# (Rev. January 2020) Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

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

Open to Public Inspection

А	ror un	e 20 19 calendar year, or tax year beginning and	enaing	_	
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addre	Highland Park Community Foundation			
	Name chang	e Doing business as		36-38198	18
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	<u> </u>
	Final return	D O Por 309		847-433-	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	978,185.
	Amen return			H(a) Is this a group re	eturn
	Application			for subordinates	
	pendi	<sup>19</sup> 2479 Woodbridge Lane, Highland Park, I	L 600	<b>H(b)</b> Are all subordinates in	
$\overline{\Gamma}$	Tax-ex	empt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1)		7	list. (see instructions)
		he: hpcfil.org		H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year		1 State of legal domicile; IL
		Summary			<u> </u>
	Τ1	Briefly describe the organization's mission or most significant activities: Gran	ts to	charitable	
Activities & Governance	'	organizations			
rna	2	Check this box if the organization discontinued its operations or dispose	sed of more	than 25% of its net as	sets.
Ne.	1			3	19
Ğ	1	Number of independent voting members of the governing body (Part VI, line 1b)			19
ος O		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			0
itie		Total number of volunteers (estimate if necessary)			0
cţi	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
ď		Net unrelated business taxable income from Form 990-T, line 39			0.
	<u> </u>	The difference business taxable meeting from each 1, into ac		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		349,107.	874,129.
nue		Program service revenue (Part VIII, line 2g)		0.	0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		89,901.	104,033.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	23.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		439,008.	978,185.
	_	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		218,100.	543,000.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
(0	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
se	162	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	h	Total fundraising expenses (Part IX, column (D), line 25)	0.		•
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		106,198.	114,904.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		324,298.	657,904.
		Revenue less expenses. Subtract line 18 from line 12		114,710.	320,281.
JC BS	3	Trevenue less expenses. Subtract line 10 nom line 12		ginning of Current Year	End of Year
Net Assets or Find Balances	20	Total assets (Part X, line 16)	100	3,799,938.	4,685,316.
ASS	21	Total liabilities (Part X, line 26)		0.	0.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		3,799,938.	4,685,316.
	art II	Signature Block		3773373331	1,000,0101
		Ities of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of my	/ knowledge and belief, it is
		et, and complete. Declaration of preparer (other than officer) is based on all information of wi			, Kilowioago ana bollol, it lo
	, 001100	A and completel becautation of property (earlier analytic based on an information of the	non proparoi	lao any imoviougo:	
Sig	ın	Signature of officer		Date	
He		Nancy Mills, Chairman			
110	16	Type or print name and title			
_		Print/Type preparer's name Preparer's signature		Date Check	II PTIN
Pai	d	Anton Hendler Anton Hendler	I	7/22/20 of self-employe	
_	parer	Firm's name Lipschultz, Levin & Gray, LLC		Firm's EIN	36-2260623
	Only	Firm's address 425 Huehl Road Bldg. 7		I IIIII S EIIV	
030	Only	Northbrook, IL 60062		Dhone no 8/	7-272-5300
14-	v +b = "			Trilolie ilo.04	
ivia	y trie II	RS discuss this return with the preparer shown above? (see instructions)			🔼 Yes 📖 No

	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission:  Grants to charitable organizations	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	X No
2	If "Yes," describe these new services on Schedule O.	X No
3	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, revenue, if any, for each program service reported.	and
4a	F42 000 F42 000	)
4b	(Code:) (Expenses \$	)
4c	(Code:) (Expenses \$	)
4d	Other program services (Describe on Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	F42 000	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11.5		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			٦,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	, 1 , , ,	14a		├^
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			Х
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		Δ
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		x
20a	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		<del></del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_55		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

	1990 (2019) Highland Park Community Foundation 36-381 It IV   Checklist of Required Schedules (continued)	9818	P	age <sup>2</sup>
Fai	Officerist of nequired Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	. 24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
<b>2</b> 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III			Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f			
_	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1		
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	·		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	1   1		
٠.	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	.   000		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	.   000		
00	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	. 31	$\vdash$	
30		. 38	X	
Pai	Note: All Form 990 filers are required to complete Schedule O	.   30	22	
· ui				
	Check if Schedule O contains a response or note to any line in this Part V			No
4.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	4	Yes	INO
		0		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>–</b>		
C	DIG THE OFGENIZATION COMPLY WITH DECKUP WITH DIGITION IN THESTOL TEDOLIADIE DAVITIENTS TO VEHICOLS AND TEDOLIADIE CAMINO			

(gambling) winnings to prize winners?

# Form 990 (2019) Highland Park Community Foundation Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account	account)?	4a		X
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 A	·			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		0-		X
	any contributions that were not tax deductible as charitable contributions?		6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions and the deductible?	-	6h		
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).		6b		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		х
a b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		1.0		
Ū	to file Form 8282?		7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	ontract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	1			
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	440			
	Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against	11a			
D	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	e O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $$1,000,000$ in remune				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				77
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		X
	If "Yes," complete Form 4720, Schedule O.		F	. 000	(0040)

Form **990** (2019)

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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	.9		
	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.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1	.9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	. 2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	. 3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	. 4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	. 5		X
6	Did the organization have members or stockholders?	. 6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	. 7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	. 7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?		X	
b	Each committee with authority to act on behalf of the governing body?	. 8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	. 9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	. 10a	_	Х
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?		77	
11a	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	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			37
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		-	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	. 12b	-	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		37
13	Did the organization have a written whistleblower policy?		_	X
14	Did the organization have a written document retention and destruction policy?	. 14		Α.
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			- V
	The organization's CEO, Executive Director, or top management official		-	X
b	Other officers or key employees of the organization	. 15b		
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		х
	taxable entity during the year?	. 16a		Λ
D	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	401		
800	exempt status with respect to such arrangements?	_   16b		
	tion C. Disclosure			
17 10	List the states with which a copy of this Form 990 is required to be filed \(\bigsim \bigsim \	1/3/2 25	v) 0):2:	lable
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c for public inspection. Indicate how you made these available. Check all that apply.	najs uni	y) aval	iable
	Own website Another's website X Upon request Other (explain on Schedule O)			
10	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,	and fina	ncial	
19	statements available to the public during the tax year.	anu IIIla	iiloidi	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	Deborah Brill - 847-770-5147			
	669 Ridge Rd., Highland Park, IL 60035			

932006 01-20-20

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation compensation				
	week	-	Cei ai	lu a u	liecto	n/ ii us	100)	from	from related	other
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or (	stee			nsateo		(W-2/1099-MISC)	(** 2/ 1033 1/1100)	organization
	organizations	trust	nal tru		oyee	ompe				and related
	below	vidua	Institutional trustee	cer	Key employee	Highest compensated employee	Former			organizations
-	line)	ibu	lust	Officer	Key	Hig	For			
(1) Nancy Mills	0.00									_
Chairman	0.00	Х		Х	_	_		0.	0.	0.
(2) David Reich	0.00									_
Vice-Chairman	0.00	Х		Х		_		0.	0.	0.
(3) Julie Kraff	0.00	ļ.,								_
Treasurer	0.00	Х		Х	_	_		0.	0.	0.
(4) Betsy Brint	0.00	.,		,,						_
Secretary	0 00	Х		Х		_		0.	0.	0.
(5) Sofia Alvarez	0.00	X						0.	0.	_
Director	0.00	Α			_	_		0.	0.	0.
(6) Deborah B. Cogan	0.00	X						0.	0.	_
Director	0.00	Α.						0.	0.	0.
(7) Peter Flanzer	0.00	X						0.	0.	_
Director	0.00	Α.						0.	0.	0.
(8) Craig Leva	0.00	X						0.	0.	0.
Director (9) Cookie Anspach Kohn	0.00	^			$\vdash$	$\vdash$		0.	0.	0.
	0.00	X						0.	0.	0.
Oirector (10) Tom Koulentes	0.00	^						0.	0.	0.
Director	0.00	X						0.	0.	0.
(11) Jon A Levey	0.00	<u> </u>				$\vdash$		0.	0.	0.
Director	0.00	X						0.	0.	0.
(12) Laurie A Levin	0.00	122			$\vdash$			0.	0.	0.
Director	0.00	X						0.	0.	0.
(13) Jean Meadows	0.00	122			$\vdash$	$\vdash$			0.	
Director	0.00	X						0.	0.	0.
(14) Wally Nathan	0.00								•	
Director		x						0.	0.	0.
(15) Joe Reinstein	0.00	<del> </del>								
Director		x						0.	0.	0.
(16) Karen Reisin	0.00	<del> </del>								
Director		X						0.	0.	0.
(17) Robyn Schuster	0.00					$\vdash$				
Director		X						0.	0.	0.
	1	_	_	_	_	_	_			F 000 (2242)

932007 01-20-20

Form **990** (2019)

Par	Section A. Officers, Directors, Trus		ploy	ees			ighe	st C			<del></del>			
	(A)	(B)	<b>(C)</b> Position						(D)	(E)			(F)	
	Name and title	Average	(do not check more than one						Reportable	Reportable	Estimate			
		hours per week					is bot or/trus		compensation	compensation from related		ar	nount other	of
		(list any	tor					Ė	from the	organizations	- 1	com	otrier ipensa	ation
		hours for	direc				pe		organization	(W-2/1099-MIS	- 1		om th	
		related	tee or	ıstee			ensate		(W-2/1099-MISC)	,		org	anizat	ion
		organizations	al trus	nal trı		oyee	omp						d relat	
		below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	ons
(4.0.)		,	ы	lus	₩	Ke	en Hig	휸			$\longrightarrow$			
	Don Stewart	0.00	7.											0
	ctor	0.00	Х				$\vdash$	┢	0.		0.			0.
	Jamie Strait	0.00	х						0.		0.			0.
Dire	ctor		Δ		-		$\vdash$	⊢	0.		0.			0.
			-											
					-		$\vdash$	⊢			$\dashv$			
			-											
			$\vdash$				+	┢			$\dashv$			
			-											
		-			$\vdash$		$\vdash$	┢			$\dashv$			
			ł											
		<del> </del>					$\vdash$	$\vdash$			$\dashv$			
			1											
							+	$\vdash$			$\dashv$			
			1											
							$\vdash$	$\vdash$			$\dashv$			
			ł											
1h	Subtotal	<u> </u>							0.		0.			0.
	Total from continuation sheets to Part V								0.		0.			0.
	Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including but r								eceived more than \$100	0.000 of reportable	 e			
_	compensation from the organization						٠,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				0
	omponential and organization												Yes	No
3	Did the organization list any <b>former</b> officer,	director, trust	ee. I	kev (	ame	love	e. o	r hic	ahest compensated emp	olovee on	- [			
	line 1a? If "Yes," complete Schedule J for s		-	•		•	-	_		•		3		Х
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$15									Ü		4		Х
5	Did any person listed on line 1a receive or	accrue compe	nsat	ion 1	from	any	y uni	relat	ted organization or indiv	idual for services				
	rendered to the organization? If "Yes," con	plete Schedul	e J t	or s	uch	pers	son					5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated in	depe	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of com	pens	ation <sup>·</sup>	from	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	/ithir	n the organization's tax	year.				
	(A)								(B)			(0		
	Name and business	address	N	IMC	3			_	Description of s	ervices	C	ompe	nsatio	n
								_						
								$\dashv$						
								_						
								_						
	Total number of independent control (	in ali ralim ar le cel	·	me ! .	4 ± -	41	0- "	ot:	d abaya) wha wasting t	novo the				
2	Total number of independent contractors ( \$100,000 of compensation from the organi		iot II	mte	u to		ose II: ()	siec	a abovej who received n	iore triari				

932008 01-20-20

Pa	rt v	Ш			- in Alain Don't VIII			
			Check if Schedule O contains a respon	nse or note to any lin	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded
Program Service   Contributions, Gifts, Grants   Revenue   and Other Similar Amounts		b c d e f g h a b c d e	Federated campaigns  Membership dues  Fundraising events  Related organizations  Government grants (contributions)  All other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in lines 1a-1f  Total. Add lines 1a-1f	Business Code	874,129.			30000013 312 314
_			All other program service revenue	1				
	3 4 5	g	Total. Add lines 2a-2f  Investment income (including dividends, in other similar amounts)  Income from investment of tax-exempt both Royalties	nterest, and nd proceeds	104,033.	104,033.		
		b c	Gross rents 6a Less: rental expenses 6b Rental income or (loss) 6c	(ii) Personal				
	7	а	Net rental income or (loss)  Gross amount from sales of assets other than inventory Less: cost or other basis  (i) Securities  7a	es (ii) Other				
Revenue		С	and sales expenses 7b Gain or (loss) 7c Net gain or (loss)					
Other F	8		Gross income from fundraising events (not including \$ 140,435 • of contributions reported on line 1c). See					
			Part IV, line 18  Less: direct expenses  Net income or (loss) from fundraising even	8a 0. 8b 0.	0.			
		а	Gross income from gaming activities. See Part IV, line 19 Less: direct expenses	9a 9b				
		c a	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances	10a 10b				
		С	Net income or (loss) from sales of inventor					
Miscellaneous Revenue	11	a b	Other	Business Code 900099	23.	23.		
Sells eve		c		_				
Misc		d	All other revenue					
			Total. Add lines 11a-11d		23.			
	12		Total revenue. See instructions		978,185.	104,056.	0.	0.

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 (D) Do not include amounts reported on lines 6b, Total expenses Program service Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 543,000. 543,000. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 11 Fees for services (nonemployees): a Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 Office expenses 13 Information technology 14 Royalties 15 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 Depreciation, depletion, and amortization ..... 22 23 Other expenses. Itemize expenses not covered 24 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.) Professional services 68,333. 68,333. Miscellaneous 19,315. 19,315. 18,762. 18,762. Outside services 6,437. 6,437. Stationery and printing 2,057 2,057. e All other expenses 0. 657,904. 543,000. 114,904. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Form **990** (2019)

Par	tχ	Balance Sheet					
		Check if Schedule O contains a response or	note to	any line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			178,682.	1	182,047
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, su	ubstantia	l contributor, or 35%			
		controlled entity or family member of any of	these pe	rsons		5	
	6	Loans and other receivables from other disq					
		under section 4958(f)(1)), and persons descr	ribed in s	ection 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a	ı			
	b	Less: accumulated depreciation	10k			10c	
	11	Investments - publicly traded securities	3,621,256.	11	4,503,269		
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must e	equal line	33)	3,799,938.	16	4,685,316
	17	Accounts payable and accrued expenses				17	
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	ete Part I	V of Schedule D		21	
es	22	Loans and other payables to any current or f	former of	ficer, director,			
Liabilities		trustee, key employee, creator or founder, su					
ja ja		controlled entity or family member of any of				22	
_	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrel				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	ines 17-2	4). Complete Part X			
		of Schedule D			0	25	
	26	Total liabilities. Add lines 17 through 25			0.	26	0
S		Organizations that follow FASB ASC 958,	check h	ere 🕨 🔼			
Net Assets or Fund Balances		and complete lines 27, 28, 32, and 33.			3,772,551.		4 652 100
ala	27	Net assets without donor restrictions			27,387.	27	4,652,108
	28	Net assets with donor restrictions			27,307.	28	33,200
틸		Organizations that do not follow FASB AS	C 958, c	neck nere			
<u> </u>	00	and complete lines 29 through 33.	1-			00	
ets	29	Capital stock or trust principal, or current fur				29	
1SS	30	Paid-in or capital surplus, or land, building, o				30	
et /	31	Retained earnings, endowment, accumulated			3,799,938.	31	4,685,316
Ź	32	Total net assets or fund balances			3,799,938.	32	4,685,316
	33	Total liabilities and net assets/fund balances			3,133,330.	33	Eorm <b>990</b> (2019

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1			8,1		
2	Total expenses (must equal Part IX, column (A), line 25)	2			7,9		
3	Revenue less expenses. Subtract line 2 from line 1	3			0,2		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3	,79			
5	Net unrealized gains (losses) on investments	5		56	5,0	97.	
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	4	,68	5,3	16.	
Pa	rt XIII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII					X	
	· · · · · · · · · · · · · · · · · · ·				Yes	No	
1	Accounting method used to prepare the Form 990: Cash Cash Other Modifie	d C	ash				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basi	s,				
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audi	t,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c		X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	Ο.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle A	udit				
	Act and OMB Circular A-133?			За		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	udit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b			

Form **990** (2019)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Employer identification number** 

Open to Public Inspection

Name of the organization Highland Park Community Foundation 36-3819818 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019

Total

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

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

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	176,737.	215,322.	222,611.	349,107.	874,129.	1837906.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	176,737.	215,322.	222,611.	349,107.	874,129.	1837906.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)							
6	Public support. Subtract line 5 from line 4.						1837906.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
7	Amounts from line 4	176,737.	215,322.	222,611.	349,107.	874,129.	1837906.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	-31,344.	259,767.	471,175.	-194,764.	679,130.	1183964.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	<b>Total support.</b> Add lines 7 through 10						3021870.	
12	Gross receipts from related activities,	•	,			12		
13	First five years. If the Form 990 is for	-			•			
800	organization, check this box and stor	here	roontogo				<b>&gt;</b>	
	ction C. Computation of Publ			. (0)			60.82 %	
	Public support percentage for 2019 (					14	<u> </u>	
15	Public support percentage from 2018					15		
Iba	33 1/3% support test - 2019. If the content have The experience qualifies							
h	<b>stop here.</b> The organization qualifies <b>33 1/3% support test - 2018.</b> If the o							
, i	and <b>stop here.</b> The organization qual							
170	10% -facts-and-circumstances tes							
17 a	and if the organization meets the "fac	ū					*	
	meets the "facts-and-circumstances"				•	-		
h	10% -facts-and-circumstances tes							
b	more, and if the organization meets the	_						
	organization meets the "facts-and-circ		•					
18								
0_	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990 or 990-EZ) 2019

#### 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.)

Se	ction A. Public Support	clow, picase com	piete r art ii.j				
	endar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
	Gifts, grants, contributions, and				,		
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
J	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						-
7	ization's benefit and either paid to or expended on its behalf						
_	The value of services or facilities						
5	furnished by a governmental unit to the organization without charge						
6	***						
	Total. Add lines 1 through 5  Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	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						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				1		<u> </u>
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
_	check this box and stop here						<u></u>
	ction C. Computation of Publ						
	Public support percentage for 2019 (I						%
	Public support percentage from 2018					16	%
	ction D. Computation of Inves					1 1	
	Investment income percentage for 20					$\overline{}$	%
	Investment income percentage from 2						%
19a	a 33 1/3% support tests - 2019. If the						17 is not
ŀ	more than 33 1/3%, check this box a 33 1/3% support tests - 2018. If the						and
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organization						

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
- Gu		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
46		
10a		
10b		
.55		

Par	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
	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 Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
	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?	1		
	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 Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations		<u> </u>	<u> </u>
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instruction	ns).		
а	The organization satisfied the Activities Test. Complete line 2 below.	, <b>,</b> -		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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 Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer (a) and (b) below.			
	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? Provide details in Part VI.	3a		
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 Part VI the role played by the organization in this regard	3h	I	l

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

Schedule A (Form 990 or 990-EZ) 2019

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
		Distributions		,	Current Year
1	Amoun				
2	Amoun	ts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organiz	ations, in excess of income from activity			
3	Admini	strative expenses paid to accomplish exempt purpose	es of supported organization	IS	
4	Amoun	ts paid to acquire exempt-use assets			
5	Qualifie	ed set-aside amounts (prior IRS approval required)			
6	Other o	distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total a	nnual distributions. Add lines 1 through 6.			
8	Distribu	utions to attentive supported organizations to which the	ne organization is responsive	e	
	(provid	e details in <b>Part VI</b> ). See instructions.			
9	Distribu	utable amount for 2019 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Secti	ion E - [	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distribu	utable amount for 2019 from Section C, line 6			
2	Underd	listributions, if any, for years prior to 2019 (reason-			
	able ca	use required- explain in <b>Part VI</b> ). See instructions.			
3	Excess	distributions carryover, if any, to 2019			
а	From 2	014			
b	From 2	015			
С	From 2016				
d	From 2	017			
е	From 2018				
		f lines 3a through e			
g	Applied	to underdistributions of prior years			
h	Applied	d to 2019 distributable amount			
i	Carryo	ver from 2014 not applied (see instructions)			
j	Remair	nder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distribu	utions for 2019 from Section D,			
	line 7:	\$			
а	Applied	to underdistributions of prior years			
b	Applied	d to 2019 distributable amount			
С		nder. Subtract lines 4a and 4b from 4.			
5		ning underdistributions for years prior to 2019, if			
		ubtract lines 3g and 4a from line 2. For result greater			
		ero, explain in <b>Part VI.</b> See instructions.			
6		ning underdistributions for 2019. Subtract lines 3h			
		from line 1. For result greater than zero, explain in			
		. See instructions.			
7		s distributions carryover to 2020. Add lines 3j			
	and 4c				
8		own of line 7:			
		from 2015			
		from 2016			
		from 2017			
		from 2018			
е	Excess	from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Pai	t III Organizations Maintaining C	collections of A	rt, Historical Tr	easures, or Oth	er Simil	ar Asse	<b>ts</b> (continue	d)
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that make	significant	use of its		
	collection items (check all that apply):							
а	Public exhibition	d	Loan or excl	hange program				
b	Scholarly research	е						
С	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								
	to be sold to raise funds rather than to be ma						Yes	No
Pai	rt IV Escrow and Custodial Arran					0, Part IV,	line 9, or	
	reported an amount on Form 990, Pai		· ·					
1a	Is the organization an agent, trustee, custodi	ian or other intermed	liary for contribution	s or other assets no	t included			
	on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in Part XIII							
			· ·				Amount	
С	Beginning balance				1c			
	Additions during the year							
	Distributions during the year							
f	Ending balance				1f			
2a	Did the organization include an amount on Fe				ility?		Yes	No
	If "Yes," explain the arrangement in Part XIII.		*				[	
Pai								
	'	(a) Current year	(b) Prior year	(c) Two years back		vears back	(e) Four yea	ars back
1a	Beginning of year balance	3,799,938.	3,969,893.	3,529,063.		287,428.		13,175.
	Contributions	874,129.	349,107.		<del>                                     </del>	215,322.	<del>                                     </del>	76,737.
							31,344.	
	Grants or scholarships	543,000.	218,100.	193,420.	1	181,211.	27	70,207.
	Other expenditures for facilities	,	,	·		,		
	and programs							
f	Administrative expenses	114,904.	106,198.	59,536.		52,243.	3	30,933.
g	End of year balance	4,695,317.	3,799,938.		3,5	29,063.		37,428.
2	Provide the estimated percentage of the curr				,	,		
	Board designated or quasi-endowment	99.36	%	-,,				
	Permanent endowment ▶ .64	%	<b>—</b> ′ -					
		<u></u> ^-						
_	The percentages on lines 2a, 2b, and 2c sho							
За	Are there endowment funds not in the posse		ation that are held a	nd administered for	the organi	zation		
	by:	3			3		Ye	s No
	(i) Unrelated organizations						77	
	(ii) Related organizations						· <del>- · · · -</del>	X
b	If "Yes" on line 3a(ii), are the related organiza							$\top$
4	Describe in Part XIII the intended uses of the							
Pai	rt VI Land, Buildings, and Equipm							
	Complete if the organization answere	d "Yes" on Form 990	), Part IV, line 11a. S	See Form 990, Part X	(, line 10.			
	Description of property	(a) Cost or o	ther (b) Cost	or other (c) A	Accumulate	ed	(d) Book va	alue
	, , , ,	basis (investn	1 ' '	, ,	preciation		` '	
1a	Land							
	Buildings							
	Leasehold improvements							
	Equipment							
	Other							
	I. Add lines 1a through 1e. (Column (d) must e		X, column (B), line 1	0c.)		ightharpoonup		0.

Schedule D (Form 990) 2019

(2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H)	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(2) Closely held equity interests	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	I-of-year market value
(3) Other (A) (B) (C) (C) (D) (E) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	(1) Financial derivatives			
A	(2) Closely held equity interests			
(B) (C) (C) (D) (E) (F) (G) (G) (H) (F) (G) (G) (G) (H) (F) (G) (G) (G) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	(3) Other			
(C) (D) (E) (F) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (F) (G) (H) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(A)			
(E) (E) (F) (G) (H) Total, (Col. I) must equal Form 990, Part X, col. (B) line 12.)  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) Part IX  Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  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) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (1) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (8) (9) (9) (9) (1) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (8) (8) (8) (9) (9) (9) (9) (9) (10) (11) (11) (12) (12) (13) (14) (15) (15) (16) (17) (16) (17) (18) (18) (18) (18) (18) (18) (18) (18	(B)			
(E) (F) (F) (G) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (F) (G) (H) (F) (F) (G) (H) (F) (F) (G) (H) (F) (F) (F) (G) (F) (F) (F) (G) (F) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	(C)			
(F)   (S)   (P)   (P)	(D)			
(G) (H) (H) (Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶    Part VIII   Investments - Program Related.	(E)			
(th) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	(F)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	(G)			
Part VIII   Investments - Program Related.	(H)			
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 (t) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)   Part X 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) (9) (9) (1) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1)	Part VIII Investments - Program Related.			
(1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	Complete if the organization answered "Yes"		11c. See Form 990, Part X, line 13.	
(2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (7) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) (2) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) (2) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (2) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (1) (2) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	I-of-year market value
(3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (6) (6) (7) (8) (9)	(1)			
(4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	(2)			
(5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)▶    Part IX   Other Assets.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.    (a) Description   (b) Book value	(3)			
(6) (77 (8) (9) (9) (77 (8) (1) must equal Form 990, Part X, col. (8) line 13.) ▶ Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (77 (8) (9) (9) (1) must equal Form 990, Part X, col. (8) line 15.) ▶ Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	(4)			
(7) (8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	(5)			
(8) (9)	(6)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	(7)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	(8)			
Part IX				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)				
(a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)				
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)			11d. See Form 990, Part X, line 15.	(1) D
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)		Description		(b) Book value
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)				
(4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)				
(5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)				
(6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2) (3) (4) (5) (6) (7) (8) (9)				
(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)				
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)				
(9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)				
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)  (3)  (4)  (5)  (6)  (7)  (8)  (9)		45)		
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) (3) (4) (5) (6) (7) (8) (9)		e 15.)		
1.       (a) Description of liability       (b) Book value         (1) Federal income taxes       (2)         (3)       (4)         (5)       (6)         (7)       (8)         (9)       (9)		on Form 000 Dort IV line	110 or 11f Coo Form 000 Port V line 05	
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	( ) 5	on Form 990, Part IV, line	The or Thi. See Form 990, Part A, line 25	
(2) (3) (4) (5) (6) (7) (8) (9)				(b) Book value
(3) (4) (5) (6) (7) (8) (9)				
(4) (5) (6) (7) (8) (9)				
(5) (6) (7) (8) (9)				
(6) (7) (8) (9)				
(7) (8) (9)				
(8) (9)				
(9)				
		o 25 )		

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... X

Schedule D (Form 990) 2019

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Schedule D	(Form 990) 2019	Highland	Park	Community	Foundation	36-	38.	Τ,
Part XI	Reconciliation of	Revenue per	Audited	d Financial Stat	tements With Revenue per	Retur	n.	
	Complete if the organi	zation answered "	Yes" on Fo	orm 990, Part IV, line	e 12a.			
								7

	complete if the organization anowered Tee our office, into 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	1,553,282.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	575,097.		
b	Donated services and use of facilities	2b			
		2c			
		2d			
	Add lines 2a through 2d			2e	575,097.
3	Subtract line 2e from line 1			3	978,185.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			5	978,185.

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

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

1	Total expenses and losses per audited financial statements		 1	657,904.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
	Other losses	2c		
d		2d		
е	Add lines 2a through 2d		 2e	0.
3	Subtract line 2e from line 1		 3	657,904.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		 4c	0.
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		 5	657,904.
Da	t XIII Supplemental Information			

| 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 V, line 4:

Grants to Charitable Organizations

#### Part X, Line 2:

The Foundation's federal excise tax returns have not been examined by the tax authorities for the last three years, which remain as the years that are generally still subject to examination. Management realizes that there may be differences of opinion relating to interpretations taken by taxing authorities and that certain tax jurisdictions may require filings which have not been made. However, there have not been any material claims made by any taxing authorities that have not been appropriately defended or provided for in the financial statements, nor is management

Schedule D (Form 990) 2019

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

#### **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

2019

Open to Public Inspection

Name of the organization

Highland Park Community Foundation

Employer identification number 36-3819818

Part I Fundraising Activities required to complete this par	Complete if the organization answe	ered "Y	'es" o	n Form 990, Part IV,	line 17. Form 990-E2	filers are not
<ul> <li>1 Indicate whether the organization rais a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the 10 highest paid individed the compensated at least \$5,000 by the</li> </ul>	e Solicitat f Solicitat g Special  or oral agreement with any individual cart VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includer	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	trol of	(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
		Yes	No			
Total			•			
List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	outions	s or has been notified	d it is exempt from re	egistration

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

Schedule G (Form 990 or 990-EZ) 2019

Pa	ırt ı	of fundraising events. Complete if the of fundraising event contributions and gr	-		The state of the s	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
					None	(add col. (a) through
			Fundraiser			col. <b>(c)</b> )
ē			(event type)	(event type)	(total number)	55 ( <b>5</b> ))
Revenue			1 40 405			140 405
Rev	1	Gross receipts	140,435.			140,435.
	_		140 425			140 425
	2	Less: Contributions	140,435.			140,435.
	١	Cross income (line 1 minus line 2)				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	Ι.	Cd6/1 p1/200				
	5	Noncash prizes				
ses						
ens	6	Rent/facility costs				
Direct Expenses						
ect	7	Food and beverages				
ä						
	8	Entertainment				
	9	Other direct expenses	0 1 1 ( 1)			
	10	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I				
Pa	11   rt					
		\$15,000 on Form 990-EZ, line 6a.		1000,1 41111, 1110 10, 01	Toportou moro triari	
			(a) Dingo	(b) Pull tabs/instant	(a) Other geming	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve.						
_	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	_	Name and profession				
EX	3	Noncash prizes				
ect	4	Rent/facility costs				
ä	Ι.	Tions tability cools				
	5	Other direct expenses				
		·	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<u> </u>	
0	Гю	tor the state(s) is which the executation cond	uoto gaming activities			
		ter the state(s) in which the organization conducter the organization licensed to conduct gaming a				Yes No
		No," explain:				LITES LINU
•	' ''	TO, OXPIGIT.				
						_
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or t	erminated during the tax	year?	Yes No
k	lf "	Yes," explain:				
_	_					

Sch	edule G (Form 990 or 990-EZ) 2019 Highland Park Community Foundation 36-3	3819818	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	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:		
а	The organization's facility	13a	%
	An outside facility	13b	%
	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	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party  \$\bigs\\$		
	: If "Yes," enter name and address of the third party:		
	The first that the did dudies of the third party.		
	Name ▶		
	- Name P		
	Address >		
	Addiess		
16	Gaming manager information:		
16	Gaming manager information.		
	Name ▶		
	Name		
	Coming manager companantian		
	Gaming manager compensation > \$		
	Description of services provided		
	Diversity of the contract of t		
	Director/officer Employee Independent contractor		
4-			
	Mandatory distributions:		
а	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		
D-	organization's own exempt activities during the tax year > \$		
Pa	TT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	ırt III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	i (Form 990 or 990-EZ)	Highland	Park	Community	Foundation	36-3819818	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation (continue	ed)				
		· · · · · · · · · · · · · · · · · · ·					
							-
	<u> </u>	•		•			
_							

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

Open to Public

Inspection

OMB No. 1545-0047

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

Name of the organization Highland Park Community	Park Comm	Ŀ	oundation				Employer identification number $36-3819818$
Part I General Information on Grants and Assistance	and Assistance						
Does the organization maintain records to substantiate the amount of the	to substantiate the	e amount of the grants	or assistance, the	grantees' eligibilit	y for the grants or ass	grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	stion
<ul> <li>Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States</li> </ul>	ocedures for moni	toring the use of grant	funds in the United	d 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	Domestic Organi	izations and Domesti	c Governments. C	omplete if the orga	anization answered "\	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated	\$5,000. Part II car	be duplicated if addit	if additional space is needed.	ded.			
1 (a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Se							
County - 777 Central Avenue - Highland Park, IL 60035	36-2167063	501(c)(3)	41,300.	0.			General Support
Highland Park Community Nursery							
and Day Care Center - 1850 Green Bay Road - Highland Park, IL 60035	36-2187792	501(c)(3)	49,500.	.0			General Support
Tri-Con Child Care Center							
Highland Park, IL 60035	36-2708769	501(c)(3)	48,500.	0			General Support
H.							
District #113) - 1040 Park Avenue West - Highland Park, IL 60035	36-6004892		20,483.	0.			General Support
Family Focus (formerly known as							
Family Network) - 330 Laurel							
Avenue - Highland Park, IL 60035	36-2884042		36,250.	0.			General Support
Zacharias Sexual Abuse Center							
4275 Old Grand Avenue							
Gurnee, IL 60031	36-3314976	501(c)(3)	25,000.	0.			General Support
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government or	rganizations listed in th	e line 1 table				<b>A</b>
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					<b>^</b>
LHA For Paperwork Reduction Act Notice, see the Instructions for Form	, see the Instruct	tions for Form 990.					Schedule I (Form 990) (2019)

932101 10-26-19

37

Page 1

(g) Description of non-cash assistance

(f) Method of valuation (book, FMV, appraisal, other)

(e) Amount of non-cash assistance

(d) Amount of cash grant

(c) IRC section if applicable

(b) EIN

(a) Name and address of organization or government

Part II

0

000

ω,

501(c)(3)

36 - 2681212

Big Brothers/Big Sisters of Lake

County - 560 W Lake Street -

IL 60661

Chicago,

Jewish Child and Family Services

216 W Jackson Blvd. Suite 700

Chicago, IL 60606

0

15,500.

501(c)(3)

36-2167757

0

20,000

501(c)(3)

20-4811544

2033 N Milwaukee Ave, Suite 546

Riverwoods, IL 60015

Catholic Charities

College Bound Opportunities

0

000 6

501(c)(3)

53-0196617

0

18,500

501(c)(3)

14-1955977

Action - 1510 Old Deerfield Road

Suite 205 - Highland Park, IL

60035

Southeast Lake County Faith in

Round Lake, IL 60073 116 N Lincoln Avenue

0

28,000,

501(c)(3)

36-2464960

o

000

25,

501(c)(3)

47-2859426

North Suburban Legal Aid Clinic

PO Box 256 1830 Green Bay Road

Highland Park, IL 60035

The Art Center of Highland Park

Highland Park, IL 60035

1957 Sheridan Road

0

45,467

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

Purpose of grant or assistance	Support							
( <del>L</del> )	Genera1	Genera1	Genera1	Genera1	Genera1	General	Genera1	General

Schedule I (Form 990)

General Support

0

6,000,

501(c)(3)

36-3203648

Northern Illinois Food Bank

273 Dearborn Street

Geneva, IL 60134

932241 04-01-19

VARIOUS OTHER CHARITABLE

ORGANIZATIONS

Page 1

	Part II.)
	<b>Organizations in the United States</b> (Schedule I (Form 990), Part II.)
	hedule I (F
	<b>States</b> (Sc
	e United
ion	tions in the U
Highland Park Community Foundation	_
ity F	nments ar
Commur	ssistance to Governments and
Park (	Assistance to Go
land	nd Other
High	f Grants a
(Form 990)	Continuation o
Schedule	Part II

(a) Name and address of organization or government	(a)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Focus on the Arts 533 Vine Ave Highland Park, IL 60035	26-0311839		14,500.	.0		V	General Support
Highland Park Strings 1601 Oakwood Ave, #105 Highland Park, IL 60035	81-4734503		23,000.	.0		V	General Support
Pilgrim Chamber Players 805 Mosley Road Highland Park, IL 60035	36-4174174		18,000.	.0		V	General Support
A Safe Place 2132 Green Bay Rd Highland Park, IL 60035	36-3032700		12,000.	0.		V	General Support
Anixter Center 6610 N Clark St Chicago, IL 60626	36-2244895		10,000.	0.			General Support
Best Futures 1301 Clavey Road Highland Park, IL 60035	45-2813138		5,000.	0.		Ŭ	General Support
Community Partners for Affordable Housing - 400 Central Ave - Highland Park, IL 60035	36-3086133		5,000.	0.		V	General Support
Glenkirk 3504 Commercial Ave Northbrook, IL 60062	36-2345191		7,000.	.0		V	General Support
Highwood Public Library 102 Highwood Ave Highwood, IL 60040	83-4409594		8,000.	0.		V	General Support
							Schedule I (Form 990)

39

α	כ
_	
α	כ
σ	
_	
$\overline{}$	4
$\alpha$	J
~	1
- 1	
V	)
C	
"	1

Page 1

Schedule I (Form 990) Highland Park Community Foundation

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

(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section if applicable cash gra	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of (g valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Keshet 600 Academy Dr #130 Northbrook, IL 60062	36-3441392		.000,2	.0			General Support
Midwest Young Artists 878 Lyster Rd Highwood, IL 60040	23-7179740		5,000.	.0			General Support
The Josselyn Center 405 Central Ave Northfield, IL 60093	36-2217996		5,000.	.0			General Support
The Stuart I Raskas Friendship Circle of IL - 2095 Landwehr Road - Northbrook, IL 60062	20-4884060		6,000.	0.			General Support
							Schedule I (Form 990)

Schedule I (Form 990) (2019) (f) Description of noncash assistance 36-3819818 (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. 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. (d) Amount of non-cash assistance Highland Park Community Foundation (c) Amount of cash grant 41 (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2019) 932102 10-26-19 Part III

Page 2

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

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 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2019
Open to Public

Open to Public Inspection

Name of the organization

Highland Park Community Foundation

Form 990, Part VI, Section B, line 11b:

Reviewed by President and Treasurer and discussed with preparing accountant

Form 990, Part VI, Section C, Line 19:

Available upon request

Form 990, Part XII, Line 1:

Modified Cash

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

Schedule O (Form 990 or 990-EZ) (2019)

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

2020
Open to Public Inspection

А	For the	2020 calendar year, or tax year beginning and	enaing		
В	Check if applicabl	C Name of organization		D Employer identific	cation number
	Addre	Highland Park Community Foundation			
	Name chang	Doing business as		36-38198:	18
	Initial return		Room/suite	E Telephone number	r
F	Final	P.O. Box 398		847-433-	
	return/ termin			G Gross receipts \$	1,004,363.
	ated  Ameno	Highland Park, IL 60035		-	
F	Ameno return	HIGHLAND PAIR, IL 00055		H(a) Is this a group re	
	Application pendir			for subordinates	
	•	* 24/9 Woodbridge Lane, Highland Park, 1.		H(b) Are all subordinates in	cluded? Yes No
		empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) €	or 527	If "No," attach a	list. See instructions
J	Websit	e:▶ hpcfil.org		H(c) Group exemption	n number 🕨
K	Form of	organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 1992 N	State of legal domicile: IL
	art I	Summary			<u> </u>
		Briefly describe the organization's mission or most significant activities: Gran	ts to	charitable	
Activities & Governance	'	organizations			
naı		Check this box if the organization discontinued its operations or dispose	sod of more	than 25% of its not as	ente
Ver				1 1	24
ő				3	24
જ		Number of independent voting members of the governing body (Part VI, line 1b)			
ies		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			0
Σį	6	Total number of volunteers (estimate if necessary)		6	0
ζĘ.	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
1		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
a)	8	Contributions and grants (Part VIII, line 1h)		874,129.	915,425.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
	10			104,033.	88,938.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		23.	00,330.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		978,185.	
	_	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			1,004,363.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		543,000.	661,369.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	ь	Total fundraising expenses (Part IX, column (D), line 25)	0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		114,904.	135,728.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		657,904.	797,097.
		Revenue less expenses. Subtract line 18 from line 12		320,281.	207,266.
_ S	3 13	rievende less expenses. Oubtract line 10 from line 12		ginning of Current Year	End of Year
ts		T. I. J. (D. I.V.); 40)	DC	4,685,316.	5,300,035.
SSe	20	Total assets (Part X, line 16)		4,005,510.	3,300,033.
Net Assets or Find Balances	21	Total liabilities (Part X, line 26)			F 200 02E
	22	Net assets or fund balances. Subtract line 21 from line 20		4,685,316.	5,300,035.
	art II	Signature Block			
	-	lties of perjury, I declare that I have examined this return, including accompanying schedule			/ knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
Sig	jn	Signature of officer		Date	
He	re	Nancy Mills, Chairman			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	Anton Hendler Anton Hendler	1	1/19/21 if self-employe	d ₽01077823
Pre	parer	Firm's name Lipschultz, Levin & Gray, LLC			36-2260623
	e Only	Firm's address 425 Huehl Road Bldg.7			
	•	Northbrook, IL 60062		Phone no 84	7-272-5300
1/10	v the II	RS discuss this return with the preparer shown above? See instructions		11 110110 110.0 1	X Yes No
ivid	y 111 <del>0</del> 11	as a LLA For Penerwork Peduction Act Notice and the congrete instructions			21 fes   NO

Pa	Check if Schedule O contains a			
1	Check if Schedule O contains a response or note to any line in this Part III  Briefly describe the organization's mission:  Grants to charitable organizations			
2	Did the organization undertake any si	gnificant program services during the year v	which were not listed on the	
				Yes X No
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X			
	If "Yes," describe these changes on S			
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 \$	661,369 including grants of \$	661,369.) (Revenue \$	)
	Grants to charitable organizations			
				_
4b	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other program services (Describe on		) (0	,
4e	(Expenses \$  Total program service expenses ▶	including grants of \$ 661,369.	) (Revenue \$	)
				Form <b>990</b> (2020)

# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			l
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			3,7
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_	37	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		- V
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40	Х	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	21	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a		x
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	Ha		
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			3,7
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	ا ا		₩.
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.	Х	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		Х
20-	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
20a	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
<b>4</b> 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	got of the office of the original of the origi			

	n 990 (2020) Highland Park Community Foundation 36-383	<u> 19818</u>	P	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			l
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			١
	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			l
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	I Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	L L		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization			
	If "Yes," complete Schedule R, Part V, line 2			Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<del></del>		
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	1 30		
	Check if Schedule O contains a response or note to any line in this Part V			
-	Constant Const		Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	4	103	140
	Enter the number reported in Box 3 of Form 1030. Enter 40- if not applicable 1b	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	$\dashv$		
-	2.2 and alguments of their bashap maintenanty tales for reportable payments to vertical and reportable garming			

032004 12-23-20

(gambling) winnings to prize winners?

# Form 990 (2020) Highland Park Community Foundation Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return	2a 0						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	)						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account	account)?	4a		X			
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 A	ccounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b		X			
С								
6a	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?							
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?							
7	Organizations that may receive deductible contributions under section 170(c).							
а	$ Did the organization \ receive \ a payment \ in \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ served $	vices provided to the payor?	7a		X			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b					
С								
	to file Form 8282?		7c		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?	7f					
g								
h								
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?							
9								
а			9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b					
10	Section 501(c)(7) organizations. Enter:	1						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:	11a						
a		118						
D	Gross income from other sources (Do not net amounts due or paid to other sources against	446						
120	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	12a					
		12b	ıza					
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120						
	Is the organization licensed to issue qualified health plans in more than one state?		13a					
а	Note: See the instructions for additional information the organization must report on Schedule O.		104					
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
D	organization is licensed to issue qualified health plans	13b						
С	Enter the amount of reserves on hand	13c						
14a		100	14a		X			
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O								
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?		15		Х			
	If "Yes," see instructions and file Form 4720, Schedule N.		_					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		Х			
	If "Yes," complete Form 4720, Schedule O.							
				200				

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				X				
Sec	tion A. Governing Body and Management								
				Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 2	4						
	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 0.								
b	Enter the number of voting members included on line 1a, above, who are independent	1b 2	4						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other							
	officer, director, trustee, or key employee?		2		X				
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct supervision							
	of officers, directors, trustees, or key employees to a management company or other person?		3		X				
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?								
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	5		Х				
6	Did the organization have members or stockholders?		6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint one or							
	more members of the governing body?		7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or							
	persons other than the governing body?		7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year								
а	The governing body?		8a	Х					
b	Each committee with authority to act on behalf of the governing body?		8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F								
				Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х				
	If "Yes," did the organization have written policies and procedures governing the activities of such c								
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b						
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
b									
12a									
b									
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "\"								
	in Schedule O how this was done		12c	Х					
13	Did the organization have a written whistleblower policy?		13		Х				
14	Did the organization have a written document retention and destruction policy?		14	Х					
15	Did the process for determining compensation of the following persons include a review and approv								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official		15a		Х				
	Other officers or key employees of the organization		15b		Х				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a							
	taxable entity during the year?		16a		Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation		100						
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization								
	exempt status with respect to such arrangements?		16b						
Sec	tion C. Disclosure		1.0.0						
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, a	and 990-T (Section 501(c)	3)s only	/) avail	able				
	for public inspection. Indicate how you made these available. Check all that apply.		, = 0.11	, ,					
Own website Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	,	nd fina	ncial					
	statements available to the public during the tax year.		a						
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks and records							
	Deborah Brill - 847-770-5147								
	669 Ridge Rd., Highland Park, IL 60035								

Page 7

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

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average			Pos				(D) Reportable	(E) Reportable	<b>(F)</b> Estimated
	hours per week	box offi	not c , unle cer ar	ss pe	rson	is bot	h an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Nancy Mills	0.00			l						
Chairman		Х		Х				0.	0.	0.
(2) David Reich	0.00			l						
Vice-Chairman		Х		Х				0.	0.	0.
(3) Julie Kraff	0.00	x		x					0.	0
Treasurer	0.00	Α.		Δ.	_		$\vdash$	0.	0.	0.
(4) Betsy Brint	0.00	x		x				0.	0.	0.
(5) Sofia Alvarez	0.00	^		^	_	├		0.	0.	0.
Director	0.00	X						0.	0.	0.
(6) Tonia Arrington	0.00	^		$\vdash$	$\vdash$	┢		0.	0.	
Director	0.00	X						0.	0.	0.
(7) Peter Flanzer	0.00	22		$\vdash$					0.	
Director	0.00	X						0.	0.	0.
(8) Craig Leva	0.00	123			$\vdash$				•	
Director		X						0.	0.	0.
(9) Cookie Anspach Kohn	0.00									
Director		Х						0.	0.	0.
(10) Tom Koulentes	0.00									
Director		Х						0.	0.	0.
(11) Jon A Levey	0.00									
Director		Х						0.	0.	0.
(12) Laurie A Levin	0.00									_
Director		Х						0.	0.	0.
(13) Jean Meadows	0.00									
Director		Х						0.	0.	0.
(14) Wally Nathan	0.00									
Director		Х						0.	0.	0.
(15) Joe Reinstein	0.00	1_						_	_	_
Director		Х		<u> </u>		<u> </u>	$oxed{oxed}$	0.	0.	0.
(16) Karen Reisin	0.00								_	_
Director		Х		<u> </u>		$oxed{igspace}$		0.	0.	0.
(17) Robyn Schuster	0.00								_	_
Director		X						0.	0.	0. Form <b>990</b> (2020)

Form **990** (2020)

Form **990** (2020)

Form 990 (2020) Highland	Park Co	omr	nui	nit	У	F	ou	ndation	36-381	981	8	Page 8
Part VII   Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	iH b	ghe	st (	Compensated Employe	es (continued)			
(A)	(B)			(C				(D)	(E)		(F	)
Name and title	Average	(do		Posi			one	Reportable	Reportable		Estima	ated
	hours per	box	, unle	ss per	rson i	is bot	h an		compensation		amoui	nt of
	week	⊢	cer ar	nd a di	recto	or/trus	tee)	from	from related		oth	er
	(list any	or director						the	organizations	cc		sation
	hours for related	or di	e e			ated		organization	(W-2/1099-MISC)		from	
	organizations	ustee	trust		e)	bens		(W-2/1099-MISC)		- 1	organiz	
	below	ual tr	ional		ploye	t con	L			- 1	and re	ations
	line)	In divid ual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				garnz	ations
(18) Don Stewart	0.00	=	=	0	~	Τ 0	ш	+		+		
Director		Х						0.	0			0.
(19) Jamie Strait Muller	0.00			Н						+		
Director		Х						0.	0			0.
(20) Cristina Mota	0.00			$\Box$						+		
Director		Х						0.	0			0.
(21) Amy Small	0.00	<del> </del>	$\vdash$	$\Box$		$\vdash$		+	,	+		
Director		x						0.	0			0.
(22) Eric Ephraim	0.00			$\vdash$						<del>`</del>		
Director		x						0.	0			0.
(23) Bobbie Hinden	0.00		$\vdash$	$\vdash$				+		+		
Director		x						0.	0			0.
(24) Taryn Kessel	0.00		$\vdash$	$\vdash$				+		+		
Director		x						0.	0			0.
			$\vdash$	$\vdash$				+		+		
		1										
			$\vdash$	$\vdash$						+		
		ł										
1b Subtotal			<u> </u>	Ш				0.	0			0.
c Total from continuation sheets to Part VI								0.				0.
d Total (add lines 1b and 1c)								0.		•		0.
Total number of individuals (including but n							10 1	received more than \$100	l			
compensation from the organization	or miniou to ti	1000	11010	Ju uk	JO V (	o, ***	10 1		,,000 01 1000114510			0
compensation from the organization											Ye	_
3 Did the organization list any <b>former</b> officer,	director trust	ee l	KAV 6	empl	ove	e oi	· hi	ghest compensated emr	olovee on			
line 1a? If "Yes," complete Schedule J for s										3		х
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150	•							•	•	4		х
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes," com	•							•		. 5		Х
Section B. Independent Contractors	p.010 00.10aa.	00.	0. 0.	<u>,</u>	00.0	,						_
Complete this table for your five highest co	mpensated in	depe	ende	ent c	ontr	racto	ors	that received more than	\$100.000 of compe	nsatio	n from	<u> </u>
the organization. Report compensation for												
(A)	···· ,							(B)	,		(C)	
Name and business	address	N	INC	Ξ				Description of s	services	Com	pensa	tion
O Tables and a start of the sta	a alteration of the	-4.0	:•	-1.2	41.	"						
2 Total number of independent contractors (i \$100,000 of compensation from the organization)	•	iot II	rnite	น เด		se II: )	ste	u abovej who received n	iore trian			

Ра	rt \	/III								
			Check if Schedule O	contains a	response	or note to any lir			(0)	
							(A) Total revenue	(B) Related or exempt	(C) Unrelated	( <b>D</b> ) Revenue excluded
							Total revenue		business revenue	from tax under
										sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	а	Federated campaigns		1a					
3ra Ioui		b	Membership dues		1b					
s, ( Am		С	Fundraising events		1c	113,930.				
gift		d	Related organizations		1d					
ini		е	Government grants (contr	ributions)	1e	50,000.				
rion r S		f	All other contributions, gifts,	grants, and						
bul			similar amounts not included	above	1f	751,495.				
n de la		g	Noncash contributions included in		1g \$					
Col		_	Total. Add lines 1a-1f			<b>•</b>	915,425.			
						Business Code	,			
Ð	2	а								
vic.	_	b								
Ser		c								
E S		d								
gra Re										
Program Service Revenue		e	All ather museum and inc							
_			All other program service							
_			Total. Add lines 2a-2f							
	3		Investment income (includ	•		•	88,938.	88,938.		
			other similar amounts)				00,930.	00,930.		
	4		Income from investment of			•				
	5		Royalties							
				<del>  ``</del>	) Real	(ii) Personal				
	6		Gross rents	6a						
			Less: rental expenses	6b						
			Rental income or (loss)	6c						
		d	Net rental income or (loss)			<b></b>				
	7	а	Gross amount from sales of	(i) S	ecurities	(ii) Other				
			assets other than inventory	7a						
		b	Less: cost or other basis							
ne			and sales expenses	7b						
Revenue		С	Gain or (loss)							
Be			Net gain or (loss)							
ЭĒ	8		Gross income from fundraising							
oth			including \$ 113							
			contributions reported on		- 1					
			Part IV, line 18	-		0.				
		b	Less: direct expenses			0.				
			Net income or (loss) from				0.			
	9		Gross income from gamin		_					
	Ĭ	-	Part IV, line 19							
		h	Less: direct expenses							
			Net income or (loss) from							
	10		Gross sales of inventory, I							
	10	а	•							
			and allowances			<u> </u>				
			Less: cost of goods sold							
		С	Net income or (loss) from	sales of in	ventory	1				
ns						Business Code				
eo ne	11									
llar en		b								
Miscellaneous Revenue		С								
Mis			All other revenue							
		е	Total. Add lines 11a-11d							
	12		Total revenue. See instruction	ons			1,004,363.	88,938.	0.	0.

Pai	t IX Statement of Functional Expens	es			<u> </u>
Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must co	omplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21	661,369.	661,369.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Professional services	93,070.		93,070.	
h	Miscellaneous	23,902.		23,902.	
C	Outside services	14,269.		14,269.	
Ч	Stationery and printing	2,398.		2,398.	
e	All other expenses	2,089.		2,089.	
25	Total functional expenses. Add lines 1 through 24e	797,097.	661,369.	135,728.	0.
26	Joint costs. Complete this line only if the organization	,	,	- ,	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Form **990** (2020)

Check here

if following SOP 98-2 (ASC 958-720)

		Check if Schedule O contains a response or not	e to ar	ny line in this Part X			
		Gricola ii Correction C Correction of Trock	o to ui	ly into in anot arex	(A)	<u> </u>	(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			182,047.		322,905.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or	forme	er officer, director,			
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes	e pers	sons		5	
	6	Loans and other receivables from other disqualit					
		under section 4958(f)(1)), and persons described	l in se	ction 4958(c)(3)(B)		6	
sts	7	Notes and loans receivable, net	F		7		
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation	10b			10c	
	11	Investments - publicly traded securities			4,503,269.	11	4,977,130.
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa	al line :	33)	4,685,316.	16	5,300,035.
	17	Accounts payable and accrued expenses				17	
	18	Grants payable			18		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete F				21	
S	22	Loans and other payables to any current or form	er offi	cer, director,			
Liabilities		trustee, key employee, creator or founder, subst	antial	contributor, or 35%			
abi		controlled entity or family member of any of thes	e pers	sons		22	
Ξ	23	Secured mortgages and notes payable to unrela	ted th	ird parties		23	
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities (including federal income tax, pay	yables	to related third			
		parties, and other liabilities not included on lines	17-24	). Complete Part X			
		of Schedule D				25	
	26				0.	26	0.
		Organizations that follow FASB ASC 958, che	ck he	re X			
Ses		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			4,652,108.	27	5,258,852.
Ва	28	Net assets with donor restrictions			33,208.	28	41,183.
pur		Organizations that do not follow FASB ASC 9					
Ę		and complete lines 29 through 33.					
S 0	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or eq				30	
As	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			4,685,316.	32	5,300,035.
	33	Total liabilities and net assets/fund balances		4,685,316.	33	5,300,035.	

Ра	Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,00	4,3 7,0			
2	2 Total expenses (must equal Part IX, column (A), line 25)							
3	Revenue less expenses. Subtract line 2 from line 1	3		20 4,68	7,2			
4								
5								
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10		5,30	0,0	35.		
Part XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII							
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash Cash Control X Other Modifie	d C	ash					
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.								
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat							
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audi	t,					
	review, or compilation of its financial statements and selection of an independent accountant?			2c		X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci							
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit								
Act and OMB Circular A-133?								
<b>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							
					000			

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Highland Park Community Foundation

Employer identification number 36-3819818

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

Total

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

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

Sec	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	215,322.	222,611.	349,107.	874,129.	915,175.	2576344.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge	015 000	000 614	242 425	0.54 400	045 455	0556044			
4	Total. Add lines 1 through 3	215,322.	222,611.	349,107.	874,129.	915,175.	2576344.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)						2576244			
	Public support. Subtract line 5 from line 4.						2576344.			
	etion B. Total Support	( ) 0040	#120047	( ) 0040	( 1) 0040	( ) 0000	(0 T )			
	ndar year (or fiscal year beginning in)	(a) 2016 215, 322.	(b) 2017 222,611.	(c) 2018 349, 107.	(d) 2019 874,129.	(e) 2020 915,175.	(f) Total 2576344.			
	Amounts from line 4	213,322.	222,011.	343,107.	0/4,149.	913,173.	25/0344.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,	259 767	471,175.	_10/ 76/	679,130.	496,392.	1711700.			
•	and income from similar sources	239,101.	4/1,1/5.	194,704.	079,130.	490,392.	1/11/00.			
9	Net income from unrelated business									
	activities, whether or not the									
10	Other income. Do not include gain									
10	Other income. Do not include gain									
	or loss from the sale of capital									
11	assets (Explain in Part VI.)						4288044.			
12	Gross receipts from related activities,	etc (see instruction	one)			12	12000111			
13	First 5 years. If the Form 990 is for the			fourth or fifth tax						
	organization, check this box and <b>stor</b>			•	-	. , . ,				
Sec	ction C. Computation of Publ									
	Public support percentage for 2020 (			column (f))		14	60.08 %			
15	Public support percentage from 2019					15	60.82 %			
16a	33 1/3% support test - 2020. If the					nore, check this bo	x and			
	stop here. The organization qualifies	as a publicly supp	orted organization	, 			<b>▶</b> X			
b	33 1/3% support test - 2019. If the									
	and stop here. The organization qual									
17a	10% -facts-and-circumstances tes									
	and if the organization meets the fact	s-and-circumstanc	ces test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation			
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	ublicly supported o	organization					
b	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not o	check a box on line						
	more, and if the organization meets tl	ne facts-and-circur	nstances test, che	ck this box and <b>st</b>	op here. Explain in	n Part VI how the				
	organization meets the facts-and-circ	umstances test. Th	he organization qu	alifies as a publicly	y supported organ	ization				
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions									

Schedule A (Form 990 or 990-EZ) 2020

# 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.)

Sec	ction A. Public Support	slow, please com	рете нат п.,				
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	(,	(-,	(-,	(-,	(-/	(-)
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose		1				
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support				_	_	
Cale	ndar year (or fiscal year beginning in) ►	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
12	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)			farmela au fifthatar		F01/a\/0\ avaanisat	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	-		ion,
800	check this box and stop here ction C. Computation of Publi		oroontago				
	-					145	
	Public support percentage for 2020 (li						9/
	Public support percentage from 2019 ction D. Computation of Investigation					16	9/
	•					147	0
	Investment income percentage for 20						9
	Investment income percentage from 2					18	9
19a	33 1/3% support tests - 2020. If the	-					\
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2019. If the	•			•		
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	a box on line 14, 19	a, or 19b, check t	his box and see i	nstructions	

T ..

# Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- 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)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	NO
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	<b>5</b> 1-		
	5b 5c		
	30		
	6		
	7		
	8		
	9a		
	Ja		
	9b		
	9c		
	90		
	10a		
	401		
_	10b	00 E 7	2020

Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offi directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	cers,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in  Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	etion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	'		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in 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 Part VI the role the organization's			
Sac	supported organizations played in this regard. etion E. Type III Functionally Integrated Supporting Organizations	3		
		uotiono)		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instrumntum). The organization satisfied the Activities Test. Complete line 2 below.	ictions).		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	v (see instructio	ns)	
2	Activities Test. Answer lines 2a and 2b below.	, (5555151	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in 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			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
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 Part VI the role played by the organization in this regard.	3b	L	

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	Ŭ				
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.							
Sect	Section A - Adjusted Net Income  (A) Prior Year (B) Current Year (optional)							
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3.	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or							
	collection of gross income or for management, conservation, or							
	maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Sect	ion 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						
	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors							
	(explain in detail in Part VI):							
_2	Acquisition indebtedness applicable to non-exempt-use assets	2						
_3_	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
	see instructions).	4						
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
_7_	Recoveries of prior-year distributions	7						
_8_	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	Section C - Distributable Amount  Current Year							
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4	Enter greater of line 2 or line 3.	4						
_5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-functionally	y integr	ated Type III supporting orga	anization (see				
	instructions).							

Schedule A (Form 990 or 990-EZ) 2020

Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <sub>(continu</sub>	ıed)	
Secti	on D - Distributions				Current Year
_1_	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	е		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
_1_	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Highland Park Community Foundation

**Employer identification number** 36-3819818

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 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 f	
	are the organization's property, subject to the organization's	exclusive legal control?	X Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose con	
Pai			IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (for example, recrea		storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		. 2c
d	Number of conservation easements included in (c) acquired		
_	listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the org	panization during the tax
	year >		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting.		
U	Starr and volunteer riodrs devoted to morntoning, inspecting.	, rialiding of violations, and emorcing conserv.	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
'	\$ \$	ding of violations, and emorcing conservation	easements during the year
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(A	)(B)(i)
Ū	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat		
	balance sheet, and include, if applicable, the text of the foot	-	
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections o	of Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and l	balance sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in further	erance of public
	service, provide in Part XIII the text of the footnote to its fina	incial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 98	58, to report in its revenue statement and bala	nce sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furthera	nce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		▶ \$
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2020

032051 12-01-20

Par	rt III Organizations Maintaining Co	ollections of Ar	t, Historical Tro	easures, or Oth	er S	imilar	Asse	<b>ts</b> (contin	ued)	
3	Using the organization's acquisition, accessio	n, and other records	s, check any of the	following that make	signif	ficant us	e of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exch	nange program						
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's col	lections and explain	how they further th	ne organization's exe	empt	purpose	in Par	t XIII.		
5	During the year, did the organization solicit or	receive donations of	of art, historical treas	sures, or other simila	ar ass	ets				
	to be sold to raise funds rather than to be mai	ntained as part of th	ne organization's co	ollection?			. $\square$	Yes		No_
Pai	t IV Escrow and Custodial Arrang	<b>jements.</b> Comple	te if the organization	n answered "Yes" or	n Fori	m 990, F	art IV,	line 9, or		
	reported an amount on Form 990, Part	X, line 21.								
1a	Is the organization an agent, trustee, custodia	n or other intermed	ary for contribution	s or other assets no	t inclu	uded		_		,
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the fol	owing table:		_					
					L			Amount		
С	Beginning balance				L	1c				
d	Additions during the year				L	1d				
е	Distributions during the year				L	1e				
	Ending balance				L	1f				
2a	Did the organization include an amount on Fo	rm 990, Part X, line 2	21, for escrow or cu	ıstodial account liab	ility?		L	Yes	$\vdash$	No
_	If "Yes," explain the arrangement in Part XIII.								<u> </u>	
Par	t V Endowment Funds. Complete if	the organization ans	swered "Yes" on Fo							
		(a) Current year	(b) Prior year	(c) Two years back	(d) <sup>⊺</sup>			<del>  `                                   </del>		
	Beginning of year balance	4,695,317.	3,799,938.	3,969,893.		3,529		<del>                                     </del>	287,	
b	Contributions	915,175.	874,129.	349,107.			,611.		215,	322.
С	Net investment earnings, gains, and losses	496,392.	679,130.	-194,764.		471	,175.	<u> </u>	259,	767.
d	Grants or scholarships	661,369.	543,000.	218,100.		193	,420.		181,	211.
е	Other expenditures for facilities							1		
	and programs									
f	Administrative expenses	135,730.	114,904.	106,198.		59	,536.			243.
g	End of year balance	5,309,785.	4,695,317.	3,799,938.		3,969	,893.	3,	529,	063.
2	Provide the estimated percentage of the curre		e (line 1g, column (a	i)) held as:						
	Board designated or quasi-endowment	99.3600	_%							
b	Permanent endowment ► .6400	%								
С	Term endowment ▶%									
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.								
3a	Are there endowment funds not in the posses	sion of the organiza	tion that are held a	nd administered for	the o	rganizati	on	_		
	by:								Yes	No
	(i) Unrelated organizations								Х	
	(ii) Related organizations								$\longrightarrow$	X
b	If "Yes" on line 3a(ii), are the related organization							3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Par	t VI Land, Buildings, and Equipme									
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part X	(, line	10.				
	Description of property	(a) Cost or ot				nulated		(d) Book	( value	Э
		basis (investm	ent) basis (	other) de	preci	ation				
	Land									
	Buildings									
	Leasehold improvements									
d	Equipment									
	Other									
Total	I Add lines to through to (Column (d) must ea	ual Form QQA Part	x column (R) lina 1	(10.)						U.

Schedule D (Form 990) 2020

Complete if the organization answered "Yes"	" on Form 990. Part IV. lin	e 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	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.		- 44 d. O Farma 000 Bart V. Bar 45	
Complete if the organization answered "Yes"	Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
	, Description		(b) Book value
(1)			
(2)			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u> (7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	 ne 15 )		
Part X Other Liabilities.	10 10.7		
Complete if the organization answered "Yes	" on Form 990. Part IV. lin	e 11e or 11f. See Form 990. Part X. line 25	).
1. (a) Description of liability	, ,	, ,	(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) lin	ne 25 )	<u> </u>	

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 ... X
Schedule D (Form 990) 2020

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

4c

797,097.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.	Solitodalo B	(1 01111 000	,						- 4			
	Part XI	Recond	ciliation	of Re	venu	e per	Audited	Financial	Statements	With	Revenue per Retu	ırn.

Га	neconciliation of nevertide per Addited Financial State	IIIGIII2 WILI	i nevellue per n	etuii	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,411,817.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	407,454.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	407,454.
3	Subtract line 2e from line 1			3	1,004,363.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			1
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				1,004,363.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat		th Expenses per	Retu	ı <b>rn.</b>
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	797,097.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			1
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	797,097.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)
Part XIII Supplemental Information.

b Other (Describe in Part XIII.)c Add lines 4a and 4b

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 V, line 4:

Grants to Charitable Organizations

#### Part X, Line 2:

The Foundation's federal excise tax returns have not been examined by the tax authorities for the last three years, which remain as the years that are generally still subject to examination. Management realizes that there may be differences of opinion relating to interpretations taken by taxing authorities and that certain tax jurisdictions may require filings which have not been made. However, there have not been any material claims made by any taxing authorities that have not been appropriately defended or provided for in the financial statements, nor is management

Schedule D (Form 990) 2020

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

### **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

2020

Open to Public Inspection

」No

ame of the organization Employer identification number							
Highland Park Community Foundation 36-3819818							
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 e Solicitation of non-government grants							
b Internet and email solicitations f Solicitation of government grants							
c Phone solicitations g Special fundraising events							
d In-person solicitations							
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?

compensated at least \$5,000 by the organization.

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	Did raiser ustody itrol of utions?	(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
		Yes	No			
Total						
3 List all states in which the organization or licensing.	n is registered or licensed to solicit	contrib	outions	s or has been notified	d it is exempt from re	egistration

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

Schedule G (Form 990 or 990-EZ) 2020

		of fundraising event contributions and gr				pts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events None	(d) Total events (add col. (a) through
			Fundraiser	(a a . a h h a . a )	/t - t - l	col. (c))
ne			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	113,930.			113,930.
	2	Less: Contributions	113,930.			113,930.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
"	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through				
Pa	11 					
		\$15,000 on Form 990-EZ, line 6a.	answered res on rom	1000,1 art 14, iii 10 10, 01	reported more than	
		,	(-) Die ee	(b) Pull tabs/instant	(-) Ollo	(d) Total gaming (add
anue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue	1	Gross revenue				
ses	2	Cash prizes				
Expen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>	
_	_					
а	ls t	ter the state(s) in which the organization condu the organization licensed to conduct gaming a No," explain:	-	states?		Yes No
~	_					
		ere any of the organization's gaming licenses re		erminated during the tax	year?	Yes No
	_				<u> </u>	
0320	B2 1	1-25-20			Schedule G (Fo	rm 990 or 990-EZ) 2020

Sch	edule G (Form 990 or 990-EZ) 2020 Highland Park Community Foundation 36-3	3819818	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	□ No
	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:		
а	The organization's facility	13a	%
	An outside facility	13b	%
	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	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
-	of gaming revenue retained by the third party > \$		
	If "Yes," enter name and address of the third party:		
	Tes, enternance and address of the third party.		
	Name ▶		
	Address		
	Address -		
16	Coming manager information:		
16	Gaming manager information:		
	Name N		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		<b></b>
	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 ▶ \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	ırt III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
			_

Schedule G	i (Form 990 or 990-EZ)	Highland	Park	Community	Foundation	36-3819818	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation (continue	ed)				
		· · · · · · · · · · · · · · · · · · ·					
-							
	· · · · · · · · · · · · · · · · · · ·						

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

test information.
0 for the la
gov/Form99
to www.irs.o
£ 80 •

Open to Public Inspection

OMB No. 1545-0047

Name of the organization Highland	Highland Park Community	Ŀι	oundation				Employer identification number $36-3819818$
Part I General Information on Grants and Assistance	and Assistance						
1 Does the organization maintain records to substantiate the amount of th	to substantiate th	e amount of the grants	or assistance, the	grantees' eligibility	/ for the grants or ass	e grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
	istance?						X Yes No
S	ocedures for moni	toring the use of grant	funds in the United	d 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	Domestic Organ	izations and Domesti	c Governments. C	omplete if the orga	inization answered "\	res" on Form 990, Par	t IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	\$5,000. Part II car	be duplicated if addit	ional space is neec	led.	30 10 CH (3)		
<b>1 (a)</b> Name and address of organization or government	( <b>p)</b> EIN	<b>(c)</b> IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(t) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Family Services of South Lake							
County - 777 Central Avenue -							
Highland Park, IL 60035	36-2167063	501(c)(3)	58,845.	0			General Support
Highland Park Community Early							
Learning Center - 640 Ridge Rd -							
Highland Park, IL 60035	36-2187792	501(c)(3)	59,950.	0.			General Support
Tri-Con Child Care Center							
1 Avenue							
Highland Park, IL 60035	36-2708769	501(c)(3)	51,000.	0			General Support
Highland Park High School							
433 Vine Ave							
Highland Park, IL 60035	26-0849073		.000,6	0			General Support
Pamily Focus (formerly known as							
Family Network) - 330 Laurel							
ηď	36-2884042		44,750.	.0			General Support
Zacharias Sexual Abuse Center							
4275 Old Grand Avenue							
Gurnee IL 60031	36-3314976	501(c)(3)	29,500	0			General Support
C Enter total minimiser of section 501(2) and anvarance to transitions listed in the line 1 table	and anyonement of	I At ai betail sacitoriaes	line 1 table				
	and government or so listed in the line	ganzadons iisted iii ti 1 table					
1,	e, see the Instruct	ions for Form 990.					Schedule I (Form 990) 2020

032101 11-02-20

39

Page 1

	art II.)
	ts (Schedule I (Form 990), Par
	Schedule
	and Domestic Governments (Sch
	nestic Gov
oundation	s and Don
糽	c Organization
l Park Community Fo	mestic Orç
Comm	Assistance to Do
Park	r Assista
Highland	s and Othe
Hiç	າ of Grant
e I (Form 990)	Continuation
Schedule	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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Big Brothers/Big Sisters of Lake County - 560 W Lake Street - Chicago, IL 60661	36-2681212	501(c)(3)	.000,6	.0			General Support
Jewish Council & Family Service 216 W Jackson Blvd. Suite 700 Chicago, IL 60606	36-2167757	501(c)(3)	.000,9	.0			General Support
College Bound Opportunities 2033 N Milwaukee Ave, Suite 546 Riverwoods, IL 60015	20-4811544	501(c)(3)	22,500.	.0			General Support
Catholic Charities 116 N Lincoln Avenue Round Lake, IL 60073	53-0196617	501(c)(3)	11,000.	.0			General Support
Southeast Lake County Faith in Action - 1510 Old Deerfield Road Suite 205 - Highland Park, IL 60035	14-1955977	501(c)(3)	.022,02	0.			General Support
The Art Center of Highland Park 1957 Sheridan Road Highland Park, IL 60035	36-2464960	501(c)(3)	30,000.	0.			General Support
North Suburban Legal Aid Clinic PO Box 256 1830 Green Bay Road Highland Park, IL 60035	47-2859426	501(c)(3)	38,000.	0.			General Support
Jewish Council for Youth Services 3033 W Touhy Ave Chicago, IL 60645	36-2193616	501(c)(3)	7,655.	.0			General Support
Northern Illinois Food Bank 273 Dearborn Street Geneva, IL 60134	36-3203648	501(c)(3)	19,400.	.0			General Support
							Schedule I (Form 990)

40

Page 1

Highland Park Community Foundation

Schedule I (Form 990)

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

(h) Purpose of grant or assistance General Support (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 0 0 0 0 0 0 o 0 (e) Amount of non-cash assistance 15,000. (d) Amount of cash grant 7,500. 5,000 000 5,000 32,500 10,000, 5,000, 11,000 15, (c) IRC section if applicable 501(c)(3) 36-3604463 36-6005925 36-3032700 45-2813138 83-4409594 81-4734503 36-2244895 36 - 308613336-2345191 (b) EIN Community Partners for Affordable Highland Park Public Library (a) Name and address of organization or government Housing - 400 Central Ave -Highland Park, IL 60035 Highland Park, IL 60035 Highland Park, IL 60035 Highland Park, IL 60035 Highland Park, IL 60035 Highwood Public Library Cancer Wellness Center 1601 Oakwood Ave #105 Highland Park Strings Northbrook, IL 60062 Northbrook, IL 60062 3504 Commercial Ave Highwood, IL 60040 2132 Green Bay Rd Chicago, IL 60626 215 Revere Drive 1301 Clavey Road 102 Highwood Ave 6610 N Clark St 494 Laurel Ave Anixter Center A Safe Place Best Futures Glenkirk

Schedule I (Form 990)

(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Keshet 600 Academy Dr #130 Northbrook, IL 60062	36-3441392		13,300.	0.			General Support
Midwest Young Artists 878 Lyster Rd Highwood, IL 60040	23-7179740		5,000.	0.			General Support
The Josselyn Center 405 Central Ave Northfield, IL 60093	36-2217996		11,000.	0.			General Support
The Stuart I Raskas Friendship Circle of IL - 2095 Landwehr Road - Northbrook, IL 60062	20-4884060		8,000.	0.			General Support
Curt's Cafe 2922 Central Ave Evanston, IL 60201	45-3934105		8,500.	0.			General Support
Kids Rank 1957 Sheridan Road Highland Park, IL 60035	37-1651268		6,000.	0.			General Support
Mothers Trust Foundation 400 E Illinois Road Lake Forest, IL 60045	36-4177726		5,000.	0.			General Support
The Center for Enriched Living 280 Saunder Road Riverwoods, IL 60015	36-3339009		9,730.	0.			General Support
Various Other Charitable Organizations			71,989.	0.			General Support
							Schedule I (Form 990)

42

Schedule I (Form 990) 2020 (f) Description of noncash assistance 36-3819818 (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. 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. (d) Amount of non-cash assistance Highland Park Community Foundation (c) Amount of cash grant 43 (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2020 032102 11-02-20 Part III

Page 2

#### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

Highland Park Community Foundation

**Employer identification number** 36-3819818

Form 990, Part VI, Section B, line 11b:

Reviewed by President and Treasurer and discussed with preparing accountant

Form 990, Part VI, Section B, Line 12c:

The organization has a comprehensive conflict of interest policy in place regarding monitoring, disclosure, conflicts, and enforcement. This policy pertains to any possible conflict of interest relating to the actions of any officer, director, or board member. This policy includes but is not limited to the following disclosure procedure requiring that annually, board members, committee members, liaisons, and staff members are required to fill out a Statement of Affirmation and the Conflict of Interest Disclosure Statement. The Executive Director shall then compile a list of possible conflicts for use, as needed, during board, committee, and Grant Process cohort meetings. It is also the responsibility of each board member, committee member, liaison, and staff member to inform the Executive Director of any possible conflict of interest he or she may have, if such roles are not otherwise made known in the annual forms, and to complete a new disclosure statement if circumstances change during the year.

Form 990, Part VI, Section C, Line 19:

Available upon request

Form 990, Page 1, Question B: Reason for amending this return.

This Form 990 is being amended in order to correct the answers in Part

VI, Section B, questions 12(a), 12(b), 12(c), and 14. On the return as

originally filed, all these questions were inadvertently answered

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization  Highland Park Community Foundation	Employer identification number 36-3819818
incorrectly. However, this organization does have conflic	ct of interest
and retention policies and has correctly answered the que	estions
pertaining to these policies herein. Also, Schedule O has	s an
explanation regarding the conflict of interest policy as	required by
question 12(c).	

# Extended to November 15, 2022

Form **991** 

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

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

Open to Public

Α	For the	2021 calendar year, or tax year beginning and e	ending	_	
В	Check if applicable	C Name of organization		D Employer identific	cation number
Г	Addres	Highland Park Community Foundation			
	Name change			36-38198	18
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) R P.O. Box 398	Room/suite	E Telephone numbe 847-433-	
	Final return/ termin-				1,130,817.
	ated Amend	City or town, state or province, country, and ZIP or foreign postal code  Highland Park, IL 60035		G Gross receipts \$	
F	return Applica tion			H(a) Is this a group re	
	ition pendin	9   883 Timber Hill Rd. , Highland Park, IL	. 600	for subordinates <b>H(b)</b> Are all subordinates in	
_	Toy ove	mpt status: X 501(c)(3)		1	list. See instructions
		e: $\triangleright$ hpcfil.org	JZ1	H(c) Group exemptio	
		organization: X Corporation Trust Association Other	I Year		1 State of legal domicile: IL
		Summary	L Tour	oriormation:	Ciato or logal doffilolio; ==
		Briefly describe the organization's mission or most significant activities: Grant	s to	charitable	
Governance	'	organizations			
rna	2	Check this box  if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	ssets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)			24
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			24
es &		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			0
Activities &		Total number of volunteers (estimate if necessary)			24
Ç		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		915,425.	1,027,414.
Revenue		Program service revenue (Part VIII, line 2g)		0.	102 402
Вè		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		88,938.	103,403.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0. 1,004,363.	1,130,817.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		661,369.	714,275.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		001,309.	714,273.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ben	h ioa		Ö.		<u> </u>
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	-	135,728.	130,958.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		797,097.	845,233.
	19	Revenue less expenses. Subtract line 18 from line 12		207,266.	285,584.
Net Assets or	3		Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		5,300,035.	6,032,633.
t As	21	Total liabilities (Part X, line 26)		0.	0.
캺	22	Net assets or fund balances. Subtract line 21 from line 20		5,300,035.	6,032,633.
	art II	Signature Block			
		ties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	ch preparer	has any knowledge.	
		Signature of officer		l Date	
Sig		David Reich, Chairman		Dute	
He	re	Type or print name and title			
_		Print/Type preparer's name Preparer's signature	10	Date Check	II PTIN
Pai	<sub>d</sub>	Anton Hendler Anton Hendler		0/21/22 if self-employ	
		Firm's name Lipschultz, Levin & Gray, LLC	<u> </u>	Firm's FIN	36-2260623
	Only	Firm's address 425 Huehl Road Bldg.7		I IIIII 2 LIIV	
	,	Northbrook, IL 60062		Phone no 84	7-272-5300
Ma	v the IF	S discuss this return with the preparer shown above? See instructions		1	X Yes No

Pa	Check if Schedule O contains a res			
1	Briefly describe the organization's mission Grants to charitable	ո:		
	_			_
2	Did the organization undertake any signifi	cant program services during the year	which were not listed on the	
_	prior Form 990 or 990-EZ?			Yes X No
3	If "Yes," describe these new services on S Did the organization cease conducting, or		nducts, any program services?	Yes X No
4	If "Yes," describe these changes on Sche Describe the organization's program servi	ce accomplishments for each of its thre		
	Section 501(c)(3) and 501(c)(4) organization revenue, if any, for each program service	reported.		
4a	(Code: ) (Expenses \$ 7	714,275 including grants of \$	714 , 275 • ) (Revenue \$	)
4b	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	,	including grants of \$	) (Revenue \$	)
4e	Total program service expenses	714,275.		Form <b>990</b> (2021)

# Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	<u> </u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
^	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6	Х	
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	О	21	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			<del>                                     </del>
0	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		<del></del> -
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		Х	
	Schedule D, Parts XI and XII	12a	Λ	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
12	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	21	Х
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	174		<del></del> -
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	<u> </u>

	1990 (2021) Highland Park Community Foundation 36-381	<u>9818</u>	Р	age 4
Ра	rt IV Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	140
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			۱
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			١
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			7.7
	"Yes," complete Schedule L, Part IV	28a	<u> </u>	X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	<u> </u>	X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?			, v
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_^
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		x
22	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u> </u>
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		<del></del>
34		34		x
35 a		35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		<del></del>
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
00	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	4		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

# 921) Highland Park Community Foundation Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.								
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			l					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
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).			37					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u> 5b		X					
b	, , , , , , , , , , , , , , , , , , , ,								
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с							
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	0-		X					
	any contributions that were not tax deductible as charitable contributions?	6a		Α					
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ch							
7	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).  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?	7-		Х					
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b							
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	76							
C	to file Form 8282?	7c		x					
d	If "Yes," indicate the number of Forms 8282 filed during the year	70							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e							
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <del>f</del> 7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?								
9	Sponsoring organizations maintaining donor advised funds.								
а	a Did the sponsoring organization make any taxable distributions under section 4966?								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	```								
а	Gross income from members or shareholders								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
h	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the								
b	organization is licensed to issue qualified health plans								
_	Enter the amount of reserves on hand 13c								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		Х					
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х					
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any								
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.								

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			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent 1b 24									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?									
6	Did the organization have members or stockholders?	6		Х						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	Х							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х							
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
b										
12a	and a contract of the contract									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	on Schedule O how this was done	12c	Х							
13	Did the organization have a written whistleblower policy?	13		X						
14	Did the organization have a written document retention and destruction policy?	14	Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a		X						
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.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		X						
b	If "Yes," 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								
Sec	tion 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	) avail	able						
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X 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, are	ıd fina	ncial							
	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									
	Deborah Brill - 847-770-5147									
	669 Ridge Rd., Highland Park, IL 60035									

Page 7

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organiz		orga	aniza			npe	nsat			
(A)	(B)	(C) Position						(D)	(E)	(F)
Name and title	Average		do not check more than one ox, unless person is both an					Reportable	Reportable	Estimated
	hours per week					is bot or/trus		compensation from	compensation from related	amount of other
	(list any	tor	į į					the	organizations	compensation
	hours for	direc				pa		organization	(W-2/1099-MISC/	from the
	related	tee or	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ll trus	nal trı		loyee	dwo		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
72.	line)	필	lus	# <sub>0</sub>	Ş.	iğ e	For			
(1) Nancy Mills	0.00	٠,,		,,						•
Director	0.00	Х		Х				0.	0.	0.
(2) David Reich	0.00	٠,,		,,						•
Chairman	0.00	Х		Х				0.	0.	0.
(3) Julie Kraff	0.00	٠,,		,,						•
Treasurer	0.00	Х		Х				0.	0.	0.
(4) Betsy Brint	0.00	X		\ <sub>V</sub>				0.	0.	^
Vice-Chairman	0.00	_		Х				0.	0.	0.
(5) Sofia Alvarez	0.00	X						0.	0.	0.
Director	0.00	^						0.	0.	0.
(6) Tonia Arrington Director	0.00	X						0.	0.	0.
(7) Peter Flanzer	0.00	^						0.	0.	0.
Director	0.00	X						0.	0.	0.
(8) Craig Leva	0.00	<u> </u>						0.	•	•
Director	0.00	X						0.	0.	0.
(9) Cookie Anspach Kohn	0.00	122						0.	•	0.
Director	0.00	$\mathbf{x}$						0.	0.	0.
(10) Tom Koulentes	0.00	╁						0.0		
Director		x						0.	0.	0.
(11) Jon A Levey	0.00									
Director		x						0.	0.	0.
(12) Laurie A Levin	0.00									
Secretary		x						0.	0.	0.
(13) Jean Meadows	0.00									
Director		X						0.	0.	0.
(14) Wally Nathan	0.00									
Director		X						0.	0.	0.
(15) Joe Reinstein	0.00									
Director		Х						0.	0.	0.
(16) Karen Reisin	0.00									
Director		Х	L_	L	<u> </u>	L	L	0.	0.	0.
(17) Robyn Schuster	0.00									
Director		Х			L		L	0.	0.	0.

Form **990** (2021)

Part VII   Section A. Officers, Directors (A)	(B)	(C)					(D)	(E)		(F)		
Name and title	Average hours per	box	Position do not check more than one ox, unless person is both a fficer and a director/trustee			than is bot	h an	Reportable compensation	Reportable compensation		Estimat amount	of
	week (list any	⊢—	cer ar	id a di	1 director/trustee)			from	from related		other	
	hours for	directo				_		the organization	organizations (W-2/1099-MISC/	C	mpens from th	
	related	ee or (	stee			nsate		(W-2/1099-MISC/	1099-NEC)		rganiza	
	organizations	l trust	nal tru		oyee	ompe		1099-NEC)			and rela	ted
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer			0	rganizat	ions
(18) Don Stewart	0.00	드	드	5	ᢌ	표 등	프					
Director		х						0.	0			0.
(19) Jamie Strait Muller	0.00											
Director		Х						0.	0	•		0.
(20) Cristina Mota	0.00	,,							0			0
Director	0.00	Х		Н				0.	0	•		0.
(21) Amy Small Director	0.00	X						0.	0			0.
(22) Eric Ephraim	0.00	^		Н				0.	0	+		<u> </u>
Director		x						0.	0			0.
(23) Bobbie Hinden	0.00											
Director		Х						0.	0	•		0.
(24) Taryn Kessel	0.00											
Director		Х		Ш				0.	0	•		0.
				Н						+		
		1										
1b Subtotal	 						<b></b>	0.	0	•		0.
c Total from continuation sheets to F								0.	0			0.
d Total (add lines 1b and 1c)								0.	0	•		0.
2 Total number of individuals (including		ose	liste	ed at	oove	e) wł	no r	eceived more than \$100	,000 of reportable			0
compensation from the organization	<u> </u>										Yes	0 No
3 Did the organization list any former of	officer director trust	ا مم	COV C	emnl	OVA	e 0	hic	nhest compensated emr	lovee on		163	140
line 1a? If "Yes," complete Schedule			•		•		_		•	3		Х
4 For any individual listed on line 1a, is												
and related organizations greater tha	n \$150,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	e J t	for such individual		4		Х
5 Did any person listed on line 1a recei	•				•			•				
rendered to the organization? If "Yes	," complete Schedul	e J f	or s	uch į	oers	son .				. 5		X
Section B. Independent Contractors	ant componented in	done		nt o	onte	·o oto		that received more than	\$100,000 of compo	naatia	n from	
1 Complete this table for your five high the organization. Report compensation										risatio	ii iroiii	
	A)	oui (	criai	ng w	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>		(B)	your.		(C)	
•	siness address	NC	INC	3				Description of s	ervices	Com	oensatio	n
							_					
							$\dashv$					
				.,								
2 Total number of independent contract \$100,000 of compensation from the		ot li	mite	d to		se lis	stec	d above) who received m	nore than			

Pa	rt V	Ш				a de Heia Daut VIII			
			Check if Schedule O co	ontains a response	or note to any lir	ne in this Part VIII	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
S S	4	_	Fodorated compaigns	1a					0001101101012 011
ant			Federated campaigns						
۾ ۾			Membership dues		125,889.				
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events		123,003.				
nis G			Government grants (contril		300,000.				
Sir			All other contributions, gifts, g	′ <del>                                    </del>					
her		•	similar amounts not included a		601,525.				
헃		a	Noncash contributions included in I						
Cor		_	<b>Total.</b> Add lines 1a-1f		<b>•</b>	1,027,414.			
		<u></u>	Totali / lad iii loo Ta Ti		Business Code				
ø	2	а							
Z Ki	_	b							
Program Service Revenue		c							
am		d							
ogr R		е		_					
Ā		f	All other program service re	evenue					
			Total. Add lines 2a-2f						
	3		Investment income (includi						
			other similar amounts)			103,403.	103,403.		
	4		Income from investment of	f tax-exempt bond p	roceeds				
	5		Royalties		<u></u>				
				(i) Real	(ii) Personal				
	6	а	Gross rents	6a					
		b	Less: rental expenses	6b					
			` ' L	6c					
			Net rental income or (loss)						
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			, , , , , , , , , , , , , , , , , , ,	7a					
Φ		b	Less: cost or other basis						
Revenue			and sales expenses	7b					
eve		C	Gain or (loss)	/c					
e. B	_		Net gain or (loss)		<b></b>				
Oth	8	а	Gross income from fundraising including \$ 125	, 889 • of					
			contributions reported on I						
			Part IV, line 18	, I	0.				
		h	Less: direct expenses		0.				
			Net income or (loss) from for			0.			
	9		Gross income from gaming	· -					
		-	Part IV, line 19	·					
		b	Less: direct expenses						
			Net income or (loss) from g						
	10	а	Gross sales of inventory, le	ess returns					
			and allowances	10a					
		b	Less: cost of goods sold						
		С	Net income or (loss) from s	ales of inventory					
<u>8</u>					<b>Business Code</b>				
eon	11	а							
an en		b							
Miscellaneous Revenue		С							
Z Z			All other revenue						
			Total. Add lines 11a-11d			1 120 015	100 400		^
	12		Total revenue. See instruction	ns	<b>&gt;</b>	1,130,817.	103,403.	0.	0.

I alt ix	otatement of Fanotional Expenses
Section 50	(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do r	Check if Schedule O contains a responsor include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	rotal expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	E14 OFF	E14 OFF		
	and domestic governments. See Part IV, line 21	714,275.	714,275.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
	Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Other expanses, Itamiza expanses not severed				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)  Professional services	99,768.		99,768.	
a ,	Miscellaneous	16,974.		16,974.	
b	Outside services	7,789.		7,789.	
C	Stationery and printing	3,694.		3,694.	
a		2,733.		2,733.	
	All other expenses Add lines 1 through 24e	845,233.	714,275.	130,958.	0
25 26	Total functional expenses. Add lines 1 through 24e	0=3,433•	114,213.	130,930•	
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Earm <b>990</b> (202

Form **990** (2021)

ıa	IL A	Balance Sheet				<u> </u>
		Check if Schedule O contains a response or	note to any line in this Part X		<u> </u>	
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		322,905.	1	371,508.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, s	ubstantial contributor, or 35%			
		controlled entity or family member of any of		5		
	6	Loans and other receivables from other disc				
		under section 4958(f)(1)), and persons desc		6		
ţ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ä	9	Prepaid expenses and deferred charges		9		
	10a	Land, buildings, and equipment: cost or oth	er			
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities	4,977,130.	11	5,661,125.	
	12	Investments - other securities. See Part IV, li		12		
	13	Investments - program-related. See Part IV,	ine 11		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must			16	6,032,633.
	17	Accounts payable and accrued expenses			17	0.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Comple	ete Part IV of Schedule D		21	
8	22	Loans and other payables to any current or	former officer, director,			
Ě		trustee, key employee, creator or founder, s	ubstantial contributor, or 35%			
Liabilities		controlled entity or family member of any of	these persons		22	
_	23	Secured mortgages and notes payable to un	nrelated third parties		23	
	24	Unsecured notes and loans payable to unre	lated third parties		24	
	25	Other liabilities (including federal income tax	, payables to related third			
		parties, and other liabilities not included on	ines 17-24). Complete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
S		Organizations that follow FASB ASC 958,	check here ▶ X			
Š		and complete lines 27, 28, 32, and 33.				
alar	27	Net assets without donor restrictions		5,258,852.	27	5,985,247.
Ä	28	Net assets with donor restrictions	·····	41,183.	28	47,386.
Ĕ		Organizations that do not follow FASB AS	C 958, check here 🕨 📖			
F.		and complete lines 29 through 33.				
ts c	29	Capital stock or trust principal, or current fu	nds		29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or	r equipment fund		30	
ţ	31	Retained earnings, endowment, accumulate			31	
Š	32	Total net assets or fund balances		5,300,035.	32	6,032,633.
	33	Total liabilities and net assets/fund balances	S	5,300,035.	33	6,032,633.

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	.,13				
2	Total expenses (must equal Part IX, column (A), line 25)	2		84	5,2	33.		
3	Revenue less expenses. Subtract line 2 from line 1	3		28	5,5	84.		
4								
5	Net unrealized gains (losses) on investments	5		44	7,0	14.		
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	6	,03	2,6	33.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash Cash Other Modifie	d C	ash_					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basi	5,					
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audi	t,					
	review, or compilation of its financial statements and selection of an independent accountant?			2c		X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	Ο.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Ai	udit					
	Act and OMB Circular A-133?			За		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	ıdit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				

Form **990** (2021)

# **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization Highland Park Community Foundation 36-3819818 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

# 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.)

Sec	ction A. Public Support	7.		,						
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
	Gifts, grants, contributions, and	` ,	` ,	, ,	, ,	. ,	.,			
	membership fees received. (Do not									
	include any "unusual grants.")	222,611.	349,107.	874,129.	915,175.	1027414.	3388436.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge	000 611	240 107	074 100	015 155	1007414	2200426			
	Total. Add lines 1 through 3	222,611.	349,107.	874,129.	915,175.	1027414.	3388436.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)						2200426			
	Public support. Subtract line 5 from line 4.						3388436.			
	etion B. Total Support	( ) 0047	#12040	( ) 0040	( B 0000	( ) 0004	(0 T )			
	ndar year (or fiscal year beginning in)	(a) 2017 222,611.	(b) 2018 349,107.	(c) 2019 874,129.	(d) 2020 915,175.	(e) 2021 1027414.	(f) Total 3388436.			
	Amounts from line 4	222,011.	349,107.	0/4,129.	913,173.	102/414.	3300430.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,	171 175	-194,764.	679,130.	496,392.	550,416.	2002349.			
_	and income from similar sources	4/1,1/5.	194,704.	019,130.	490,392.	330,410.	2002349.			
9	Net income from unrelated business									
	activities, whether or not the									
10	business is regularly carried on									
10	Other income. Do not include gain or loss from the sale of capital									
	assets (Explain in Part VI.)									
11	Total support. Add lines 7 through 10						5390785.			
12	Gross receipts from related activities,	etc (see instructi	one)			12	33307034			
	First 5 years. If the Form 990 is for the			fourth or fifth tax						
	organization, check this box and <b>stor</b>				-					
Sec	ction C. Computation of Publ									
	Public support percentage for 2021 (I			column (f))		14	62.86 %			
	Public support percentage from 2020					15	60.08 %			
	33 1/3% support test - 2021. If the o					nore, check this bo	x and			
	stop here. The organization qualifies	as a publicly supp	orted organization				►X			
b	33 1/3% support test - 2020. If the o	organization did no	ot check a box on I	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	nis box			
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□			
17a	10% -facts-and-circumstances tes	<b>t - 2021.</b> If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,			
	and if the organization meets the fact	s-and-circumstand	ces test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation			
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	ublicly supported o	organization		▶□			
b	10% -facts-and-circumstances tes	<b>t - 2020.</b> If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or			
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	ck this box and <b>st</b>	op here. Explain i	Part VI how the				
	organization meets the facts-and-circ									
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions									

Schedule A (Form 990) 2021

# 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.)

Sec	qualify under the tests listed beat ction A. Public Support	elow, please com	plete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(a) 2010	(4) 2020	(a) 2021	(f) Total
	Gifts, grants, contributions, and	(a) 2017	(b) 2016	(c) 2019	(d) 2020	(e) 2021	(f) Total
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	inoccupidor coction 512						
4							
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf		+				
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
,	3 received from disqualified persons 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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
		/-\ 0047	(I-) 0040	(-) 0040	(-I) 0000	(-) 0004	(6) T-+-1
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6 Gross income from interest,						
IUa	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business						
•••	activities not included on line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					<u> </u>	<u> </u>
14	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
<u></u>							<u> </u>
	ction C. Computation of Publ					T I	
	Public support percentage for 2021 (I					15	<u>%</u>
	Public support percentage from 2020					16	%
	ction D. Computation of Inves					127	
17						17	<u>%</u>
	Investment income percentage from 2					18	<u>%</u>
19a	33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box as						
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	▶└┴

132023 01-04-22

# Part IV | Supporting Organizations

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

## Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **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? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
		-	
	1		
	2		
	_		
	3a		
	3b		
	3с		
	00		
	4a		
	4b		
	4c		
	5a		
	5b 5c		
	30		
	6		
	7		
	8		
	9a		
	9b		
	00		
	9c		
	40-		
	10a		
	10b		
مارية	Δ (Forr	n aan	2021

Par	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described on line 11a above?	11b		
С	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 Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	140
•	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).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	Na
_			res	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
<u>Sec</u>	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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 Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
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			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	_~		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	За		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
b	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
	or to dapported organizations in Too, december in Edit Francisco played by the organization in this regard.	- Ju		

Schedule A (Form 990) 202

Sche	dule A (Form 990) 2021 Highland Park Community	<u>, Fou</u>	ndation	36-3819818 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust o	n Nov. 20, 1970 (explain ir	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t comple	te Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2021

6

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Par	't V │ Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	anizations <sub>(continu</sub>	ıed)	
Secti	ion D - Distributions		•	Í	Current Year
1	Amounts paid to supported organizations to accomplish exc	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exem				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	ns	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	•	(i)	(ii)		(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	าร	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i_	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8_	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

# **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Highland Park Community Foundation

**Employer identification number** 36-3819818

Pa	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		Similar Funds o	or Accounts. Complete if the
	Organization answered Tes Ort Offi 990,1 art 14, iii	(a) Donor advise	ed funds	(b) Funds and other accounts
1	Total number at end of year	. ,	2	
2	Aggregate value of contributions to (during year)		3,305.	
3	Aggregate value of grants from (during year)		0.	
4	Aggregate value at end of year		47,384.	
5	Did the organization inform all donors and donor advisors in v		eld in donor advised	d funds
	are the organization's property, subject to the organization's	exclusive legal control?		X Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for a	ny other purpose co	
	impermissible private benefit?			
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Ye	es" on Form 990, Pa	rt IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	ion (check all that ap <u>ply)</u>	-	
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a	historically important land area
	Protection of natural habitat		☐ Preservation of a	certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contrib	oution in the form of	
	day of the tax year.			Held at the End of the Tax Year
a	Total number of conservation easements			
b	Total acreage restricted by conservation easements			
С.	Number of conservation easements on a certified historic str			
a	Number of conservation easements included in (c) acquired a			1 1
_	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or	terminated by the c	organization during the tax
4	year ►	soment is located		
5	Does the organization have a written policy regarding the per	_	tion handling of	
J	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
_		rianianing or riolanorio, o	a	a.i.o., cacomomo aaim.g a.i.o , cai
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and e	nforcing conservation	on easements during the year
	<b>&gt;</b> \$	,	· ·	,
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requiremen	nts 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	on easements in its reve	enue and expense s	tatement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization'	s financial statemer	its that describes the
_	organization's accounting for conservation easements.			
Pa	rt III Organizations Maintaining Collections of	•	easures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95	·		
	of art, historical treasures, or other similar assets held for pub	•	•	•
	service, provide in Part XIII the text of the footnote to its finar			
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	exhibition, education, o	or research in furthe	rance of public service,
	provide the following amounts relating to these items:			<b>•</b> •
	(i) Revenue included on Form 990, Part VIII, line 1			<b>.</b> .D
	(ii) Assets included in Form 900 Part V			
2				<b>&gt;</b> \$
2	If the organization received or held works of art, historical treatment	asures, or other similar a	assets for financial ç	<b>&gt;</b> \$
2 a		asures, or other similar a	assets for financial ç e items:	▶ \$gain, provide

132051 10-28-21

Schedule D (Form 990) 2021

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

		d Park Com			ar Cimi	36-38			age <b>2</b>
	t III   Organizations Maintaining C						<b>LS</b> (contin	iuea)	
3	Using the organization's acquisition, accessi	on, and other record	is, check any of the	following that make	significan	t use of its			
	collection items (check all that apply):								
а	Public exhibition	d		nange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co					ose in Par	t XIII.		
5	During the year, did the organization solicit o		,	,			7		7
_	to be sold to raise funds rather than to be ma						Yes		_ No
Pai	t IV Escrow and Custodial Arran	•	ete if the organizatio	n answered "Yes" o	n Form 99	0, Part IV,	line 9, or		
	reported an amount on Form 990, Par	· ·							
1a	Is the organization an agent, trustee, custodi		-				7		7
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:						
							Amoun	t	
С	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year				1e				
f	Ending balance				1f		_		
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow or cu	ıstodial account liab	ility?	L	Yes	L	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Part XII	I				
Paı	t V   Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo						
		(a) Current year	(b) Prior year		(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance	5,309,785.	4,695,317.	3,799,938.		969,893.	3	,529,	,063.
b	Contributions		915,175.	874,129.		349,107.		222,	,611.
	Net investment earnings, gains, and losses		496,392.	679,130.	-	194,764.		471,	,175.
d	Grants or scholarships		661,369.	543,000.		218,100.		193,	420.
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses		135,730.	114,904.		106,198.		59,	536.
g	End of year balance	5,309,785.	5,309,785.	4,695,317.	3,	799,938.	3	,969,	,893.
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column (a	i)) held as:					
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%	_						
С	Term endowment	<del></del>							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered for	the organ	ization			
	by:							Yes	No
	(i) Unrelated organizations						3a(i)	X	
	(ii) Related organizations						3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as requir	red on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the								
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answere		), Part IV, line 11a. S	ee Form 990, Part X	, line 10.				
	Description of property	(a) Cost or of			ccumulat	ed	(d) Boo	k valu	<del></del>
		basis (investn			preciatio		. ,	-	
1a	Land	<u> </u>							
	Buildings								
	Leasehold improvements								
٦	Equipment								

Schedule D (Form 990) 2021

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

Schedule D (Form 990) 2021 Highland Par	k Community	Foundation 36	5-3819818 Page
Part VII Investments - Other Securities.	<u> </u>		
Complete if the organization answered "Yes" o	n Form 990, Part IV, Iir	e 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 er	nd-of-year market value
(1) Financial derivatives		. ,	
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, Iir	ie 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, Iir	ie 11d. See Form 990, Part X, line 15.	
<b>(a)</b> D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	<b>&gt;</b>	•
Part X Other Liabilities.  Complete if the organization answered "Yes" o	n Form 990. Part IV. lir	ie 11e or 11f. See Form 990. Part X. line 2	25.
(a) Description of liability		10 110 01 1111 000 1 01111 000, 1 a.t./, mio 2	(b) Book value
1. (a) Description of liability  (1) Federal income taxes			(-)
(2)			
(3)			+
(4)			
(5)			+
(6)			
\ <del>-</del> /			1

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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... X

Schedule D (Form 990) 2021

(7) (8)

2e

4c

845,233

Joi loadio D	(1 01111 000	, 2021						
Part XI	Recond	ciliation	of Revenue p	er Audited	d Financial	Statements	With Revenue	e per Return.

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	1,577,830.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	447,013.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	447,013.
3	Subtract line 2e from line 1			3	1,130,817.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,130,817.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts V	Vith Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	845,233.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			

b Other (Describe in Part XIII.)

c Add lines 4a and 4b

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

d Other (Describe in Part XIII.)

Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b

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 V, line 4:

e Add lines 2a through 2d

3 Subtract line 2e from line 1

Grants to Charitable Organizations

#### Part X, Line 2:

The Foundation's federal excise tax returns have not been examined by the tax authorities for the last three years, which remain as the years that are generally still subject to examination. Management realizes that there may be differences of opinion relating to interpretations taken by taxing authorities and that certain tax jurisdictions may require filings which have not been made. However, there have not been any material claims made by any taxing authorities that have not been appropriately defended or provided for in the financial statements, nor is management

Schedule D (Form 990) 2021

#### SCHEDULE I (Form 990)

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

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

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Highland Park Community Foundation

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?

X 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

1 (a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Anixter Center							
6610 N Clark St							
Chicago, IL 60626	36-2244895		7,100.	0.			General Support
Big Brothers, Big Sisters							
560 W Lake Street							
Chicago, IL 60661	36-2681212		8,000.	0.			General Support
Bitter Jester Foundation for the							
Arts - 838 Central Ave - Highland							
Park, IL 60035	81-1242752		7,500.	0.			General Support
Cancer Wellness Center							
215 Revere Drive							
	36-3604463		E 500	0			General Support
Northbrook, IL 60062	30-3004403		5,500.	0.			General Support
Catholic Charities - Lake County							
Senior Services - 116 N Lincoln							
Avenue - Round Lake, IL 60073	53-0196617		10,500.	0.			General Support
				•			
Collaborative Community Housing							
Initiative - 1559 Lancelot Avenue							
- Highland Park, IL 60035	83-4685695		7,350.	0.			General Support

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

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

<sup>3</sup> Enter total number of other organizations listed in the line 1 table

		unity Found			adula I (Farra 200) Da		6-3819818 Pa
Part II Continuation of Grants and Other  (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
College Bound Opportunities							
2033 N Milwaukee Ave, Suite 546							
Riverwoods, IL 60015	20-4811544		21,000.	0.			General Support
Communiity Partners for Affordable							
Housing - 400 Central Ave -	26 2006122		16 500	0			Gamanal Gummant
Highland Park, IL 60035	36-3086133		16,500.	0.			General Support
Curt's Cafe							
2922 Central Ave							
Evanston, IL 60201	45-3934105		6,000.	0.			General Support
Direct Giving Lab							
195 Somerset Hills Court							
Riverwoods, IL 60035	82-2521095		5,400.	0.			General Support
Family Focus Highland Park							
330 Laurel Avenue							
Highland Park, IL 60035	36-2884042		48,090.	0.			General Support
ilgilana laik, il 00055	30 2004042		40,050.	<u> </u>			General Support
Family Service of Lake County							
777 Central Avenue							
Highland Park, IL 60035	36-2167063		53,000.	0.			General Support
Glenkirk							
3504 Commercial Ave							
orthbrook, IL 60062	36-2345191		11,500.	0.			General Support
ratitude Generation							
315 Rosemary Terrace							
Deerfield, IL 60035	82-3849004		8,000.	0.			General Support
	32 3043004		3,000.	<u> </u>			Demotal Dapport
ighland Park Community Early							
earning Center - 640 Ridge Rd -							
Highland Park, IL 60035	36-2187792		56,860.	0.			General Support

Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule i (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	<b>(b)</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
Highland Park High School							
433 Vine Ave							
Highland Park, IL 60035	26-0849073		9,500.	0.			General Support
Highand Park Strings							
1601 Oakwood Ave #105							
Highland Park, IL 60035	81-4734503		23,000.	0.			General Support
Highwood Public Library							
102 Highwood Ave							
Highwood, IL 60040	83-4409594		39,000.	0.			General Support
Tana ali ann Danna fan Mana							
JCFS Chicago Response for Teens							
94 W. Pratt Blvd.	26 2167757		7 000	0			g
Chicago, IL 60645	36-2167757		7,000.	0.			General Support
Jewish Council for Youth Services							
- Lutz Family Center - 216 W							
Jackson Blvd. Suite 700 - Chicago, IL 60606	36-2167757		6,000.	0.			Conoral Curport
11 60606	36-2167737		8,000.	0.			General Support
Keshet							
600 Academy Dr #130							
Northbrook, IL 60062	36-3441392		10,000.	0.			General Support
Kids Rank							
1957 Sheridan Road							
Highland Park, IL 60035	37-1651268		8,000.	0.			General Support
- ,				- •			11 1 1 1
Midwest Young Artists Conservatory							
878 Lyster Rd							
Highwood, IL 60040	23-7179740		5,500.	0.			General Support
North Suburban Legal Aid Clinic							
PO Box 256 1830 Green Bay Road							
Highland Park, IL 60035	47-2859426		35,000.	0.			General Support

		unity Found					6-3819818 <sub>P</sub>	
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>(b)</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	
Northern Illinois Food Bank								
273 Dearborn Street								
Geneva, IL 60134	36-3203648		28,100.	0.			General Support	
Rainbows for All Children								
614 Dempster St Suite C								
Evanston, IL 60202	36-3262836		5,500.	0.			General Support	
Roberti Community House								
919 8th Street. Waukegan IL 60085	47-2348102		6,000.	0.			General Support	
Southeast Lake County Faith in	47-2346102		8,000.	0.			General Support	
Action Volunteers - 1510 Old								
Deerfield Road Suite 205 -								
Highland Park, IL 60035	14-1955977		19,500.	0.			General Support	
			22,000.				Support	
The Art Center of Highland Park								
1957 Sheridan Road								
Highland Park, IL 60035	36-2464960		35,000.	0.			General Support	
The Center for Enriched Living								
280 Saunder Road	36-3339009		0.050	0.			Gamanal Gummant	
Riverwoods, IL 60015	36-3339009		9,050.	0.			General Support	
The Josselyn Center								
405 Central Ave								
Northfield, IL 60093	36-2217996		10,000.	0.			General Support	
,								
The Rotary Club of Highwood /								
Highland Park - PO Box 42 -								
Highland Park, IL 60035	36-2957334		11,900.	0.			General Support	
mba dhuant I Dash Dul1-l-								
The Stuart I Raskas Friendship								
Circle of Illinois - 2095 Landwehr	20-4884060		9 000	0.			Conoral Curport	
Road - Northbrook, IL 60062	20-4084060		9,000.	<u> </u>			General Support	

(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
769					
	52,475.	0.			General Support
976	28,400.	0.			General Support
700	21 000	0			General Support
7.00	21,000.				Johnstein Bapport
	2700				

Schedule I (Form 990) 2021 Highland Par	ck Community	<sup>r</sup> Foundatio	on		36-3819818	Page
Part III Grants and Other Assistance to Domestic Indiv Part III can be duplicated if additional space is need	viduals. Complete if the	e organization answ	rered "Yes" on Form 9	990, Part IV, line 22.		
(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
Part IV Supplemental Information. Provide the informati	ion required in Part I, lir	ne 2; Part III, columi	n (b); and any other a	dditional information.		

### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-FZ.

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Highland Park Community Foundation

Employer identification number 36-3819818

Form 990, Part VI, Section B, line 11b:

Reviewed by President and Treasurer and discussed with preparing accountant

Form 990, Part VI, Section B, Line 12c:

The organization has a comprehensive conflict of interest policy in place regarding monitoring, disclosure, conflicts, and enforcement. This policy pertains to any possible conflict of interest relating to the actions of any officer, director, or board member. This policy includes but is not limited to the following disclosure procedure requiring that annually, board members, committee members, liaisons, and staff members are required to fill out a Statement of Affirmation and the Conflict of Interest Disclosure Statement. The Executive Director shall then compile a list of possible conflicts for use, as needed during board, committee, and Grant Process cohort meetings. It is also the responsibility of each board member, committee member, liaison, and staff member to inform the Executive Director of any possible conflict of interest he or she may have, if such roles are not otherwise made known in the annual forms, and to complete a new disclosure statement if circumstances change during the year.

		11, 500010H 0, 21H0 25.
Available	upon	request

Form 990 Part VI Section C. Line 19:

Form AG99	90-IL
Revised	1/19

$\overline{}$	ce Use Only	ILLINOIS CHARITABLE ORGANIZA					Revised 1/19
PMT	#	Attorney General KWAME RAC					
		Charitable Trust Bureau, 10 11th Floor, Chicago, III		olpn	CO		-023786
		, ,					all items attached:
AMT		Report for the Fiscal P	eriod:		X		IRS Return
				Make Checks	X	Audited	Financial Statements
		Beginning 01/01/2	021	Payable to		Copy of	Form IFC
INIT				the Illinois Charity		\$15.00 /	Annual Report Filing Fee
		<b>&amp; Ending</b> 12/31/20	021	Bureau Fund		\$100.00	Late Report Filing Fee
Federa	alID# 36-3819818	MO DAY	YR			N	ЛО DAY YR
Are co	ntributions to the organization	ax deductible? X Yes No	Date Or	ganization was	created	d:	03/10/1992
	LEGAL			Year-end			
	NAME Highland I	ark Community Foundation		amounts			
	MAIL	<del>-</del>		A) ASSETS		A) \$	6,032,633.
I AD	DRESS P.O. Box	198		B) LIABILITIES	S	B) \$	0.
	STATE Highland I			C) NET ASSET		C) \$	6,032,633.
	P CODE 60035	,		,		, ·	, , , , , , , , , , , , , , , , , , , ,
T		REVENUE ITEMS DURING THE YEAR:		PERCENTA	GE		AMOUNT
		RIBUTIONS & PROGRAM SERVICE REV. (GROSS AMT	S.)	64.32	6%	D) \$	727,414.
	E) GOVERNMENT GRANTS &	•	<b></b> ,	26.52		E) \$	300,000.
	F) OTHER REVENUES	MEMBEROTTI BOEG		9.14		F) \$	103,403.
	T) OTHER NEVEROLO				/0	, ,	
	G) TOTAL REVENUE INCOME	AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)		10	0 %	G) \$	1,130,817.
П.	•	EXPENDITURES DURING THE YEAR:		10	0 /0	ω, φ	<u> </u>
•••	H) OPERATING CHARITABLE				%	H) \$	
	II) OF LINATING GHANHADLL	FROGRAMI EXPLINAL			/0	П) ф	
	I) EDUCATION PROGRAM S	DVICE EVDENCE			%	1) \$	
	I) LUUGATION FROGRAM 3	NVIOL EXPENSE			/0	η φ	
	IN TOTAL CHADITADI E DDO	GRAM SERVICE EXPENSE (ADD H & I)			%	1/ 6	0.
	J) TOTAL CHARITABLE PRO	ATTAIN SETT TOE EAT ENGE (ADD IT & I)			/0	J) \$	•
	I1) JOINT COSTS ALL OCATE	TO PROGRAM SERVICES (INCLUDED IN J):	\$				
	UT) UONIT OOOTO NEEDONTEI	TOT HOURS WILL DET WOLDED IN U).	Ψ				
	K) GRANTS TO OTHER CHAP	ITABLE ORGANIZATIONS		84.50	6%	K) \$	714,275.
	(t) Grantes to other ona	THE STORMER THOUSE		0 2 7 7 7	7,0	ΚήΨ	, , , , , , , , , , , , , , , , , , , ,
	L) TOTAL CHARITABLE PRO	GRAM SERVICE EXPENDITURE (ADD J & K)		84.50	6%	L) \$	714,275.
	2) 101712 011711117152211110				- 70	Ε, Ψ	,
	M) MANAGEMENT AND GENE	RAI EXPENSE		15.49	4%	M) \$	130,958.
	W) WHITHOUSENERS THE GENE	THE EM ENGE			- /0	IVI) $\phi$	
	N) FUNDRAISING EXPENSE				%	N) \$	
	it) Totalitation a Extra Entoc					Ι,, ψ	
	0) TOTAL EXPENDITURES T	HIS PERIOD (ADD I M & N)		10	0 %	0) \$	845,233.
	,	, , , ,			0 70	σ, φ	010,100
III.		AID FUNDRAISER AND CONSULTAN					
	PROFESSIONAL FUNDRAISER	t of Individual Fundraising Campaign- Form IFC. One for	eauli PFK.)				
		<u>s.</u> By Paid Professional Fundraisers		10	0 %	P) \$	0.
	1) TOTAL ANNOON TONOLD	T T THE T THE EGGIOTALE TOTAL THE TO		10	0 /0	1 7 4	
	Q) TOTAL FUNDRAISERS FEE	S AND EXPENSES			%	Q) \$	
	a) TOTAL TONDITATION TEL	O MID EM ENOLO			/0	Δ, Ψ	
	R) NET RECEIVED BY THE CH	IARITY (P MINUS 0=R)			%	R) \$	
	,	,			/0	, ψ	
	PROFESSIONAL FUNDRAISING	PROFESSIONAL FUNDRAISING CONSULTANTS				S) \$	0.
IV	•	THE (3) HIGHEST PAID PERSONS DU	IRING THE VI	FΔR·		σ, ψ	J •
	T) NAME, TITLE:	(o) IIIGIIEOI I AID I ENGONO DE				T) \$	
	U) NAME, TITLE:					U) \$	
	V) NAME, TITLE:					V) \$	
,,		DALL DECORIDE OF CHARITADI E DOCCRAMA (O.	IIGHEST BY ¢ EVDEND	ED)		<u> </u>	. Barada adala
V.	CHARITABLE PROG	RAM DESCRIPTION: CHARITABLE PROGRAM (3 F	HONEST BY & EXPEND	נטן		List on	back side of instructions
01-21	W) DECODIDATION Crast	s to Other Charitable Org	ranizatio	ne		W)#	150
04-(		's co ocher charicable or	Jani Zacio.	110			
198091 04-01-21	X) DESCRIPTION:					X) # Y) #	
۳	Y) DESCRIPTION:					1)#	

IF	THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		Х
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.		X
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3.		X
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	4.		X
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	5.		X
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		X
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.		Х
7b.	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ ; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ ; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ ; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$			
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.		X
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		Х
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.		X
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:			
	Vanguard, P.O. Box 2600, Valley Forge, PA 19482-2600			
	First Bank of Highland Park, 1835 First St., Highland Park, II		6003	5
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: Deborah Brill - 847-770-5147			
	ATTIQUINENTO MUST ACCOMPANY THE DEPOST OF HOTBUSTIONS			

#### 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.

#### David Reich

PRESIDENT OF TRUSTEE (PRINT NAME)

SIGNATURE

DATE

Julie Kraff

TREASURER OF TRUSTEE (PRINT NAME)

SIGNATURE

DATE

Anton Hendler

198101 04-01-21

PREPARER (PRINT NAME)

SIGNATURE

DATE