

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COMMUNITY FOUNDATION OF NORTHERN IL		D Employer identification number 36-4402089
	Doing business as		E Telephone number (815) 962-2110
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	946 NORTH SECOND STREET		G Gross receipts \$ 15,148,194.
	City or town, state or province, country, and ZIP or foreign postal code ROCKFORD, IL 61107		
F Name and address of principal officer: DAN ROSS SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	11
	6 Total number of volunteers (estimate if necessary)	6	200
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 2,144,402.	Current Year 4,935,610.
	9 Program service revenue (Part VIII, line 2g)	54,944.	130,750.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,216,170.	6,888,114.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	59,044.	110,304.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,474,560.	12,064,778.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,638,807.
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)		383,121.	776,885.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 189,389.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		191,370.	392,986.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,213,298.	8,712,608.
19 Revenue less expenses. Subtract line 18 from line 12	-738,738.	3,352,170.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 126,230,317.	End of Year 141,924,845.
	21 Total liabilities (Part X, line 26)	17,954,778.	20,777,487.
	22 Net assets or fund balances. Subtract line 21 from line 20	108,275,539.	121,147,358.

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	
	DAN ROSS, PRESIDENT Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name CHAD PORTER	Preparer's signature CHAD PORTER	Date 09/29/22	Check if self-employed <input type="checkbox"/> PTIN P01058119
	Firm's name ▶ KUTCHINS, ROBBINS & DIAMOND, LTD.	Firm's EIN ▶ 36-3856676	Phone no. 847-240-1040	
	Firm's address ▶ 1051 PERIMETER DR. 9TH FLOOR SCHAUMBURG, IL 60173			

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O

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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 7,542,737. including grants of \$ 7,542,737.) (Revenue \$ 130,750.) CFNIL MANAGED 531 FUNDS ESTABLISHED FOR CHARITABLE PURPOSES DURING 2021. 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.

CONTINUED ON SCHEDULE O

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

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

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

4e Total program service expenses 7,542,737.

Part IV Checklist of Required Schedules

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

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **IL**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on 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 **MARIANNE PLATH - 779-210-8205**
946 N. 2ND ST., ROCKFORD, IL 61107

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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) DAN ROSS PRESIDENT/SECRETARY	40.00			X				144,773.	0.	0.
(2) CHERYL BALSAM BOARD MEMBER	2.00	X						0.	0.	0.
(3) JUDITH BARNARD BOARD MEMBER	2.00	X						0.	0.	0.
(4) ERIN CALKINS CHAIRPERSON	2.00	X		X				0.	0.	0.
(5) EDWARD CLIFT ASST TREASURER	2.00	X		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) BETH HOWARD BOARD MEMBER	2.00	X						0.	0.	0.
(11) JOHN KEHOE BOARD MEMBER	2.00	X						0.	0.	0.
(12) BECKY KENDALL BOARD MEMBER	2.00	X						0.	0.	0.
(13) KATHY KWIAT-HESS VICE CHAIR	2.00	X		X				0.	0.	0.
(14) JOANNA MLADIC BOARD MEMBER	2.00	X						0.	0.	0.
(15) WILLIAM REILLY BOARD MEMBER	2.00	X						0.	0.	0.
(16) E ROGER REITHMEIER BOARD MEMBER	2.00	X						0.	0.	0.
(17) KAREN SCHILLER BOARD MEMBER	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) STEPHEN SCHMELING BOARD MEMBER	2.00	X						0.	0.	0.
(19) DAYTON SMITH III TREASURER	2.00	X		X				0.	0.	0.
(20) M BETH THACKER BOARD MEMBER	2.00	X						0.	0.	0.
1b Subtotal								144,773.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								144,773.	0.	0.

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, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	4,935,610.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 280,073.				
	h	Total. Add lines 1a-1f		4,935,610.				
Program Service Revenue	2 a	CUSTODIAL FUND MANAGEMENT	Business Code					
			813211	130,750.			130,750.	
	b							
	c							
	d							
	e							
	f	All other program service revenue						
g	Total. Add lines 2a-2f		130,750.					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,561,530.			2561530.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses ...	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
					7,410,000.			
	b	Less: cost or other basis and sales expenses	7b	3,083,416.				
	c	Gain or (loss)	7c	4,326,584.				
	d	Net gain or (loss)		4,326,584.			4326584.	
8 a	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							
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	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	11 a	MISCELLANEOUS	Business Code					
			900099	110,304.			110,304.	
	b							
	c							
	d	All other revenue						
e	Total. Add lines 11a-11d		110,304.					
12	Total revenue. See instructions		12,064,778.	0.	0.	7129168.		

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 ...	7,216,309.	7,216,309.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	326,428.	326,428.		
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	144,773.		58,025.	86,748.
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	486,343.		461,432.	24,911.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	21,619.		17,797.	3,822.
9 Other employee benefits	76,016.		60,981.	15,035.
10 Payroll taxes	48,134.		39,619.	8,515.
11 Fees for services (nonemployees):				
a Management				
b Legal	3,428.		3,428.	
c Accounting	24,359.		24,359.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	78,147.		78,147.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	21,805.		18,038.	3,767.
12 Advertising and promotion	16,351.			16,351.
13 Office expenses	20,096.		15,996.	4,100.
14 Information technology	71,526.		58,948.	12,578.
15 Royalties				
16 Occupancy	39,908.		32,851.	7,057.
17 Travel	221.		199.	22.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	14,389.		13,231.	1,158.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	60,419.		60,419.	
23 Insurance	19,374.		17,934.	1,440.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a SUBSCRIPTIONS, DUES AND	16,415.		13,073.	3,342.
b BANK FEES	3,110.		3,110.	
c RECOGNITION AND MEMORIA	1,545.		1,545.	
d PROFESSIONAL DEVELOPMEN	1,350.		1,350.	
e All other expenses	543.			543.
25 Total functional expenses. Add lines 1 through 24e	8,712,608.	7,542,737.	980,482.	189,389.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	421,383.	1	1,983,549.
	2 Savings and temporary cash investments	3,380.	2	3,520.
	3 Pledges and grants receivable, net	5,109,390.	3	5,986,670.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other 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	35,250.	9	37,435.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,644,035.		
	b Less: accumulated depreciation	10b 865,397.	10c	778,638.
	11 Investments - publicly traded securities	79,010,929.	11	84,445,908.
	12 Investments - other securities. See Part IV, line 11	40,780,747.	12	48,643,944.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	46,746.	15	45,181.
16 Total assets. Add lines 1 through 15 (must equal line 33)	126,230,317.	16	141,924,845.	
Liabilities	17 Accounts payable and accrued expenses	30,471.	17	323,081.
	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	17,240,585.	21	19,788,981.
	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	683,722.	25	665,425.
	26 Total liabilities. Add lines 17 through 25	17,954,778.	26	20,777,487.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	18,291,750.	27	20,444,989.
	28 Net assets with donor restrictions	89,983,789.	28	100,702,369.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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	108,275,539.	32	121,147,358.
	33 Total liabilities and net assets/fund balances	126,230,317.	33	141,924,845.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,064,778.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,712,608.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,352,170.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	108,275,539.
5	Net unrealized gains (losses) on investments	5	8,747,287.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	772,362.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	121,147,358.

Part XII Financial Statements and Reporting

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

- 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 on 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
- 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
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 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?
- 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 on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2021)

SCHEDULE A (Form 990)

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

2021

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).
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).
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).
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).
8 [X] A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
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...
11 An organization organized and operated exclusively to test for public safety.
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).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1140331.	3046603.	8711944.	2719637.	4935610.	20554125.
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	1140331.	3046603.	8711944.	2719637.	4935610.	20554125.
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)						5027759.
6 Public support. Subtract line 5 from line 4.						15526366.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	1140331.	3046603.	8711944.	2719637.	4935610.	20554125.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1795327.	2436131.	1896467.	1158541.	2561530.	9847996.
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.)	89,875.	100,634.	115,020.	59,044.	110,304.	474,877.
11 Total support. Add lines 7 through 10						30876998.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	50.28 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	43.69 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 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 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "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 officers, 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>		
1		
2		

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>		
1		

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 on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>	Yes	No
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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 lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" 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>		
2a		
2b		
3a		
3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

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.)

SCHEDULE A, PART II, LINE 1

THE COMMUNITY FOUNDATION OF NORTHERN ILLINOIS RECEIVES VARIOUS CONTRIBUTIONS FROM OTHER NOT-FOR-PROFIT ORGANIZATIONS WHILE ACTING IN THE CAPACITY AS A CUSTODIAN OF THOSE CONTRIBUTIONS. THESE CONTRIBUTIONS RECEIVED AS A CUSTODIAN ARE CHARACTERIZED AS CONTRIBUTIONS ON SCHEDULE A, BUT ARE NOT INCLUDED ON FORM 990, PART VIII, LINE 1 AS REVENUE, AND ARE NOT INCLUDED AS NET ASSETS ON FORM 990 PART X.

Multiple horizontal lines for supplemental information.

Schedule A

Identification of Excess Contributions
Included on Part II, Line 5

2021

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
BENEFICIAL INTEREST IN MITTENDORF SUPPLEMENTAL NEEDS TRUST	4,271,504.	3,653,964.
WILLARD J CORBETT & ALICE C CORBETT CHARITABLE FOUNDATION	1,991,335.	1,373,795.
Total Excess Contributions to Schedule A, Part II, Line 5		5,027,759.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

COMMUNITY FOUNDATION OF NORTHERN IL

Employer identification number

36-4402089

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2021)

Name of organization COMMUNITY FOUNDATION OF NORTHERN IL	Employer identification number 36-4402089
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 107,871.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COMMUNITY FOUNDATION OF NORTHERN IL	Employer identification number 36-4402089
--	---

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization COMMUNITY FOUNDATION OF NORTHERN IL	Employer identification number 36-4402089
--	---

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

2021

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	66	
2 Aggregate value of contributions to (during year)	229,989.	
3 Aggregate value of grants from (during year)	422,570.	
4 Aggregate value at end of year	9,123,106.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

Yes No

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

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

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

Yes No

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

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

1a If the organization elected, as permitted under FASB 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 FASB 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 FASB ASC 958 relating to these items:

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

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

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 make 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 program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	103,023,439.	91,004,552.	85,597,628.	85,009,730.	81,591,434.
b Contributions	1,511,088.	502,893.	6,496,671.	823,411.	1,147,253.
c Net investment earnings, gains, and losses	16,040,941.	14,989,782.	3,709,115.	4,553,712.	7,469,406.
d Grants or scholarships	4,001,473.	2,984,254.	3,846,973.	3,846,454.	4,231,136.
e Other expenditures for facilities and programs					
f Administrative expenses	1,152,463.	489,534.	951,889.	942,771.	967,227.
g End of year balance	115,421,532.	103,023,439.	91,004,552.	85,597,628.	85,009,730.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 14.3000 %
 - b Permanent endowment _____ %
 - c Term endowment 85.7000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- 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		1,334,012.	691,715.	642,297.
c Leasehold improvements				
d Equipment		200,302.	123,961.	76,341.
e Other		49,721.	49,721.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				778,638.

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		
(B) PRIVATE EQUITY FUNDS	10,195,558.	END-OF-YEAR MARKET VALUE
(C) COMMINGLED TRUST		
(D) INVESTMENT IN		
(E) INTERNATIONAL EQUITIES	12,886,302.	END-OF-YEAR MARKET VALUE
(F) CORE REAL ESTATE FUND	13,106,261.	END-OF-YEAR MARKET VALUE
(G) EQUITY ALTERNATIVES		
(H) COMPOSITE	12,455,823.	END-OF-YEAR MARKET VALUE
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	48,643,944.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIFE INTEREST PAYABLE	665,425.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	665,425.

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 FASB 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	21,506,280.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	8,747,287.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	772,362.
e	Add lines 2a through 2d	2e	9,519,649.
3	Subtract line 2e from line 1	3	11,986,631.
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	78,147.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	78,147.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	12,064,778.

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	8,634,461.
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	8,634,461.
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	78,147.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	78,147.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	8,712,608.

Part XIII Supplemental Information.

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

PART IV, LINE 2B:

THE COMMUNITY FOUNDATION ACCEPTS, AS CUSTODIAN, FUNDS FROM NOT-FOR-PROFIT ORGANIZATIONS. AS OF DECEMBER 31, 2021 THE COMMUNITY FOUNDATION HELD 104 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 3% TO 6% AND APPLICABLE MORTALITY TABLES. THE REMAINDER INTEREST NET OF REMAINDER

Part XIII Supplemental Information (continued)

LIABILITIES PAYABLE TO NON-PROFIT BENEFICIARIES IS RECOGNIZED AS
TEMPORARILY RESTRICTED NET ASSETS TO THE EXTENT THE FOUNDATION IS NAMED AS
A BENEFICIARY.

PART V, LINE 4:

THE COMMUNITY FOUNDATION HOLDS 293 ENDOWMENT FUNDS. THE PURPOSE OF EACH
FUND IS DOCUMENTED AS A PART OF A FUND AGREEMENT OF GIFT INSTRUMENT.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

NET CHANGE IN VALUE IN BENEFICIAL INTEREST IN CHARITABLE	
REMAINDER TRUSTS	772,362.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALIGNMENT ROCKFORD 612 N MAIN STREET ROCKFORD, IL 61103	27-1329316	501C3	70,000.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
ALPINE KIWANIS CHARITIES, INC. PO BOX 5132 ROCKFORD, IL 61125	51-0238382	501C3	19,194.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
ARTISTS' ENSEMBLE THEATER PO BOX 1684 ROCKFORD, IL 61110	36-4549412	501C3	10,802.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
BOONE COUNTY COUNCIL ON AGING 2141 HENRY LUCKOW LANE BELVIDERE, IL 61008	23-7313316	501C3	12,081.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
BOONE-WINNEBAGO REGIONAL OFFICE OF EDUCATION - 300 HEART BLVD - LOVES PARK, IL 61111	36-4031211	501C3	5,413.	0.			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	72,260.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **104.**
- 3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2021

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUB OF FREEPORT & STEPHENSON COUNTY - 511 S LIBERTY - FREEPORT, IL 61032	35-2313105	501C3	27,918.	0.			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	38,887.	0.			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	70,602.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
CHILDREN'S HOME + AID 200 W MONROE STREET, SUITE 2100 CHICAGO, IL 60606	36-2167743	501C3	53,665.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
CHILDREN'S SAFE HARBOR 1416 20TH ST ROCKFORD, IL 61104	36-4628644	501C3	29,921.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
COMPREHENSIVE COMMUNITY SOLUTIONS, INC. - 917 S MAIN STREET - ROCKFORD, IL 61101	36-3842309	501C3	35,000.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
CRUSADER COMMUNITY HEALTH FOUNDATION - 1200 WEST STATE STREET - ROCKFORD, IL 61102	36-3259761	501C3	6,821.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
DIOCESE OF ROCKFORD PO BOS 7044 ROCKFORD, IL 61125	36-0879840	501C3	33,808.	0.			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	37,027.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

Schedule I (Form 990)

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

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DOCTORS WITHOUT BORDERS USA, INC 333 7TH AVENUE, FLOOR 2 NEW YORK, NY 10001	13-3433452	501C3	6,000.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
EASTERSEALS SERVING CHICAGOLAND AND GREATER ROCKFORD - 1939 W 13TH STREET, SUITE 300 - CHICAGO, IL 60608	36-2169053	501C3	41,500.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
EMMANUEL LUTHERAN CHURCH PO BOX 4362 ROCKFORD, IL 61110		501C3	20,499.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
ETHNIC HERITAGE MUSEUM 1129 S MAIN ST ROCKFORD, IL 61105	36-3651979	501C3	14,000.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
FARMWORKER AND LANDSCAPER ADVOCACY PROJECT - 33 N LASALLE STREET, SUITE 900 - CHICAGO, IL 60602	36-4306362	501C3	28,086.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
FREEPORT AREA CHURCH COOPERATIVE 514 SOUTH CHICAGO AVENUE CHICAGO, IL 61032	23-7317457	501C3	25,403.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
FREEPORT ART MUSEUM 121 NORTH HARLEM AVENUE FREEPORT, IL 61032	51-0189249	501C3	18,014.	0.			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	93,356.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
FRIENDS OF THE CORONADO PO BOX 1976 ROCKFORD, IL 61110	36-4195149	501C3	6,025.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

Schedule I (Form 990)

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

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FTH-ROCHELLE ROTARY CLUB PO BOX 372 ROCHELLE, IL 61068	46-0999031	501C3	8,457.	0.			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	14,320.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
GOLDIE B FLOBERG CENTER 58 WEST ROCKTON ROAD; PO BOX 346 ROCKTON, IL 61072	36-2167018	501C3	18,650.	0.			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	32,000.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
HIGHLAND COMMUNITY COLLEGE FOUNDATION - 2998 WEST PEARL CITY ROAD - FREEPORT, IL 61032	36-2592395	501C3	33,827.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
HOO HAVEN WILDLIFE REHABILITATION & EDUCATION CENTER - 10823 CLEVELAND ROAD - DURAND, IL 61024	36-4335772	501C3	14,247.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
ILLINOIS GROWTH ENTERPRISES 2323 WINDISH DR GALESBURG, IL 61401	36-2694680	501C3	199,894.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
IMD GUEST HOUSE 1933 W POLK STREET, SSR #214 CHICAGO, IL 60612	36-4284387	501C3	10,000.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
JEREMIAH DEVELOPMENT NFP 318 NORTH CHURCH STREET ROCKFORD, IL 61101	26-3320538	501C3	20,000.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

Schedule I (Form 990)

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

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KEN-ROCK COMMUNITY CENTER 625 ADAMS STREET ROCKFORD, IL 61107	36-2204841	501C3	13,236.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
KFACT 318 NORTH CHURCH STREET ROCKFORD, IL 61101	46-4198995	501C3	50,000.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
KIDS AROUND THE WORLD, INC 5245 28TH AVE. ROCKFORD, IL 61109	36-4007250	501C3	35,000.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
KITCHEN TABLE INC 7034 S KLONDIKE RD ROCHELLE, IL 61068	36-4759636	501C3	25,000.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
KIWANIS CHARITIES OF ROCKFORD, INC PO BOX 8472 ROCKFORD, IL 61126	36-6167609	501C3	23,430.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
KLEHM ARBORETUM & BOTANICAL GARDEN, INC - 2715 SOUTH MAIN STREET - ROCKFORD, IL 61102	36-3676875	501C3	19,402.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
LIFESCAPE COMMUNITY SERVICES, INC 705 KILBURN AVENUE ROCKFORD, IL 61101	36-3303361	501C3	9,417.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
MARQUETTE UNIVERSITY PO BOX 1881 MILWAUKEE, WI 53201	39-0806251	501C3	25,807.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
MENDELSSOHN PERFORMING ARTS CENTER 415 N. CHURCH STREET ROCKFORD, IL 61103	36-2229585	501C3	14,299.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

Schedule I (Form 990)

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

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MIDWAY VILLAGE AND MUSEUM CENTER 6799 GUILFORD ROAD ROCKFORD, IL 61107	23-7237720	501C3	47,798.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
MILESTONE INC 4060 MCFARLAND ROAD LOVES PARK, IL 61111	36-2769801	501C3	10,000.	0.			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	24,349.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
NIKOLAS RITSCHER FOUNDATION 1915 STRATFORD LANE ROCKFORD, IL 61107	46-0679386	501C3	6,000.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
NORTH BOONE EDUCATION FOUNDATION 6248 NORTH BOONE SCHOOL ROAD POPLAR GROVE, IL 61065	36-2716879	501C3	5,866.	0.			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	82-3303333	501C3	48,656.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
NORTHERN ILLINOIS FOOD BANK 273 DEARBORN COURT GENEVA, IL 60134	36-3203648	501C3	33,318.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
NORTHERN ILLINOIS UNIVERSITY 301 LOWDEN HALL DEKALB, IL 60115		501C3	65,000.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
NORTHWEST COMMUNITY CENTER 1325 NORTH JOHNSTON AVE ROCKFORD, IL 61101	36-2588247	501C3	34,638.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

Schedule I (Form 990)

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

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NORTHWESTERN ILLINOIS AREA AGENCY ON AGING - 1111 SOUTH APLINE ROAD, SUITE 600 - ROCKFORD, IL 61108	36-2742719	501C3	19,673.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
NW HOMESTART 803 N CHURCH STREET ROCKFORD, IL 61103	36-4143938	501C3	28,106.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
ONE BODY COLLABORATIVES PO BOX 1633 ROCKFORD, IL 61110	27-3597219	501C3	30,000.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
POLO PUBLIC LIBRARY 302 W MASON STREET POLO, IL 61064	36-6006222	501C3	7,000.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
QUAD CITIES COMMUNITY FOUNDATION 852 MIDDLE RD, SUITE 100 BETTENDORF, IA 52722	42-6122716	501C3	5,345.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
REDEEMER LUTHERAN CHURCH 827 16TH STREET ROCKFORD, IL 61104		501C3	11,568.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
REGIONAL ACCESS & MOBILIZATION PROJECT, INC - 202 MARKET STREET - ROCKFORD, IL 61107	36-3149827	501C3	45,439.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
REMEDIES RENEWING LIVES 220 EASTON PARKWAY ROCKFORD, IL 61108	36-2464898	501C3	45,968.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
ROCHELLE AREA COMMUNITY FOUNDATION PO BOX 74 ROCHELLE, IL 61068	20-3879466	501C3	54,968.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

Schedule I (Form 990)

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ROCK HOUSE KIDS 1325 7TH STREET ROCKFORD, IL 61104	26-2224655	501C3	36,076.	0.			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	138,574.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
ROCKFORD AREA ARTS COUNCIL 713 EAST STATE STREET ROCKFORD, IL 61104	23-7039197	501C3	51,025.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
ROCKFORD AREA CONVENTION & VISITORS BUREAU CHARITABLE FUND - 102 N MAIN STREET - ROCKFORD, IL 61101	47-4742025	501C3	5,313.	0.			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	30,000.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
ROCKFORD AREA HABITAT FOR HUMANITY 5183 HARLEM RD, SUITE 3 LOVES PARK, IL 61111	36-3592066	501C3	36,265.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
ROCKFORD ART MUSEUM 711 N MAIN STREET ROCKFORD, IL 61103	36-2349612	501C3	14,504.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
ROCKFORD BARBELL 8056 W STATE STREET ROCKFORD, IL 61102	84-3216190	501C3	13,300.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
ROCKFORD DANCE COMPANY 711 NORTH MAIN STREET ROCKFORD, IL 61103	23-7334600	501C3	16,896.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

Schedule I (Form 990)

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ROCKFORD HUMAN SERVICES DEPARTMENT 612 N COURT STREET, SUITE 301 ROCKFORD, IL 61103		501C3	22,636.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
ROCKFORD PARK DISTRICT WASHINGTON PARK TEENS; 401 SOUTH MA ROCKFORD, IL 61101		501C3	37,001.	0.			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	47,083.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
ROCKFORD PROMISE 1643 N APLINE RD, SUITE 10 BOX 102 ROCKFORD, IL 61107	26-0388141	501C3	174,301.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
ROCKFORD PUBLIC SCHOOLS #205 501 7TH STREET ROCKFORD, IL 61104	36-6009416	501C3	37,227.	0.			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	21,697.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
ROCKFORD UNIVERSITY 5050 EAST STATE STREET ROCKFORD, IL 61108	36-2167842	501C3	236,428.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
SAINT ANTHONY COLLEGE OF NURSING 3301 N MULFORD ROAD ROCKFORD, IL 61114		501C3	13,307.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
SAND BLUFF BIRD OBSERVATORY ASSOCIATION - PO BOX 2 - SEWARD, IL 61077	36-4221190	501C3	7,496.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

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SECOND FIRST CHURCH 318 NORTH CHURCH STREET ROCKFORD, IL 61101		501C3	6,054.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
SEVERSON DELLS EDUCATION FOUNDATION - 8786 MONTAGUE ROAD - ROCKFORD, IL 61102	36-2985870	501C3	24,804.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
SHELTER CARE MINISTRIES 218 7TH STREET ROCKFORD, IL 61104	36-3374370	501C3	52,072.	0.			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	35,177.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
STEPPING STONES OF ROCKFORD, INC 706 N MAIN STREET ROCKFORD, IL 61103	36-2693681	501C3	11,800.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
SWEDISH HISTORICAL SOCIETY OF ROCKFORD - 404 SOUTH 3RD STREET - ROCKFORD, IL 61104	23-7039583	501C3	11,202.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
THE KJELLSTROM FAMILY FOUNDATION 8500 EAST STATE STREET ROCKFORD, IL 61108	20-6368876	501C3	193,688.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
THE LIAM FOUNDATION 124 N WATER STREET, SUITE 303A ROCKFORD, IL 61107	84-4868502	501C3	15,134.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
THE MILL FOUNDATION PO BOX 16388 LOVES PARK, IL 61132	30-0177875	501C3	11,200.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE MUSIC ACADEMY IN ROCKFORD PO BOX 4545 ROCKFORD, IL 61110	45-2281679	501C3	7,646.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
THE SALVATION ARMY 106 W EXCHANGE STREET FREEPORT, IL 61032	36-2167910	501C3	19,836.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
THE WEST SIDE SHOW ROOM PO BOX 4041 ROCKFORD, IL 61110	47-3553939	501C3	7,750.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
THE WORKFORCE CONNECTION INC 303 NORTH MAIN STREET 2ND FLOOR ROCKFORD, IL 61102	32-0010994	501C3	5,084.	0.			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	9,655.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
UNITED WAY OF NORTHWEST ILLINOIS 524 W STEPHENSON ST, SUITE 101 FREEPORT, IL 61032	36-2218134	501C3	30,000.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
UNITED WAY OF ROCK RIVER VALLEY 612 N MAIN STREET, #300 ROCKFORD, IL 61103	36-2167843	501C3	81,231.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN - 620 E JOHN ST - CHAMPAIGN, IL 61820		501C3	19,199.	0.			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 61007	37-6000511	501C3	93,820.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOICES OF INSPIRATION 3112 N ROCKTON AVENUE ROCKFORD, IL 61103	83-1566858	501C3	8,000.	0.			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	13,926.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
WINNEBAGO COUNTY ANIMAL SERVICES AUXILIARY - PO BOX 2503 - LOVES PARK, IL 61132	36-4185647	501C3	20,000.	0.			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	5,042.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
WINNEBAGO COUNTY HOUSING AUTHORITY 3617 DELAWARE STREET ROCKFORD, IL 61102	36-6006678	501C3	14,482.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
YMCA OF ROCK RIVER VALLEY 200 Y BLVD ROCKFORD, IL 61107	36-2174838	501C3	51,260.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
YMWA NORTHWESTERN ILLINOIS 4990 EAST STATE STREET ROCKFORD, IL 61108	36-2174839	501C3	18,322.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT
ZION DEVELOPMENT CORPORATION 910 FIFTH AVE, SUITE 1E ROCKFORD, IL 61110	36-3229794	501C3	8,478.	0.			FOR PURPOSES AS SPECIFIED IN A GRANT APPLICATION, FUND AGREEMENT OR GIFT INSTRUMENT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	187	326,428.	0.		

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

PART I, LINE 2:

THE 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.

SCHEDULE L
(Form 990)

Transactions With Interested Persons

OMB No. 1545-0047

2021

Department of the Treasury
Internal Revenue Service

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

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
JOANNA MLADIC	BOARD MEMBER IS AN	253,605.	JOANNA IS A		X
DAN ROSS	CFNIL EMPLOYEE IS A	193,688.	DAN IS THE		X

Part V Supplemental Information.

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: JOANNA MLADIC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER IS AN EMPLOYEE OF ANOTHER ORGANIZATION

(D) DESCRIPTION OF TRANSACTION: JOANNA IS A BOARD MEMBER OF THE CFNIL AND SHE IS AN EMPLOYEE OF ROCKFORD UNIVERSITY. A TOTAL OF \$253,605 WAS GRANTED AND PAID TO ROCKFORD UNIVERSITY (AMOUNTS INCLUDE GRANTS FROM CUSTODIAL ACCOUNTS HELD BY THE CFNIL).

(A) NAME OF PERSON: DAN ROSS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CFNIL EMPLOYEE IS A BOARD MEMBER OF THE OTHER ORGANIZATION

(D) DESCRIPTION OF TRANSACTION: DAN IS THE PRESIDENT AND SECRETARY OF THE CFNIL AND HE IS A BOARD DIRECTOR OF THE KJELLSTROM FAMILY FOUNDATION. A TOTAL OF \$193,688 WAS GRANTED AND PAID TO THE KJELLSTROM FAMILY FOUNDATION (AMOUNTS INCLUDE GRANTS FROM CUSTODIAL ACCOUNTS HELD BY THE CFNIL).

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **COMMUNITY FOUNDATION OF NORTHERN IL** Employer identification number **36-4402089**

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	9	280,073.	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 V, 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? **X**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2021

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

SCHEDULE M, LINE 32B:

THE ORGANIZATION USES STOCK BROKERS TO TRANSFER AND/OR SELL STOCK WHEN NEEDED.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

COMMUNITY FOUNDATION OF NORTHERN IL

Employer identification number

36-4402089

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

THE COMMUNITY FOUNDATION OF NORTHERN ILLINOIS ("CFNIL") 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.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CFNIL HAS BEEN CREATING ENDOWMENTS AND HONORING DONOR INTENT THROUGH GRANTMAKING IN THE ROCKFORD REGION SINCE 1953. EARLY GRANTS RESPONDED TO COMMUNITY NEEDS BY FUNDING THE DISTRIBUTION OF THE POLIO VACCINE AND CREATING SAFE PLACES FOR CHILDREN TO PLAY. SINCE ITS FOUNDING, CFNIL HAS DISTRIBUTED THOUSANDS OF GRANTS FOR THE BENEFIT OF THE REGION. THIS HAS BEEN MADE POSSIBLE THROUGH THE GENEROSITY OF CFNIL'S DONORS: INDIVIDUALS, FAMILIES AND ORGANIZATIONS COMMITTED TO IMPROVING THE REGION'S QUALITY OF LIFE. ENDOWED GIFTS CREATE RELIABLE FUNDING FOR CURRENT NEEDS AND FUTURE OPPORTUNITIES.

CFNIL DOES NOT CREATE PROGRAMS, WE RESPECT THE EXPERTISE OF NONPROFIT PROFESSIONALS WORKING IN VARIOUS SECTORS AND THE PEOPLE THEY SERVE IN OUR COMMUNITIES TO IDENTIFY NEEDS AND SOLUTIONS.

Name of the organization COMMUNITY FOUNDATION OF NORTHERN IL	Employer identification number 36-4402089
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UNRESTRICTED GIFTS SUPPLEMENT CFNIL'S COMMUNITY GRANTS PROGRAM, WHICH PROVIDES GRANTS FOR CHARITABLE ACTIVITIES IN SIX FOCUS AREAS: ARTS & HUMANITIES; EDUCATION; HEALTH; HUMAN SERVICES; SUSTAINABLE COMMUNITIES; YOUTH & FAMILIES. OF THESE SIX, EDUCATION COMPRISES HALF OF ALL THE GRANTMAKING MADE THROUGH THIS PROGRAM. OVER ONE HUNDRED COMMUNITY VOLUNTEERS MAKE UP THE COMMITTEES WHICH REVIEW PROPOSALS AND RECOMMEND RECIPIENTS TO CFNIL'S BOARD OF TRUSTEES.

CFNIL'S YOUTH PHILANTHROPY PROGRAM, IN YOUTH WE TRUST (IYWT), PROVIDES GRANTS FOR PROGRAMS AND SERVICES WHICH SPECIFICALLY BENEFIT YOUTH IN OUR COMMUNITY. THE APPLICATIONS ARE CREATED, PROMOTED, AND REVIEWED BY THE IYWT COUNCIL, A GROUP OF HIGH SCHOOL-AGED STUDENTS.

THE NEIGHBORHOOD GRANTS PROGRAM IS ADMINISTERED IN PARTNERSHIP WITH NW HOMESTART, A NONPROFIT HOUSING ADVOCACY AGENCY, AND PROVIDES GRANTS TO NEIGHBOR-LED AND NEIGHBORHOOD-SERVING PROJECTS.

CFNIL ADMINISTERS A ROBUST SCHOLARSHIP PROGRAM WITH OVER 100 UNIQUE SCHOLARSHIP FUNDS. THE DIVERSITY OF CFNIL'S SCHOLARSHIP PROGRAM REFLECTS THE DIVERSITY OF OUR DONORS AND THE STUDENTS THE FUNDS SERVE; THERE ARE AWARDS FOR STUDENTS OF ALL BACKGROUNDS, EXPERIENCES, AND EDUCATIONAL ASPIRATIONS. MANY SCHOLARSHIPS HAVE LIVING DONORS WHO PARTICIPATE IN THE SCHOLARSHIP SELECTION PROCESS. OVER 140 VOLUNTEERS PARTICIPATE IN SCHOLARSHIP SELECTION COMMITTEES, REVIEWING HUNDREDS OF APPLICATIONS AND RECOMMENDING RECIPIENTS TO CFNIL'S BOARD OF TRUSTEES.

MANY OF CFNIL'S FUNDS ARE DESIGNATED BY DONORS FOR SPECIFIC CAUSES, PROGRAMS, OR ORGANIZATIONS. EACH YEAR CFNIL CALCULATES THE

Name of the organization COMMUNITY FOUNDATION OF NORTHERN IL	Employer identification number 36-4402089
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DISTRIBUTABLE INCOME OF THESE FUNDS AND MAKES GRANTS TO THE BENEFICIARIES. IT IS CFNIL'S PRIVILEGE TO ADMINISTER THESE FUNDS, WHICH ARE GOVERNED BY FORMAL AGREEMENTS WHICH SPELL OUT THE DONORS' CHARITABLE INTENT. CFNIL IS PROUD TO CONSISTENTLY AND THOROUGHLY STEWARD EACH DONOR'S INTENT, EACH AND EVERY YEAR, FOR THE BENEFIT OF DOZENS OF ORGANIZATIONS AND GENERATIONS OF RESIDENTS IN NORTHERN ILLINOIS.

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.

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.

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

ANNUAL DISCLOSURE, ANNUAL REPORTING, RULES FOR RECUSAL, AND AVOIDANCE IN COMMITTEE ASSIGNMENTS.

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

Name of the organization COMMUNITY FOUNDATION OF NORTHERN IL	Employer identification number 36-4402089
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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.

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.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
NET CHANGE IN VALUE IN BENEFICIAL INTEREST IN CHARITABLE
REMAINDER TRUSTS 772,362.

Power of Attorney and Declaration of Representative

OMB No. 1545-0150

For IRS Use Only

Received by: _____
 Name _____
 Telephone _____
 Function _____
 Date / /

▶ Go to www.irs.gov/Form2848 for instructions and the latest information.

Part I Power of Attorney

Caution: A separate Form 2848 must be completed for each taxpayer. Form 2848 will not be honored for any purpose other than representation before the IRS.

1 Taxpayer information. Taxpayer must sign and date this form on page 2, line 7.

Taxpayer name and address COMMUNITY FOUNDATION OF NORTHERN IL 946 NORTH SECOND STREET ROCKFORD, IL 61107	Taxpayer identification number(s) 36-4402089		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Daytime telephone number (815) 962-2110</td> <td style="width: 30%;">Plan number (if applicable)</td> </tr> </table>	Daytime telephone number (815) 962-2110	Plan number (if applicable)
Daytime telephone number (815) 962-2110	Plan number (if applicable)		

hereby appoints the following representative(s) as attorney(s)-in-fact:

2 Representative(s) must sign and date this form on page 2, Part II.

Name and address CHAD PORTER 1051 PERIMETER DR. 9TH FLOOR SCHAUMBURG, IL 60173	CAF No. 030954339R PTIN P01058119 Telephone No. 847-278-4361 Fax No. 847-278-4316
Check if to be sent copies of notices and communications <input checked="" type="checkbox"/>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address Check if to be sent copies of notices and communications <input type="checkbox"/>	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address (Note: IRS sends notices and communications to only two representatives.)	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address (Note: IRS sends notices and communications to only two representatives.)	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

to represent the taxpayer before the Internal Revenue Service and perform the following acts:

3 Acts authorized (you are required to complete line 3). Except for the acts described in line 5b, I authorize my representative(s) to receive and inspect my confidential tax information and to perform acts I can perform with respect to the tax matters described below. For example, my representative(s) shall have the authority to sign any agreements, consents, or similar documents (see instructions for line 5a for authorizing a representative to sign a return).

Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 4980H Shared Responsibility Payment, etc.) (see instructions)	Tax Form Number (1040, 941, 720, etc.) (if applicable)	Year(s) or Period(s) (if applicable) (see instructions)
EXEMPT ORG., PENALTIES	990	YEARS 2019 THRU 2024

4 Specific use not recorded on the Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See *Line 4, Specific Use Not Recorded on CAF* in the instructions

5a Additional acts authorized. In addition to the acts listed on line 3 above, I authorize my representative(s) to perform the following acts (see instructions for line 5a for more information):
 Access my IRS records via an Intermediate Service Provider;
 Authorize disclosure to third parties; Substitute or add representative(s); Sign a return;

Other acts authorized: _____

b Specific acts not authorized. My representative(s) is (are) not authorized to endorse or otherwise negotiate any check (including directing or accepting payment by any means, electronic or otherwise, into an account owned or controlled by the representative(s) or any firm or other entity with whom the representative(s) is (are) associated) issued by the government in respect of a federal tax liability.
List any other specific deletions to the acts otherwise authorized in this power of attorney (see instructions for line 5b): _____

6 Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same matters and years or periods covered by this form. If you **do not** want to revoke a prior power of attorney, check here

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

7 Taxpayer declaration and signature. If a tax matter concerns a year in which a joint return was filed, each spouse must file a separate power of attorney even if they are appointing the same representative(s). If signed by a corporate officer, partner, guardian, tax matters partner, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual other than the taxpayer, I certify I have the legal authority to execute this form on behalf of the taxpayer.
▶ **IF NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THIS POWER OF ATTORNEY TO THE TAXPAYER.**

----- Signature ----- **COMMUNITY FOUNDATION OF NORTHERN ILL** Title of taxpayer
----- Print name -----
----- Print name of taxpayer from line 1 if other than individual -----

Part II Declaration of Representative

Under penalties of perjury, by my signature below I declare that:

- I am not currently suspended or disbarred from practice, or ineligible for practice, before the Internal Revenue Service;
- I am subject to regulations in Circular 230 (31 CFR, Subtitle A, Part 10), as amended, governing practice before the Internal Revenue Service;
- I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there; and
- I am one of the following:
 - a Attorney - a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b Certified Public Accountant - a holder of an active license to practice as a certified public accountant in the jurisdiction shown below.
 - c Enrolled Agent - enrolled as an agent by the IRS per the requirements of Circular 230.
 - d Officer - a bona fide officer of the taxpayer organization.
 - e Full-Time Employee - a full-time employee of the taxpayer.
 - f Family Member - a member of the taxpayer's immediate family (spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister).
 - g Enrolled Actuary - enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the IRS is limited by section 10.3(d) of Circular 230).
 - h Unenrolled Return Preparer - Authority to practice before the IRS is limited. An unenrolled return preparer may represent, provided the preparer (1) prepared and signed the return or claim for refund (or prepared if there is no signature space on the form); (2) was eligible to sign the return or claim for refund; (3) has a valid PTIN; and (4) possesses the required Annual Filing Season Program Record of Completion(s). **See Special Rules and Requirements for Unenrolled Return Preparers in the instructions for additional information.**
 - k Qualifying Student or Law Graduate - receives permission to represent taxpayers before the IRS by virtue of his/her status as a law, business, or accounting student, or law graduate working in a LITC or STCP. See instructions for Part II for additional information and requirements.
 - r Enrolled Retirement Plan Agent - enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

▶ **IF THIS DECLARATION OF REPRESENTATIVE IS NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THE POWER OF ATTORNEY. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN PART I, LINE 2.**

Note: For designations d-f, enter your title, position, or relationship to the taxpayer in the "Licensing jurisdiction" column.

Designation - Insert above letter (a-r).	Licensing jurisdiction (State) or other licensing authority (if applicable)	Bar, license, certification, registration, or enrollment number (if applicable)	Signature	Date
B	ILLINOIS	239.009144		

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

PMT #	_____
AMT	_____
INIT	_____

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

CO # 01-038297

Report for the Fiscal Period:

Beginning 01/01/2021

& Ending 12/31/2021
 MO DAY YR

Make Checks Payable to the Illinois Charity Bureau Fund

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

Federal ID # 36-4402089

Are contributions to the organization tax deductible? Yes No

Date Organization was created:

LEGAL NAME COMMUNITY FOUNDATION OF NORTHERN IL	Year-end amounts	
MAIL ADDRESS 946 NORTH SECOND STREET	A) ASSETS	A) \$ 141,924,845.
CITY, STATE ROCKFORD, IL	B) LIABILITIES	B) \$ 20,777,487.
ZIP CODE 61107	C) NET ASSETS	C) \$ 121,147,358.
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	41.993 %	D) \$ 5,066,360.
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	%	E) \$
F) OTHER REVENUES	58.007 %	F) \$ 6,998,418.
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$ 12,064,778.
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		
H) OPERATING CHARITABLE PROGRAM EXPENSE	%	H) \$
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	%	J) \$ 0.
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):		\$
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	86.573 %	K) \$ 7,542,737.
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	86.573 %	L) \$ 7,542,737.
M) MANAGEMENT AND GENERAL EXPENSE	11.254 %	M) \$ 980,482.
N) FUNDRAISING EXPENSE	2.174 %	N) \$ 189,389.
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	O) \$ 8,712,608.
III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)		
PROFESSIONAL FUNDRAISERS:		
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$ 0.
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$
PROFESSIONAL FUNDRAISING CONSULTANTS:		
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$ 0.
IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:		
T) NAME, TITLE: DAN ROSS, PRESIDENT		T) \$ 144,773.
U) NAME, TITLE: JAMES MUNCH, VP OF FINANCE & ADMINISTRATION		U) \$ 94,099.
V) NAME, TITLE: MARIANNE PLATH, DIRECTOR OF FINANCE		V) \$ 74,505.
V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES		List on back side of instructions CODE
W) DESCRIPTION: GRANTS TO OTHER CHARITABLE ORGANIZATIONS		W) # 150
X) DESCRIPTION: ADMINISTER ENDOWMENTS FOR CHARITABLE ORGS		X) # 300
Y) DESCRIPTION: NEIGHBORHOOD AND COMMUNITY DEVELOPMENT		Y) # 112

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

	YES	NO
1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?		<input checked="" type="checkbox"/>
2. HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?		<input checked="" type="checkbox"/>
3. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?		<input checked="" type="checkbox"/>
4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?		<input checked="" type="checkbox"/>
5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?		<input checked="" type="checkbox"/>
6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)		<input checked="" type="checkbox"/>
7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?		<input checked="" type="checkbox"/>
7b. IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ _____ ; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ _____ ; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ _____ ; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$ _____		
8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?		<input checked="" type="checkbox"/>
9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?		<input checked="" type="checkbox"/>
10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?		<input checked="" type="checkbox"/>
11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: <u>JP MORGAN CHASE 6000 E STATE STREET, ROCKFORD, IL 61108</u>		
12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <u>MARIANNE PLATH - 779-210-8205</u>		

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

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

BE SURE TO INCLUDE ALL FEES DUE:

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

DAN ROSS

PRESIDENT or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

TREASURER or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

CHAD PORTER

PREPARER (PRINT NAME)

SIGNATURE

DATE