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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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

Do not enter social security numbers on this form as it may be made public.

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

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

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

C Name of organization
COMMUNITY FOUNDATION OF NORTHERN IL

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
946 NORTH SECOND STREET

City or town, state or province, country, and ZIP or foreign postal code
ROCKFORD, IL 61107

D Employer identification number

36-4402089

E Telephone number

(815) 962-2110

G Gross receipts \$ 20,541,302

F Name and address of principal officer:
DAN ROSS
946 NORTH SECOND STREET
ROCKFORD, IL 61107

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)
H(c) Group exemption number ▶

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

J Website: ▶ WWW.CFNIL.ORG

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

L Year of formation: 1953

M State of legal domicile: IL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
ATTRACT, PRESERVE AND GROW AN ENDOWMENT FOR THE NEEDS OF THE PEOPLE OF NORTHERN ILLINOIS

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 19

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 19

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 10

6 Total number of volunteers (estimate if necessary) 6 200

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

7b Net unrelated business taxable income from Form 990-T, line 39 7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 874,172 6,292,853

9 Program service revenue (Part VIII, line 2g) 0 113,282

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,519,351 2,169,737

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 100,634 1,738

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,494,157 8,577,610

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 3,107,863 3,718,149

14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 867,766 814,688

16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0

16b Total fundraising expenses (Part IX, column (D), line 25) ▶173,235

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 360,217 478,285

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 4,335,846 5,011,122

19 Revenue less expenses. Subtract line 18 from line 12 -841,689 3,566,488

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 105,232,921 111,538,768

21 Total liabilities (Part X, line 26) 13,668,589 15,727,314

22 Net assets or fund balances. Subtract line 21 from line 20 91,564,332 95,811,454

Part II Signature Block

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

Sign Here

Signature of officer
Date 2021-04-22
DAN ROSS PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date 2021-04-22 Check ☐ if self-employed PTIN P01058119
Firm's name ▶ KUTCHINS ROBBINS & DIAMOND LTD Firm's EIN ▶ 36-3856676
Firm's address ▶ 1051 PERIMETER DR 9TH FLOOR Phone no. (847) 240-1040
SCHAUMBURG, IL 60173

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2019)

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:

THE COMMUNITY FOUNDATION OF NORTHERN ILLINOIS WAS ESTABLISHED TO SERVE AS A CATALYST FOR GIVING AND A PROMOTER OF PHILANTHROPY. THE FOUNDATION ATTRACTS, PRESERVES, AND GROWS A CHARITABLE ENDOWMENT FOR THE PRESENT AND FUTURE NEEDS OF THE PEOPLE OF NORTHERN ILLINOIS. THE FOUNDATION IDENTIFIES COMMUNITY NEEDS AND CONVENES VOLUNTEERS TO ADVISE THE FOUNDATION'S BOARD IN GRANT MAKING, INVESTMENT, AND SPENDING POLICY DECISIONS. THE FOUNDATION ALSO SERVES AS A CUSTODIAN OF FUNDS FOR NOT-FOR-PROFIT ORGANIZATIONS.

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 \$ 3,718,149 including grants of \$ 3,718,149) (Revenue \$ 113,282)
See Additional Data

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

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

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

4e Total program service expenses ▶ 3,718,149

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 5	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 10			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No	
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a 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?	6a		No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No	
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		No	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		No	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No	
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		No	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 720, Schedule N.	15		No	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No	

Part VI

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

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

Section A. Governing Body and Management

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

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

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

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 Form 1023 (or 1024-A if applicable), 990, and 990-T (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:
▶ JAMES MUNCH 946 N 2ND ST ROCKFORD, IL 61107 (815) 962-2110

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHERYL BALSAM BOARD MEMBER	2.00	X						0	0	0
(2) JOANNA BARES BOARD MEMBER	2.00	X						0	0	0
(3) JUDITH BARNARD BOARD MEMBER	2.00	X						0	0	0
(4) ERIN CALKINS CHAIR	2.00	X		X				0	0	0
(5) EDWARD CLIFT BOARD MEMBER	2.00	X						0	0	0
(6) RUSSELL DENNIS BOARD MEMBER	2.00	X						0	0	0
(7) DEREK DREIER BOARD MEMBER	2.00	X						0	0	0
(8) SHERRY GAUMOND BOARD MEMBER	2.00	X						0	0	0
(9) JOYCE D HIGGINS BOARD MEMBER	2.00	X						0	0	0
(10) BECKY KENDALL BOARD MEMBER	2.00	X						0	0	0
(11) JOHN KEHOE BOARD MEMBER	2.00	X						0	0	0
(12) KATHY KWIAT-HESS VICE CHAIR	2.00	X		X				0	0	0
(13) WILLIAM REILLY BOARD MEMBER	2.00	X						0	0	0
(14) E ROGER REITHMEIER BOARD MEMBER	2.00	X						0	0	0
(15) KAREN SCHILLER BOARD MEMBER	2.00	X						0	0	0
(16) STEPHEN SCHMELING BOARD MEMBER	2.00	X						0	0	0
(17) DAYTON SMITH III ASST TREASURER	2.00	X		X				0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) M BETH THACKER BOARD MEMBER	2.00	X						0	0	0
(19) BRENTON WITHERBY TREASURER	2.00	X		X				0	0	0
(20) JON BATES PRESIDENT	40.00			X				144,612	0	7,537
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								144,612	0	7,537

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

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		No
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	Yes	
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		No

Section B. Independent Contractors

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

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

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**

Form 990 (2019)		Page 9			
Part VIII		Statement of Revenue			
Check if Schedule O contains a response or note to any line in this Part VIII					
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,292,853		
	g Noncash contributions included in lines 1a - 1f:\$	1g	101,357		
	h Total. Add lines 1a-1f		6,292,853		
Program Service Revenue	2a CUSTODIAL FUND MANAGEMENT	Business Code			
		813211	113,282	113,282	
	b				
	c				
	d				
	e				
	f All other program service revenue.				
	g Total. Add lines 2a-2f		113,282		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,896,467		1,896,467
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6a Gross rents	(i) Real	(ii) Personal		
	b Less: rental expenses	6b			
	c Rental income or (loss)	6c			
	d Net rental income or (loss)				
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	b Less: cost or other basis and sales expenses	7b			
	c Gain or (loss)	7c			
	d Net gain or (loss)			273,270	273,270
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a			
	b Less: direct expenses	8b			
	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities. See Part IV, line 19	9a			
	b Less: direct expenses	9b			
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances	10a			
	b Less: cost of goods sold	10b			
	c Net income or (loss) from sales of inventory				
Miscellaneous Revenue	Business Code				
11a MISCELLANEOUS	900099	1,738	1,738		
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		1,738			
12 Total revenue. See instructions		8,577,610	115,020	0	2,169,737

Form 990 (2019)

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,391,166	3,391,166		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	326,983	326,983		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	144,612		86,652	57,960
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	523,371		476,477	46,894
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	30,813		25,976	4,837
9 Other employee benefits	65,530		55,242	10,288
10 Payroll taxes	50,362		42,455	7,907
11 Fees for services (non-employees):				
a Management				
b Legal	39,785		39,785	
c Accounting	63,602		63,602	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	68,252		68,252	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	5,798			5,798
13 Office expenses	23,984		21,386	2,598
14 Information technology	102,059		86,241	15,818
15 Royalties				
16 Occupancy	56,178		47,713	8,465
17 Travel	1,054		1,054	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	17,557		15,810	1,747
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	57,558		57,558	
23 Insurance	15,284		14,078	1,206
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 SUBSCRIPTIONS, DUES AND	5,498		5,444	54
b TUITION REIMBURSEMENT A	4,914		4,088	826
c SPECIAL EVENTS	4,861			4,861
d BANKING FEES	4,131		4,131	
e All other expenses	7,770		3,794	3,976
25 Total functional expenses. Add lines 1 through 24e	5,011,122	3,718,149	1,119,738	173,235
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	261	1	254
	2 Savings and temporary cash investments	9,836,991	2	885,456
	3 Pledges and grants receivable, net	542,772	3	4,271,504
	4 Accounts receivable, net		4	
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	6,457	9	46,394
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,744,365		
	b Less: accumulated depreciation	10b 954,315	746,936	10c 790,050
	11 Investments—publicly traded securities	67,914,818	11	69,754,853
	12 Investments—other securities. See Part IV, line 11	26,142,003	12	35,745,943
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	42,683	15	44,314
16 Total assets. Add lines 1 through 15 (must equal line 34)	105,232,921	16	111,538,768	
Liabilities	17 Accounts payable and accrued expenses	36,192	17	20,637
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	12,925,795	21	15,063,227
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	706,602	25	643,450
	26 Total liabilities. Add lines 17 through 25	13,668,589	26	15,727,314
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	15,625,914	27	16,736,453
	28 Net assets with donor restrictions	75,938,418	28	79,075,001
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	91,564,332	32	95,811,454
33 Total liabilities and net assets/fund balances	105,232,921	33	111,538,768	

Part XI Reconciliation of Net AssetsCheck 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	8,577,610
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,011,122
3	Revenue less expenses. Subtract line 2 from line 1	3	3,566,488
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	91,564,332
5	Net unrealized gains (losses) on investments	5	691,413
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	-10,779
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	95,811,454

Part XII Financial Statements and ReportingCheck 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: ☒ Cash ☐ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
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?		No
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.		

Additional Data

Software ID:
Software Version:
EIN: 36-4402089
Name: COMMUNITY FOUNDATION OF NORTHERN IL

Form 990 (2019)

Form 990, Part III, Line 4a:

MANAGES 403 FUNDS ESTABLISHED FOR CHARITABLE PURPOSES. MANAGEMENT OF THE FUNDS INCLUDES PRUDENT INVESTMENT AND THE ESTABLISHMENT OF A SPENDING POLICY. THE ORGANIZATION MANAGES A GRANT MAKING PROCESS THAT INCLUDES THE CONVENING OF COMMUNITY VOLUNTEERS TO ADVISE THE FOUNDATION ON GRANT MAKING DECISIONS CONSISTENT WITH THE INTENTIONS OF DONORS AS DOCUMENTED IN THE FUND AGREEMENTS.

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF NORTHERN IL

Employer identification number
36-4402089

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

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

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

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

Part II

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

Section A. Public Support							
Calendar year (or fiscal year beginning in) ►		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	843,537	817,046	1,140,331	3,046,603	8,711,944	14,559,461
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3	843,537	817,046	1,140,331	3,046,603	8,711,944	14,559,461
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						5,305,651
6	Public support. Subtract line 5 from line 4.						9,253,810

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .	843,537	817,046	1,140,331	3,046,603	8,711,944	14,559,461
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .	1,318,977	1,462,723	1,795,327	2,436,131	1,896,467	8,909,625
9	Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .	72,307	82,773	89,875	100,634	115,020	460,609
11	Total support. Add lines 7 through 10						23,929,695
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage			
14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	38.670 %
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	41.820 %
16a	33 1/3% support test—2019. 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 ▶ ☒		
b	33 1/3% support test—2018. 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 ▶ ☐		
17a	10%-facts-and-circumstances test—2019. 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 ▶ ☐		
b	10%-facts-and-circumstances test—2018. 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 ▶ ☐		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 1	THE COMMUNITY FOUNDATION OF NORTHERN ILLINOIS RECEIVES VARIOUS CONTRIBUTIONS FROM OTHER NO T-FOR-PROFIT ORGANIZATIONS WHILE ACTING IN THE CAPACITY AS A CUSTODIAN OF THOSE CONTRIBUTI ONS. THESE CONTRIBUTIONS RECEIVED AS A CUSTODIAN ARE CHARACTERIZED AS CONTRIBUTIONS ON SCH EDULE A, BUT ARE NOT INCLUDED ON FORM 990, PART VIII, LINE 1 AS REVENUE, AND ARE NOT INCLU DE AS NET ASSETS ON FORM 990 PART X.

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF NORTHERN IL

Employer identification number
36-4402089

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	67	
2 Aggregate value of contributions to (during year)	124,034	
3 Aggregate value of grants from (during year)	822,291	
4 Aggregate value at end of year	6,788,645	

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?

☒ Yes ☐ 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?

☒ Yes ☐ No

Part II

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

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

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

Part III

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

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

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

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

(ii) Assets included in Form 990, Part X ► \$

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

a Revenue included on Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

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

Cat. No. 52283D Schedule D (Form 990) 2019

Part III

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

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☒ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table:

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☒ Yes

☐ No

b

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

☒

Part V

Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	85,597,628	85,009,730	81,591,434	76,787,530	75,257,985
b Contributions	6,496,671	823,411	1,147,253	1,235,930	5,646,499
c Net investment earnings, gains, and losses	3,709,115	4,553,712	7,469,406	8,575,262	210,878
d Grants or scholarships	3,846,973	3,846,454	4,231,136	3,866,238	3,150,134
e Other expenditures for facilities and programs					
f Administrative expenses	951,889	942,771	967,227	1,141,050	1,177,698
g End of year balance	91,004,552	85,597,628	85,009,730	81,591,434	76,787,530

2

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

a

Board designated or quasi-endowment ▶ 16.360 %

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶ 83.640 %

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

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		60,000		60,000
b Buildings		1,171,195	649,892	521,303
c Leasehold improvements				
d Equipment		371,010	254,702	116,308
e Other		142,160	49,721	92,439
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				790,050

Schedule D (Form 990) 2019

Part VII

Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) GLOBAL DIVERSIFIED PRIVATE EQUITY FUNDS	5,795,748	F
(B) COMMINGLED TRUST INVESTMENT IN INTERNATIONAL EQUITIES	9,157,603	F
(C) CORE REAL ESTATE FUND	11,041,518	F
(D) EQUITY ALTERNATIVES COMPOSITE	9,751,074	F
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	35,745,943	

Part VIII

Investments—Program Related.

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

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

Part IX

Other Assets.

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

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

Part X

Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIFE INTEREST PAYABLE	643,450
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	643,450

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	9,189,992
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	691,413
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-10,779
e	Add lines 2a through 2d	2e	680,634
3	Subtract line 2e from line 1	3	8,509,358
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	68,252
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	68,252
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	8,577,610

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

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

1	Total expenses and losses per audited financial statements	1	4,942,870
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	4,942,870
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	68,252
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	68,252
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	5,011,122

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.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 36-4402089
Name: COMMUNITY FOUNDATION OF NORTHERN IL

Supplemental Information

Return Reference	Explanation
PART IV, LINE 2B:	THE COMMUNITY FOUNDATION ACCEPTS, AS CUSTODIAN, FUNDS FROM NOT-FOR-PROFIT ORGANIZATIONS. AS OF JUNE 30, 2020 THE COMMUNITY FOUNDATION HELD 117 ACTIVE CUSTODIAL FUNDS. EACH FUND IS ACCEPTED UNDER THE TERMS OF A TRANSFER AGREEMENT. THE COMMUNITY FOUNDATION ALSO HELD A TOTAL OF 6 CHARITABLE REMAINDER TRUSTS AND 1 NET INCOME MAKEUP CHARITABLE REMAINDER UNITRUST. SEVERAL OF THE CHARITABLE REMAINDER TRUST AGREEMENTS REQUIRE THAT THE FOUNDATION MAKES ANNUAL OR QUARTERLY PAYMENTS TO THE ANNUITANTS FOR LIFE. THE PRESENT VALUE OF THESE FUTURE ANNUITY PAYMENTS IS REFLECTED IN FORM 990 PART X UNDER LIFE INTERESTS PAYABLE. THE PRESENT VALUE OF THE ESTIMATED FUTURE PAYMENTS IS CALCULATED USING DISCOUNT RATES FROM 1% TO 4% AND APPLICABLE MORTALITY TABLES. THE REMAINDER INTEREST NET OF REMAINDER LIABILITIES PAYABLE TO NON-PROFIT BENEFICIARIES IS RECOGNIZED AS TEMPORARILY RESTRICTED NET ASSETS TO THE EXTENT THE FOUNDATION IS NAMED AS A BENEFICIARY.

Supplemental Information	
Return Reference	Explanation
PART V, LINE 4:	THE COMMUNITY FOUNDATION HOLDS 274 ENDOWMENT FUNDS. THE PURPOSE OF EACH FUND IS DOCUMENTED AS A PART OF A FUND AGREEMENT OF GIFT INSTRUMENT.

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	NET CHANGE IN VALUE IN BENEFICIAL INTEREST IN CHARITABLE REMAINDER TRUSTS -10,779.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
COMMUNITY FOUNDATION OF NORTHERN IL

Employer identification number

36-4402089

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(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 ▶ 113
- 3 Enter total number of other organizations listed in the line 1 table ▶

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS	201	326,983			
(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.

Return Reference	Explanation
PART I, LINE 2:	THE COMMUNITY FOUNDATION MONITORS THE USE OF GRANT FUNDS BY CONFIRMING THE 501(C)(3) STATUS OF RECIPIENT ORGANIZATIONS AND THE CHARITABLE PURPOSE FOR WHICH GRANTS ARE MADE. RESTRICTED GRANTS REQUIRE POST-GRANT REPORTING FROM RECIPIENT ORGANIZATIONS.

Additional Data

Software ID:
Software Version:
EIN: 36-4402089
Name: COMMUNITY FOUNDATION OF NORTHERN IL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
A SILVER LINING FOUNDATION 134 N LASALLE STREET SUITE 1218 CHICAGO, IL 60602	90-0097495	501C3	10,000				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
ALIGNMENT ROCKFORD 815 N CHURCH STREET SUITE 201 ROCKFORD, IL 61103	27-1329316	501C3	70,000				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ALPINE KIWANIS CHARITIES INC PO BOX 5132 ROCKFORD, IL 61125	51-0238382	501C3	8,600				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
ALZHEIMERS ASSOCIATION 1111 SOUTH APLINE ROAD ROCKFORD, IL 61108	13-3039601	501C3	25,000				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ANDERSON JAPANESE GARDENS 330 SPRING CREEK ROAD ROCKFORD, IL 61107	36-4201695	501C3	30,000				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
AUGUSTANA COLLEGE OFFICE OF FINANCIAL ASSISTANCE 639 38TH STREET ROCK ISLAND, IL 61201		501C3	6,050				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BOONE COUNTY CONSERVATION DISTRICT 603 N APPLETON ROAD BELVIDERE, IL 61008		501C3	10,000				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
BOYLAN CATHOLIC HIGH SCHOOL 4000 ST FRANCIS DRIVE ROCKFORD, IL 61103	36-2435617	501C3	69,522				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BOYS AND GIRLS CLUB OF ROCKFORD PO BOX 1716 ROCKFORD, IL 61110	36-2167840	501C3	50,000				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
BURPEE MUSEUM OF NATURAL HISTORY 737 N MAIN STREET ROCKFORD, IL 61103	36-2045414	501C3	53,329				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CAROL WARNER FAMILY ENDOWMENT 946 NORTH SECOND STREET ROCKFORD, IL 61107	36-4402089	501C3	5,689				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
CARPENTER'S PLACE 1149 RAILROAD AVENUE ROCKFORD, IL 61104	36-4352283	501C3	35,830				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CATHOLIC DIOCESE OF ROCKFORD PO BOX 7044 ROCKFORD, IL 61125	36-2181998	501C3	31,974				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
CHILDREN'S HOME AID 125 S WACKER DRIVE 14TH FLOOR CHICAGO, IL 60606	36-2167743	501C3	39,665				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CIRCLE OF CHANGE PO BOX 9 ROCKTON, IL 61072	20-2316300	501C3	10,000				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
COMMUNITY FOUNDATION OF COLLIER COUNTY 1110 PINE RIDGE ROAD SUITE 200 NAPLES, FL 34108	59-2396243	501C3	440,782				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
COMPREHENSIVE COMMUNITY SOLUTIONS INC 917 S MAIN STREET ROCKFORD, IL 61101	36-3842309	501C3	25,000				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
DISCOVERY CENTER MUSEUM OF ROCKFORD INC 711 N MAIN STREET ROCKFORD, IL 61103	36-3292135	501C3	27,329				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
EMMANUEL LUTHERAN CHURCH 920 THRID AVENUE ROCKFORD, IL 61104	36-2222681	501C3	33,033				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
FARMWORKER AND LANDSCAPER ADVOCACY PROJECT 33 N LA SALLE ST SUITE 900 CHICAGO, IL 60602	36-4306362	501C3	21,000				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
FHN FAMILY COUNSELING CENTER 421 W EXCHANGE STREET FREEPORT, IL 61032	36-3290904	501C3	18,888				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
FORRESTVILLE VALLEY COMMUNITY UNIT SCHOOL DISTRICT #221 PO BOX 665 FORRESTON, IL 61030		501C3	28,000				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
FREEPORT ART MUSEUM 121 NORTH HARLEM AVENUE FREEPORT, IL 61032	50-0109249	501C3	14,925				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
FRIENDS OF NACHUSA GRASSLANDS 8772 S LOWDEN ROAD FRANKLIN GROVE, IL 61031	26-3303031	501C3	37,718				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF THE CORONADO PO BOX 1976 ROCKFORD, IL 61110	36-4195149	501C3	14,690				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
GIGI'S PLAYHOUSE ROCKFORD 8801 N SECOND STREET SUITE 2 MACHESNEY PARK, IL 61115	27-2251844	501C3	16,000				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
GIRL SCOUTS OF NORTHERN ILLINOIS PO BOX 4597 ROCKFORD, IL 61110	36-2358083	501C3	21,852				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
GIRLS ON THE RUN OF NORTHWEST ILLINOIS 111 ERICK STREET UNIT 115 CRYSTAL LAKE, IL 60014	26-0294648	501C3	10,375				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
GOLDIE B FLOBERG CENTER 58 WEST ROCKTON ROAD PO BOX 346 ROCKTON, IL 61072	36-2167018	501C3	50,000				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
GREATER FREEPORT PARTNERSHIP 27 W STEPHENSON STREET FREEPORT, IL 61032	36-3280411	501C3	20,774				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
HABITAT FOR HUMANITY OF BOONE COUNTY PO BOX 122 BELVIDERE, IL 61008	41-2331092	501C3	30,000				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
HABITAT FOR HUMANITY OF OGLE COUNTY PO BOX 628 OREGON, IL 61061	36-4428968	501C3	30,000				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
HIGHLAND COMMUNITY COLLEGE FOUNDATION 2998 WEST PEARL CITY ROAD FREEPORT, IL 61032	36-2592395	501C3	32,883				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
HOLY FAMILY CHURCH 4407 HIGHCREST ROAD ROCKFORD, IL 61107		501C3	14,250				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
HOO HAVEN WILDLIFE REHABILITATION & EDUCATION CENTER 10823 CLEVELAND ROAD DURAND, IL 61024	36-4335772	501C3	15,000				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
ILLINOIS GROWTH ENTERPRISES 7200 CLINTON ROAD LOVES PARK, IL 61111	36-2694680	501C3	192,006				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
IOWA STATE UNIVERSITY OFF OF STUDENT FIN AID SCHOL UNIT 0210 BEARDSHEAR HALL AMES, IA 50011		501C3	11,000				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
JEREMIAH DEVELOPMENT 318 NORTH CHURCH STREET ROCKFORD, IL 61101	26-3320538	501C3	15,000				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
KFACT 318 NORTH CHURCH STREET ROCKFORD, IL 61101	46-4198995	501C3	65,000				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
KIDS AROUND THE WORLD INC 4750 HYDRAULIC ROAD ROCKFORD, IL 61109	36-4007250	501C3	21,000				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
KLEHM ARBORETUM & BOTANICAL GARDEN INC 2715 SOUTH MAIN STREET ROCKFORD, IL 61102	36-3676875	501C3	14,552				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
LAURENT HOUSE FOUNDATION 4646 SPRINGBROOK ROAD ROCKFORD, IL 61114	45-3939091	501C3	28,500				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
LIFESCAPE COMMUNITY SERVICES INC 705 KILBURN AVENUE ROCKFORD, IL 61101	36-3303361	501C3	9,103				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
LINCOLN PARK ZOOLOGICAL SOCIETY 2001 N CLARK STREET CHICAGO, IL 60614	36-2512404	501C3	15,000				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MARQUETTE UNIVERSITY OFFICE OF STUDENT FINANCIAL AID MILWAUKEE, WI 53201	39-0806251	501C3	30,329				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
MASSACHUSETTS INSTITUTE OF TECHNOLOGY OFFICE OF STUDENT FIN AID 77 MASSACHUSETTS AVE RM 11-320 CAMBRIDGE, MA 02139		501C3	6,750				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MENDELSSOHN PERFORMING ARTS CENTER 406 NORTH MAIN STREET ROCKFORD, IL 61103	36-2229585	501C3	8,978				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
MERIDIAN COMMUNITY UNIT DISTRICT NO 223 207 W MAIN STREET STILLMAN VALLEY, IL 61084		501C3	13,800				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MIDWAY VILLAGE AND MUSEUM CENTER 6799 GUILFORD ROAD ROCKFORD, IL 61107	23-7237720	501C3	16,224				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
NATURAL LAND INSTITUTE 320 SOUTH THIRD STREET ROCKFORD, IL 61104	36-2478025	501C3	11,586				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
NORTH BOONE EDUCATION FOUNDATION PO BOX 280 POPLAR GROVE, IL 61065	36-2716879	501C3	6,176				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
NORTHERN ILLINOIS CENTER FOR NONPROFIT EXCELLENCE 8500 EAST STATE STREET ROCKFORD, IL 61108	36-2167842	501C3	10,244				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
NORTHERN ILLINOIS FOOD BANK 273 DEARBORN COURT GENEVA, IL 60134	36-3203648	501C3	23,853				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
NORTHERN ILLINOIS UNIVERSITY OFFICE OF ADMISSIONS PO BOX 3001 DEKALB, IL 60115	36-6008480	501C3	74,850				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
NORTHWESTERN ILLINOIS AREA AGENCY ON AGING 1111 SOUTH APLINE ROAD SUITE 600 ROCKFORD, IL 61108	36-2742719	501C3	19,040				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
NORTHWESTERN UNIVERSITY 1801 HINMAN AVENUE EVANSTON, IL 60208		501C3	10,381				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
NW HOMESTART INC 803 N CHURCH STREET ROCKFORD, IL 61103	36-4143938	501C3	55,000				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
OHIO STATE UNIVERSITY OFFICE OF STUDENT AID 281 W LANE AVENUE COLUMBUS, OH 43210		501C3	5,300				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ONE BODY COLLABORATIVE 200 Y BLVD ROCKFORD, IL 61107	27-3597219	501C3	25,000				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
OPEN ARMS FREE CLINIC INC 205 EAST COMMERCE COURT ELKHORN, WI 53121	45-4475625	501C3	10,000				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
RAMP INC 202 MARKET STREET ROCKFORD, IL 61107	36-3149827	501C3	13,140				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
REDEEMER LUTHERAN CHURCH 827 16TH STREET ROCKFORD, IL 61104	36-2284294	501C3	11,127				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ROCHELLE AREA COMMUNITY FOUNDATION PO BOX 74 ROCHELLE, IL 61068	20-3879466	501C3	49,821				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
ROCHELLE ROTARY CLUB PO BOX 372 ROCHELLE, IL 61068	36-6111387	501C3	7,665				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ROCK VALLEY COLLEGE OFFICE OF FINANICAL AID 3301 NORTH MULFORD ROAD ROCKFORD, IL 61114	23-7039197	501C3	274,654				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
ROCK VALLEY COLLEGE FOUNDATION 3301 N MULFORD ROAD ROCKFORD, IL 61114	36-3037232	501C3	66,217				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ROCKFORD AREA ARTS COUNCIL 713 EAST STATE STREET ROCKFORD, IL 61104	23-7039197	501C3	45,500				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
ROCKFORD AREA CRIMESTOPPERS INC PO BOX 4535 ROCKFORD, IL 61110	36-3116179	501C3	50,000				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ROCKFORD AREA PREGNANCY CARE CENTERS 4108 MORSAY DRIVE ROCKFORD, IL 61107	36-3029584	501C3	9,000				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
ROCKFORD AREA STRATEGIC INITIATIVES 100 PARK AVENUE SUITE 100 ROCKFORD, IL 61101	27-0964918	501C3	25,000				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ROCKFORD COSMOPOLITAN CLUB 420 FINANCIAL COURT SUITE 124 ROCKFORD, IL 61107	36-6138647	501C3	9,501				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
ROCKFORD HUMAN SERVICES DEPARTMENT 612 N COURT STREET SUITE 301 ROCKFORD, IL 61103	36-6125747	501C3	51,584				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ROCKFORD PARK DISTRICT WASHINGTON PARK TEENS 401 SOUTH MAIN STREET ROCKFORD, IL 61101	36-3083192	501C3	59,969				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
ROCKFORD PARK DISTRICT FOUNDATION 401 S MAIN STREET SUITE 112 ROCKFORD, IL 61101	36-3083192	501C3	26,360				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ROCKFORD PUBLIC SCHOOLS #205 OPERATION SUPPORT CTR 1907 KISHWAUKEE ST ROCKFORD, IL 61107		501C3	56,293				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
ROCKFORD REGIONAL CHAMBER OF COMMERCE 308 WEST STATE STREET SUITE 190 ROCKFORD, IL 61101	36-1695170	501C3	10,000				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ROCKFORD ROTARY CHARITABLE ASSOCIATION PO BOX 1323 ROCKFORD, IL 61105	36-6077650	501C3	26,000				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
ROCKFORD SYMPHONY ORCHESTRA INC 711 NORTH MAIN STREET ROCKFORD, IL 61103	36-6109375	501C3	10,000				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ROCKFORD UNIVERSITY OFFICE OF INSTITUTIONAL ADVANCEMENT JOHNSON ALUMNI CTR ROCKFORD, IL 61108	36-2167842	501C3	248,986				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
ROCKFORD YOUTH FOR CHRIST 1288 SOUTH ALPINE ROAD ROCKFORD, IL 61108	36-2438762	501C3	19,363				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ROSE-HULMAN INSTITUTE OF TECHNOLOGY OFFICE OF FINANCIAL AID HADLEY HALL 104 TERRE HAUTE, IN 47803		501C3	10,000				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
SAINT ANTHONY COLLEGE OF NURSING 5658 E STATE STREET ROCKFORD, IL 61108		501C3	6,000				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SAND BLUFF BIRD OBSERVATORY 10217 YALE BRIDGE ROAD ROCKTON, IL 61072	36-4221190	501C3	7,013				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
SECOND CONGREGATIONALFIRST PRESBYTERIAN CHURCH 318 NORTH CHURCH STREET ROCKFORD, IL 61103	36-2182151	501C3	19,824				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SENIOR RESOURCE CENTER 206 E STEPHENSON STREET FREEPORT, IL 61032	36-2772463	501C3	10,000				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
SEVERSON DELLS EDUCATION FOUNDATION 8786 MONTAGUE ROAD ROCKFORD, IL 61102	36-2935870	501C3	31,879				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SHELTER CARE MINISTRIES 412 NORTH CHURCH STREET ROCKFORD, IL 61103	36-3374370	501C3	45,000				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
STATELINE YOUTH FOR CHRIST 1288 SOUTH ALPINE ROAD ROCKFORD, IL 61108	36-2438762	501C3	15,000				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SWEDISH HISTORICAL SOCIETY 404 SOUTH 3RD STREET ROCKFORD, IL 61104	23-7039583	501C3	5,294				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
THE LITERACY COUNCIL 982 NORTH MAIN STREET ROCKFORD, IL 61103	36-3412185	501C3	12,000				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
THE MILL FOUNDATION PO BOX 16388 LOVES PARK, IL 61132	30-0177875	501C3	10,737				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
THE MUSIC ACADEMY 226 S SECOND STREET ROCKFORD, IL 61104	45-2281679	501C3	6,204				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
THE SALVATION ARMY 416 S MADISON ROCKFORD, IL 61104	36-2167909	501C3	5,009				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
TINKER SWISS COTTAGE MUSEUM 411 KENT STREET ROCKFORD, IL 61102	36-6110280	501C3	8,157				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
UNITED WAY OF NORTHWEST ILLINOIS 524 WEST STEPHONSON STREET SUITE 101 FREEPORT, IL 61032	36-2218134	501C3	30,000				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
UNITED WAY OF ROCK RIVER VALLEY 228 SOUTH MAIN STREET ROCKFORD, IL 61101	36-2167843	501C3	68,640				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
UNIVERSITY OF ALABAMA FINANCIAL AID OFFICE 106 STUDENT SERVICES CENTER TUSCALOOSA, AL 35487		501C3	12,000				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
UNIVERSITY OF ILLINOIS AT CHICAGO 1601 PARKVIEW AVENUE ROCKFORD, IL 61107		501C3	5,750				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN 901 W ILLINOIS STREET URBANA, IL 61801		501C3	26,481				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE AT ROCKFORD 1601 PARKVIEW AVENUE ROCKFORD, IL 61107		501C3	69,454				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
UNIVERSITY OF MINNESOTA - TWIN CITIES OFFICE OF STUDENT FINANCIAL AID 200 FRASER HALL MINNEAPOLIS, MN 55455		501C3	5,100				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
UNIVERSITY OF NOTRE DAME OFFICE OF STUDENT FIN SERVICE 115 MAIN BUILDING NOTRE DAME, IN 46556		501C3	5,750				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
UNIVERSITY OF WISCONSIN - MADISON BURSARS OFFICE 333 E CAMPUS MALL 10501 MADISON, WI 53715		501C3	8,600				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
UNIVERSITY OF WISCONSIN - WHITEWATER 800 WEST MAIN STREET WHITEWATER, WI 53190		501C3	9,600				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
WASHINGTON UNIVERSITY IN SAINT LOUIS FINANCIAL AID OFFICE CAMPUS BOX 1089 ST LOUIS, MO 63130		501C3	8,750				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
WESLEY WILLOWS 4141 N ROCKTON AVENUE ROCKFORD, IL 61103	36-2540488	501C3	13,205				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
WESTERN ILLINOIS UNIVERSITY FINANCIAL AID SHERMAN HALL 127 MACOMB, IL 61455		501C3	5,300				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
WINNEBAGO COUNTY 404 ELM STREET ROCKFORD, IL 61101		501C3	15,823				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
WINNEBAGO COUNTY ANIMAL SERVICES AUXILIARY PO BOX 2503 LOVES PARK, IL 61132	36-4185647	501C3	40,000				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
WINNEBAGO COUNTY CASA 211 SOUTH COURT STREET SUITE 258 ROCKFORD, IL 61101	36-3598643	501C3	12,300				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
WOMANSPACE INC 3333 MARIA LINDEN DRIVE ROCKFORD, IL 61114	36-2947741	501C3	20,000				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
YMCA OF ROCK RIVER VALLEY 220 EAST STATE STREET SUITE 400 ROCKFORD, IL 61104	36-2174838	501C3	29,139				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ZION DEVELOPMENT CORPORATION 910 FIFTH AVE SUITE 1E PO BOX 4387 ROCKFORD, IL 61110	36-3229794	501C3	82,491				FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization COMMUNITY FOUNDATION OF NORTHERN IL		Employer identification number 36-4402089

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
☐ Travel for companions	☐ Payments for business use of personal residence		
☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?		2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
☒ Compensation committee	☒ Written employment contract		
☐ Independent compensation consultant	☒ Compensation survey or study		
☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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

[illegible]

Part III **Supplemental Information**

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

Return Reference	Explanation
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Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF NORTHERN IL

Employer identification number
36-4402089

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JOANNA BARES	BOARD MEMBER IS A COMMITTEE MEMBER	21,388	JOANNA IS A BOARD MEMBER OF THE CFNIL AND SHE IS A COMMITTEE MEMBER AT MIDWAY VILLAGE AND MUSEUM CENTER. A TOTAL OF \$21,388 WAS GRANTED AND PAID TO MIDWAY VILLAGE AND MUSEUM CENTER (AMOUNTS INCLUDE CONTRIBUTIONS AND GRANTS TO/FROM CUSTODIAL ACCOUNTS HELD BY THE CFNIL).		No
(2) JOANNA BARES	BOARD MEMBER IS EMPLOYED BY THE ORGANIZATION	253,335	JOANNA IS A BOARD MEMBER OF THE CFNIL AND IS EMPLOYED BY ROCKFORD UNIVERSITY. A TOTAL OF \$500 WAS CONTRIBUTED TO CFNIL AND \$253,335 WAS GRANTED AND PAID TO ROCKFORD UNIVERSITY (AMOUNTS INCLUDE CONTRIBUTIONS AND GRANTS TO/FROM CUSTODIAL ACCOUNTS HELD BY THE CFNIL, BUT EXCLUDES EARMARKED SCHOLARSHIPS)).		No
(3) JON BATES	FOUNDATION PRESIDENT IS AN ADVISOR TO THE ORGANIZATION	146,984	JON IS THE PRESIDENT OF CFNIL AND IS AN ADVISOR TO THE NORTHERN ILLINOIS CENTER FOR NONPROFIT EXCELLENCE. A TOTAL OF \$132,650 WAS CONTRIBUTED TO THE CFNIL AND \$14,334 WAS GRANTED AND PAID TO NORTHERN ILLINOIS CENTER FOR NONPROFIT EXCELLENCE (AMOUNTS INCLUDE GRANTS FROM CUSTODIAL ACCOUNTS HELD BY CFNIL).		No
(4) KATHY KWIAT-HESS	BOARD MEMBER IS A BOARD MEMBER OF ANOTHER ORGANIZATION	880,973	KATHY IS A BOARD MEMBER OF THE CFNIL AND SHE IS A BOARD MEMBER AT CARPENTER'S PLACE. A TOTAL OF \$835,996 WAS CONTRIBUTED TO CFNIL AND \$44,977 WAS GRANTED AND PAID TO CARPENTER'S PLACE (AMOUNTS INCLUDE CONTRIBUTIONS AND GRANTS TO/FROM CUSTODIAL ACCOUNTS HELD BY THE CFNIL).		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference	Explanation
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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

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Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	8	101,357	FAIR MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29

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

29

30a

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

30a

Yes

No

b

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

31

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31

Yes

32a

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

32a

Yes

b

If "Yes," describe in Part II.

33

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Return Reference	Explanation
PART I, LINE 32B:	THE ORGANIZATION USES STOCK BROKERS TO TRANSFER AND/OR SELL STOCK WHEN NEEDED.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization
COMMUNITY FOUNDATION OF NORTHERN IL

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

36-4402089

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	MANY DIRECTORS OF THE ORGANIZATION ARE HIGHLY RESPECTED COMMUNITY MEMBERS THAT WORK IN THE PUBLIC REALM (PRESIDENTS OF BANKS, OWNERS OF ACCOUNTING FIRMS, ATTORNEYS, INVESTMENT ADVISORS), AND HAVE BUSINESS TRANSACTIONS WITH OTHER BOARD MEMBERS WITHIN THE ORDINARY COURSE OF BUSINESS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FINANCE AND AUDIT COMMITTEES THOROUGHLY REVIEW THE FORM 990 COMPARING IT TO THE AUDITED FINANCIAL STATEMENTS. A COPY IS THEN DISRIBUTED TO THE FULL BOARD OF DIRECTORS PRIOR TO SUBMITTING IT TO THE IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ANNUAL DISCLOSURE, ANNUAL REPORTING, RULES FOR RECUSAL, AND AVOIDANCE IN COMMITTEE ASSIGNMENTS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	CFNIL HAS A COMPENSATION COMMITTEE CONSISTING OF MEMBERS FROM THE BOARD OF TRUSTEES, AND THEY ARE INDEPENDENT OF PERSONS BEING COMPENSATED (NO TRUSTEES RECEIVE COMPENSATION). THE COMMITTEE CONSIDERS COMPARATIVE DATA PROVIDED BY THE COUNCIL ON FOUNDATIONS, BASED ON AN ANNUAL SURVEY OF COMMUNITY FOUNDATIONS ACROSS THE UNITED STATES. THE COMPARATIVE DATA PROVIDED BY THE COUNCIL OF FOUNDATIONS IS SPECIFIC TO JOB TITLES WITHIN SIZE RANGES (IN GROSS ASSETS) OF RESPONDING COMMUNITY FOUNDATIONS. A COMPENSATION RANGE IS ESTABLISHED FOR EACH CFNIL POSITION BASED ON THE COMPARATIVE INFORMATION. ACTUAL COMPENSATION IN RELATION TO EACH POSITION'S RANGE IS DETERMINED FOR ALL EMPLOYEES AFTER CONSIDERATION OF INDIVIDUAL PERFORMANCE AND OTHER CIRCUMSTANCES RELATING TO THE VALUE OF THAT EMPLOYEE'S CONTRIBUTION TO THE WORK OF THE FOUNDATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	COPIES OF THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ALONG WITH THE 990 AND APPLICATION FOR TAX EXEMPTION ARE PROVIDED UPON REQUEST DURING NORMAL BUSINESS HOURS AT THE ORGANIZATION'S LOCATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	NET CHANGE IN VALUE IN BENEFICIAL INTEREST IN CHARITABLE REMAINDER TRUSTS -10,779.