

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2024**

Open to Public  
Inspection

<b>A</b> For the <b>2024</b> calendar year, or tax year beginning and ending																												
<b>B</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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <b>Community Foundation of Northern IL</b></td> <td rowspan="4"><b>D</b> Employer identification number  <b>36-4402089</b></td> </tr> <tr> <td colspan="2">Doing business as</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2"><b>946 North Second Street</b></td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code <b>Rockford, IL 61107</b></td> <td><b>E</b> Telephone number <b>(815) 962-2110</b></td> </tr> <tr> <td colspan="2"><b>F</b> Name and address of principal officer: <b>James Patterson</b> <b>same as C above</b></td> <td><b>G</b> Gross receipts \$ <b>68,251,328.</b></td> </tr> <tr> <td colspan="2"><b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td><b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2"><b>J</b> Website: <b>www.cfnil.org</b></td> <td><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2"><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</td> <td><b>H(c)</b> Group exemption number</td> </tr> <tr> <td colspan="2"><b>L</b> Year of formation: <b>1953</b></td> <td><b>M</b> State of legal domicile: <b>IL</b></td> </tr> </table>	<b>C</b> Name of organization <b>Community Foundation of Northern IL</b>		<b>D</b> Employer identification number  <b>36-4402089</b>	Doing business as		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>946 North Second Street</b>		City or town, state or province, country, and ZIP or foreign postal code <b>Rockford, IL 61107</b>		<b>E</b> Telephone number <b>(815) 962-2110</b>	<b>F</b> Name and address of principal officer: <b>James Patterson</b> <b>same as C above</b>		<b>G</b> Gross receipts \$ <b>68,251,328.</b>	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>J</b> Website: <b>www.cfnil.org</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>H(c)</b> Group exemption number	<b>L</b> Year of formation: <b>1953</b>		<b>M</b> State of legal domicile: <b>IL</b>
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**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>Attract, preserve and grow an endowment for the needs of the people of Northern Illinois</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>16</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>16</b>
	<b>5</b> Total number of individuals employed in calendar year 2024 (Part V, line 2a)	<b>5</b>	<b>10</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>200</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>11,541,105.</b>	<b>Current Year</b> <b>9,483,110.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>120,143.</b>	<b>122,564.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>5,106,935.</b>	<b>5,067,876.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>185,480.</b>	<b>155,220.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>16,953,663.</b>	<b>14,828,770.</b>
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>7,984,479.</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0.</b>	<b>0.</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>908,914.</b>	<b>999,169.</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0.</b>	<b>0.</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		<b>342,938.</b>	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<b>630,600.</b>	<b>556,208.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		<b>9,523,993.</b>	<b>5,545,853.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12		<b>7,429,670.</b>	<b>9,282,917.</b>
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>138,751,045.</b>	<b>End of Year</b> <b>156,335,923.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>20,108,395.</b>	<b>21,712,562.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>118,642,650.</b>	<b>134,623,361.</b>

**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.

<b>Sign Here</b>	Signature of officer		Date		
	<b>James Patterson, President</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>Stacy Cullen</b>	<b>Stacy Cullen</b>	<b>11/04/25</b>		<b>P00974308</b>
	Firm's name	Firm's EIN		Phone no.	
	<b>Aprio Advisory Group, LLC</b>	<b>58-2487348</b>		<b>(301) 231-6200</b>	
	Firm's address				
	<b>111 Rockville Pike Suite 600</b> <b>Rockville, MD 20850</b>				

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

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒

- 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
- ☒
- No

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

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

If "Yes," describe these changes on Schedule O.

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

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

- 4a**
- (Code: ) (Expenses \$ 3,990,476. including grants of \$ 3,990,476. ) (Revenue \$ 122,564. )

CFNIL managed 486 funds established for charitable purposes during 2024. 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 3,990,476.

Form 990 (2024)

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b> X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	<b>23</b> X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>	X
<b>b</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> .....	<b>25b</b>	X
<b>26</b> 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> .....	<b>26</b>	X
<b>27</b> 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> .....	<b>27</b>	X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> 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> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b>	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	<b>38</b> 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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 11	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

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

		Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 10		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b> N/A		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b> N/A		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b> N/A		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b> N/A		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b> N/A		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b> N/A		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b> N/A		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>		X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>		X
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b> N/A		

**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**

	1a	1b	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	16			
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent .....		16		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....	2		X	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .....	3			X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....	4			X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....	5			X
<b>6</b> Did the organization have members or stockholders? .....	6			X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....	7a			X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....	7b			X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body? .....	8a		X	
<b>b</b> Each committee with authority to act on behalf of the governing body? .....	8b		X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O .....	9			X

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

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

**Section C. Disclosure**

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

**18** Section 6104 requires an organization to make its Forms 1023 (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  
Shannon Gustafson - (779)210-8205  
946 N. 2nd Street, 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, box 6 of 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				180,000.	0.	18,528.
(2) Stephen Schmeling Chair	2.00	X		X				0.	0.	0.
(3) Karen Schiller Vice Chair	2.00	X		X				0.	0.	0.
(4) Kathy Kwiat-Hess Imm. Past Chair	2.00	X		X				0.	0.	0.
(5) Dayton Smith III Treasurer	2.00	X		X				0.	0.	0.
(6) Edward Clift Asst Treasurer	2.00	X		X				0.	0.	0.
(7) Joseph Cruz Board Member	2.00	X						0.	0.	0.
(8) Jim Derry Board Member	2.00	X						0.	0.	0.
(9) Derek Dreier Board Member	2.00	X						0.	0.	0.
(10) Mike Gann Board Member	2.00	X						0.	0.	0.
(11) Sherry Gaumond Board Member	2.00	X						0.	0.	0.
(12) Bryan Heidemann Board Member	2.00	X						0.	0.	0.
(13) Antionette Hobson Board Member	2.00	X						0.	0.	0.
(14) Beth Howard Board Member	2.00	X						0.	0.	0.
(15) John Kehoe Board Member	2.00	X						0.	0.	0.
(16) Becky Kendall Board Member	2.00	X						0.	0.	0.
(17) Dinesh Pandya Board Member	2.00	X						0.	0.	0.





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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	9,483,110.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 92,570.				
	<b>h Total.</b> Add lines 1a-1f .....			9,483,110.			
<b>Program Service Revenue</b>	<b>2 a</b> Custodial Fund Management	<b>Business Code</b>	900099	122,564.	122,564.		
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....			122,564.			
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			5,836,882.		
<b>4</b> Income from investment of tax-exempt bond proceeds .....							
<b>5</b> Royalties .....							
<b>6 a</b> Gross rents .....		<b>6a</b>	(i) Real (ii) Personal				
<b>b</b> Less: rental expenses ...		<b>6b</b>					
<b>c</b> Rental income or (loss) .....		<b>6c</b>					
<b>d</b> Net rental income or (loss) .....							
<b>7 a</b> Gross amount from sales of assets other than inventory .....		<b>7a</b>	(i) Securities (ii) Other				
<b>b</b> Less: cost or other basis and sales expenses .....		<b>7b</b>		52,578,943.			
<b>c</b> Gain or (loss) .....		<b>7c</b>		53,347,949.			
<b>d</b> Net gain or (loss) .....				-769,006.			-769,006.
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....		<b>8a</b>		41,198.			
<b>b</b> Less: direct expenses .....		<b>8b</b>		74,609.			
<b>c</b> Net income or (loss) from fundraising events .....				-33,411.			-33,411.
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....		<b>9a</b>					
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> Miscellaneous	<b>Business Code</b>	900099	188,631.			188,631.
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			188,631.			
	<b>12 Total revenue.</b> See instructions .....			14,828,770.	122,564.	0.	5223096.

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,477,904.	3,477,904.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	512,572.	512,572.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	198,528.		162,793.	35,735.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	613,050.		502,701.	110,349.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	34,543.		28,325.	6,218.
<b>9</b> Other employee benefits	88,871.		72,875.	15,996.
<b>10</b> Payroll taxes	64,177.		52,625.	11,552.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	3,972.		3,257.	715.
<b>c</b> Accounting	33,147.		27,181.	5,966.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	78,735.		78,735.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	3,500.		2,870.	630.
<b>12</b> Advertising and promotion	69,548.			69,548.
<b>13</b> Office expenses	89,423.		73,327.	16,096.
<b>14</b> Information technology	100,706.		82,579.	18,127.
<b>15</b> Royalties				
<b>16</b> Occupancy	11,381.		9,332.	2,049.
<b>17</b> Travel	413.		339.	74.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	30,335.		24,874.	5,461.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	57,807.		47,402.	10,405.
<b>23</b> Insurance	29,548.		24,229.	5,319.
<b>24</b> 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.)				
<b>a</b> <b>Community Programs</b>	24,528.			24,528.
<b>b</b> <b>Dues and Subscriptions</b>	18,345.		15,043.	3,302.
<b>c</b> <b>Recognition and Memoria</b>	3,370.		2,763.	607.
<b>d</b> <b>Processing Fees</b>	1,356.		1,112.	244.
<b>e</b> All other expenses	94.		77.	17.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	5,545,853.	3,990,476.	1,212,439.	342,938.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,261,791.	<b>1</b>	1,113,037.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	5,140,704.	<b>3</b>	11,284,053.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	500,000.	<b>7</b>	500,000.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	30,814.	<b>9</b>	56,785.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 3,475,073.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 947,775.		
	<b>11</b> Investments - publicly traded securities .....	2,563,994.	<b>10c</b>	2,527,298.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	77,944,810.	<b>11</b>	91,088,985.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	51,259,316.	<b>12</b>	49,715,205.
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	49,616.	<b>14</b>	50,560.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	138,751,045.	<b>15</b>	156,335,923.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	129,766.	<b>16</b>	117,251.
	<b>18</b> Grants payable .....		<b>17</b>	
	<b>19</b> Deferred revenue .....		<b>18</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>19</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	19,523,524.	<b>20</b>	21,140,094.
	<b>22</b> 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 .....		<b>21</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>22</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>23</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	455,105.	<b>24</b>	455,217.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	20,108,395.	<b>25</b>	21,712,562.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	21,854,396.	<b>26</b>	22,688,772.
	<b>28</b> Net assets with donor restrictions .....	96,788,254.	<b>27</b>	111,934,589.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>28</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>29</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>30</b>	
	<b>32</b> Total net assets or fund balances .....	118,642,650.	<b>31</b>	134,623,361.
	<b>33</b> Total liabilities and net assets/fund balances .....	138,751,045.	<b>32</b>	156,335,923.

Form 990 (2024)

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	14,828,770.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	5,545,853.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	9,282,917.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	118,642,650.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	5,679,807.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	1.
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	1,017,986.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	134,623,361.

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
<b>c</b> 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.	<input checked="" type="checkbox"/>	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		<input checked="" type="checkbox"/>
<b>b</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 _____		

Form 990 (2024)



**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2719637.	4935610.	6855938.	11541105.	14881377.	40933667.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	2719637.	4935610.	6855938.	11541105.	14881377.	40933667.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						4631583.
<b>6 Public support.</b> Subtract line 5 from line 4.						36302084.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 .....	2719637.	4935610.	6855938.	11541105.	14881377.	40933667.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	1158541.	2561530.	3364662.	5106935.	5836882.	18028550.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	59,044.	110,304.	88,262.	185,480.	188,631.	631,721.
<b>11 Total support.</b> Add lines 7 through 10						59593938.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	537,158.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	60.92 %
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 .....	<b>15</b>	56.74 %
<b>16a 33 1/3% support test - 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2024.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

Schedule A (Form 990) 2024

**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2024</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2023</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2024.** 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 - 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? If "No," describe in <b>Part VI</b> 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.		
<b>1</b>		
<b>2</b> 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? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> 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? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> 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? If "Yes," then in <b>Part VI</b> 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.			
<b>2a</b>			
<b>b</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? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> 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? If "Yes" or "No," provide details in <b>Part VI</b> .			
<b>3a</b>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			
<b>3b</b>			

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2024

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

		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2024 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
<b>1</b>	Distributable amount for 2024 from Section C, line 6			
<b>2</b>	Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b>	Excess distributions carryover, if any, to 2024			
<b>a</b>	From 2019			
<b>b</b>	From 2020			
<b>c</b>	From 2021			
<b>d</b>	From 2022			
<b>e</b>	From 2023			
<b>f</b>	<b>Total</b> of lines 3a through 3e			
<b>g</b>	Applied to under distributions of prior years			
<b>h</b>	Applied to 2024 distributable amount			
<b>i</b>	Carryover from 2019 not applied (see instructions)			
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b>	Distributions for 2024 from Section D, line 7: \$			
<b>a</b>	Applied to underdistributions of prior years			
<b>b</b>	Applied to 2024 distributable amount			
<b>c</b>	Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b>	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b>	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b>	<b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
<b>8</b>	Breakdown of line 7:			
<b>a</b>	Excess from 2020			
<b>b</b>	Excess from 2021			
<b>c</b>	Excess from 2022			
<b>d</b>	Excess from 2023			
<b>e</b>	Excess from 2024			

Schedule A (Form 990) 2024

## 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.)

**2024**

\*\*\* Not Open to Public Inspection \*\*\*

423171 04-01-24

**Schedule B  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

Name of the organization

Employer identification number

Community Foundation of Northern IL

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).

Name of organization	Employer identification number
Community Foundation of Northern IL	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
<u>1</u>		\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>277,846.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>424,423.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>3,291,882.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

36-4402089

## Part II

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



Name of organization	Employer identification number
Community Foundation of Northern IL	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)

(Rev. December 2024)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

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 .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
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).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, 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 2d 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 .....

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

**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

**d** ☐ Loan or exchange program

**b** ☐ Scholarly research

**e** ☐ Other \_\_\_\_\_

**c** ☐ Preservation for future generations

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

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

**Part IV Escrow and Custodial Arrangements** Complete if the organization answered "Yes" 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
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☒ Yes ☐ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	110,568,014.	98,314,771.	115,421,532.	103,023,439.	91,004,552.
<b>b</b> Contributions	10,964,469.	4,709,252.	3,516,014.	1,511,088.	502,893.
<b>c</b> Net investment earnings, gains, and losses	11,472,613.	13,001,421.	-15,036,954.	16,040,941.	14,989,782.
<b>d</b> Grants or scholarships	5,569,021.	4,279,344.	4,467,137.	4,001,473.	2,984,254.
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses	1,299,751.	1,178,086.	1,118,684.	1,152,463.	489,534.
<b>g</b> End of year balance	126,136,324.	110,568,014.	98,314,771.	115,421,532.	103,023,439.

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

**a** Board designated or quasi-endowment 13.9200 %

**b** Permanent endowment .0000 %

**c** Term endowment 86.0800 %

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

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

(i) Unrelated organizations? ☐ Yes ☒ No

(ii) Related organizations? ☐ Yes ☒ No

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☒ No

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		1,889,000.		1,889,000.
<b>b</b> Buildings		1,340,212.	790,758.	549,454.
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		196,140.	107,296.	88,844.
<b>e</b> Other		49,721.	49,721.	0.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				2,527,298.

Schedule D (Form 990) (Rev. 12-2024)

**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	12,154,224.	End-of-Year Market Value
(C) Commingled Trust		
(D) Investment In		
(E) International Equities	9,763,071.	End-of-Year Market Value
(F) Core Real Estate Fund	10,925,603.	End-of-Year Market Value
(G) Equity Alternatives		
(H) Composite	12,888,733.	End-of-Year Market Value
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))	49,715,205.	

**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	

**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	455,217.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	455,217.

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 ... ☒

Schedule D (Form 990) (Rev. 12-2024)

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	21,522,437.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	5,679,807.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	1,092,595.
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	6,772,402.
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	14,750,035.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	78,735.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	78,735.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	14,828,770.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	5,541,727.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	74,609.
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	74,609.
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	5,467,118.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	78,735.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	78,735.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	5,545,853.

**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, 2023, The Community Foundation held 94 active custodial funds. Each fund is accepted under the terms of a transfer agreement. The Community Foundation also held a total of 4 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 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 374 endowment funds. The purpose of each fund is documented as a part of a fund agreement of gift instrument.

**Part X, Line 2:**

The Foundation accounts for income taxes in accordance with FASB ASC Topic 740, Income Taxes. FASB ASC 740 provides detailed guidance for the financial statement recognition, measurement and disclosure of uncertain tax positions recognized in an entity's financial statements and requires



**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

SCHEDULE G
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the
organization entered more than \$15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
Open to Public
Inspection

Name of the organization
Community Foundation of Northern IL
Employer identification number
36-4402089

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
a Mail solicitations
b Internet and email solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of nongovernment grants
f Solicitation of government grants
g Special fundraising events
2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or
key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be
compensated at least \$5,000 by the organization.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

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



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		Special Event (event type)	(event type)	None (total number)	
Revenue	1 Gross receipts .....	41,198.			41,198.
	2 Less: Contributions .....				
	3 Gross income (line 1 minus line 2) .....	41,198.			41,198.
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....				
	7 Food and beverages .....				
	8 Entertainment .....				
	9 Other direct expenses .....	74,609.			74,609.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				74,609.
	11 Net income summary. Subtract line 10 from line 3, column (d) .....				-33,411.

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

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

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

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

**12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

**13** Indicate the percentage of gaming activity conducted in:

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_

- 16** Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation      \$ \_\_\_\_\_

Description of services provided

☐ Director/officer      ☐ Employee      ☐ Independent contractor

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

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

<b>Part IV</b>		<b>Supplemental Information</b> <i>(continued)</i>
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**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
Community Grants Annual Grant Pass-Thru - 946 N Second St - Rockford, IL 61107	36-4402089	501(c)(3)	998,872.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Ronald F. Peterson Area Economic Development - 946 N Second St - Rockford, IL 61107	36-4402089	501(c)(3)	411,485.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
The MILL Foundation P.O. Box 16388 Loves Park, IL 61132	30-0177875	501(c)(3)	325,132.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
CFNIL Education - Career Pathways Focus Committee - 946 N Second St - Rockford, IL 61107	36-4402089	501(c)(3)	289,444.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Robert A. Schlichting Family 946 N Second St Rockford, IL 61107	36-4402089	501(c)(3)	262,717.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
CFNIL Youth & Families Focus Committee - 946 N Second St - Rockford, IL 61107	36-4402089	501(c)(3)	258,976.	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 ..... **260.**

**3** Enter total number of other organizations listed in the line 1 table ..... **7.**

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

Schedule I (Form 990) (Rev. 12-2024)

**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
Ronald F. Peterson Area Economic Development - 946 N Second St - Rockford, IL 61107	36-4402089	501(c)(3)	205,743.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Illinois Growth Enterprises 7200 Clinton Rd Loves Park, IL 61111	36-2694680	501(c)(3)	195,887.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Community Grants Annual Grant Pass-Thru - 946 N Second St - Rockford, IL 61107	36-4402089	501(c)(3)	191,974.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
CFNIL Sustainable Communities Focus Committee - 946 N Second St - Rockford, IL 61107	36-4402089	501(c)(3)	182,807.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
CFNIL Health Focus Committee 946 N Second St Rockford, IL 61107	36-4402089	501(c)(3)	152,339.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
CFNIL Arts & Humanities Focus Committee - 946 N Second St - Rockford, IL 61107	36-4402089	501(c)(3)	137,105.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
The Kjellstrom Family Foundation 8500 East State St Rockford, IL 61108	20-6368876	501(c)(3)	132,205.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
CFNIL Human Services 2 Focus Committee (Basic Needs Compassionate Support) - 946 N Second St - Rockford, IL 61107	36-4402089	501(c)(3)	106,637.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
William and Catherine McCoy Scholarship - 946 N Second St - Rockford, IL 61107	36-4402089	501(c)(3)	105,461.	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
Walter D. Williams Operating 946 N Second St Rockford, IL 61107	36-4402089	501(c)(3)	105,155.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Carroll H. Starr Endowment Challenge - 946 N Second St - Rockford, IL 61107	36-4402089	501(c)(3)	100,000.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Stateline Down Syndrome Foundation Director Designated - 946 N Second St - Rockford, IL 61107	36-4402089	501(c)(3)	100,000.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Friends of Nachusa Grasslands 8772 S Lowden Rd Franklin Grove, IL 61031	26-3303031	501(c)(3)	99,667.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Jeremiah Development Endowment 946 N Second St Rockford, IL 61107	36-4402089	501(c)(3)	89,195.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Ernest A. Schlichting Scholarship 946 N Second St Rockford, IL 61107	36-4402089	501(c)(3)	87,572.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Boylan Catholic High School 4000 St. Francis Dr Rockford, IL 61103	36-2435617	501(c)(3)	80,176.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Rockford University 5050 East State St. Rockford, IL 61108	36-2167842	501(c)(3)	77,967.	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	501(c)(3)	77,920.	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
Rockford University 5050 East State St. Rockford, IL 61108	36-2167842	501(c)(3)	76,341.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Brightpoint 200 W. Monroe Street Chicago, IL 60606	36-2167743	501(c)(3)	75,000.	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	501(c)(3)	71,450.	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	501(c)(3)	70,986.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Rochelle Area Community Foundation P.O. Box 74 Rochelle, IL 61068	20-3879466	501(c)(3)	57,780.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
KFACT 318 N. Church St. Rockford, IL 61101	46-4198995	501(c)(3)	57,500.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Community Life Center of Rockford 1011 Bishop Washington Ave. Rockford, IL 61102	86-2154053	501(c)(3)	57,204.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Carpenter's Place 1149 Railroad Ave Rockford, IL 61104	36-4352283	501(c)(3)	50,973.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Community Grants Annual Grant Pass-Thru - 946 N Second St - Rockford, IL 61107	36-4402089	501(c)(3)	50,089.	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
Rockford Public Schools #205 501 - 7th Street Rockford, IL 61104	36-6009416	501(c)(3)	50,000.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
The Arc of Winnebago, Boone, and Ogle Counties Endowment - 946 N Second St - Rockford, IL 61107	36-4402089	501(c)(3)	50,000.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Friends Endowment for Nachusa Grasslands - 946 N Second St - Rockford, IL 61107	36-4402089	501(c)(3)	50,000.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Rockford University 5050 East State St. Rockford, IL 61108	36-2167842	501(c)(3)	47,415.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Oregon CUSD 220 206 S 10th St Oregon, IL 61061	36-2656248	501(c)(3)	46,000.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Community Grants Annual Grant Pass-Thru - 946 N Second St - Rockford, IL 61107	36-4402089	501(c)(3)	42,085.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Rockford Area Habitat for Humanity, Inc. - 5183 Harlem Rd - Loves Park, IL 61111	36-3592066	501(c)(3)	40,154.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Alignment Rockford 612 N. Main Street Rockford, IL 61103	27-1329316	501(c)(3)	40,000.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Habitat for Humanity of Boone County - P.O. Box 1222 - Belvidere, IL 61008	41-2231092	501(c)(3)	40,000.	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.)

(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
Comprehensive Community Solutions, Inc. - 917 S Main St - Rockford, IL 61101	36-3842309	501(c)(3)	40,000.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
The Liam Foundation 1005 Fifth Ave Rockford, IL 61104	84-4868502	501(c)(3)	39,000.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Community Grants Annual Grant Pass-Thru - 946 N Second St - Rockford, IL 61107	36-4402089	501(c)(3)	38,239.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Diocese of Rockford P.O. Box 7044 Rockford, IL 61125-7044	36-0879840	501(c)(3)	37,134.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
The Sandquist Family 946 N Second St Rockford, IL 61107	36-4402089	501(c)(3)	36,725.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
CFNIL Education - Complementary Education Focus Committee - 946 N Second St - Rockford, IL 61107	36-4402089	501(c)(3)	35,222.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Burpee Museum of Natural History 737 N Main St Rockford, IL 61103	36-2045414	501(c)(3)	34,939.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Youth Services Network 107 N. 3rd Street Rockford, IL 61107	36-3297042	501(c)(3)	34,500.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Bridges to Prosperity NI 1280 Alpine Rd Rockford, IL 61108	27-3597219	501(c)(3)	34,500.	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
Shelter Care Ministries 218 7th Street Rockford, IL 61104	36-3374370	501(c)(3)	34,500.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Family Counseling Services of No. IL. - 631 N. Longwood St. - Rockford, IL 61107	36-2167065	501(c)(3)	33,321.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Amity Society of Freeport 511 S Liberty Ave, Freeport, IL 610 Freeport, IL 61032	36-2193600	501(c)(3)	31,947.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Second First Church 318 North Church Street Rockford, IL 61101	36-2182151	501(c)(3)	31,280.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Noah's Ark Animal Sanctuary 111 N 1st St Rockford, IL 61107-3947	36-2971204	501(c)(3)	30,083.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Rockford Park District 401 South Main Street Rockford, IL 61101	36-3083192	501(c)(3)	30,022.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Community Opportunities 946 N Second St Rockford, IL 61107	36-4402089	501(c)(3)	30,000.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Rockford University 5050 East State St. Rockford, IL 61108	36-2167842	501(c)(3)	28,977.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Bridges to Prosperity NI 1280 Alpine Rd Rockford, IL 61108	27-3597219	501(c)(3)	28,750.	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
Children's Safe Harbor 1340 S Alpine Rd Rockford, IL 61108	36-4628644	501(c)(3)	28,699.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Marquette University P.O. Box 1881 Milwaukee, WI 53201-1881	39-0806251	501(c)(3)	28,634.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
YWCA Northwestern Illinois 4990 East State St Rockford, IL 61108	36-2174839	501(c)(3)	27,744.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Northern Illinois University 301 Lowden Hall Dekalb, IL 60115	36-6086819	501(c)(3)	27,500.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Carroll H. Starr Endowment Challenge - 946 N Second St - Rockford, IL 61107	36-4402089	501(c)(3)	25,623.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Prairie State Legal Services, Inc. 303 North Main St Rockford, IL 61101-1050	37-1030764	501(c)(3)	25,072.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Community Foundation of Northern Illinois (CFNIL) - 946 N Second St - Rockford, IL 61107	36-4402089	501(c)(3)	25,000.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
CFNIL Human Services 2 Focus Committee (Basic Needs Compassionate Support) - 946 N Second St - Rockford, IL 61107	36-4402089	501(c)(3)	24,783.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
City of Rockford Health and Human Services Department - 612 N. Court St., Suite 301 - Rockford, IL 61103	36-6125747	501(c)(3)	24,645.	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
Circle of Change P.O. Box 4343 Rockford, IL 61110	20-2316300	501(c)(3)	24,640.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Friends of Nachusa Grasslands 8772 S Lowden Rd Franklin Grove, IL 61031	26-3303031	501(c)(3)	24,010.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Rockford Area Arts Council 713 E. State Street Rockford, IL 61104	23-7039197	501(c)(3)	23,000.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Zion Development Corporation 910 Fifth Ave, Suite 1E Rockford, IL 61104	36-3229794	501(c)(3)	23,000.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Severson Dells Educational Foundation - 8786 Montague Road - Rockford, IL 61102	36-2985870	501(c)(3)	22,793.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Emmanuel Lutheran Church P. O. Box 4362 Rockford, IL 61110	36-2222681	501(c)(3)	22,785.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Stateline Youth for Christ 1288 S. Alpine Rd. Rockford, IL 61108	36-2438762	501(c)(3)	22,333.	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	501(c)(3)	22,235.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Severson Dells Educational Foundation - 8786 Montague Road - Rockford, IL 61102	36-2985870	501(c)(3)	22,155.	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
Rock River Valley Pantry, Inc. 421 South Rockton Ave Rockford, IL 61102	36-3135643	501(c)(3)	22,045.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Rockford Day Nursery 2323 S. 6th St Rockford, IL 61104	36-2256038	501(c)(3)	21,231.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Goldie B. Floberg Center 4960 E State St Rockford, IL 61108	36-2167018	501(c)(3)	20,809.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Saint Anthony College of Nursing 3301 N. Mulford Rd. Rockford, IL 61114	36-2167864	501(c)(3)	20,538.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Family Crisis 946 N Second St Rockford, IL 61107	36-4402089	501(c)(3)	20,356.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
CFNIL Youth & Families Focus Committee - 946 N Second St - Rockford, IL 61107	36-4402089	501(c)(3)	20,311.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Ethnic Heritage Museum 1129 S Main St Rockford, IL 61101	36-3651979	501(c)(3)	20,240.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Northwest Community Center 1325 North Johnston Avenue Rockford, IL 61101	36-2588247	501(c)(3)	20,107.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
City of Rockford Health and Human Services Department - 612 N. Court St., Suite 301 - Rockford, IL 61103	36-6125747	501(c)(3)	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.)

(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
Goodwill Industries of Northern Illinois - 850 N. Church St. Ste. 1 - Rockford, IL 61103-6993	36-2167846	501(c)(3)	19,602.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Community Grants Annual Grant Pass-Thru - 946 N Second St - Rockford, IL 61107	36-4402089	501(c)(3)	19,353.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Operating 946 N Second St Rockford, IL 61107	36-4402089	501(c)(3)	19,012.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Highland Community College Foundation - 2998 West Pearl City Rd. - Freeport, IL 61032	36-2592395	501(c)(3)	18,908.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Safe Families for Children 312 Irving Ave Rockford, IL 61101	45-3194102	501(c)(3)	18,400.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
CFNIL Arts & Humanities Focus Committee - 946 N Second St - Rockford, IL 61107	36-4402089	501(c)(3)	18,233.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
UIC Retzky College of Pharmacy in Rockford - 1601 Parkview Avenue - Rockford, IL 61107-1822	37-6000511	501(c)(3)	18,000.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
CFNIL Education - Career Pathways Focus Committee - 946 N Second St - Rockford, IL 61107	36-4402089	501(c)(3)	18,000.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Leonard D. Carmichael Community Service Scholarship - 946 N Second St - Rockford, IL 61107	36-4402089	501(c)(3)	17,778.	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
United Way of Northwest Illinois 524 W Stephenson St Freeport, IL 61032	36-2218134	501(c)(3)	17,388.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Klehm Arboretum and Botanic Garden 2715 South Main St Rockford, IL 61102-3925	36-3676875	501(c)(3)	16,998.	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	501(c)(3)	16,905.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Freeport Regional Healthcare Foundation - 1045 W Stephenson St. - Freeport, IL 61032	36-3290904	501(c)(3)	16,476.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Regional Access & Mobilization Project, Inc. (RAMP) - 202 Market St - Rockford, IL 61107	36-3149827	501(c)(3)	16,428.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Alpine Kiwanis Charities, Inc. P.O. Box 5132 Rockford, IL 61125	51-0238382	501(c)(3)	16,013.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Alpine Kiwanis Charities, Inc. P.O. Box 5132 Rockford, IL 61125	51-0238382	501(c)(3)	15,440.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Diane Thompson-Wells 946 N Second St Rockford, IL 61107	36-4402089	501(c)(3)	15,226.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Mission K9 Rescue PO Box 395 Needville, TX 77461	46-4302698	501(c)(3)	15,042.	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
Severson Dells Educational Foundation - 8786 Montague Road - Rockford, IL 61102	36-2985870	501(c)(3)	15,042.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Winnebago County Animal Services Auxiliary - P.O. Box 2503 - Loves Park, IL 61132	36-4185647	501(c)(3)	15,000.	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	501(c)(3)	15,000.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Second First Church 318 North Church Street Rockford, IL 61101	36-2182151	501(c)(3)	15,000.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Serenity Hospice and Home 1658 S IL Route 2 Oregon, IL 61061	32-0046759	501(c)(3)	15,000.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Blackhawk Area Council, Boy Scouts of America - 2820 McFarland Rd - Rockford, IL 61107	36-2169127	501(c)(3)	14,702.	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	501(c)(3)	14,585.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Carpenter's Place 1149 Railroad Ave Rockford, IL 61104	36-4352283	501(c)(3)	14,375.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Rock and Roll Institute NFP 5301 E State St Rockford, IL 61108	83-2286274	501(c)(3)	14,260.	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
Winnebago County 404 Elm Street Rockford, IL 61101	36-6006681	501(c)(3)	14,225.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Rockford University 5050 East State St. Rockford, IL 61108	36-2167842	501(c)(3)	14,150.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Roco Charity Inc 420 Financial Court, Ste 124 Rockford, IL 61107	92-1317440	501(c)(3)	13,923.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Klehm Arboretum and Botanic Garden 2715 South Main St Rockford, IL 61102-3925	36-3676875	501(c)(3)	13,800.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Illinois Growth Enterprises 7200 Clinton Rd Loves Park, IL 61111	36-2694680	501(c)(3)	13,624.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Natural Land Institute 320 S Third St Rockford, IL 61104	36-2478025	501(c)(3)	13,375.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Northwestern Illinois Area Agency On Aging - 1111 South Alpine Rd., Ste. 600 - Rockford, IL 61108	36-2742719	501(c)(3)	13,372.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Prairie State Legal Services, Inc. 303 North Main St Rockford, IL 61101-1050	37-1030764	501(c)(3)	13,285.	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	501(c)(3)	13,174.	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
CFNIL Human Services 2 Focus Committee (Basic Needs Compassionate Support) - 946 N Second St - Rockford, IL 61107	36-4402089	501(c)(3)	13,061.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Rockford University 5050 East State St. Rockford, IL 61108	36-2167842	501(c)(3)	13,000.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Redeemer Lutheran Church 827 16th Street Rockford, IL 61104	36-2493777	501(c)(3)	12,795.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Ken-Rock Community Center 625 Adams Street Rockford, IL 61107	36-2204841	501(c)(3)	12,698.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Family Crisis 946 N Second St Rockford, IL 61107	36-4402089	501(c)(3)	12,540.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
The MILL Foundation P.O. Box 16388 Loves Park, IL 61132	30-0177875	501(c)(3)	12,429.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Rockford Barbell 8056 W State St Rockford, IL 61102	84-3216190	501(c)(3)	12,420.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
The Music Academy in Rockford P.O. Box 4545 Rockford, IL 61110	45-2281679	501(c)(3)	11,563.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Hope Wins NFP Corp 33 N Whistler Freeport, IL 61032	92-2997996	501(c)(3)	11,512.	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
Rock House Kids 1325 7th Street Rockford, IL 61104	26-2224655	501(c)(3)	11,500.	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	501(c)(3)	11,500.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
SWIFTT 1005 South Main Street rockford, IL 61102	36-3743278	501(c)(3)	11,500.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Guest House 1933 W Polk Street, SSR #214 Chicago, IL 60612	36-4284387	501(c)(3)	11,500.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Voices of Inspiration 3112 N. Rockton Ave. Rockford, IL 61103	83-1566858	501(c)(3)	11,500.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Winnebago-Boone Farm Bureau Foundation - 1925 S Meridian Rd. - Rockford, IL 61102	36-3755652	501(c)(3)	11,500.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
The Family YMCA of Northwest IL 2998 W Pearl City Rd Freeport, IL 61032	36-2169195	501(c)(3)	11,500.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Iconic Nurse Network Outreach, INC 730 North Church Street Rockford, IL 61103	87-3690531	501(c)(3)	11,500.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Hoo Haven Wildlife Rehabilitation & Education Center - 10823 Cleveland Rd - Durand, IL 61024	36-4335772	501(c)(3)	11,500.	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
You Are Not Alone Mental Health, Trauma, Suicide Prevention Advocacy Inc - 1709 Wedel Ave - Rockford, IL 61103	92-2100083	501(c)(3)	11,500.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Rockford Park District Foundation 401 S. Main St. Rockford, IL 61101-1321	36-3083192	501(c)(3)	11,500.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
CFNIL Human Services 1 Focus Committee (Equity Dignity Respect) - 946 N Second St - Rockford, IL 61107	36-4402089	501(c)(3)	11,405.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Boone County Health Department 1204 Logan Ave Belvidere, IL 61008	36-6006525	501(c)(3)	11,273.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Macktown Living History Education Center - P.O. Box 566 - Rockton, IL 61072	36-3756832	501(c)(3)	10,638.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Ski Broncs 201 Evelyn Ave Loves Park, IL 61111	36-4219035	501(c)(3)	10,535.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Rockford University 5050 East State St. Rockford, IL 61108	36-2167842	501(c)(3)	10,533.	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	501(c)(3)	10,449.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Mendelssohn Performing Arts Center 415 N Church St Rockford, IL 61103	36-2229585	501(c)(3)	10,356.	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
Family Peace Center 315 North Main Street Rockford, IL 61101	83-2206050	501(c)(3)	10,350.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
CFNIL Human Services 1 Focus Committee (Equity Dignity Respect) - 946 N Second St - Rockford, IL 61107	36-4402089	501(c)(3)	10,155.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
CFNIL Human Services 2 Focus Committee (Basic Needs Compassionate Support) - 946 N Second St - Rockford, IL 61107	36-4402089	501(c)(3)	10,155.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Blackhawk Area Council, Boy Scouts of America - 2820 McFarland Rd - Rockford, IL 61107	36-2169127	501(c)(3)	10,140.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Concordia University-Wisconsin Office of Student Financial Aid Mequon, WI 53097-2402	39-6077337	501(c)(3)	10,000.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Rock Valley College 3301 N. Mulford Road Rockford, IL 61114	36-2557781	501(c)(3)	10,000.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Rockford Barbell 8056 W State St Rockford, IL 61102	84-3216190	501(c)(3)	10,000.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Rockford Area Arts Council 713 E. State Street Rockford, IL 61104	23-7039197	501(c)(3)	10,000.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Phantom Regiment Drum and Bugle Corps., Inc. - 5608 International Dr - Rockford, IL 61109	23-7198026	501(c)(3)	10,000.	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.)

(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
Northwestern Illinois Community Action Agency (NICAA) - 27 South State Avenue - Freeport, IL 61032	36-2598679	501(c)(3)	10,000.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
CFNIL Arts & Humanities Focus Committee - 946 N Second St - Rockford, IL 61107	36-4402089	501(c)(3)	9,903.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Girls on the Run of Northwest Illinois - 111 Erick St - Crystal Lake, IL 60014	26-0294648	501(c)(3)	9,832.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Girl Scouts of Northern Illinois 1886 Daimler Rd, Rockford, IL 61112	36-2358083	501(c)(3)	9,775.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Middle Rock Conservation Partners 8772 S Lowden Rd Franklin Grove, IL 61031-9617	82-1530110	501(c)(3)	9,672.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Citied Foundation 1907 Jonathan Ave Rockford, IL 61103	92-3841716	501(c)(3)	9,660.	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	501(c)(3)	9,561.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Tinker Swiss Cottage Museum 411 Kent St. Rockford, IL 61102	36-6110280	501(c)(3)	9,406.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Midway Village and Museum Center 6799 Guilford Rd Rockford, IL 61107	23-7237720	501(c)(3)	9,406.	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
Zion Development Corporation 910 Fifth Ave, Suite 1E Rockford, IL 61104	36-3229794	501(c)(3)	9,406.	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	501(c)(3)	9,406.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Wesley Willows 4141 N. Rockton Ave. Rockford, IL 61103	36-2540488	501(c)(3)	9,406.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Community Grants Annual Grant Pass-Thru - 946 N Second St - Rockford, IL 61107	36-4402089	501(c)(3)	9,406.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Midway Village and Museum Center 6799 Guilford Rd Rockford, IL 61107	23-7237720	501(c)(3)	9,252.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Rock River Valley Pantry, Inc. 421 South Rockton Ave Rockford, IL 61102	36-3135643	501(c)(3)	9,210.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
The Salvation Army of Freeport 106 W. Exchange Street Freeport, IA 60132	36-2167910	501(c)(3)	9,200.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Junior League of Rockford, Inc. (JLR) - 4118 Pinecrest Road - Rockford, IL 61107	36-6065590	501(c)(3)	9,200.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Northwestern Illinois Building Trades Blais Family Scholarship - 946 N Second St - Rockford, IL 61107	36-4402089	501(c)(3)	9,088.	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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Winnebago Community Historical Society - P.O. Box 95 - Winnebago, IL 61088	61-1862557	501(c)(3)	9,000.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Freeport Art Museum 121 N Harlem Ave Freeport, IL 61032	51-0189249	501(c)(3)	8,956.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Fth-Rochelle Rotary Club P. O. Box 372 Rochelle, IL 61068	46-0999031	501(c)(3)	8,889.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
University of Illinois College of Medicine Rockford - 1601 Parkview Avenue - Rockford, IL 61107	37-6000511	501(c)(3)	8,800.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Lutheran Social Services of Illinois - 1001 E. Touhy Avenue, Suite 50 - Des Plaines, IL 60018	36-2584799	501(c)(3)	8,625.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Lisa's Little Rescue 4081 Saint John Dr. Rockford, IL 61102	87-4648117	501(c)(3)	8,625.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Sand Bluff Bird Observatory Association - Attn: Debra Eickman - Seward, IL 61077-0002	36-4221190	501(c)(3)	8,379.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Freeport Art Museum 121 N Harlem Ave Freeport, IL 61032	51-0189249	501(c)(3)	8,258.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Northwestern Illinois Area Agency On Aging - 1111 South Alpine Rd., Ste. 600 - Rockford, IL 61108	36-2742719	501(c)(3)	8,215.	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
Artists' Ensemble Theater P.O. Box 1684 Rockford, IL 61110	36-4549412	501(c)(3)	8,200.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
University of Illinois at Urbana-Champaign - 1601 Parkview Ave - Rockford, IL 61107		501(c)(3)	8,171.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
North Boone CUSD #200 6248 N Boone School Rd Poplar Grove, IL 61065-8548	36-2716879	501(c)(3)	8,147.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Rockford Park District Foundation 401 S. Main St. Rockford, IL 61101-1321	36-3083192	501(c)(3)	8,051.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Rockford Area Crime Stoppers, Inc. P.O. Box 4535 Rockford, IL 61110	36-3116179	501(c)(3)	8,050.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Schupbach, Steven 11236 N. Hoisington Rd. Byron, IL 61010		501(c)(3)	8,000.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Discovery Center Museum 711 N Main St Ste 1 Rockford, IL 61103	36-3292135	501(c)(3)	7,973.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Severson Dells Educational Foundation - 8786 Montague Road - Rockford, IL 61102	36-2985870	501(c)(3)	7,933.	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	501(c)(3)	7,903.	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
Burpee Museum of Natural History 737 N Main St Rockford, IL 61103	36-2045414	501(c)(3)	7,901.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
University of Illinois College of Medicine Rockford - 1601 Parkview Avenue - Rockford, IL 61107	37-6000511	501(c)(3)	7,500.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
University of Illinois College of Medicine Rockford - 1601 Parkview Avenue - Rockford, IL 61107	37-6000511	501(c)(3)	7,500.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
University of Illinois College of Medicine Rockford - 1601 Parkview Avenue - Rockford, IL 61107	37-6000511	501(c)(3)	7,500.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
University of Illinois College of Medicine Rockford - 1601 Parkview Avenue - Rockford, IL 61107	37-6000511	501(c)(3)	7,500.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
University of Illinois College of Medicine Rockford - 1601 Parkview Avenue - Rockford, IL 61107	37-6000511	501(c)(3)	7,500.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
University of Illinois College of Medicine Rockford - 1601 Parkview Avenue - Rockford, IL 61107	37-6000511	501(c)(3)	7,500.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
University of Illinois College of Medicine Rockford - 1601 Parkview Avenue - Rockford, IL 61107	37-6000511	501(c)(3)	7,500.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Belvidere Township Park District Illinois Belvidere, IL 61008	36-6005793	501(c)(3)	7,300.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Oregon Park District P.O. Box 237 Oregon, IL 61061	36-2785783	501(c)(3)	7,287.	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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The Arc of Winnebago, Boone & Ogle Counties - 2820 McFarland Rd - Rockford, IL 61107	36-2804806	501(c)(3)	7,235.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
My Best Friends Foundation 1900 E Golf Rd Schaumburg, IL 60173	85-1085191	501(c)(3)	7,153.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Cherry Valley Fire Protection District - 4919 Blackhawk Rd - Rockford, IL 61109		501(c)(3)	7,139.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Community Grants Annual Grant Pass-Thru - 946 N Second St - Rockford, IL 61107	36-4402089	501(c)(3)	7,024.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Citied Foundation 1907 Jonathan Ave Rockford, IL 61103	92-3841716	501(c)(3)	7,015.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Epilepsy Advocacy Network 628 Columbus St Ottawa, IL 61350	84-3161755	501(c)(3)	6,900.	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	501(c)(3)	6,755.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Second First Church 318 North Church Street Rockford, IL 61101	36-2182151	501(c)(3)	6,717.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Eversight 924 West 19th Place, Suite 350 Chicago, IL 60608	38-2117115	501(c)(3)	6,625.	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
CFNIL Arts & Humanities Focus Committee - 946 N Second St - Rockford, IL 61107	36-4402089	501(c)(3)	6,526.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Community Grants Annual Grant Pass-Thru - 946 N Second St - Rockford, IL 61107	36-4402089	501(c)(3)	6,475.	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	501(c)(3)	6,466.	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	501(c)(3)	6,453.	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	501(c)(3)	6,232.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
The Conservation Center 400 N. Wolcott Chicago, IL 60622		501(c)(3)	6,191.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Swedish Historical Society of Rockford - 404 S 3rd St - Rockford, IL 61104	23-7039583	501(c)(3)	6,106.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Goodwill Industries of Northern Illinois - 850 N. Church St. Ste. 1 - Rockford, IL 61103-6993	36-2167846	501(c)(3)	6,075.	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	501(c)(3)	6,048.	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
Ethnic Heritage Museum 1129 S Main St Rockford, IL 61101	36-3651979	501(c)(3)	6,000.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Quad Cities Community Foundation 852 Middle Rd. Ste. 100 Bettendorf, IA 52722-4100	42-6122716	501(c)(3)	5,941.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Community Grants Annual Grant Pass-Thru - 946 N Second St - Rockford, IL 61107	36-4402089	501(c)(3)	5,896.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Wesley Willows 4141 N. Rockton Ave. Rockford, IL 61103	36-2540488	501(c)(3)	5,822.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Rockford Park District 401 South Main Street Rockford, IL 61101	36-3083192	501(c)(3)	5,797.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
The Salvation Army of Rockford & Winnebago County - PO Box 4159 - Rockford, IL 61110-0659	36-2167910	501(c)(3)	5,782.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
The West Side Show Room P.O. Box 4041 Rockford, IL 61110	47-3553939	501(c)(3)	5,750.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Village of Mt. Morris 105 W. Lincoln Street Mt. Morris, IL 61054	36-6006010	501(c)(3)	5,750.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
50 North P. O. Box 547 Rockton, IL 61072	46-0467930	501(c)(3)	5,750.	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
Community Grants Annual Grant Pass-Thru - 946 N Second St - Rockford, IL 61107	36-4402089	501(c)(3)	5,727.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Rockford Park District 401 South Main Street Rockford, IL 61101	36-3083192	501(c)(3)	5,696.	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	501(c)(3)	5,696.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
North Cook County Soil & Water Conservation District - 640 Cosman Rd. - Elk Grove Village, IL 60007-3314		501(c)(3)	5,695.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Rockford Dance Company 711 N Main Street Rockford, IL 61103	23-7334600	501(c)(3)	5,651.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
North Rockford Convalescent Home (dba Peterson Meadows) - 6401 Newburg Rd - Rockford, IL 61108	36-2182076	501(c)(3)	5,616.	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	501(c)(3)	5,575.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Community Grants Annual Grant Pass-Thru - 946 N Second St - Rockford, IL 61107	36-4402089	501(c)(3)	5,503.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Artists' Ensemble Theater P.O. Box 1684 Rockford, IL 61110	36-4549412	501(c)(3)	5,453.	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
Ida Public Library 320 N. State St. Belvidere, IL 61008		501(c)(3)	5,439.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Winnebago County Veterans Association - 211 North Main Street - Rockford, IL 61101		501(c)(3)	5,332.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Margaret M. Rudolph Trust 1198 Ingram Rd Rockford, IL 61108	86-6456600	501(c)(3)	5,268.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
SAM's Sweet Heart Memorial Foundation - 10125 Long Chant Blvd - Belvidere, IL 61008	82-4489120	501(c)(3)	5,268.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Askinosie Foundation 514 E Commercial St Springfield, MO 65803	82-4109289	501(c)(3)	5,200.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Swedish Historical Society of Rockford - 404 S 3rd St - Rockford, IL 61104	23-7039583	501(c)(3)	5,188.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
CFNIL Youth & Families Focus Committee - 946 N Second St - Rockford, IL 61107	36-4402089	501(c)(3)	5,120.	0.			For purposes as specified in a grant application, fund agreement or gift instrument.
Because They All Deserve To Live 100 E. Grove St., Suite B Poplar Grove, IL 61065	82-3665200	501(c)(3)	5,100.	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	261	512,572.	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 (or determining local governmental entities) and the charitable purpose for which grants are made. Restricted grants require post-grant reporting from recipient organizations.



SCHEDULE J  
(Form 990)

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization

Community Foundation of Northern IL

Employer identification number

36-4402089

Part I Questions Regarding Compensation

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

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a Receive a severance payment or change-of-control payment?
- b Participate in or receive payment from a supplemental nonqualified retirement plan?
- c Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

- a The organization?
- b Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a The organization?
- b Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) (Rev. 12-2024)

<b>Part II</b>	<b>Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.</b> Use duplicate copies if additional space is needed.
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For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

[illegible]

## Part III Supplemental Information

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public  
Inspection

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	4	92,570.	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

0

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it  
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for  
exempt purposes for the entire holding period? .....

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

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

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

b If "Yes," describe in Part II.

33 If the organization 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	

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

Schedule M (Form 990) 2024

## Part II

### Supplemental Information.

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

Schedule M, Part I, Line 32b:

The organization uses stock brokers to transfer and/or sell stock when needed.

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**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.

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.

Name of the organization	Community Foundation of Northern IL	Employer identification number	36-4402089
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Many of CFNIL's funds are designated by donors for specific causes, programs, or organizations. Each year CFNIL calculates the 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 distributed 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 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:

Change in Value of Beneficial Interest in Ttrusts	1,017,986.
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Form 990, Part XII, Line 2c:

There were no changes to the organization's selection process or oversight process during the year.

# TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM AG990-IL

**FOR THE YEAR ENDING**

December 31, 2024

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**Prepared For:**

Community Foundation of Northern IL  
946 North Second Street  
Rockford, IL 61107

---

**Prepared By:**

Aprio Advisory Group, LLC  
111 Rockville Pike Suite 600  
Rockville, MD 20850

---

**Amount of Tax:**

Balance due of \$15

---

**Make Check Payable To:**

Illinois Charity Bureau Fund

---

**Mail Tax Return To:**

Office of the Attorney General  
Charitable Trust Bureau  
115 S. LaSalle St  
Chicago, IL 60603

---

**Return must be mailed on or before:**

Please mail as soon as possible.

---

**Special Instructions:**

The report should be signed and dated by an authorized individual(s).



## ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

PMT #	_____
AMT	_____
INIT	_____

**Illinois Attorney General Kwame Raoul**  
**Charitable Trust Bureau, 115 S. LaSalle St**  
**Chicago, IL 60603**

CO # 01-038297

Report for the Fiscal Period:

Beginning 01/01/2024

&amp; Ending 12/31/2024

MO DAY YR

Make Checks  
Payable to  
Illinois Charity  
Bureau Fund

Check all items attached:

- ☒ Copy of IRS Return  
☒ Audited Financial Statements  
☐ Reviewed Financial Statements  
☐ Copy of Form IFC  
☒ \$15 Annual Report Filing Fee  
☐ \$100 Late Report Filing Fee

Federal ID # 36-4402089

Are contributions to the organization tax deductible?

☒ Yes ☐ No

Date organization was created:

MO DAY YR

Legal Name: <b>Community Foundation of Northern IL</b>	YEAR-END AMOUNTS	
Mail Address: <b>946 North Second Street</b>	A) ASSETS	A) \$ <b>156,335,923.</b>
City, State: <b>Rockford, IL</b>	B) LIABILITIES	B) \$ <b>21,712,562.</b>
Zip Code: <b>61107</b>	C) NET ASSETS	C) \$ <b>134,623,361.</b>
Email Address: <b>dross@cfnil.org</b>		
<b>I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:</b>	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS AND PROGRAM SERVICE REV. (GROSS AMTS.)	<b>64.777 %</b>	D) \$ <b>9,605,674.</b>
E) GOVERNMENT GRANTS AND MEMBERSHIP DUES	%	E) \$
F) OTHER REVENUES	<b>35.223 %</b>	F) \$ <b>5,223,096.</b>
G) TOTAL REVENUES, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E & F)	100 %	G) \$ <b>14,828,770.</b>
<b>II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:</b>		
H) OPERATING CHARITABLE PROGRAM EXPENSE	%	H) \$
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	%	J) \$ <b>0.</b>
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J)		\$
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	<b>71.954 %</b>	K) \$ <b>3,990,476.</b>
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	<b>71.954 %</b>	L) \$ <b>3,990,476.</b>
M) MANAGEMENT AND GENERAL EXPENSE	<b>21.862 %</b>	M) \$ <b>1,212,439.</b>
N) FUNDRAISING EXPENSE	<b>6.184 %</b>	N) \$ <b>342,938.</b>
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M & N)	100 %	O) \$ <b>5,545,853.</b>
<b>III. SUMMARY OF ALL PAID FUNDRAISER &amp; CONSULTANT ACTIVITIES:</b> (Attach Attorney General Report of Individual Fundraising Campaign (Form IFC). One for each PFR.)		
<b>PROFESSIONAL FUNDRAISERS:</b>		
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$ <b>0.</b>
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$
R) NET RECEIVED BY THE CHARITY (P MINUS Q = R)	%	R) \$
<b>• PROFESSIONAL FUNDRAISING CONSULTANTS:</b>		
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$ <b>0.</b>
<b>IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:</b>		
T) NAME, TITLE: <b>Dan Ross, President</b>		T) \$
U) NAME, TITLE: <b>SHANNON GUSTAFSON, Director of Finance</b>		U) \$
V) NAME, TITLE: <b>Sarah Lambert, VP Programs &amp; Community Investmen</b>		V) \$
<b>V. CHARITABLE PROGRAM DESCRIPTION:</b> CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES	List on back side of instructions CODE	
W) DESCRIPTION: <b>Grants to Other Charitable Organizations</b>	W) #	<b>150</b>
X) DESCRIPTION: <b>Administer endowments for charitable orgs</b>	X) #	<b>300</b>
Y) DESCRIPTION: <b>Neighborhood and Community Development</b>	Y) #	<b>112</b>

**THE QUESTIONS BELOW ARE APPLICABLE TO THE CURRENT REPORTING PERIOD. IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, ATTACH A DETAILED EXPLANATION:**

	YES	NO
1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGEMENT? .....		<b>X</b>
2. 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 PART 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? .....		<b>X</b>
3. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES? .....		<b>X</b>
4. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION? .....		<b>X</b>
5. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC) .....		<b>X</b>
6a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? .....		<b>X</b>
6b. 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 \$ _____ .		
7. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES? .....		<b>X</b>
8. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY? .....		<b>X</b>
9. DID THE ORGANIZATION LEARN OR BECOME AWARE OF ANY KICKBACK, BRIBE OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS IN THE CURRENT OR PREVIOUS FISCAL YEARS? .....		<b>X</b>
10. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: <b>JP Morgan Chase 6000 E State Street, Rockford, IL 61108</b>		
11. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <b>Shannon Gustafson - (779)210-8205</b>		

**• 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.

_____ PRESIDENT OR OTHER AUTHORIZED OFFICER OR TRUSTEE (PRINT NAME)	_____ SIGNATURE	_____ DATE
_____ CHIEF FISCAL OFFICER OR TRUSTEE (PRINT NAME)	_____ SIGNATURE	_____ DATE
<b>Stacy Cullen</b> PREPARER (PRINT NAME)	_____ SIGNATURE	_____ DATE