2012  | (d) 2013  | (e) 2014  | (f) Total  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|-----------|-----------|------------|
| <b>7</b> Amounts from line 4                                                                                                                                                                                        | 1,188,757 | 3,288,314 | 2,704,450 | 1,144,258 | 1,657,715 | 9,983,494  |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                                             | 423,604   | 484,955   | 568,970   | 589,934   | 705,328   | 2,772,791  |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on                                                                                                         |           |           |           |           |           | 0          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                                                                                           |           |           |           |           |           | 0          |
| <b>11 Total support.</b> Add lines 7 through 10                                                                                                                                                                     |           |           |           |           |           | 12,756,285 |
| <b>12</b> Gross receipts from related activities, etc. (see instructions)                                                                                                                                           |           |           |           |           | 12        |            |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/> |           |           |           |           |           |            |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------|
| <b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))                                                                                                                                                                                                                                                                                                                                | <b>14</b> | 66.75% |
| <b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14                                                                                                                                                                                                                                                                                                                                                      | <b>15</b> | 62.73% |
| <b>16a 33 1/3% support test—2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>                                                                                                                                                                |           |        |
| <b>b 33 1/3% support test—2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>                                                                                                                                                                        |           |        |
| <b>17a 10%-facts-and-circumstances test—2014.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>    |           |        |
| <b>b 10%-facts-and-circumstances test—2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/> |           |        |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                        |           |        |

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

OMB No 1545-0047

**2014**

**Open to Public  
Inspection**

► Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

DEKALB COUNTY COMMUNITY FOUNDATION

Employer identification number

36-3788167

**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 . . . . .                                                                                                                                                                                                                                         | 30                      |                                                                     |
| 2 Aggregate value of contributions to (during year) . . . . .                                                                                                                                                                                                                   | 101,439                 |                                                                     |
| 3 Aggregate value of grants from (during year) . . . . .                                                                                                                                                                                                                        | 340,002                 |                                                                     |
| 4 Aggregate value at end of year . . . . .                                                                                                                                                                                                                                      | 7,345,683               |                                                                     |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .                                                            |                         | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . . |                         | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

**Part II Conservation Easements.**

Complete if the organization answered "Yes" 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 education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat                                       | <input type="checkbox"/> Preservation of a certified historic structure     |
| <input type="checkbox"/> Preservation of open space                                          |                                                                             |

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

|                                                                                                                                                      | Held at the End of the Tax Year |
|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| a Total number of conservation easements . . . . .                                                                                                   | 2a                              |
| b Total acreage restricted by conservation easements . . . . .                                                                                       | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) . . . . .                                                       | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . . | 2d                              |

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

4 Number of states where property subject to conservation easement is located ► . . . . .

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► . . . . .

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ . . . . .

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . . ☐ Yes ☐ No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

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

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

|                                                               |                |
|---------------------------------------------------------------|----------------|
| (i) Revenue included 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 (ASC 958) relating to these items . . . . .

|                                                             |                |
|-------------------------------------------------------------|----------------|
| a Revenue 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" 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 XIII and complete the following table

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

|    | Amount |
|----|--------|
| 1c | 0      |
| 1d |        |
| 1e |        |
| 1f | 0      |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

☐

**Part V Endowment Funds.**

Complete if the organization answered "Yes" 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                     | 37,253,813       | 31,183,326     | 27,026,106         | 26,003,809           | 23,998,769          |
| b Contributions                                  | 1,123,894        | 604,521        | 2,869,593          | 3,092,871            | 1,032,261           |
| c Net investment earnings, gains, and losses     | 2,189,066        | 5,912,644      | 2,414,637          | -798,285             | 2,801,703           |
| d Grants or scholarships                         | 1,286,036        | 110,233        | 962,417            | 1,129,013            | 1,703,130           |
| e Other expenditures for facilities and programs |                  |                |                    | 0                    |                     |
| f Administrative expenses                        | 385,408          | 336,445        | 164,593            | 143,276              | 125,794             |
| g End of year balance                            | 38,895,329       | 37,253,813     | 31,183,326         | 27,026,106           | 26,003,809          |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment 30%

b Permanent endowment %

c Temporarily restricted endowment 70%

The percentages in lines 2a, 2b, and 2c should equal 100%

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

(i) unrelated organizations

(ii) related organizations

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land                  | 0                                    | 209,000                         |                              | 209,000        |
| b Buildings              | 0                                    | 1,433,377                       | 81,286                       | 1,352,091      |
| c Leasehold improvements | 0                                    | 0                               | 0                            | 0              |
| d Equipment              | 0                                    | 127,268                         | 60,500                       | 66,768         |
| e Other                  | 0                                    | 0                               | 0                            | 0              |

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

1,627,859

**Part VII Investments—Other Securities.**

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

| (a) Description of security or category<br>(including name of security) | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|-------------------------------------------------------------------------|----------------|-------------------------------------------------------------|
| (1) Financial derivatives                                               | 0              |                                                             |
| (2) Closely-held equity interests                                       | 0              |                                                             |
| (3) Other                                                               |                |                                                             |
| (A)                                                                     |                |                                                             |
| (B)                                                                     |                |                                                             |
| (C)                                                                     |                |                                                             |
| (D)                                                                     |                |                                                             |
| (E)                                                                     |                |                                                             |
| (F)                                                                     |                |                                                             |
| (G)                                                                     |                |                                                             |
| (H)                                                                     |                |                                                             |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12 )       | 0              |                                                             |

**Part VIII Investments—Program Related.**

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

| (a) Description of investment                                     | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|-------------------------------------------------------------------|----------------|-------------------------------------------------------------|
| (1)                                                               |                |                                                             |
| (2)                                                               |                |                                                             |
| (3)                                                               |                |                                                             |
| (4)                                                               |                |                                                             |
| (5)                                                               |                |                                                             |
| (6)                                                               |                |                                                             |
| (7)                                                               |                |                                                             |
| (8)                                                               |                |                                                             |
| (9)                                                               |                |                                                             |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13 ) | 0              |                                                             |

**Part IX Other Assets.**

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

| (a) Description                                                   | (b) Book value |
|-------------------------------------------------------------------|----------------|
| (1)                                                               |                |
| (2)                                                               |                |
| (3)                                                               |                |
| (4)                                                               |                |
| (5)                                                               |                |
| (6)                                                               |                |
| (7)                                                               |                |
| (8)                                                               |                |
| (9)                                                               |                |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) | 0              |

**Part X Other Liabilities.**

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

| 1. (a) Description of liability                                   | (b) Book value |
|-------------------------------------------------------------------|----------------|
| (1) Federal income taxes                                          | 0              |
| (2) Agency Endowment Funds (FASB 136)                             | 4,419,462      |
| (3)                                                               |                |
| (4)                                                               |                |
| (5)                                                               |                |
| (6)                                                               |                |
| (7)                                                               |                |
| (8)                                                               |                |
| (9)                                                               |                |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) | 4,419,462      |

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

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

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

|          |                                                                                               |                    |           |           |
|----------|-----------------------------------------------------------------------------------------------|--------------------|-----------|-----------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements                      |                    | <b>1</b>  | 3,391,049 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                           |                    |           |           |
| <b>a</b> | Net unrealized gains (losses) on investments                                                  | <b>2a</b> -812,883 |           |           |
| <b>b</b> | Donated services and use of facilities                                                        | <b>2b</b>          |           |           |
| <b>c</b> | Recoveries of prior year grants                                                               | <b>2c</b>          |           |           |
| <b>d</b> | Other (Describe in Part XIII)                                                                 | <b>2d</b>          |           |           |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>                                                         |                    | <b>2e</b> | -812,883  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>                                                    |                    | <b>3</b>  | 4,203,932 |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                          |                    |           |           |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                              | <b>4a</b>          |           |           |
| <b>b</b> | Other (Describe in Part XIII)                                                                 | <b>4b</b> 740,166  |           |           |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>                                                             |                    | <b>4c</b> | 740,166   |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12) |                    | <b>5</b>  | 4,944,098 |

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

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

|          |                                                                                                |                   |           |           |
|----------|------------------------------------------------------------------------------------------------|-------------------|-----------|-----------|
| <b>1</b> | Total expenses and losses per audited financial statements                                     |                   | <b>1</b>  | 2,064,918 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                              |                   |           |           |
| <b>a</b> | Donated services and use of facilities                                                         | <b>2a</b>         |           |           |
| <b>b</b> | Prior year adjustments                                                                         | <b>2b</b>         |           |           |
| <b>c</b> | Other losses                                                                                   | <b>2c</b>         |           |           |
| <b>d</b> | Other (Describe in Part XIII)                                                                  | <b>2d</b>         |           |           |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>                                                          |                   | <b>2e</b> | 0         |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>                                                     |                   | <b>3</b>  | 2,064,918 |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                             |                   |           |           |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                               | <b>4a</b>         |           |           |
| <b>b</b> | Other (Describe in Part XIII)                                                                  | <b>4b</b> 260,915 |           |           |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>                                                              |                   | <b>4c</b> | 260,915   |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18) |                   | <b>5</b>  | 2,325,833 |

**Part XIII Supplemental Information.**

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

Part XI Line 4b Current Year Income from Agency Endowment Funds (FASB 136)

Part XII Line 4b Current Year Grants paid from Agency Endowment Funds (FASB 136)

Part X Line 2 Management of the Foundation has evaluated uncertain tax positions and has

determined there are no uncertain tax positions as of December 31, 2014.

SCHEDULE I  
(Form 990)

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

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

▶ Attach to Form 990.

Department of the Treasury  
Internal Revenue Service

Name of the organization

DEKALB COUNTY COMMUNITY FOUNDATION

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Employer identification number

36-3788167

OMB No. 1545-0047

2014

Open to Public  
Inspection

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

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

☒ Yes ☐ No

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

| 1 (a) Name and address of organization or government                                              | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---------------------------------------------------------------------------------------------------|---------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| (1) See Schedule                                                                                  |         |                               | 1,038,385                |                                   |                                                       |                                        |                                    |
| (2)                                                                                               |         |                               |                          |                                   |                                                       |                                        |                                    |
| (3)                                                                                               |         |                               |                          |                                   |                                                       |                                        |                                    |
| (4)                                                                                               |         |                               |                          |                                   |                                                       |                                        |                                    |
| (5)                                                                                               |         |                               |                          |                                   |                                                       |                                        |                                    |
| (6)                                                                                               |         |                               |                          |                                   |                                                       |                                        |                                    |
| (7)                                                                                               |         |                               |                          |                                   |                                                       |                                        |                                    |
| (8)                                                                                               |         |                               |                          |                                   |                                                       |                                        |                                    |
| (9)                                                                                               |         |                               |                          |                                   |                                                       |                                        |                                    |
| (10)                                                                                              |         |                               |                          |                                   |                                                       |                                        |                                    |
| (11)                                                                                              |         |                               |                          |                                   |                                                       |                                        |                                    |
| (12)                                                                                              |         |                               |                          |                                   |                                                       |                                        |                                    |
| 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table |         |                               |                          |                                   |                                                       |                                        | 54                                 |
| 3 Enter total number of other organizations listed in the line 1 table                            |         |                               |                          |                                   |                                                       |                                        | 0                                  |

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

HTA

Schedule I (Form 990) (2014)

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

|   | (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|---------------------------------|--------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|
| 1 |                                 |                          |                          |                                   |                                                       |                                        |
| 2 |                                 |                          |                          |                                   |                                                       |                                        |
| 3 |                                 |                          |                          |                                   |                                                       |                                        |
| 4 |                                 |                          |                          |                                   |                                                       |                                        |
| 5 |                                 |                          |                          |                                   |                                                       |                                        |
| 6 |                                 |                          |                          |                                   |                                                       |                                        |
| 7 |                                 |                          |                          |                                   |                                                       |                                        |

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

Part I Line 2 The Foundation distributes grants and scholarships to nonprofit and community organizations and educational institutions.

The purpose and allowable uses of the grant are clearly stipulated in fund and grant agreements. Organizations sign grant agreement.

forms and, in some cases, provide a Grant Report to the Foundation along with receipts showing proof of the grant usages. Foundation

staff and board members conduct follow up site visits to select grantees and monitor the programs supported through Foundation grants

informally through contact with key individuals.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2014**

**Open to Public  
Inspection**

Employer identification number

DEKALB COUNTY COMMUNITY FOUNDATION

36-3788167

Form 990, Part VI, Section B, Line 11b - The Foundation Form 990 was prepared by its

Accountant and Executive Director. A copy of the complete Form 990 was e-mailed to every

Foundation Board Member as a complete PDF document. Foundation Board Members were asked to

review the entire form and to notify the Executive Director via e-mail of any questions or

concerns within one week, after which time the 990 was filed.

Form 990, Part VI, Section B, Line 12c - The Foundation regularly and consistently monitors

and enforces compliance with its conflict of interest policy by considering any real or

potential conflicts prior to any voting among the board in official board meetings or

committee meetings. Members are asked if there are any conflicts if it is not known based on

previous disclosure documentation. An additional conflict document is used with the grants

committee prior to recommending bi-annual grants to community organizations.

Form 990, Part VI, Section B, Line 15a/b - The compensation of the Foundation's Executive

Director is set by the Board of Directors at the direction of the Executive Committee. The

Board President, as chairman of the Executive Committee, consults a national Salary

Study/Survey provided each year by the Council on Foundations, a membership organization

serving over 700 Community Foundations. Data in the report consist of median and mean salary

figures for Executive Directors (and other foundation staff positions) based on Foundation

asset size. Consideration of typical nonprofit executive director salary in the County in

which the foundation serves is also considered. Discussion of the Executive Director's salary

occurs around the time of a performance review and is documented in meeting minutes. This same

procedure occurs for other key employees in the organization, with the executive director

doing the majority of due diligence and the board ultimately approving all salaries.

Form 990, Part VI, Section C, Line 19 - Yes, the Foundation makes its governing documents,

conflict of interest policy, and financial statements available to the public. All of these

documents are available upon request to anyone at anytime. The Foundations's website mentions

the availability of these documents in the business office and the Foundation's annual report.

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

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization

Employer identification number

DEKALB COUNTY COMMUNITY FOUNDATION

36-3788167

states that the following information is available upon request from our office. Names of

investment managers and fees charged; full audited financial statements; IRS Form 990,

governing documents, and conflict of interest policy.

Form 990, Part XI, Line 9 Other Changes in Net assets. Current Year Increase in Agency

Endowment Funds ( \$ 479,251)

| Schedule I Part II Grants and Other Assistance to Governments and Organizations in the United States |                                  |                        |            |                    |                          |                                                                                                       |
|------------------------------------------------------------------------------------------------------|----------------------------------|------------------------|------------|--------------------|--------------------------|-------------------------------------------------------------------------------------------------------|
| DeKalb County Community Foundation 36-3788167                                                        |                                  |                        |            |                    |                          |                                                                                                       |
| Name                                                                                                 | (a) Name, Address, Zip Address 1 | City State Zip         | (b) EIN    | (c) IRC section if | (d) Amount of cash grant | (h) Purpose of grant or assistance                                                                    |
| Baroque Band                                                                                         | 30 East Adams Street             | Chicago, IL 60603      | 37-1535043 | 501(C)(3)          | 5,000.00                 | Fall 2014 Wurliizer Foundation Grant                                                                  |
| Ben Gordon Center, Inc                                                                               | 12 Health Services Drive         | DeKalb, IL 60115       | 36-3239877 | 501(C)(3)          | 10,647.00                | 1-CN grant to update computers and software 2-Agency Fund Payout                                      |
| CASA-Court Appointed Special Advocate                                                                | 407 West State Street            | Sycamore, IL 60178     | 36-3903898 | 501(C)(3)          | 5,271.00                 | 1-GLDC Donations 2-DAF Payout                                                                         |
| Center for Family Health                                                                             | 370 Summit Street                | Eglin, IL 60120        | 36-4249586 | 501(C)(3)          | 5,000.00                 | to purchase vision screening equipment                                                                |
| Chicago Children's Choir                                                                             | 78 East Washington Street        | Chicago, IL 60602      | 51-0140419 | 501(C)(3)          | 5,000.00                 | Fall 2014 Wurliizer Foundation Grant                                                                  |
| Children's Learning Center                                                                           | 905 South Fourth Street          | DeKalb, IL 60115       | 36-2717649 | 501(C)(3)          | 25,678.00                | 1-replace the school bus 2-GLDC Donations                                                             |
| Clinton Township Public Library                                                                      | 110 South Elm Street             | Waterman, IL 60556     | 36-3924154 | 501(C)(3)          | 10,136.00                | to repair foundation water leaks and purchase a                                                       |
| Cortland Community Library                                                                           | 63 South Somonauk Road           | Cortland, IL 60112     | 36-3336919 | 501(C)(3)          | 7,996.00                 | to install storage shelves and craft space                                                            |
| Cuyahoga Community College Foundation                                                                | 700 Carnegie Avenue              | Cleveland, OH 44115    | 23-7320719 | 501(C)(3)          | 5,000.00                 | Fall 2014 Wurliizer Foundation Grant                                                                  |
| DeKalb Area Women's Center                                                                           | 1021 State Street                | DeKalb, IL 60115       | 36-3924154 | 501(C)(3)          | 11,232.00                | 1-Opportunity Grant 2-Designated Distributions 3-GLDC 4-CN Grant to repair porch and roof             |
| DeKalb County Community Gardens                                                                      | P O Box 348                      | DeKalb, IL 60115       | 46-3681206 | 501(C)(3)          | 11,387.00                | 1-CN Grant purchase capital items 2-YEP grant to maintain orchard 3-GLDC Donations                    |
| DeKalb County Economic Dev Corp                                                                      | 421 North California Street      | Sycamore, IL 60178     | 36-3524353 | 501(C)(3)          | 9,250.00                 | 2014 Community Works Grant - DCEDC Consortium Coordinator 2-Genoa Economic Action Committee           |
| DeKalb County Farm Bureau Foundation                                                                 | 1350 W Prairie Drive             | Sycamore, IL 60178     | 36-3504039 | 501(C)(3)          | 5,000.00                 | 2014 Donor Advised Fund Payout                                                                        |
| DeKalb County Government                                                                             | County Legislative Center        | Sycamore, IL 60178     | 36-6006548 | Govt               | 37,000.00                | 2014 Community Works Grant - DK CO Treasurer                                                          |
| DeKalb County Soil & Water Conservation                                                              | 1350 West Prairie Drive          | Sycamore, IL 60178     | 36-2438424 | Govt               | 37,041.00                | 1-Riparian Buffer Equip 2-Wetlands Website                                                            |
| DeKalb Education Foundation                                                                          | 901 S 4th Street                 | DeKalb, IL 60115       | 36-3543926 | 501(C)(3)          | 9,470.00                 | 1-GLDC Donations 2- Designated Fund Payouts                                                           |
| DeKalb First United Methodist Foundation                                                             | 8106 Rich Road                   | DeKalb, IL 60115       | 36-2275713 | 501(C)(3)          | 30,000.00                | 2014 Agency Fund Payout                                                                               |
| DeKalb Public Library                                                                                | 309 Oak Street                   | DeKalb, IL 60115       | 36-6005846 | 501(C)(3)          | 177,982.00               | 1 Donor Advised Fund Payout 2-CN Grant 3- GLDC Donations 4- Frerichs/Castle/Countryman donations      |
| Elwood House Association, Inc                                                                        | 509 North First Street           | DeKalb, IL 60115       | 23-7057843 | 501(C)(3)          | 24,264.00                | 2, Designated Fund Distr, CN Grant 4, GLDC Donations, Donor Advised Fund Payout, YEP Grant            |
| FRAXA Research Foundation                                                                            | 10 Prince Place                  | Newburyport, MA 01950  | 04-3222167 | 501(C)(3)          | 5,000.00                 | 2014 Donor Advised Fund Payout                                                                        |
| Hope Haven                                                                                           | 1145 Rushmore Drive              | DeKalb, IL 60115       | 36-3537762 | 501(C)(3)          | 40,765.00                | 1-GLDC Donations 2-Donor Advised Fund Distribution                                                    |
| KishHealth System Foundation                                                                         | One Kish Hospital Drive          | DeKalb, IL 60115       | 23-7087041 | 501(C)(3)          | 5,932.50                 | 2014 Boynton Fund Distribution                                                                        |
| KishHealth System                                                                                    | One Kish Hospital Drive          | DeKalb, IL 60115       | 36-3649080 | 501(C)(3)          | 15,000.00                | multi-year CN Grant                                                                                   |
| Kishwaukee Family YMCA                                                                               | 2500 W Bethany Road              | Sycamore, IL 60178     | 36-2379643 | 501(C)(3)          | 43,669.00                | Expand the YMCA parking and exercise facilities, GLDC Donations, YEP Grant, Donor Advised Fund Payout |
| Kishwaukee Special Recreation Association                                                            | 1403 Sycamore Road               | DeKalb, IL 60115       | 36-3860530 | 501(C)(3)          | 5,000.00                 | 1- CN Grant to Adult Day Program 2-YEP Grant for Arts Program                                         |
| Kishwaukee Symphony Orchestra                                                                        | P O Box 310                      | DeKalb, IL 60115       | 36-3069093 | 501(C)(3)          | 8,645.00                 | 1-Donor Advised Payouts 2-Wurliizer Grant 3-GLDC Donations                                            |
| Kishwaukee United Way                                                                                | 1115 North First Street          | DeKalb, IL 60115       | 36-6158489 | 501(C)(3)          | 80,206.00                | 1-Designated Fund Distribution 2-Donor Advised Fund Payouts 3-GLDC Donations                          |
| Midwest Museum of Natural History                                                                    | 425 West State Street            | Sycamore, IL 60178     | 61-1402985 | 501(C)(3)          | 9,421.00                 | 1-CN Grant for ADA compliance 2- Donor Advised Fund Payouts 3-Wurliizer Grant 4-GLDC Donations        |
| Music House Museum                                                                                   | 7377 U S 31 North                | Williamsburg, MI 49690 | 38-2709408 | 501(C)(3)          | 5,000.00                 | Wurliizer Grant                                                                                       |
| NIU-Campus Child Care Center                                                                         | Northern Illinois University     | DeKalb, IL 60115       | 36-6008480 | 501(C)(3)          | 10,319.00                | CN Grant for Playground Safety                                                                        |
| Northern Illinois Food Bank                                                                          | 273 Dearborn Court               | Geneva, IL 60134       | 36-3703648 | 501(C)(3)          | 15,000.00                | CN Grant for Food Program                                                                             |
| Oak Crest DeKalb Area Retirement Center                                                              | 2944 Greenwood Acre Drive        | DeKalb, IL 60178       | 36-2875303 | 501(C)(3)          | 135,321.00               | Designated Fund Payouts 2- Donor Advised Fund Payouts                                                 |
| Oaken Acres Wildlife Center                                                                          | 12240 Aldrich Road               | Sycamore, IL 60178     | 36-3325126 | 501(C)(3)          | 27,240.10                | GLDC 2014 Donations                                                                                   |
| Old Town School of Folk Music                                                                        | 4544 N Lincoln Ave               | Chicago, IL 60625      | 36-2373635 | 501(C)(3)          | 10,000.00                | Wurliizer Grant                                                                                       |
| Project Dantztheatre Chicago                                                                         | 2480 North Albany                | Chicago, IL 60647      | 36-4486360 | 501(C)(3)          | 6,000.00                 | Wurliizer Grant                                                                                       |
| Rainbows for All Children Inc                                                                        | 1007 Church St                   | Evanston, IL 60201     | 36-3262836 | 501(C)(3)          | 5,000.00                 | Wurliizer Grant                                                                                       |
| Resurrection College Prep High School                                                                | 7500 W Talcott                   | Chicago, IL 60631      | 36-2174825 | 501(C)(3)          | 10,000.00                | Wurliizer Grant                                                                                       |
| Rocky Mountain Institute/RMI                                                                         | 1820 Folsom Street               | Boulder, CO 80302      | 74-2244146 | 501(C)(3)          | 30,000.00                | 2014 Donor Advised Fund Payout                                                                        |
| Safe Passage, Inc                                                                                    | P O Box 621                      | DeKalb, IL 60115       | 36-3108372 | 501(C)(3)          | 6,701.00                 | Opportunity Grant 2-Donor Advised Fund Payout 3-GLDC Donations 4-Internship Stipend                   |
| Salvation Army                                                                                       | 830 Grove Street                 | DeKalb, IL 60115       | 36-2167909 | 501(C)(3)          | 9,141.00                 | 2014 Boynton Fund Distribution 2-Donor Advised Fund                                                   |
| Sandwich Opera House                                                                                 | 140 East Railroad Street         | Sandwich, IL 60548     | 36-3192566 | 501(C)(3)          | 15,000.00                | CN grant to repair and restore seating                                                                |
| Shabbona-Lee-Rollo Historical Museum                                                                 | 119 West Comanche                | Shabbona, IL 60550     | 36-3813258 | 501(C)(3)          | 6,000.00                 | 1- CN Grant for handicapped parking 2 - Donor Advised Fund Payout                                     |
| Shriners Hospitals for Children                                                                      | P O Box 31356                    | Tampa, FL 33631        | 36-2193608 | 501(C)(3)          | 6,328.00                 | 2014 Boynton Fund Distribution                                                                        |
| Snow City Arts Foundation                                                                            | 630 South Hermitage              | Chicago, IL 60612      | 36-4240513 | 501(C)(3)          | 5,000.00                 | Wurliizer Grant                                                                                       |
| Somonauk School District-High School                                                                 | 501 W Market St                  | Somonauk, IL 60552     | 36-2580660 | 501(C)(3)          | 9,000.00                 | CN Grant to repair roof and paths to ball fields                                                      |
| Somonauk Summer Fest Committee                                                                       | P O Box 155                      | Somonauk, IL 60552     | 36-3428632 | 501(C)(3)          | 5,000.00                 | CN Grant to resurface walking paths at community park                                                 |
| St Ignatis College of Chicago                                                                        | 1076 W Roosevelt Road            | Chicago, IL 60608      | 36-2167867 | 501(C)(3)          | 5,000.00                 | Wurliizer Grant                                                                                       |
| St Mary School-DeKalb                                                                                | 210 Gurler Road                  | DeKalb, IL 60115       | 36-2277373 | 501(C)(3)          | 10,463.00                | Designated Fund Distributions                                                                         |
| St Vincent de Paul Center                                                                            | 2145 North Halsted Street        | Chicago, IL 60614      | 36-1722800 | 501(C)(3)          | 5,000.00                 | Wurliizer Grant                                                                                       |
| Suydam United Methodist Church                                                                       | 1851 State Route 23              | Somonauk, IL 60552     | 14-1911613 | 501(C)(3)          | 5,000.00                 | 2014 Donor Advised Fund Payout - partial                                                              |
| Sycamore Education Foundation                                                                        | 29950 Oak Meadow Dr              | Kingston, IL 60145     | 36-3329746 | 501(C)(3)          | 8,783.00                 | 1-Agency Fund Payout 2-Designated Fund Payout 3-GLDC Donations                                        |
| Sycamore Public Library                                                                              | 103 East State Street            | Sycamore, IL 60178     | 36-6006123 | 501(C)(3)          | 7,096.00                 | 1-CN Grant for Computers for Patrons 2-Designated Fund Payments                                       |
| Union Congregational Church                                                                          | Wayne Bagwill or Peter Dell      | Somonauk, IL 60552     | 14-1911613 |                    | 10,000.00                | 2014 Donor Advised Fund Payout - partial                                                              |
| University of Illinois - Extension                                                                   | 421 W Pines Rd                   | Oregon, IL 61061       | 37-6000511 | 501(C)(3)          | 25,000.00                | Total distribution for UI Extension's 2013-2014 fiscal year                                           |