

This single pdfs contains three years of IRS Forms 990.

It will be replaced annually so it always contains the most current forms.

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	L 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.
nŭ	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10			104,033.	88,938.
Be	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.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
g	ь	Total fundraising expenses (Part IX, column (D), line 25)	0.		
ш	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)	B	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	P01077823
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 0 11	as a LLA For Penerwork Peduction Act Notice and the congrete instructions			21 fes NO

	Check if Schedule O contains a response or note to any line in this Part III
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? 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 No
4	If "Yes," describe these changes on Schedule O. 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
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 661,369 • including grants of \$ 661,369 •) (Revenue \$ 66
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 661,369. Form 990 (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? If "Yes," complete			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		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		
4 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			

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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		Х
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		Х
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			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?			
	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	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?								
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	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit							
	any contributions that were not tax deductible as charitable contributions?		6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts							
	were not tax deductible?		6b						
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 \ service \ and \ partly \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ goods \ goods \ and \ goods $	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	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required							
	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	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		7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained								
	sponsoring organization have excess business holdings at any time during the year?		8						
9	Sponsoring organizations maintaining donor advised funds.								
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							
a	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:	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				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		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		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 investment	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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	4		Х
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	Has the organization provided a complete copy of this Form 990 to all members of its governing boo		11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		12b	Х	
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 of the steps are steps and take steps to safeguard the organization of the steps are steps and take steps are steps are steps and take steps are steps are steps and take steps are steps and take steps are steps are steps and take steps are steps are steps are steps are steps are steps are steps and take steps are steps are steps are step and take steps are steps are steps are steps at the step and take steps are steps are step and the step are step are step are steps are step and take step are				
	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	, ,	
		n 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				

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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	(F) Estimated
	hours per week	box offi	(do not check more than one box, unless person is both an officer and a director/trustee)		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 990 (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	98			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	 	\vdash	\Box		\vdash		+	,	+		
Director		x						0.	0			0.
(22) Eric Ephraim	0.00			\vdash						`		
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 former 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	Al.	"						
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	(D) 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			•	915,425.			
						Business Code	,			
Φ	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							
				 ``) Real	(ii) Personal				
	6		Gross rents	6a						
			Less: rental expenses	6b						
			Rental income or (loss)	6c						
		d	Net rental income or (loss)							
	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)							
Jer	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 response or note to any line in this Part IX										
	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. (A) Total expenses (B) Program service expenses (B) Management and general expenses 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					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes		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	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			
2	Total expenses (must equal Part IX, column (A), line 25)	2			7,0		
3	Revenue less expenses. Subtract line 2 from line 1	3			7,2		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		4,68			
5	Net unrealized gains (losses) on investments	5		40	7,4	53.	
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.	
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 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						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					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	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	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,						
	review, or compilation of its financial statements and selection of an independent accountant?						
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si						
	Act and OMB Circular A-133?			3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired a	udit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b			
					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) 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 stor			•	-	. , . ,				
Sec	etion C. Computation of Publ									
	Public support percentage for 2020 (column (f))		14	60.08 %			
15	Public support percentage from 2019					15	60.82 %			
16a						nore, check this bo	x and			
	16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization									
b	33 1/3% support test - 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 st	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	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) 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) 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					1	
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) 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		
	51 -		
	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	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	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 instruments). 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	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):								
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	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							
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 _{(continu}	ıed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	1			
2	Amounts paid to perform activity that directly furthers exemp				
	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		> \$
	(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	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	ts (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	jements. 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) [⊺]			 ` 		
	Beginning of year balance 4,695,317. 3,799,938. 3,969,893. 3,529,0									428.
b	Contributions 915,175. 874,129. 349,107. 222,6									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. 193,4								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.	F 000 Dt \/	- 44 d O Farma 000 Bart V line 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	SILIGITIES AAITI	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				
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			_
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		h Expenses per	Retu	rn.
	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			_
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

Name of the organization		Employer identification number
Highland Park C	ommunity Foundation	36-3819818
Part I Fundraising Activities. Complete if the	organization answered "Yes" on Form 990, Part IV, line 1	17. Form 990-EZ filers are not
required to complete this part.		
1 Indicate whether the organization raised funds throug	h 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	t with any individual (including officers, directors, trustees	s. 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))
ine			(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)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
_	_					
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>	000 000 == 000
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		п
	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.

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to www.irs.o
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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)		
1 (a) Name and address of organization or government	(p) EIN	(c) 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 iin ti 1 table					
1,	e, see the Instruct	ions for Form 990.					Schedule I (Form 990) 2020

032101 11-02-20

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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)

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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) 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)

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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	t of interest
and retention policies and has correctly answered the que	stions
pertaining to these policies herein. Also, Schedule O has	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

B Complete Compl	Α	For the	2021 calendar year, or tax year beginning and e	ending	_	
Diright Summers as Sac 3819818 Tolephone number P.O. Box 398 Cay or town, state or province, country, and ZIP or foreign postal code High Hand Park, IL 60035 Finame and address of principal officer/Dav1d Reich Finame and Bill Fi	В	Check if applicable	C Name of organization		D Employer identific	cation number
Diright Summers as Sac 3819818 Tolephone number P.O. Box 398 Cay or town, state or province, country, and ZIP or foreign postal code High Hand Park, IL 60035 Finame and address of principal officer/Dav1d Reich Finame and Bill Fi	Г	Addres	Highland Park Community Foundation			
Number and greet (or P.D. up. in an a situ service abilities) Pol. Box 398 Repetition Reptition Repetition Repetition Reptition Reptit		Name change			36-38198	18
City or town, state or province, country, and 2P or foreign postal code High Ind Park, II 60035 High Ind Park II 60035 High Ind Par		return		Room/suite		
High land Park TL 60035		termin-				
Second S		Amend			-	
Salar Status Sala	F				1	
Tax-exampt status		tion pendin	9 883 Timber Hill Rd. Highland Park TI.	. 600		
Website: ▶ NpCf11.org	_	Toy ovo			1	
Form of organization X Corporation Trust Association Other L Year of formation: 1992 M State of legal domicile: TL				1 321	1	
Part Summary				I Year		
Briefly describe the organizations mission or most significant activities: Grants to charitable organizations				L 1001	oriorination: = = = =	Ciato or logal doffilolio; ==
2		T 4 1	•	s to	charitable	
Notified independent of the governing plant plant of the governing plant plant of the governing plant pla	nce	` (organizations			
Notified independent of the governing fletilities of the governing flet	rna	2		ed of more	than 25% of its net as	ssets.
Notified independent of the governing fletilities of the governing flet	ove	8 1	•		1 1	
5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	Ğ	4 1				24
b Net unrelated business taxable income from Form 990-T, Part I, line 11	es &					_
b Net unrelated business taxable income from Form 990-T, Part I, line 11	Ϋ́					24
b Net unrelated business taxable income from Form 990-T, Part I, line 11	Ç					
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	_	l d	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
9						
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	ē	8 (Contributions and grants (Part VIII, line 1h)		-	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	ē					
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	Re.					103,403.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 661, 369. 714, 275. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16 Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 17 Other expenses (Part IX, column (D), line 25) 0. 18 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. 20 Total assets (Part X, line 16) 5, 300, 035. 6, 032, 633. 21 Total liabilities (Part X, line 26) 5, 300, 035. 6, 032, 633. 22 Part II Signature Block 5, 300, 035. 6, 032, 633. Part II Signature Block 5, 300, 035. 6, 032, 633. Part II Signature Block 5, 300, 035. 6, 032, 633. Part II Signature Grifficer Date Date Date Date Date Date Date Print/Type preparer's name Preparer's signature Anton Hendler 10/21/22 Self-employed P01077823 Preparer Firm's name Lipschultz, Levin & Gray, LLC Firm's address 425 Huehl Road Bldg.7 Northbrook, IL 60062 Phone no. 847-272-5300	_	1			• •	1 120 017
14 Benefits paid to or for members (Part IX, column (A), line 4) 0						
The Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 35 Janature Block 24 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Primt/Type preparer's name Anton Hendler Preparer's signature Firm's name Lipschultz, Levin & Gray, LLC Firm's address 425 Huehl Road Bldg. 7 Northbrook, IL 60062 Phone no. 847-272-5300					•	•
16a Professional fundraising fees (Part IX, column (A), line 11e) 0		1			~ -	
Total expenses (Part IX, column (A), lines 11a-11d, T17-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 35,300,035. 30,035	ses	15 8			_	
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18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 797,097	Ä	17 /		- -	135 728	130 958
19 Revenue less expenses. Subtract line 18 from line 12 207,266. 285,584.					797,097.	
Beginning of Current Year End of Year 5,300,035. 6,032,633.					207.266.	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here David Reich, Chairman Type or print name and title Print/Type preparer's name Preparer's signature Anton Hendler Prim's name Lipschultz, Levin & Gray, LLC Firm's address 425 Huehl Road Bldg.7 Northbrook, IL 60062 Phone no.847-272-5300	Or or	3	10 To Hall Hill 12	Be		
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Here David Reich, Chairman Type or print name and title Print/Type preparer's name Anton Hendler Preparer Preparer Firm's name Lipschultz, Levin & Gray, LLC Firm's address 425 Huehl Road Bldg.7 Northbrook, IL 60062 Preparer Preparer Preparer's signature 10/21/22 check PTIN firm's elf-employed P01077823 Firm's ElN 36-2260623 Phone no.847-272-5300	true	e, correct	, and complete. Declaration of preparer (other than officer) is based on all information of which	ich preparer	has any knowledge.	
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Ра	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? If "Yes," describe these new services on the services of the services of the services on the services of the services of the services of the services on the services of the servic			Yes X No
3	Did the organization cease conducting, or	make significant changes in how it cor	nducts, any program services?	Yes X No
4	If "Yes," describe these changes on Sche Describe the organization's program serv Section 501(c)(3) and 501(c)(4) organization	ce accomplishments for each of its thre		
	revenue, if any, for each program service	reported.		
4a	Grants to charitable	organizations	714,275.) (Revenue \$)
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue\$)
4d	,			
4e	(Expenses \$ Total program service expenses ▶	714,275.) (Revenue \$)
		•		Form 990 (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			
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	-		 -
•	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		 -
	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	<u> </u>	
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		
	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			
٥.	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?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	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?	7f		
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
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:			
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	Note: 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	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?	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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
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)			() Pos	C) ition			(D)	(E)	(F)
Name and title	Average		not c	heck	more	than		Reportable	Reportable	Estimated
	hours per week					is bot or/trus		compensation from	compensation from related	amount of other
	(list any	tor						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	# ₀	Ş.	iğ e	For			
(1) Nancy Mills	0.00	١,,		,,						•
Director	0.00	Х		Х				0.	0.	0.
(2) David Reich	0.00	١,,		,,						•
Chairman	0.00	Х		Х				0.	0.	0.
(3) Julie Kraff	0.00	١,,		,,						•
Treasurer	0.00	Х		Х				0.	0.	0.
(4) Betsy Brint	0.00	X		\ _V				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	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	not c	Posi heck r	more son i	than is bot	h an	Reportable compensation	Reportable compensation		Estimat amount	of
	week (list any	⊢—	cer ar	nd a di	recto	r/trus	tee)	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	ļ.,							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	 							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	′ 					
her		•	similar amounts not included a		601,525.				
헃		a	Noncash contributions included in I						
Cor		_	Total. Add lines 1a-1f		•	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)						
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>					Business Code				
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	>	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 990 (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>	
				(A) Beginning of year		(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	these persons		5	
	6	Loans and other receivables from other disc	ualified persons (as defined			
		under section 4958(f)(1)), and persons desc	ribed in section 4958(c)(3)(B)		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	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5	,30	0,0	35.
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) 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.	079,130.	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 stor				-			
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	t - 2021. 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	t - 2020. 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 st	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) 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-						
	inone under coetion 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)	(a) 2017	(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 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	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 Part VI.	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 Part VI 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	1 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 _{(continu}	ıed)	
Secti	ion D - Distributions	Current Year			
1	Amounts paid to supported organizations to accomplish exc		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
	> \$,	· ·	,
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:			• •
	(i) Revenue included on Form 990, Part VIII, line 1			. .D
	(ii) Assets included in Form 900 Part V			
2				> \$
2	If the organization received or held works of art, historical treatment	asures, or other similar a	assets for financial ç	> \$
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 2
	t III Organizations Maintaining C						LS (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.	,764. 471,17		,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	/							
	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	
		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>		- cc_cc_c rugo
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.	
(a) 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.)	>	•
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)			1
\ - /			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 4a and 4b			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 Statemer	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) 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	25 2524452						
Northbrook, IL 60062	36-3604463		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.

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

		unity Found			adula I (Farra 200) Da		6-3819818 Pa
(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 -	36-3086133		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							
495 Somerset Hills Court							
Riverwoods, IL 60035	82-2521095		5,400.	0.			General Support
Rowilly Rooms Highland Dowl							
Family Focus Highland Park							
330 Laurel Avenue	26 2004042		48 000	0			Gamanal Gummant
Highland Park, IL 60035	36-2884042		48,090.	0.			General Support
Family Service of Lake County							
777 Central Avenue							
Highland Park, IL 60035	36-2167063		53,000.	0.			General Support
-			, -	<u> </u>			
Blenkirk							
3504 Commercial Ave							
Northbrook, IL 60062	36-2345191		11,500.	0.			General Support
Fratitude Generation							
315 Rosemary Terrace				_			
Deerfield, IL 60035	82-3849004		8,000.	0.			General Support
Highland 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) 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 _P		
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
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	^r 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
		& Ending 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	1:	03/10/1992
	LEGAL			Year-end			
	NAME Highland I	ark Community Foundation		amounts			
	MAIL	-		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 &	•	 ,	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) ϕ	
	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	IIIE II			T) \$	
	U) NAME, TITLE:					U) \$	
	V) NAME, TITLE:					V) \$	
,,		DALL DECORDED CHARITADI E DOCCRAMA (O I	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.		X
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.		Х
		İ		
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.		Х
	ANTITING OF VALUE NOT THE OTTED ACCOUNT ENCATION:	٥.		
1	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE			
4.	·	_ ,		X
	THAN 10% OF THE OUTSTANDING SHARES?	4.		Λ
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
7h	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$; (ii) THE AMOUNT			
70.	ALLOCATED TO PROGRAM SERVICES \$; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND			
	GENERAL \$; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$			
	, AND (IV) THE ANIOUNT ALLOCATED TO FUNDATION &			
0	DID THE ODGANIZATION EVERNE ITS DESTRICTED FUNDS FOR DURDOSES OTHER THAN DESTRICTED DURDOSES	,		X
ŏ.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.		Λ
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR			
	REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		X
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.		Х
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, I	L	6003	5
40	NAME AND THE EDUCATE ANIMADED OF CONTACT DEDOCAL Doborob Dr. 11 047 770 E147			
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: Deborah Brill - 847-770-5147			
• • • • • • • • • • • • • • • • • • • •	ATTACHMENTS MILET ACCOMPANY THIS DEPORT. 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 or TRUSTEE (PRINT NAME) **SIGNATURE** DATE Julie Kraff TREASURER or TRUSTEE (PRINT NAME) SIGNATURE DATE

Anton Hendler

198101 04-01-21

PREPARER (PRINT NAME)

SIGNATURE

DATE

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print 36-3819818 Highland Park Community Foundation File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your P.O. Box 398 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. Highland Park, IL 60035 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 06 Form 990-T (corporation) 07 Deborah Brill The books are in the care of ▶ 669 Ridge Rd. - Highland Park, IL 60035 Telephone No. \triangleright 847-770-5147 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)
 If this is for the whole group, check this __l. If it is for part of the group, check this box ▶ ____ and attach a list with the names and TINs of all members the extension is for. November 15, 2023, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or ___ tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: L Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За **b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2022)

instructions.

LHA

Extended to November 15, 2023 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047
2022
2022
Open to Public
Inspection

Α	For the	e 2022 calendar year, or tax year beginning	and	enaing					
В	Check if applicabl	C Name of organization			D Employer identifi	cation number			
	Addre		oundation						
	Name chang	Doing business as			36-38198	18			
	Initial return	nitial							
	Final return				847-433-				
	termin ated	City or town, state or province, country, and ZIP or	foreign postal code		G Gross receipts \$	7,667,491.			
	Amend		ioreign postar code						
F			Print		H(a) Is this a group re				
L	⊥tión pendir			_	for subordinates	······ — —			
		9 1985 Dale Ave, Highland Par		$\overline{}$	H(b) Are all subordinates in				
			sert no.) 4947(a)(1)	or 527	i -	list. See instructions			
	Websit				H(c) Group exemption				
<u>K</u>	Form of	organization: X Corporation Trust Association	n Other	L Year	of formation: 1992	🖊 State of legal domicile: 🎞			
P	art I	Summary							
Φ.	1	Briefly describe the organization's mission or most signific	cant activities: Gran	ts to	charitable				
Activities & Governance		organizations							
'n	1	Check this box if the organization discontinued	Lits operations or dispos	sed of more	than 25% of its net as	ssets			
Ve	1	Number of voting members of the governing body (Part V			ı	25			
ဗ္ဗ						25			
જ		Number of independent voting members of the governing				0			
ies		Total number of individuals employed in calendar year 20	22 (Part V, line 2a)						
፷						0			
۲ç	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
_	b	Net unrelated business taxable income from Form 990-T,	Part I, line 11		7b	0.			
					Prior Year	Current Year			
Revenue	8	Contributions and grants (Part VIII, line 1h)			1,027,414.	7,561,712.			
					0.	0.			
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7			103,403.	105,779.			
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10		0.	0.				
		Total revenue - add lines 8 through 11 (must equal Part V		1,130,817.					
					714,275.	6,581,652.			
		Grants and similar amounts paid (Part IX, column (A), lines			0.	0,301,032.			
	1	Benefits paid to or for members (Part IX, column (A), line			0.	0.			
Expenses	15	Salaries, other compensation, employee benefits (Part IX,			0.	0.			
eus	16a	Professional fundraising fees (Part IX, column (A), line 11e	e)		0.	0.			
χ	b	Total fundraising expenses (Part IX, column (D), line 25)		0.	120 050	005 100			
ш	1/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24			130,958.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, colu	mn (A), line 25)		845,233.	6,808,790.			
	19	Revenue less expenses. Subtract line 18 from line 12			285,584.	858,701.			
Or Ses				Be	ginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)			6,032,633.	5,984,594.			
ASS	21	Total liabilities (Part X, line 26)			0.	0.			
Net Assets or Find Balances	22	Net assets or fund balances. Subtract line 21 from line 20)		6,032,633.	5,984,594.			
P	art II	Signature Block			· ·	<u> </u>			
		Ities of perjury, I declare that I have examined this return, includir	ng accompanying schedule	s and statem	ents, and to the best of m	v knowledge and helief it is			
	-	t, and complete. Declaration of preparer (other than officer) is bas				y miomoago ana bonon, icio			
	, 001100	gand complete. Beolaration of proparor (other than emotify to bar	ou on an information of wi	non propuror	indo diriy kinowiodgo.				
C:-		Signature of officer			I Date				
Sign - Si									
He	re	Type or print name and title							
		·· ·		- 11	Ooto I	II DTIN			
_		*	er's signature		Date Check	PTIN			
Paid Anton Hendler 11/09/23 self-employed P0107782									
Preparer Firm's name Lipschultz, Levin & Gray, LLC Firm's EIN 36-2260623									
Use	Use Only Firm's address 425 Huehl Road Bldg.7								
		Northbrook, IL 60062			Phone no. 84	7-272-5300			
Ma	y the If	RS discuss this return with the preparer shown above? Se	e instructions			X Yes No			
		and LUA For Panarwork Paduation Act Nation and				Form 990 (2022)			

Ра	Check if Schedule O contains	Service Accomplishments a response or note to any line in this Part I	III	
1	Briefly describe the organization's m Grants to charitab	ission:		
2	Did the organization undertake any s	ignificant program services during the yea	r which were not listed on the	
				Yes X No
3	If "Yes," describe these new services Did the organization cease conducting	s on Schedule O. ng, or make significant changes in how it c	conducts, any program services?	Yes X No
Ū	If "Yes," describe these changes on		oridadio, any program dervices	
4	Section 501(c)(3) and 501(c)(4) organ	service accomplishments for each of its the nizations are required to report the amount		
4a	revenue, if any, for each program ser (Code:) (Expenses \$	of \$6,581,652. including grants of \$	6,581,652.) (Revenue \$)
	Grants to charitab	le organizations		
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe on (Expenses \$	Schedule O.) including grants of \$) (Revenue \$)
4e	Total program service expenses	6,581,652.	, historius A	,
				Form 990 (2022)

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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? 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	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? 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 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		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		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	Х	
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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446		х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15	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			7.7
	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,			
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? 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,"	10		
19	complete Schedule G, Part III	19		х
20a		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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

	1990 (2022) Highland Park Community Foundation 36-3819	818	F	age '
Pai	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			
	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			٠.
•	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	240		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization minest any proceeds of tax-exempt borids beyond a temporary period exception: Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	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		
	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%			l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
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			٠.
	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 the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"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	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"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		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			۱
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			\ .
	sections 301.7701-2 and 301.7701-3? 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			x
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	SSA		1
b	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		
-	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		1	
	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?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	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			\perp
	1 1		Yes	No
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable)		

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Form **990** (2022) 232004 12-13-22

022) 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	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			Х
	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			۱
	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?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	-	Х
_	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			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 or gifts were not tax deductible?	- Ch		
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 services 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?		1	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		
·	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C3			
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:			
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	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a	-		
D	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
100	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	12.0		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: 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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	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		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

232005 12-13-22

Form **990** (2022)

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				<u></u> [X
Sec	tion A. Governing Body and Management					
				Y	es	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	25			
	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	25			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o 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 th					
	of officers, directors, trustees, or key employees to a management company or other person?		з			X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?	5			X
6	•					X
7a						
	more members of the governing body?					X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
	persons other than the governing body?		7k	,		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?		8a	, Z	X	
b	Each committee with authority to act on behalf of the governing body?			, 2	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
	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 Re	evenue Code.)				
				Y	es	No
10a	Did the organization have local chapters, branches, or affiliates?		10	а		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl	napters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before filing the for	m? 11	aΣ	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12	a 2	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?	12	b 2	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," describe				
	on Schedule O how this was done		12	c 2	X	
13	Did the organization have a written whistleblower policy?		13	:		X
14	Did the organization have a written document retention and destruction policy?		14	. 2	X	
15	Did the process for determining compensation of the following persons include a review and approve	al by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official		15	а		Х
b	Other officers or key employees of the organization		15	b		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 arranger	nent with a				
	taxable entity during the year?		16	a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	nization's				
	exempt status with respect to such arrangements?		16	b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-T (section 50	1(c)(3)s or	nly) av	vailal	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X 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, co	onflict of interest police	cy, and fir	ancia	al	
	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 bo	oks and records				
	Deborah Brill - 847-770-5147					
	669 Ridge Rd., Highland Park, IL 60035					

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A)	(B)			_ (0				(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	more	than is bot	one	Reportable	Reportable	Estimated amount of
	hours per week					r/trus		compensation from	compensation from related	other
	(list any	or director						the	organizations	compensation
	hours for related	or di	ee			Highest compensated employee		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	Individual trustee	Institutional trustee		yee	ubeu		1099-NEC)	1000 (100)	and related
	below	vidual	tution	ser	Key employee	nest co loyee	ner	,		organizations
	line)	ib	Insti	Officer	Key	High	Forr			
(1) Nancy Mills	0.00	\ \ \						0	0	0
Director	0.00	Х						0.	0.	0.
(2) David Reich	0.00	X						0.	0.	0.
Director	0.00	^						0.	0.	0.
(3) David Israel	0.00	Х		х				0.	0.	0.
Treasurer (4) Betsy Brint	2.50	^		Δ				0.	0.	0.
Chairman	2.50	Х		х				0.	0.	0.
(5) Sofia Alvarez	0.00							<u> </u>	<u> </u>	<u></u>
Director		x						0.	0.	0.
(6) Julie Kraff	0.00							•	•	•
Director		х						0.	0.	0.
(7) Peter Flanzer	0.00									
Director		Х						0.	0.	0.
(8) Craig Leva	0.00									
Director		Х						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	,,		77				0	0	0
Vice-Chairman	0 00	Х		Х				0.	0.	0.
(13) Jean Meadows	0.00	X						0.	0.	0.
Director (14) Top Point to in	0.00	^						0.	0.	0.
(14) Joe Reinstein Director	0.00	Х						0.	0.	0.
(15) Karen Reisin	0.00	^						0.	0.	<u> </u>
Director	0.00	х						0.	0.	0.
(16) Caroline Mead	0.00							<u> </u>	<u> </u>	<u></u>
Director	3.00	x						0.	0.	0.
(17) Robyn Schuster	0.00									
Director		х						0.	0.	0.

232007 12-13-22

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Section A. Officers, Directors, Trus	1	ploy	ees,			ighe	st (es (continued)				
(A)	(B)			((-			(D)	(E)			(F)	
Name and title	Average	Position (do not check more than one box, unless person is both an						Reportable	Reportable			stimate	
	hours per week		, unles cer an					· '	compensation	1	ar	nount	
	(list any	ror					Ė	from the	from related organizations		com	other pensa	
	hours for	director				p		organization	(W-2/1099-MISC			om th	
	related	0	stee			en sa te		(W-2/1099-MISC/	1099-NEC)			anizat	
	organizations	Individual trustee	Institutional trustee		Key employee	Highest compensated employee		1099-NEC)			an	d relat	.ed
	below	ividua	iitutio	Officer	empl	hest o	Former				orga	anizati	ons
(12)	line)	lnd	lns	JJO	Key	iğ e	휸						
(18) Don Stewart	0.00	X						0.		0.			Λ
Oirector (19) Jamie Strait Muller	0.00	Δ						0.		٠.			0.
Director	0.00	x						0.		0.			0.
(20) Cristina Mota	0.00									•			
Director		Х						0.		0.			0.
(21) Amy Small	0.00												
Director		Х						0.		0.			0.
(22) Eric Ephraim	0.00												
Secretary		Х		Х				0.		0.			0.
(23) Bobbie Hinden	0.00												
Director		Х						0.		0.			0.
(24) Taryn Kessel	0.00	_											•
Director	0.00	Х						0.		0.			0.
(25) Alyssa Knobel	0.00	X						0.		0.			0.
Director		Λ						0.		0.			<u> </u>
		1											
1h Subtotal							<u> </u>	0.		0.			0.
1b Subtotal c Total from continuation sheets to Part V	II Section A							0.		0.			0.
d Total (add lines 1b and 1c)								0.		0.			0.
Total number of individuals (including but r								received more than \$100		_			
compensation from the organization						- ,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				0
												Yes	No
3 Did the organization list any former officer	, director, trust	ee, k	кеу е	empl	loye	e, o	r hiç	ghest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s	such individual										3		Х
4 For any individual listed on line 1a, is the s	um of reportab	le co	ompe	ensa	atior	n an	d ot	ther compensation from					
and related organizations greater than \$15			•								4		Х
5 Did any person listed on line 1a receive or											_		v
rendered to the organization? If "Yes," con Section B. Independent Contractors	nplete Schedul	e J t	or su	ıch	pers	son					5		Х
· · · · · · · · · · · · · · · · · · ·	ampanantad in	dono	ndo	nt o	ont	root	oro i	that received more than	\$100,000 of com	2000	otion :	from	
 Complete this table for your five highest co the organization. Report compensation for 										Jens	alion	ITOITI	
(A)	trie caleridar y	care	criuii	ng v	VILII	OI W	711111	(B)	,ear.		((<u>.)</u>	
Name and business	s address	NC	ONE	3				Description of s	ervices	С	ompe	nsatio	n
							\dashv		-				
2 Total number of independent contractors (including but r	not lir	mite	d to	tho	se li	ster	L d above) who received m	ore than				
\$100,000 of compensation from the organ				<u>.</u> .0		0							

Pa	I L V	/111				and the tellar David VIIII			
			Check if Schedule O conta	ıns a respons	e or note to any III	ne in this Part VIII (A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
SS	-	_	Fodorated compaigns	1a					00010110 012 011
ant	٠		Federated campaigns Membership dues			-			
m G			Fundraising events		202,799.	_			
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations		20277330	_			
s, G			Government grants (contribution		300,000.	-			
Sil			All other contributions, gifts, grants	_ ′ 		1			
ber		•	similar amounts not included above		,058,913.				
or Original		a	Noncash contributions included in lines 1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1			
Sor		_	Total. Add lines 1a-1f			7,561,712.			
_			Totally lad miles fa 11		Business Code	, ,			
Ð	2	а							
vic	_	b							
Program Service Revenue		c	-						
am		d							
ogr		e							
Ŗ			All other program service reven	nue					
			Total. Add lines 2a-2f						
	3		Investment income (including of						
			other similar amounts)			105,779.	105,779.		
	4		Income from investment of tax-						
	5		Royalties						
				(i) Real	(ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
		d	Net rental income or (loss)						
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory 7a						
•		b	Less: cost or other basis						
Revenue			and sales expenses 7b						
eve			Gain or (loss) 7c						
			Net gain or (loss)						
Other	8	а	Gross income from fundraising eve						
0			including \$ 202,79						
			contributions reported on line 1	· .	a 0.				
			Part IV, line 18						
			Less: direct expenses			0.			
	•		Net income or (loss) from fundr	· ·		0.			
	9	d	Gross income from gaming act	I .	a				
		h	Part IV, line 19 Less: direct expenses		lb	_			
			Net income or (loss) from gamin		!				
	10		Gross sales of inventory, less re	· –					
	10	а	and allowances	I .	Da				
		h	Less: cost of goods sold		Ob	-			
			Net income or (loss) from sales	·	-				
		_		22.	Business Code				
no a	11	а							
ane		b							
Miscellaneous Revenue		С							
Misc R		d	All other revenue						
_			Total. Add lines 11a-11d						
	12		Total revenue. See instructions			7,667,491.	105,779.	0.	0.

	t IX Statement of Functional Expens				
Sect	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er 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	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,356,550.	1,356,550.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	5,225,102.	5,225,102.		
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 a	Fees for services (nonemployees):				
b	Management				
C	Legal Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
Ŭ	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 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 0.)				
а	Professional services	142,843.		142,843.	
b	Miscellaneous	65,246.		65,246.	
c	Outside services	9,022.		9,022.	
d	Stationery and printing	7,022.		7,022.	
e	All other expenses	3,005.		3,005.	
25	Total functional expenses. Add lines 1 through 24e	6,808,790.	6,581,652.	227,138.	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.				

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Check here

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

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	tX		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	371,508.	1	863,487
	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 former officer, directo	r,		
		trustee, key employee, creator or founder, substantial contributor, or 3	5%		
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as define	d		
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
4	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	5,661,125.	11	5,121,107
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	6,032,633.	16	5,984,594
	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 Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
≣		trustee, key employee, creator or founder, substantial contributor, or 3			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Par	X		
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0
Ş		Organizations that follow FASB ASC 958, check here			
nce		and complete lines 27, 28, 32, and 33.	E 00E 247		E 054 020
ala	27	Net assets without donor restrictions	1 - 001	27	5,954,029. 30,565.
D B	28	Net assets with donor restrictions	47,380.	28	30,303
μ		Organizations that do not follow FASB ASC 958, check here			
P		and complete lines 29 through 33.			
ets	29	Capital stock or trust principal, or current funds		29	
SS	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	5 001 501
ž	32	Total net assets or fund balances		32	5,984,594
	33	Total liabilities and net assets/fund balances	6,032,633.	33	5,984,594

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	7	66	7,4	$\frac{91}{90}$.	
2	Total expenses (must equal Part IX, column (A), line 25)						
3	3 Revenue less expenses. Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				33.	
5	Net unrealized gains (losses) on investments	5	-	-90	6,7	40.	
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,						
					4,5	94.	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII					Ш	
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash Cash Cornal X Other Modifie	d Ca	ash				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on 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		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	3,				
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,							
	review, or compilation of its financial statements and selection of an independent accountant?						
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	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					x	
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?						
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** (2022)

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.

Open to Public

Inspection

OMB No. 1545-0047

Name of the organization Highland Park Community Foundation **Employer identification number**

		High	land Park	Community Fo	undat	ion		3	6-3819818
Par	tΙ	Reason for Public (Charity Status.	(All organizations must c	omplete tl	nis part.) S	ee instruction	S.	
he c	organi	ization is not a private found	lation because it is:	(For lines 1 through 12, c	heck 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 secti	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	า 990).)				
3		A hospital or a cooperative	hospital service org	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organization	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	ollege or university owner	d or opera	ted by a g	overnmental u	nit describ	ped in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governr	mental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that normal						ne general	public described in
		section 170(b)(1)(A)(vi). (Co						-	
8		A community trust describe		(1)(A)(vi). (Complete Part	t II.)				
9		An agricultural research org				ed in conju	inction with a	and-grant	college
		or university or a non-land-g				-		-	
		university:							
10		An organization that normal	Illy receives (1) more	than 33 1/3% of its sup	port from	contributio	ns, membersh	nip fees, a	nd gross receipts from
		activities related to its exem							
		income and unrelated busin							
		See section 509(a)(2). (Cor							
11		An organization organized a		sively to test for public sa	fety. See	section 50)9(a)(4).		
12		An organization organized a	and operated exclus	sively for the benefit of, to	perform	the functio	ons of, or to ca	rry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 5	09(a)(3). (Check the box on
		lines 12a through 12d that	describes the type of	of supporting organizatio	n and con	nplete lines	s 12e, 12f, and	l 12g.	
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s), t	ypically by	/ giving
		the supported organization	on(s) the power to re	egularly appoint or elect a	a majority	of the dire	ctors or truste	es of the s	supporting
		organization. You must c	complete Part IV, S	ections A and B.					
b		Type II. A supporting orga	anization supervised	d or controlled in connec	tion with it	s support	ed organizatio	n(s), by ha	aving
		control or management of	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	ge the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	egrated. A supportin	g organization operated	in connec	tion with, a	and functional	y integrat	ed with,
		its supported organization	n(s) (see instructions	s). You must complete i	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	y integrated. A supp	oorting organization oper	ated in co	nnection v	vith its suppor	ted organ	ization(s)
		that is not functionally into	tegrated. The organi	zation generally must sat	isfy a dist	ribution re	quirement and	l an attent	iveness
		requirement (see instructi	ions). You must co r	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type	II, Type III	
		functionally integrated, or	r Type III non-functio	onally integrated support	ng organi	zation.			
f	Ente	er the number of supported o	organizations						
g		ride the following information		, 	(i.) la tha a rea	ninetia n lieta d			1
	(i	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of	•	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see in:	structions)	support (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						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	349,107.	874,129.	915,175.	1027414.	7561712.	10727537.
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	349,107.	874,129.	915,175.	1027414.	7561712.	10727537.
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.						10727537.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020 915, 175.	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	349,107.	874,129.	915,175.	1027414.	7561712.	10727537.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	-194,764.	679,130.	496,392.	550,416.		1531174.
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	Total support. Add lines 7 through 10						12258711.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop						<u></u>
	ction C. Computation of Publ						
14	Public support percentage for 2022 (14	87.51 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	62.86 %
16a	16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and						
stop here. The organization qualifies as a publicly supported organization							
b	b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qualifies as a publicly supported organization						
17a	17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
b	b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or						
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the						
	organization meets the facts-and-circ						
18	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) 2022

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	pioto i art ii.j				
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	` ,	<u> </u>	1	` ` `
	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						
Ŭ	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						
_	The value of services or facilities						
5	furnished by a governmental unit to the organization without charge						
6	***						
	Total. Add lines 1 through 5	<u> </u>		+	+	+	
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	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 on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	<u> </u>				1	
14	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
_	check this box and stop here						<u></u>
	ction C. Computation of Publ						
15	Public support percentage for 2022 (I	line 8, column (f),	divided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
Se	ction D. Computation of Inves	stment Incom	ne Percentage				
17	Investment income percentage for 20					17	%
18	Investment income percentage from 2	2021 Schedule A,	Part III, line 17			18	%
19a	a 33 1/3% support tests - 2022. If the	-					17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly s	supported organiz	ation	
k	33 1/3% support tests - 2021. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization			•		· ·	

232023 12-09-22

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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		
3c		
4a		
4 a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
ฮม		
9с		
10a		
10b		

232025 12-09-22 Schedule A (Form 990) 2022

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

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.*

За

Sche	dule A (Form 990) 2022 Highland Park Community	7 Fou	ndation	36-3819818 Page 6
Pai	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 d	on Nov. 20, 1970 (explain	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t comple	te Sections A through E	<u> </u>
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	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 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		

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

Schedule A (Form 990) 2022

5

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

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

emergency temporary reduction (see instructions).

Par	rt V Type III Non-Fun	ctionally Integrated 509	(a)(3) Supporting Org	janizations _{(contint}	ued)		
Secti	ion D - Distributions			•		Current Year	
1	Amounts paid to supported of	1					
2	Amounts paid to perform activity that directly furthers exempt purposes of supported						
	organizations, in excess of in	2					
3	Administrative expenses paid	3					
4	Amounts paid to acquire exe	mpt-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 sup	ported organizations to which the	he organization is responsiv	⁄e			
	(provide details in Part VI). Se	ee instructions.			8		
9	Distributable amount for 2022	2 from Section C, line 6			9		
10	Line 8 amount divided by line	e 9 amount			10		
			(i)	(ii)		(iii)	
Secti	ion E - Distribution Allocatio	ns (see instructions)	Excess Distributions	Underdistribution Pre-2022	ns	Distributable Amount for 2022	
1	Distributable amount for 2022	2 from Section C, line 6					
2	Underdistributions, if any, for	years prior to 2022 (reason-					
	able cause required - explain	in Part VI). See instructions.					
3	Excess distributions carryove	er, if any, to 2022					
a	From 2017						
b	From 2018						
c	c From 2019						
d	From 2020						
e	From 2021						
f	Total of lines 3a through 3e						
<u>g</u>	Applied to underdistributions	of prior years					
h	Applied to 2022 distributable	amount					
i_	Carryover from 2017 not app	lied (see instructions)					
<u>j</u>	Remainder. Subtract lines 3g	, 3h, and 3i from line 3f.					
4	Distributions for 2022 from S	ection D,					
	line 7:	\$					
a	Applied to underdistributions	of prior years					
b	Applied to 2022 distributable	amount					
c	Remainder. Subtract lines 4a	and 4b from line 4.					
5	Remaining underdistributions	s for years prior to 2022, if					
	any. Subtract lines 3g and 4a	a from line 2. For result greater					
	than zero, explain in Part VI.	See instructions.					
6	Remaining underdistributions	s for 2022. Subtract lines 3h					
	and 4b from line 1. For result						
	Part VI. See instructions.						
7	Excess distributions carryo	ver to 2023. Add lines 3j					
	and 4c.						
8	Breakdown of line 7:						
a	Excess from 2018						
b	Excess from 2019						
c	Excess from 2020						
d	Excess from 2021						
е	Excess from 2022						

Schedule A (Form 990) 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

2022

2022

OMB No. 1545-0047

Name of the organization Employer identification number

Highland Park Community Foundation 36-3819818 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$______\$

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

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

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

Highland Park Community Foundation

36-3819818

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	City of Highland Park 1707 St Johns Ave Highland Park, IL 60035	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Vivo Foundation 1124 Loyola Drive Libertyville, IL 60048	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	AbbVie Foundation 1 N. Waukegan Road North Chicago, IL 60064	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Victims First 4195 Chino Hills Parkway Chino Hills, CA 91709	\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223452 11-1		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

Highland Park Community Foundation

36-3819818

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
-		 	
453 11-15		*	Schedule B (Form 990) (2

Schedule B (Form 990) (2022) Name of organization **Employer identification number** Highland Park Community Foundation 36-3819818 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(b) Purpose of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(c) Use of gift

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I

(d) Description of how gift is held

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 Inspection

Name of the organization

Highland Park Community Foundation

Employer identification number 36-3819818

Par	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lir		or Accounts. Complete if the
	organization answered fes on Form 990, Part IV, III	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	2	(b) i and and other accounts
2	Aggregate value of contributions to (during year)	2,600.	
3	Aggregate value of grants from (during year)	0.	
4	Aggregate value at end of year	49,984.	
5	Did the organization inform all donors and donor advisors in		sed funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		X Yes No
Par	t II Conservation Easements. Complete if the or		
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education)	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 quali	fied conservation contribution in the form	
	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
a	Number of conservation easements included in (c) acquired		
2	historic structure listed in the National Register		
3		neased, extinguished, or terminated by the	e organization during the tax
4	year Number of states where property subject to conservation ea	sement is located	
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,		
			,
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense	e statement and
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statem	ents that describes the
D	organization's accounting for conservation easements.	(A.t. Illiata da al Tura accusa da C	He are O'res'llaw A and de
Par	t III Organizations Maintaining Collections o	-	tner 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 pu		
	service, provide in Part XIII the text of the footnote to its fina		
D	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furti	nerance of public service,
	provide the following amounts relating to these items:		Ф.
	(i) Revenue included on Form 990, Part VIII, line 1(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under FASB A		a gan, provide
а	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		•
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2022

232051 09-01-22

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection tense, (check all that apply): a Public exhibition	Pai	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Oth	er Sim	ilar Asse	ts (contii	nued)	
a Public exhibition d Loan or exchange program b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Fight V Ecrow and Custodial Arrangements. The part X III. 1 Is the organization and amount on Form 990, Part X, line 21. 1 Is Is the organization and apent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X. Iine 21. 1 If Yes, explain the arrangement in Part XIII and complete the following table:	3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that make	significar	nt use of its			
b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sed for asias funds arther than to be maintained as part of the organization collection?		collection items (check all that apply):								
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Parl XIII. Point by Expany ridi the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Perart VI Exports and Custodial Arrangements. Complete if the organization answered "Ves" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is it she organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is it she organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is genining balance C Beginning balance G Beginning balance G Beginning balance H India	а	Public exhibition	d	Loan or exc	hange program					
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assests to be sold to raise funds rather than to be maintained as part of the organization's collection? Part VI Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance 1c	b	Scholarly research	е	Other						
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 21. Is the organization an angent, flustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X respectively and the part of the organization and part X Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year 1d	С	Preservation for future generations								
The besold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 1990, Part IV, line 9, or reported an amount on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance	4	Provide a description of the organization's co	llections and explair	n how they further t	ne organization's exe	empt pur	pose in Par	t XIII.		
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV Yes No bit "Yes" explain the arrangement in Part XIII and complete the following table: C	5	During the year, did the organization solicit or	receive donations of	of art, historical trea	sures, or other simila	ar assets		_		_
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c										☐ No
Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Pai	rt IV Escrow and Custodial Arrang	gements. Comple	ete if the organizatio	n answered "Yes" o	n Form 9	90, Part IV,	line 9, o	r	
on Form 990, Part X7 b if "Yes," explain the arrangement in Part XIII and complete the following table: Amount 10 Amount		reported an amount on Form 990, Par	t X, line 21.							
to Beginning balance	1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for contribution	is or other assets no	t include	d	_		_
C Beginning balance C C C C C C C		on Form 990, Part X?					L	Yes		∐ No
C Beginning balance 1c	b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:						
d Additions during the year 1d 1e 1f 1e 1e								Amoun	t	
E Stributions during the year f Ending balance	С	Beginning balance				1c				
f Ending balance	d	Additions during the year				1d				
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part N, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part N, line 10. 1a Beginning of year balance	е	Distributions during the year				1e				
Bit Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII in the 10. Part V Endowment Funds. Complete if the organization answered Yes' on Form 990, Part IV, line 10. Table Part V Endowment Funds. Complete if the organization answered Yes' on Form 990, Part IV, line 11a. See Form 990, Part IX, line 10. Part V Endowment Funds Calibrory	f					···· <u> </u>		_		
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	ustodial account liab	ility?	L	Yes	Ļ	_ No
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years (d) For years										<u></u>
1a Beginning of year balance	Pai	rt V Endowment Funds. Complete if								
b Contributions 915,175 874,129 349,107 c Net investment earnings, gains, and losses 496,392 679,130 -194,764 d Grants or scholarships 661,369 543,000 218,100 e Other expenditures for facilities 661,369 543,000 218,100 f Administrative expenses 135,730 114,904 106,198 g End of year balance 5,309,785 5,309,785 5,309,785 4,695,317 3,799,938 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % b Permanent endowment % The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations 3a(i) X 3a(ii) Related organizations (ii) Related organizations 3a(i) x 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation B Buildings C Leasehold improvements C L			• •							
C Net investment earnings, gains, and losses 496, 392. 679, 130194, 764.	1a	The state of the s	5,309,785.	5,309,785.		3,		3		
d Grants or scholarships 661, 369, 543,000. 218,100. e Other expenditures for facilities and programs f Administrative expenses 5,309,785. 135,730, 114,904. 106,198. g End of year balance 5,309,785. 5,309,785. 5,309,785. 4,695,317. 3,799,938. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 9/6 b Permanent endowment 9/6 c Term endowment 19/6 The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations 5 If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other depreciation 1a Land b Buildings c Leasehold improvements d Equipment c Glaceumulated d Equipment c Leasehold improvements d Equipment e Other	b	Contributions			,					
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 5,309,785, 5,309,785, 5,309,785, 4,695,317, 3,799,938. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 96 c Term endowment 176 The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (investment) basis (other) C Leasehold improvements C Leasehold improvements C Leasehold improvements C Equipment C Cleasehold improvements C Cleasehold improvements C Cleasehold improvements C Cleasehold improvements C Cleasehold improvements C Cleasehold improvements C Cleasehold improvements C Cleasehold improvements C Cleasehold improvements C Cleasehold improvements C Cleasehol	С									
and programs f Administrative expenses g End of year balance 5,309,785. 5,309,785. 5,309,785. 4,695,317. 3,799,938. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment		F			661,369.		543,000.		218	<u>,100.</u>
## Administrative expenses	е	Other expenditures for facilities								
g End of year balance										
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	f	Administrative expenses								
a Board designated or quasi-endowment	g			<u> </u>		4,	695,317.	3	<u>,799</u>	<u>,938.</u>
b Permanent endowment	2		ent year end balanc	e (line 1g, column (a	a)) held as:					
c Term endowment	а			_%						
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iiii) Related organizations (iv) In a sa(ii) In a	b									
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) Complete if the organization and the organization in the possession of the organization in the possession of the organizations (d) Book value Complete if the organization and Equipment Land b Buildings c Leasehold improvements d Equipment e Other	С		=							
organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations										
(ii) Unrelated organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other	За	Are there endowment funds not in the posses	ssion of the organiza	ation that are held a	nd administered for	the		1	V	
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other		•								NO
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other										₩
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other										<u>├</u> ^
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other	b							3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other	Do:			wment funds.						
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (e) Accumulated depreciation (f) Accumulated depreciation (g) Accumulated depreciation (h) Cost or other basis (other) (h) Cost or other basis (other) (h) Cost or other depreciation	Pai) Dort IV line 11e C	Saa Farm 000 Dort V	lina 10				
basis (investment) basis (other) depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other		•					 	/ N D		
b Buildings		Description of property	' '	' '	, , ,			(a) Boo	k valu	ıe
b Buildings	1a	Land								
c Leasehold improvements d Equipment e Other										
d Equipment										
e Other										
	Tota			X, column (B), line 1	0c.)					0.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 Highland Par	rk Community	Foundation 3	5-3819818 _{Page}
Part VII Investments - Other Securities.	in community	Tourist 1	3 3013010 Page
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	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" of		e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	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" of	on Form 990, Part IV, line	e 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" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 2	5.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			

(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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) 2022

,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J				
Part XI R	econciliation	of Revenue per	Audited Fina	ancial Stater	ments With Reve	nue per Return

Pa	rt XI	Reconciliation of Revenue per Audited Financial Statem	nents Wit	h Revenue per R	eturr	١.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total	revenue, gains, and other support per audited financial statements			1	7,522,516.
2	Amou	ints included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net ur	nrealized gains (losses) on investments	2a	-906,740.		
b	Donat	ted services and use of facilities	2b	761,765.		
С		veries of prior year grants				
d	Other	(Describe in Part XIII.)	2d			
е	Add li	nes 2a through 2d			2e	-144,975.
3	Subtra	act line 2e from line 1			3	7,667,491.
4		ints included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	tment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b			_
С	Add li	nes 4a and 4b			4c	0.
5		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	7,667,491.
Pa	rt XII	Reconciliation of Expenses per Audited Financial Stater		th Expenses per	Retu	ı rn.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12				
1	Total	expenses and losses per audited financial statements			1	7,570,555.
2		ints included on line 1 but not on Form 990, Part IX, line 25:				
а		ted services and use of facilities		761,765.		
b	Prior y	year adjustments	2b			
С	Other	losses	2c			
d	Other	(Describe in Part XIII.)	2d			
е		nes 2a through 2d			2e	761,765.
3	Subtra	act line 2e from line 1			3	6,808,790.
4		into included on Form 000. Dort IV, line 05, but not on line 1.				
а	Invest	ints included on Form 990, Part IX, line 25, but not on line 1:				i e e e e e e e e e e e e e e e e e e e
	11110001	tment expenses not included on Form 990, Part VIII, line 7b	4a			
b						_
b c	Other	tment expenses not included on Form 990, Part VIII, line 7b	4b		4c	0.
с 5	Other Add li Total	tment expenses not included on Form 990, Part VIII, line 7b (Describe in Part XIII.)	4b		4c 5	0. 6,808,790.

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) 2022

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

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.

Open to Public Inspection

Employer identification number Name of the organization Highland Park Community Foundation 36-3819818 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 X Yes criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) A Safe Place 2710 17th Street, Suite 100 36-3032700 Zion, IL 60099 501(c)(3) 15,000 0 fGeneral Support Anixter Center 6610 N Clark St Chicago, IL 60626 36-2244895 501(c)(3) 7,000 General Support Big Brothers, Big Sisters 560 W Lake Street, 5th Fl Chicago, IL 60661 36-2681212 501(c)(3) 8,000 0 General Support Catholic Charities - Lake County Senior Services - 116 N Lincoln Avenue - Round Lake IL 60073 53-0196617 501(c)(3) 10,000 General Support Collaborative Community Housing Initiative - 833 Central Avenue. Unit 1371 - Highland Park, IL General Support 60035 83-4685695 501(c)(3) 8 325 0 College Bound Opportunities 2033 N Milwaukee Ave, Suite 546 Riverwoods, IL 60015 20-4811544 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

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

Schedule I (Form 990) 2022

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Community Partners for Affordable							
Housing - 800 S. Milwaukee Avenue,							
Suite 201 - Libertyville, IL 60048	36-3086133	501(c)(3)	15,000.	0.			General Support
Curt's Cafe							
2922 Central Ave							
Evanston, IL 60201	45-3934105	501(c)(3)	8,000.	0.			General Support
Direct Giving Lab							
495 Somerset Hills Court							
Riverwoods, IL 60035	82-2521095	501(c)(3)	7,200.	0.			General Support
Family Focus Highland Park							
330 Laurel Avenue							
	26 2004042	E01/a)/3)	95 000	0.			Gamanal Gumnant
Highland Park, IL 60035	36-2884042	501(c)(3)	85,000.	0.			General Support
Family Service of Glencoe							
675 Village Court							
Glencoe, IL 60022	36-2167062	501(c)(3)	30,000.	0.			General Support
Family Service of Lake County							
777 Central Avenue							
Highland Park, IL 60035	36-2167063	501(c)(3)	140,000.	0.			General Support
Fenix Family Health Center							
130 Washington Avenue							
Highwood, IL 60040	26-3889647	501(c)(3)	50,000.	0.			General Support
1191111004, 11 00040	20 3003047	501(0)(3)	30,000.	0.			Denotal Bapport
Focus on the Arts							
433 Vine Ave							
Highland Park, IL 60035	26-0311839	501(c)(3)	28,000.	0.			General Support
Glenkirk							
3504 Commercial Ave							
Northbrook, IL 60062	36-2345191	501(c)(3)	9,000.	0.			General Support

(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
Gratitude Generation							
815 Rosemary Terrace							
Deerfield, IL 60035	82-3849004	501(c)(3)	12,500.	0.			General Support
Highand Park Strings							
1601 Oakwood Ave #105							
Highland Park, IL 60035	81-4734503	501(c)(3)	23,000.	0.			General Support
Highland Park Community Early Learning Center - 640 Ridge Rd -							
Highland Park, IL 60035	36-2187792	501(c)(3)	49,500.	0.			General Support
Highland Park High School 433 Vine Ave							
Highland Park, IL 60035	26-0849073	501(c)(3)	24,700.	0.			General Support
Highland Park Public Library 494 Laurel Avenue							
Highland Park, IL 60035	36-6005925	501(c)(3)	40,000.	0.			General Support
Highwood Public Library 102 Highwood Ave							
Highwood, IL 60040	83-4409594	501(c)(3)	130,000.	0.			General Support
JCC Chicago 300 Revere Drive							
Northbrook, IL 60062	36-2167758	501(c)(3)	10,000.	0.			General Support
JCFS Chicago Response for Teens 5140 Golf Road							
Skokie, IL 60077	36-2167757	501(c)(3)	87,500.	0.			General Support
Jewish Council for Youth Services		_,,,,,	11,130.	-		1	
- Lutz Family Center - 216 W Jackson Blvd. Suite 700 - Chicago,							
IL 60606	36-2193616	501(c)(3)	7,000.	0.			General Support

		nunity Found					6-3819818 Page
Part II Continuation of Grants and Other	Assistance to De	omestic Organization	s and Domestic G T	overnments (Scho	edule I (Form 990), Pa I	ırt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Toggalum Camban NED							
Josselyn Center, NFP 405 Central Avenue							
Northfield, IL 60093	36-2217996	501(c)(3)	69,000.	0.			General Support
Keshet							
600 Academy Dr Suite #130	26 2441202	E01/a)/3)	12 000	0			Ganamal Gumnant
Northbrook, IL 60062	36-3441392	501(c)(3)	12,000.	0.			General Support
Kids Rank							
1957 Sheridan Road							
Highland Park, IL 60035	37-1651268	501(c)(3)	10,000.	0.			General Support
	0. 2002200		20,000.	•			oonorar papporo
Midwest Young Artists Conservatory							
878 Lyster Rd							
Highwood, IL 60040	23-7179740	501(c)(3)	5,500.	0.			General Support
North Suburban Legal Aid Clinic							
3500 Western Avenue, 2A							
Highland Park, IL 60035	47-2859426	501(c)(3)	60,025.	0.			General Support
Northern Illinois Food Bank							
273 Dearborn Street Geneva, IL 60134	36-3203648	501(c)(3)	15,000.	0.			Conoral Curport
Geneva, 1L 60134	36-3203646	501(0)(3)	15,000.	0.			General Support
Pilgrim Chamber Players							
805 Mosley Rd							
Highland Park, IL 60035	36-4174174	501(c)(3)	18,000.	0.			General Support
,							
Rainbows for All Children							
614 Dempster St Suite C							
Evanston, IL 60202	36-3262836	501(c)(3)	10,000.	0.			General Support
Roberti Community House							
919 8th Street.	47 2240102	E01/~\/3\	10.000	_			Ganamal Gumnant
Waukegan, IL 60085	47-2348102	bor(c)(3)	10,000.	0.			General Support

		nunity Found					6-3819818	Page ⁻
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) 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 g or assistance	
SaLT Service and Learning Together								
1215 North Avenue								
Highland Park, IL 60035	87-1770571	501(c)(3)	7,500.	0.			General Support	
Southeast Lake County Faith in								
Action Volunteers - 1510 Old								
Deerfield Road Suite 205 -								
Highland Park, IL 60035	14-1955977	501(c)(3)	28,500.	0.			General Support	
Mhe Aut Conton of Highland Doub								
The Art Center of Highland Park 1957 Sheridan Road								
Highland Park, IL 60035	36-2464960	501(c)(3)	37,500.	0.			General Support	
							John Support	
The Balance Project								
89 Lincolnwood								
Highland Park, IL 60035	85-0984642	501(c)(3)	18,000.	0.			General Support	
The Center for Enriched Living								
280 Saunder Road	36-3339009	E01/~\/3\	6 000	0.			Gamanal Gummant	
Riverwoods, IL 60015	36-3339009	501(c)(3)	6,000.	٠.			General Support	
The Stuart I Raskas Friendship								
Circle of Illinois - 2095 Landwehr								
Road - Northbrook, IL 60062	20-4884060	501(c)(3)	9,000.	0.			General Support	
Tri-Con Child Care Center								
425 Laurel Avenue								
Highland Park, IL 60035	36-2708769	501(c)(3)	50,000.	0.			General Support	
Youth Services								
3080 West Lake Avenue								
Glenview, IL 60026	36-3182275	501(c)(3)	25,000.	0.			General Support	
	20 0202273		23,000.					
Zacharias Sexual Abuse Center								
4275 Old Grand Avenue								
Gurnee, IL 60031	36-3314976	501(c)(3)	30,000.	0.			General Support	

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Payments to Eligible Individual Victims of the					
July 4, 2022 Highland Park Parade Shooting that					
were grouped into three categories:		0.	0.		
1. Death Claims and Permanent Catastrophic		٠.	0.		
Physical Injury Claims-Payments made to deceased					
victims and those who suffered permanent					
catastrophic physical injuries such as severe	9	3,285,000.	0.	Book	
2. Physical Injury Claims for Victims Requiring		, ,	-		
Overnight Hospitalization-Eligible claimants who					
were physically injured and initially hospitalized					
within 10 days of the shooting (July 4-14, 2022)	10	1,044,000.	0.	Book	
3. Physical Injury Claims for Victims Treated at					
Hospitals, Medical Facilities, or by a Medical					
Professional Solely on an Out-Patient					
Basis-Eligible claimants physically injured as a	47	896,102.	0.	Book	
		•			

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

Part I, Line 2:

Interim reports are required to be submitted by all organizations that
receive grant awards. Board members also reach out to award recipients to
address questions and provide clarifications. Grant recipients are also
required to advise if the program for which they receive funding is
discontinued.

Part III, Column (a):

(a) Type of Grant or Assistance: 1. Death Claims and Permanent

Part IV Supplemental Information

Catastrophic Physical Injury Claims-Payments made to deceased victims and those who suffered permanent catastrophic physical injuries such as severe brain damage, amputation of limbs, or severe paralysis as a result of the shooting. Eligible claimants in this category all received the same payment.

- (a) Type of Grant or Assistance: 2. Physical Injury Claims for Victims

 Requiring Overnight Hospitalization-Eligible claimants who were

 physically injured and initially hospitalized within 10 days of the

 shooting (July 4-14, 2022) for one or more nights due to physical

 injuries as a result of the shooting received payment under category.

 Individual payments were based on the number of overnight stays in the

 hospital.
- (a) Type of Grant or Assistance: 3. Physical Injury Claims for Victims

 Treated at Hospitals, Medical Facilities, or by a Medical Professional

 Solely on an Out-Patient Basis-Eligible claimants physically injured as a result of the shooting, treated by a medical professional, and released without an in-patient hospital stay. Eligible claimants in this category all received the same payment.

Schedule I (Form 990)

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

Highland Park Community Foundation

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

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

Employer identification number 36-3819818

Reviewed by President and Treasurer and discussed with preparing accountant

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	<u> 19:</u>				
Avai	lable	upon	requ	ıest							

Form AG99	90-IL
Revised	1/19

For Off	ice Use Only ILLINOIS CHARITABLE ORGANIZATION ANNUAL	REPORT		Form AG990-IL Revised 1/19
PMT# Attorney General KWAME RAOUL State of Illinois				
	Charitable Trust Bureau, 100 West Rando	lbh CC	·	-023786
	11th Floor, Chicago, Illinois 60601		_	l items attached:
AMT	Report for the Fiscal Period:	X	_ ,,	RS Return
		Make Checks X	-	inancial Statements
		Payable to the Illinois	☐ Copy of F	
INIT		Charity 📛	7	nnual Report Filing Fee
		Bureau Fund		Late Report Filing Fee
	30 3013010		M(
Are co		ganization was create	ed: C	03/10/1992
	NAME Highland Park Community Foundation	Year-end amounts		
	MAIL	A) ASSETS	A) \$	5,984,594.
,,	DRESS P.O. Box 398	B) LIABILITIES	B) \$	0.
1	CITY, STATE Highland Park, IL C) NET ASSETS		C) \$	5,984,594.
	P CODE 60035	O) NET MODE TO	- σ, φ	3,301,331.
I.	SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE		AMOUNT
"	D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	94.708%	D) \$	7,261,712.
	E) GOVERNMENT GRANTS & MEMBERSHIP DUES	3.913%	E) \$	300,000.
	F) OTHER REVENUES	1.380%	F) \$	105,779.
	.,		1	· · · · · · · · · · · · · · · · · · ·
	G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$	7,667,491.
II.	SUMMARY OF ALL EXPENDITURES DURING THE YEAR:			
	H) OPERATING CHARITABLE PROGRAM EXPENSE	%	H) \$	
	I) EDUCATION PROGRAM SERVICE EXPENSE	%	l) \$	
				_
	J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	%	J) \$	0.
	J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):			
	K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	96.664%	K) \$	6,581,652.
	K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	J0.004%	N) \$	0,301,032.
	L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	96.664%	L) \$	6,581,652.
L) TOTAL GHARITABLE PROGRAM SERVICE EXPENDITORE (ADD 3 & K)		μ, ψ	0,301,0320	
	M) MANAGEMENT AND GENERAL EXPENSE	3.336%	M) \$	227,138.
N) FUNDRAISING EXPENSE %		Ι, Ψ		
		N) \$		
	0) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	0) \$	6,808,790.
l	III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:			
""-	(Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)			
	PROFESSIONAL FUNDRAISERS:			_
	P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$	0.
	Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$	
	NET DESCRIPED BY THE SHADITY OF MANUAL OF DE		D) @	
	R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$	
	PROFESSIONAL FUNDRAISING CONSULTANTS:		S) \$	0.
I.,	S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS	AD.	3) ø	0.
IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:			T) \$	
	T) NAME, TITLE:		U) \$	
	U) NAME, TITLE: V) NAME, TITLE:		V) \$	
				pack side of instructions
V.	CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED CODE CATEGORIES	- ,	LIST ON D	CODE
298091 04-01-22	ष्ट्र w) DESCRIPTION: Grants to Other Charitable Organizations			150
91 04	X) DESCRIPTION:		W)# X)#	
2980	Y) DESCRIPTION:		Y) #	

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.		X
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.		Х
	THE THIRD OF THE CITED THE COMPLETION TO SHARE THE COMPLETION THE CITED THE COMPLETION THE CITED THE COMPLETION THE CITED THE COMPLETION THE CITED THE COMPLETION THE CITED THE COMPLETION THE CITED	·		
1	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE			
4.	·	,		X
	THAN 10% OF THE OUTSTANDING SHARES?	4.		Λ
-	LO ANNA DEGELETA OF THE ODGANIZATION HELD IN THE MANE OF OD COMMUNICHED MITH THE DEGELETA OF ANNA OTHER DEDGON			
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON			37
	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.		X
7b.	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$; (ii) THE AMOUNT			
	ALLOCATED TO PROGRAM SERVICES \$			
	GENERAL \$; AND (iv) THE AMOUNT ALL OCATED TO FUNDRAISING \$			
	, the (ii) the time of the termination of			
8	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.		Х
0.	bib the drawning the end from the front of the one of the first than the first of the occo.	·		
0	9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR			
Э.		_		Х
	REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		Λ
40	WAS THERE OF DO VOLUME ANALYMOUNT FROM OF ANALYMOUND AND PRINT OF ANALYTHEFT REFAL CATION AND ARROWS			
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION,			37
	COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.		Х
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, I	<u> </u>	6003	5
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: Deborah Brill - 847-770-5147			
	ATTACUMENTS MILET ACCOMPANY THIS DEDORT. 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.

Betsy Brint	-
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PRESIDENT or TRUSTEE (PRINT NAME) **SIGNATURE** DATE David Israel TREASURER or TRUSTEE (PRINT NAME) SIGNATURE DATE

Anton Hendler

298101 04-01-22

PREPARER (PRINT NAME)

SIGNATURE

DATE