

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A I	For the	2024 calendar year, or tax year beginning	and	ending	_					
В	Check if applicable	C Name of organization			D Employer identifi	cation number				
	Addres	Highland Park Communit	v Foundation							
	Name change		7		36-38198	18				
L	Initial return	Number and street (or P.O. box if mail is not del	ivered to street address)	E Telephone number 847-433-4100						
	Final return/	P.O. Box 398	P.O. Box 398							
	termin ated	City or town, state or province, country, and	ZIP or foreign postal code		<b>G</b> Gross receipts \$ 1,558,647.					
L	Ameno	I mightand fack, in our			H(a) Is this a group re					
	Applic tion pendir		rie Levin		for subordinates	s? Yes X No				
		1115 Lincoln Ave. South	<u>, Highland Park</u>	, IL	H(b) Are all subordinates i	ncluded? Yes No				
<u> 1</u>	Tax-exe	empt status: X 501(c)(3) 501(c) ( )	(insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions				
	Websit				H(c) Group exemption					
K	orm of		sociation Other	<b>L</b> Year	of formation: 1992	M State of legal domicile: IL				
Pa		Summary			1 '. 11					
çe		Briefly describe the organization's mission or most organizations	significant activities: Gran	ts to	charitable					
Activities & Governance	1 .		ationed its appretions or dispe	and of mor	a than OEO/ of its not a	nooto .				
Ver	_	Number of voting members of the governing body	ntinued its operations or dispo		1	22				
ၓ		Number of independent voting members of the go				22				
- δ		Total number of individuals employed in calendar y				1				
ij		Total number of volunteers (estimate if necessary)				22				
휹		Total unrelated business revenue from Part VIII, co				0.				
ď		Net unrelated business taxable income from Form				0.				
	<u> </u>				Prior Year	Current Year				
Revenue	8	Contributions and grants (Part VIII, line 1h)			1,425,074.	1,329,832.				
					0.	0.				
		Investment income (Part VIII, column (A), lines 3, 4			155,571.	228,815.				
œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c			0.	0.				
	1	Total revenue - add lines 8 through 11 (must equal			1,580,645.	1,558,647.				
		Grants and similar amounts paid (Part IX, column (			1,164,324.	1,025,075.				
		Benefits paid to or for members (Part IX, column (A			0.	0.				
S	15	Salaries, other compensation, employee benefits (	Part IX, column (A), lines 5-10)		109,221.	114,602.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), I	rofessional fundraising fees (Part IX, column (A), line 11e)							
χ	b	Total fundraising expenses (Part IX, column (D), lin	e 25)	0.						
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d	, 11f-24e)		150,717.					
	18	Total expenses. Add lines 13-17 (must equal Part I	X, column (A), line 25)		1,424,262.	1,306,183.				
	19	Revenue less expenses. Subtract line 18 from line	12		156,383.	252,464.				
s or				В	eginning of Current Year	End of Year				
set	20	Total assets (Part X, line 16)			6,833,031.	7,597,648.				
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)			0.	0.				
	22	Net assets or fund balances. Subtract line 21 from	line 20		6,833,031.	7,597,648.				
	art II	Signature Block	in alcoding a consumption and adult			velopovelodno and baliat it is				
		Ities of perjury, I declare that I have examined this return, t, and complete. Declaration of preparer (other than office				y knowledge and beller, it is				
uuu	, 601166	i, and complete. Declaration of preparer (other than office	i) is based on an information of w	mon prepare	I ilas ally kilowieuge.					
e:~	_	Signature of officer			I Date					
Sig He	"	Laurie Levin, Chairman								
пе	e	Type or print name and title								
		Preparer's name	Preparer's signature	1	Date Check	PTIN				
Pai	d	Anton Hendler	. roparor o orginaturo	1	L1/07/25 self-employ					
	- parer	Firm's name Lipschultz, Levin	& Gray, LLC		Firm's EIN 3	6-2260623				
	Only	Firm's address 425 Huehl Road B1	<u> </u>		, o Env	<del>-</del>				
_		Northbrook, IL 60			Phone no.84	7-272-5300				
Ma	v the IF	RS discuss this return with the preparer shown abo			1	X Yes No				

Ра	Check if Schedule O contains	Service Accomplishments a response or note to any line in this Part I	II	
1	Briefly describe the organization's mi 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	onducts, any program services?	Yes X No
Ū	If "Yes," describe these changes on		ondatio, any program sorvices	
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 \$	1,025,075. including grants of \$	1,025,075.) (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 \$  Total program service expenses	including grants of \$ 1,025,075.	) (Revenue \$	)
		, , , -		Form <b>990</b> (2024)

#### 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	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	4		Х
5	during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
3	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	х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
0	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		
8	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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
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		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? 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		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	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	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		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		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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			17
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		$\vdash$
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	
	domestic government on Fart IA, column (A), line 1: ii 100, complete ochedule i, i arto i and ii	<u> </u>	-7	

			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		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			
	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			
	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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		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			۱
	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			37
	"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	├	
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//f	00-		x
00	"Yes," complete Schedule L, Part IV	28c 29	х	
29 30	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		<u> </u>
OZ.		32		Х
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		<del></del>
00	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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? 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	X	
Pai	Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			Щ
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	_		
b		4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

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### Mighland 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	Х					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X				
	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							
	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			Х				
	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	- 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 h								
C								
·	to file Form 8282?							
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		Х				
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	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	9 Sponsoring organizations maintaining donor advised funds.							
а	a Did the sponsoring organization make any taxable distributions under section 4966?							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	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	124						
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		X				
b	<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O							
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		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.							

432005 12-10-24

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 22									
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?									
5										
6	6 Did the organization have members or stockholders?									
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										
	persons other than the governing body?									
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	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х							
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
b	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	X							
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		Х						
b	Other officers or key employees of the organization	15b		Х						
	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									
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	) availa	able						
	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, conflict of interest policy, and	d finar	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									
	Kristen Robles - 630-580-5750									
	209 East Liberty Drive, Wheaton, IL 60187									

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
   List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization n	•			tion	cor	npei	nsat	ed any current officer, o	director, or trustee.	
(A)	(B)			_ (0				(D)	(E)	(F)
Name and title	Average	(do		Pos heck			one	Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)					compensation	compensation	amount of
	week	_	Jer an	uau	II ecit	ii us	lee)	from	from related	other 
	(list any	or director						the	organizations	compensation from the
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	ruste	ıl trus		ee/	mpen		1099-NEC)	1000 NEO)	and related
	below	Individual trustee	Institutional trustee	r	Key employee	st co	<u>.</u>	10001120,		organizations
	line)	Indivi	Institu	Officer	Key e	Highest compensated employee	Form			
(1) Terri R. Olian	40.00									
Executive Director				Х				106,458.	0.	0.
(2) Alyssa Knobel	1.00									
Director		Х						0.	0.	0.
(3) David Reich	1.00									_
Director		Х						0.	0.	0.
(4) David Israel	1.00									
Treasurer		Х		Х				0.	0.	0.
(5) Betsy Brint	1.00									
Director		Х						0.	0.	0.
(6) Tami Gilbert	1.00									
Director		Х						0.	0.	0.
(7) Julie Kraff	1.00									_
Director		Х						0.	0.	0.
(8) Jonathan Plotkin	1.00									_
Director		Х						0.	0.	0.
(9) Craig Leva	1.00									_
Director		Х						0.	0.	0.
(10) Cookie Anspach Kohn	1.00									
Director		Х						0.	0.	0.
(11) Bonnie Mervis	1.00									_
Director		Х						0.	0.	0.
(12) Jon A Levey	1.00									_
Secretary		Х		Х				0.	0.	0.
(13) Laurie A Levin	2.50									_
Chairman		Х		Х				0.	0.	0.
(14) Jean Meadows	1.00									_
Director		Х						0.	0.	0.
(15) Cere Woods	1.00									_
Director		Х						0.	0.	0.
(16) Caroline Mead	1.00									
Director		Х						0.	0.	0.
(17) Taryn Kessel	1.00									
Director		Х						0.	0.	0.

432007 12-10-24

Form 990 (2024)

\$100,000 of compensation from the organization

Pa	rt v	<u> </u>		or note to any liv	as in this Dort VIII			
			Check if Schedule O contains a response	or note to any iir	(A)  Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	( <b>D</b> ) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		b d e f	Federated campaigns  Membership dues  Fundraising events  Related organizations  Government grants (contributions)  All other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in lines 1a-1f  Total. Add lines 1a-1f	251,782. 300,000. 778,050. 39,252.	1,329,832.			
				Business Code				
Program Service Revenue	2	b c d						
_			All other program service revenue					
	3	<u>g</u>	Total. Add lines 2a-2f  Investment income (including dividends, interother similar amounts)  Income from investment of tax-exempt bond	est, and proceeds	188,732.	188,732.		
		b	Royalties (i) Real Gross rents 6a Less: rental expenses 6b Rental income or (loss) 6c	(ii) Personal				
ө	7	а	Net rental income or (loss)  Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses  7b  (i) Securities 7a  40,083	(ii) Other				
Revenue			and sales expenses 7b 0 Gain or (loss) 7c 40,083 Net gain or (loss)	,	40,083.	40,083.		
Other			Gross income from fundraising events (not including \$ 251,782 • of contributions reported on line 1c). See Part IV, line 18 8a Less: direct expenses 8b					
			Net income or (loss) from fundraising events		0.			
	9	а	Gross income from gaming activities. See Part IV, line 19 Less: direct expenses  9a	1				
			Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns and allowances 10:  Less: cost of goods sold 10:					
			Net income or (loss) from sales of inventory					
			The state of the s	Business Code				
Miscellaneous Revenue	11	а						
lane		b						
Sel Sel		С						
Mis		d	All other revenue					
		е	Total. Add lines 11a-11d		4 550 515	000		
	12		Total revenue. See instructions		1,558,647.	228,815.	0.	0.

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) (D) Do not include amounts reported on lines 6b, Program service expenses Management and general expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 1,023,075 1,023,075. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 2,000. 2,000 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members ..... Compensation of current officers, directors, 106,458. 106,458. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages ..... 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 8,144. 8,144. Payroll taxes 10 Fees for services (nonemployees): a Management Legal 26,703. 26,703. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 21,819 21,819 column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 Office expenses 13 14 Information technology Royalties 15 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Payments to affiliates \_\_\_\_\_ 21 Depreciation, depletion, and amortization ..... 22 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 56,445. 56,445. Outside services 54,196. Miscellaneous 54,196. 5,330. 5,330. Stationery and printing 2,013 2,013. d Postage **e** All other expenses 1,306,183. 1,025,075. 281,108. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form **990** (2024)

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			
		once in concease of contains a responde of not	o to a	ly mile in this rail and a mile.	(A) Beginning of year		(B) End of year
		Ocale and interest beauting			540,172.		278,786.
	1	Cash - non-interest-bearing			340,172.		270,700.
	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				6	
ets	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					
	b	Less: accumulated depreciation	10b			10c	
	11	Investments - publicly traded securities			6,292,859.	11	7,318,862.
	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	6,833,031.	16	7,597,648.		
	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	Part IV	of Schedule D		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	
⊐	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					
		of Schedule D				25	
	26	<b>T. 10. 1000</b> A 110 470 1.05			0.	26	0.
		Organizations that follow FASB ASC 958, che	ck he	re X			
Š		and complete lines 27, 28, 32, and 33.					
<u>la</u>	27	Net assets without donor restrictions			6,808,786.	27	7,547,300.
Ва	28	Net assets with donor restrictions			24,245.	28	50,348.
pur		Organizations that do not follow FASB ASC 9					
Net Assets or Fund Balances		and complete lines 29 through 33.					
S	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		To the second se		31	
Net	32	Total net assets or fund balances			6,833,031.	32	7,597,648.
_	33	Total liabilities and net assets/fund balances			6,833,031.	33	7,597,648.

Form **990** (2024)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	·····	<u></u>			X
			_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,55		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,30		
3	Revenue less expenses. Subtract line 2 from line 1	3		252,46		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6	6,833,031		
5	Net unrealized gains (losses) on investments	5		55	1,4	05.
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		-3	9,2	52.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))					
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 Ca	ısh			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.				
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					
	separate basis, consolidated basis, or both:		ļ			
	X Separate basis Consolidated basis Both consolidated and separate basis		ļ			
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		ļ			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	,			
	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					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		ļ			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		ļ	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

432012 12-10-24

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

Employer identification number

Highland Park Community Foundation 36-3819818

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

he	organi	zation is not a private found	lation because it is: (	For lines 1 through 12, o	heck only	one box.)					
1	Ш	A church, convention of ch	urches, or association	on of churches described	d in <b>sectio</b>	n 170(b)(1	1)(A)(i).				
2		A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	า 990).)						
3		A hospital or a cooperative	hospital service orga	anization described in <b>s</b> e	ection 170	(b)(1)(A)(i	ii).				
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in <b>sectio</b>	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	llege or university owner	d or opera	ted by a g	overnmental unit descrik	ped in			
		section 170(b)(1)(A)(iv). (C									
6		A federal, state, or local go	•	nental unit described in	section 17	70(b)(1)(A)	(v).				
	X							nublic described in			
•		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 describe		(1)(Δ)(vi) (Complete Par	+ II )						
9	П	An agricultural research org				ed in coni	inction with a land-grant	college			
9		or university or a non-land-									
			grant college or agric	ulture (see iristructions).	Litter tile	name, on	y, and state of the colleg	le oi			
		university:	II	H 00 4 /00/ -f H				and annual and a start of the start of			
10	ш	An organization that norma									
		activities related to its exen									
		income and unrelated busin		(less section 511 tax) from	om busine	sses acqu	lired by the organization	after June 30, 1975.			
		See section 509(a)(2). (Con									
11	$\vdash$	An organization organized a	· ·	•	•						
12		An organization organized a	•	•	•		•	• •			
		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				•	, ,				
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically by	giving giving			
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the s	supporting			
		organization. You must o	complete Part IV, Se	ections A and B.							
b		Type II. A supporting org	anization supervised	I or controlled in connec	tion with it	s support	ed organization(s), by ha	iving			
		control or management of	of the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported			
		organization(s). You mus	t complete Part IV,	Sections A and C.							
С		Type III functionally inte	egrated. A supporting	g organization operated	in connec	tion with,	and functionally integrate	ed with,			
		its supported organizatio	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	orting organization oper	ated in co	nnection v	with its supported organi	zation(s)			
		that is not functionally int	tegrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement and an attent	iveness			
		requirement (see instruct	ions). <b>You must con</b>	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									
f	Ente	r the number of supported o									
g	Prov	ide the following information	n about the supporte	ed organization(s).							
_	(i	) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other			
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)			
				above (see instructions))							
ota	<u>.</u>										
OT:	41						i				

#### 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) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Gifts, grants, contributions, and	` '	. ,	. ,	, ,	, ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	915,175.	1027414.	7561712.	1425074.	1329833.	12259208.
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	915,175.	1027414.	7561712.	1425074.	1329833.	12259208.
	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.						12259208.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Amounts from line 4	915,175.	1027414.	7561712.	1425074.	1329833.	12259208.
	Gross income from interest,						
_	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	496,392.	550,416.	105,779.	155,571.	188,732.	1496890.
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.)					40,083.	40,083.
11	<b>Total support.</b> Add lines 7 through 10					•	13796181.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First 5 years. If the Form 990 is for th			fourth, or fifth tax	vear as a section 5		
	organization, check this box and <b>stop</b>	la a u a					
Sec	ction C. Computation of Publ						
14	Public support percentage for 2024 (I	ine 6, column (f), d	ivided by line 11,	column (f))		14	88.86 %
	Public support percentage from 2023					15	85.59 %
	33 1/3% support test - 2024. If the c					nore, check this be	ox and
	stop here. The organization qualifies						
b	33 1/3% support test - 2023. If the c						
	and <b>stop here.</b> The organization qual	ifies as a publicly s	supported organiza	ation		•	
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	J					•
	meets the facts-and-circumstances te						
b	10% -facts-and-circumstances tes	•					
-	more, and if the organization meets the	ū				•	
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization						
		sia not oncon a	22.7 3.7 10 10, 100	., .o., ., a, o. 17 k	, 5110011 1110 00/1 11		(Form 990) 2024

Schedule A (Form 990) 2024

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

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

Sec	qualify under the tests listed beation A. Public Support	elow, please com	plete Part II.)						
	ndar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total		
	Gifts, grants, contributions, and	(a) 2020	(b) 2021	(6) 2022	(u) 2023	(e) 2024	(i) iotai		
•	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 Gross receipts from activities that						<u> </u>		
3	are not an unrelated trade or bus-								
	iness under section 513								
4							<del>                                     </del>		
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						<del>                                     </del>		
	<b>Total.</b> 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								
L.	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.)								
	etion B. Total Support		1		1	1	1		
	ndar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total		
	Amounts from line 6								
102	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								
	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.)								
14	First 5 years. If the Form 990 is for the	ie organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,		
			•				<u></u>		
	ction C. Computation of Publ					1 1			
	Public support percentage for 2024 (I					15	%		
	Public support percentage from 2023					16	%		
<u>Sec</u>	ction D. Computation of Inves					l l			
17						17	<u>%</u>		
18	Investment income percentage from 2					18	%		
19a	33 1/3% support tests - 2024. If the						17 is not		
	more than 33 1/3%, check this box a						L		
b	33 1/3% support tests - 2023. If the								
	line 18 is not more than 33 1/3%, che								
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								

432023 01-14-25

#### 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
	4		
	1		
	2		
	3a		
	3b		
	_		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b 5c		
	5C		
	6		
	7		
	8		
	9a		
	6:		
	9b		
	9c		
	10a		
	10b		
dula		~ 000	

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. 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? 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

2b

Sec	tion 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 integrated Type III supporting organization (see				

7 8

Schedule A (Form 990) 2024

instructions).

Recoveries of prior-year distributions

Minimum Asset Amount (add line 7 to line 6)

Par	rt V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Orga	anizations <sub>(contint</sub>	ued)	
Secti	ion D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish ex	1			
2	Amounts paid to perform activity that directly furthers exer				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpo	ıs	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	provide 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	<del></del>		
	(provide details in Part VI). See instructions.	J		8	
9	Distributable amount for 2024 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-2024	ns	Distributable Amount for 2024
_1_	Distributable amount for 2024 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2024 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2024				
а	From 2019				
b	From 2020				
С	From 2021				
d	From 2022				
е	From 2023				
f	Total of lines 3a through 3e				
g	Applied to under distributions of prior years				
	Applied to 2024 distributable amount				
i	Carryover from 2019 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2024 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2024 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2024, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2024. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2025. Add lines 3j				
-	and 4c.				
8	Breakdown of line 7:				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				
	Excess from 2024				

Schedule A (Form 990) 2024

## Schedule B (Form 990)

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

### **Schedule of Contributors**

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

OMB No. 1545-0047

Name of the organization

Employer identification number

Highland Park Community Foundation

36-3819818

Organization type (check one):								
Filers of:		Section:						
Form 990 c	or 990-EZ	X 501(c)( 3 ) (enter number) organization						
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
		527 political organization						
Form 990-F	PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
0								
•	•	covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General R	ule							
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Ru	iles							
se co	ections 509(a)(1) a ontributor, during t	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one 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; ine 1. Complete Parts I and II.						
co lite	ontributor, during t erary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, hal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.						
ye is pı	ear, contributions of checked, enter he urpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., plete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year\$						
answer "No	aution: 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 nswer "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 lat it doesn't meet the filing requirements of Schedule B (Form 990).							

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

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

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

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

Go to www.irs.gov/Form990 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 organization answered "Yes" on Form 990, Part IV, lin		milar Funds or	Accounts. Complete if the
	organization answered Tes on Form 330, Factiv, iii	(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year	. ,	3	
2	Aggregate value of contributions to (during year)		665.	
3	Aggregate value of grants from (during year)		0.	
4	Aggregate value at end of year		44,864.	
5	Did the organization inform all donors and donor advisors in v		d in donor advised f	unds
	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	dvisors in writing that gran	nt funds can be use	d only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any	other purpose con	
_	impermissible private benefit?			
Pai			on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organizati			
	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		dan ta Mar fama af a	
2	Complete lines 2a through 2d if the organization held a qualif day of the tax year.	ried conservation contribut	tion in the form of a	Held at the End of the Tax Year
_	Total number of conservation easements			
a h				a.
C	Number of conservation easements on a certified historic str			··
	Number of conservation easements included on line 2c acqu			
_	on a historic structure listed in the National Register	•		2d
3	Number of conservation easements modified, transferred, rel			
	year	, 0	,	Ç
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection	on, handling of	
	violations, and enforcement of the conservation easements it	t holds?		Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and	l enforcing conserv	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enfo	orcing conservation	easements during the year
•				(D)(1)
8	Does each conservation easement reported on line 2d above			
9	and section 170(h)(4)(B)(ii)?			
9	balance sheet, and include, if applicable, the text of the footr		•	
	organization's accounting for conservation easements.	lote to the organization's i	maneiai statemente	s that describes the
Pai	t III Organizations Maintaining Collections of	f Art, Historical Trea	sures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form	•	•	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its rever	nue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, o	or research in furthe	erance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that desc	ribes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue	statement and bala	nce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or i	esearch in furthera	nce of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical treatments			in, provide
	the following amounts required to be reported under FASB A			
a	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			\$

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

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

										_	
	dule D (Form 990) (Rev. 12-2024) Highlan								19818		<u>age <b>2</b></u>
	t III Organizations Maintaining Co								<b>ts</b> (contin	uea)	
3	Using the organization's acquisition, accessio	n, and other recor	as, cnec	k any of the	following tha	at make siç	gnificant use	of its			
	collection items (check all that apply).		. $ egin{array}{c} $								
а	Public exhibition	•			hange progra						
b	Scholarly research	•	e 📖	Other							
C	Preservation for future generations										
4	Provide a description of the organization's col							n Part	XIII.		
5	During the year, did the organization solicit or								1		٦
Do	to be sold to raise funds rather than to be mai								Yes		<b>No</b>
Pai	<b>t IV</b> Escrow and Custodial Arrang reported an amount on Form 990, Part	-	ete if the	organizatioi	n answered "	Yes" on F	orm 990, Par	t IV, li	ne 9, or		
			dian, fa	r contributio	no or other o	acata nat i	naludad				
ıa	Is the organization an agent, trustee, custodia		•						] <b>v</b>		٦ ٨ ٦
	on Form 990, Part X?							🗀	Yes		<b>∐</b> No
D	If "Yes," explain the arrangement in Part XIII a	na complete the 10	ollowing	table:					Amount		
_	Desiration belongs						4-		Amount	•	
	Beginning balance										
	Additions during the year										
_	Distributions during the year										
f O-	Ending balance							$\overline{}$	Yes		No
	Did the organization include an amount on Fo						•	🖵			
Par	If "Yes," explain the arrangement in Part XIII. C										
· ui	Endownient Lando Complete in t	(a) Current year		Prior year	(c) Two yea		a) Three years	back	(e) Four	vears	back
10	Beginning of year balance	(a) canoni your	(2):	nor your	(0)	10 20011 (0	<b>.,</b>	- Just	(0) : 54:	y ou. o	
b	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
е											
	and programs  Administrative expenses										
	End of year balance										
g 2	Provide the estimated percentage of the curre	ent year and halan	co (lino 1	la column (	a)) bold ac.						
	Board designated or quasi-endowment	•	%	rg, coluitiir (	ajj Heiu as.						
	Permanent endowment	%									
	Term endowment 9/										
·	The percentages on lines 2a, 2b, and 2c shou										
32	Are there endowment funds not in the posses		zation th	at are hold a	and administe	arad for the	2				
Sa	organization by:	Sion of the organiz	zation tin	at are rielu a	iilu aulillillisid	erea for the	5		Г	Yes	No
	-										
	(i) Unrelated organizations?								3a(i)		
h	(ii) Related organizations?										
4	Describe in Part XIII the intended uses of the								SD		
	t VI Land, Buildings, and Equipme		ownent	iuiius.							
. ui	Complete if the organization answered		0. Part l'	V. line 11a 9	See Form 990	D. Part X. li	ne 10.				
	Description of property	(a) Cost or o		1	or other		cumulated		(d) Book	c valu	
	Description of property	basis (invest			(other)		eciation		(u) Door	valu	_
12	Land	<u> </u>		200	(	ЗЭРІ					
	Buildings										
-	g							1			

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

e Other

c Leasehold improvements ..... d Equipment

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

Schedule D (Form 990) (Rev. 12-2024) Highland Pa	rk Communit	y Foundation	36-3819818 Page 3
Part VIII Investments - Other Securities	- F 000 D+ IV E	- 44b - 0 Faura 000 - Bart V - Bara 40	
Complete if the organization answered "Yes" o  (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	and of year market value
A F 1111 P	(b) book value	(c) Method of Valuation. Cost of	end-or-year market value
(1) Financial derivatives		+	
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)  Tatal (Cal /b) reveat acreal Forms 000, Bort V, line 40, cal /D)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))  Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 000 Port IV lin	a 11a Saa Farm 000 Bart V lina 12	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	and of year market value
	(b) book value	(c) Wethod of Valuation. Cost of	end-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  Part IX Other Assets			
	n Farma 000 Dark IV lin	and Can Farm OOO Dark V line 15	
Complete if the organization answered "Yes" o	escription	e 11d. See Form 990, Part X, line 15.	(b) Book value
	escription		(b) DOOK value
(1)			
(2)			
(3)			
<u>(4)</u>			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, line 15, col.	(P))		
Part X Other Liabilities	(B))		
Complete if the organization answered "Yes" o	n Form 990 Part IV line	a 11a or 11f See Form 990 Part Y line	25
. (a) Description of liability	111 OIII 330, 1 art IV, IIII	e Tre of Tri. See Form 930, Fart X, line	(b) Book value
			(b) DOOK value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, col.			
2. Liability for uncertain tax positions. In Part XIII, provide t	he text of the footnote	to the organization's financial statemen	nts 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) (Rev. 12-2024)

Pai	t XI Reconciliation of Revenue per Audited Financial Stateme	nts Wit	h Revenue per R	eturr	l ago s
	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	2,070,800.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	551,405.		
b	Donated services and use of facilities				
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	551,405.
3	Subtract line 2e from line 1			3	1,519,395.
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.)		39,252.		
С	Add lines 4a and 4b			4c	39,252.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			5	1,558,647.
	t XII   Reconciliation of Expenses per Audited Financial Statement			Retu	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	1,306,183.
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				
С	Other losses				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	1,306,183.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)			5	1,306,183.
Pa	t XIII Supplemental Information				
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1	b 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 addi	tional info	ormation.		
Paı	rt V, line 4:				
Gra	ants to Charitable Organizations				
	ct X, Line 2:				
	e Foundation's federal excise tax returns l				
	k authorities for the last three years, whi				
	ssibly subject to examination. Management				
	ferences of opinion relating to interpreta				
	chorities and that certain tax jurisdiction				
	ve not been made. However, there have not $1$				
	any taxing authorities that have not been				
	ovided for in the financial statements, no			awa:	re of any
spe	ecific uncertain tax positions that current	tly e	xist.		
	rt XI, Line 4b - Other Adjustments:				
In-	-kind donations				

Schedule D (Form 990) (Rev. 12-2024) Highland Park Community Foundation	36-3819818 Page 5
Schedule D (Form 990) (Rev. 12-2024) Highland Park Community Foundation  Part XIII   Supplemental Information (continued)	
1 22	

#### SCHEDULE G (Form 990)

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

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Highland Park Community Foundation

Employer identification number 36-3819818

	a rarn communitely r	0 411	aac	<u> </u>	30 3013	<u> </u>		
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not								
required to complete this part.  1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.								
a Mail solicitations				overnment grants				
<b>b</b> Internet and email solicitations	s f Solicitat	ion of	gover	nment grants				
c Phone solicitations	g Special	fundra	aising	events				
d In-person solicitations								
2 a Did the organization have a written of						□ No		
key employees listed in Form 990, P  b If "Yes," list the 10 highest paid indiv								
compensated at least \$5,000 by the		iai ii to	ug. oc	mente ander whien				
	ı			<u> </u>	( A A			
(i) Name and address of individual	(ii) Activity	fundr	Did aiser	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to (or retained by)		
or entity (fundraiser)	(ii) / Cuvity	(iii) Did fundraiser have custody or control of contributions?		from activity	fundraiser listed in col. (i)	organization		
		Yes	No		,,			
Fotal	<u> </u>	<u> </u>						
3 List all states in which the organization	on is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration		
or licensing.								

LHA 432081 01-14-25

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

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

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events None (add col. (a) through Fundraiser col. (c)) (event type) (total number) (event type) 1 Gross receipts 251,782 251,782. 251,782 251,782. 2 Less: Contributions **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue ..... 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses ...... Yes Yes Yes 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain: Schedule G (Form 990) (Rev. 12-2024)

Sch		<u> 3819818</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	O 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	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$		
С	If "Yes," enter the name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
_	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	art III. lines 9.	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,,	,,
	, os, iso, is, and is approximate provide any additional mismatch described		

Schedule G	i (Form 990)	Highland Park	: Community	Foundation	36-3819818 Page 4
Part IV	Supplemental Ir	Highland Park nformation (continued)			-
		·			

#### SCHEDULE I (Form 990)

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

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Highland	$\begin{array}{c} \textbf{Employer identification numbe} \\ 36-3819818 \end{array}$						
Part I General Information on Grants		<u> </u>					
<ol> <li>Does the organization maintain records criteria used to award the grants or ass</li> <li>Describe in Part IV the organization's p</li> </ol>	istance? rocedures for mon	itoring the use of gran	t funds in the Unite	d States.			X Yes No
Part II Grants and Other Assistance to recipient that received more than	•				anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Big Brothers Big Sisters of Metropolitan Chicago - 130 S. Jefferson St., Suite 200 - Chicago, IL 60661	36-2681212	501(c)(3)	8,000.	0.			General Operating Support
Cancer Wellness Center 215 Revere Drive Northbrook, IL 60062	36-3604463	501(c)(3)	15,000.	0.			General Operating Support
Center for Enriched Living 280 Saunders Road Riverwoods, IL 60015	36-3339009	501(c)(3)	8,000.	0.			General Operating Support
Collaborative Community Housing Initiative - 833 Central Avenue, Unit 1371 - Highland Park, IL 60035	83-4685695	501(c)(3)	14,925.	0.			Program Support
College Bound Opportunities 2033 N. Milwaukee #246 Riverwoods, IL 60015	20-4811544	501(c)(3)	40,000.	0.			Program Support
Community Partners for Affordable Housing - 800 S. Milwaukee Avenue Suite 201 - Libertyville, IL 60048  2 Enter total number of section 501(c)(3)	36-3086133	501(c)(3)	22,500. he line 1 table	0.			Program Support

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

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Curts Cafe							
3425 Dempster St., 2nd Fl.							
Skokie, IL 60076	45-3934105	501(c)(3)	8,500.	0.			General Operating Suppor
Direct Giving Lab							
944 Enfield Drive							
Northbrook, IL 60062	82-2521095	501(c)(3)	10,800.	0.			General Operating Suppor
Family Focus HP							
330 Laurel Avenue							
Highland Park, IL 60035	36-2166998	501(c)(3)	56,000.	0.			Program Support
Family Service of Glencoe							
675 Village Court							
Glencoe, IL 60022	36-2167062	501(c)(3)	12,500.	0.			Shooting Recovery Suppor
Focus on the Arts							
433 Vine Ave							
Highland Park, IL 60035	26-0311839	501(c)(3)	16,750.	0.			Program Support
Glenkirk							
3504 Commercial Ave							
Northbrook, IL 60062	36-2345191	501(c)(3)	9,000.	0.			Program Support
			,,,,,,,,				
Gratitude Generation							
655 Deerfield Road, Suite 100, #408	<b>3</b>						
Deerfield, IL 60015	82-3849004	501(c)(3)	11,000.	0.			Program Support
·			<u> </u>				
Heart of the City							
PO Box 356							
Waukegan, IL 60079	36-4780812	501(c)(3)	6,000.	0.			Program Support
Highland Park Community Early							
Learning Center - 640 Ridlge Road							
- Highland Park, IL 60035	36-2187792	E01/a)/3)	52,500.	0.			General Operating Suppor

		nunity Found					6-3819818 Page 1
Part II Continuation of Grants and Other							
(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Highland Park High School 433 Vine Ave.							
Highland Park, IL 60035	26-0849073	501(c)(3)	19,550.	0.			Program Support
Highland Park Public Library 494 Laurel Avenue							
Highland Park, IL 60035	36-6005925	501(c)(3)	10,000.	0.			Program Support
Highland Park Strings 1601 Oakwood Ave #105							
Highland Park, IL 60035	81-4734503	501(c)(3)	23,000.	0.			General Operating Support
Highwood Library & Community Center - 102 Highwood Ave -							General Operating Support
Highland Park, IL 60035	83-4409594	501(c)(3)	74,000.	0.			and Shooting Recovery
JCFS Chicago 5140 Golf Rd.							
Skokie, IL 60077	36-2167758	501(c)(3)	8,000.	0.			Shooting Recovery
Jewish Council for Youth Services Lutz Family Center - 800 Clavey							
Road - Highland Park, IL 60035	36-2193616	501(c)(3)	10,000.	0.			Program Support
Josselyn 1135 Skokie Blvd							General Operating Support
Northbrook, IL 60062	36-2217996	501(c)(3)	105,000.	0.			and Shooting Recovery
Keeping Families Covered 3250-B N. Oak Grove Avenue							
Waukegan, IL 60087	27-3434770	501(c)(3)	10,000.	0.			Program Support
Wh-h							
Keshet 600 Academy Drive, Suite 130							
Northbrook, IL 60062	36-3441392	501(c)(3)	16,000.	0.			Program Support

		nunity Found					6-3819818 Page
Part II Continuation of Grants and Other  (a) Name and address of organization or government	Assistance to De	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash	(f) Method of valuation	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
				assistance	(book, FMV, appraisal, other)		
Kids Rank							
1957 Sheridan Road							
Highland Park, IL 60035	37-1651268	501(c)(3)	12,500.	0.			Program Support
Midwest Young Artists Conservatory							
878 Lyster Rd							
Highwood, IL 60040	23-7179740	501(c)(3)	7,000.	0.			Program Support
Mothers Trust Foundation							
400 E Illinois Road							
Lake Forest, IL 60045	36-4177726	501(c)(3)	10,000.	0.			Program Support
			1 20,000	- •			
North Suburban Legal Aid Clinic							
3500 Western Avenue, 2A							
Highland Park, IL 60035	47-2859426	501(c)(3)	64,500.	0.			General Operating Suppor
Northern Illinois Food Bank							
273 Dearborn Ct.							
Geneva, IL 60134	36-3203648	501(c)(3)	22,000.	0.			General Operating Suppor
Parks Foundation of Highland Park							
636 Ridge Road							
Highland Park, IL 60035	35-2507421	501(c)(3)	10,000.	0.			Program Support
Pilgrim Chamber Players							
805 Moseley Rd							_
Highland Park, IL 60035	36-4174174	501(c)(3)	18,000.	0.			General Operating Suppor
Roberti Community House							
919 8th Street							
Waukegan, IL 60085	47-2348102	501(c)(3)	12,500.	0.			Program Support
SaLT-Service and Learning Together							
1215 North Avenue	0.5 1.5-0.5-1	501( )(2)	10.500	_			
Highland Park, IL 60035	87-1770571	pu1(c)(3)	12,500.	0.			Program Support

		munity Found					6-3819818 Page
Part II Continuation of Grants and Other		1		, ,	, , , , , , , , , , , , , , , , , , ,	,	
(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Southeast Lake County Faith in							
Action Volunteers - 655 Deerfield							
Road, PMB 331 - Deerfield, IL							
60015	14-1955977	501(c)(3)	31,000.	0.			Program Support
The Art Center Highland Park							
1957 Sheridan Rd							
Highland Park, IL 60035	36-2464960	501(c)(3)	50,000.	0.			Program Support
Tri-Con Child Care Center							
425 Laurel Ave	25 272252	504 ( ) (0)	50 500				
Highland Park, IL 60035	36-2708769	501(c)(3)	52,500.	0.			General Operating Support
Uptown Music Theater of Highland							
Park - 184 Leonard Wood S, Apt 208							
- Highland Park, IL 60035	83-4001388	501(c)(3)	15,000.	0.			General Operating Support
Willow House							
2231 Lakeside Dr							
Bannockburn, IL 60015	36-4236306	501(c)(3)	5,500.	0.			General Operating Support
Working Together							
1005 Central Avenue							
Highland Park, IL 60035	81-5008213	501(c)(3)	12,000.	0.			General Operating Support
Zacharias Sexual Abuse Center							
4275 Old Grand Ave							
Gurnee, IL 60031	36-3314976	501(c)(3)	30,000.	0.			Program Support
A Safe Place							
1710 17th Street, Suite 100							
Zion, IL 60099	36-3032700	501(c)(3)	17,500.	0.			General Operating Support
Art Impact Project							
104-1 E. Scranton Avenue				_			
Lake Bluff, IL 60044	46-5138202	501(c)(3)	9,000.	0.			Program Support

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	s. Complete if the	organization answe	ered "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 information rec	uired in Part I, lin	le 2; Part III, column	ı (b); and any other a	I dditional information.	
Part I, Line 2:			-		
Interim reports are required to be	submitt	ed by all	organizati	ons that	
receive grant awards. Board member	ers also	reach out	to award r	ecipients to	
address questions and provide clar	rificatio	ns. Grant	recipients	are also	
required to advise if the program discontinued.	for whic	h they rec	eive fundi	ng is	
discontinued.					
		-			

## **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30. Attach to Form 990.

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

Open to Public Inspection

Nam	ne of the organization				E	Employer identifi	catio	n nui	mber
	Highland Par	k Comm	unity Fou	ındation		36-38	198	818	
Pa			_						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	no	(d) Method of dete encash contribution			s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	Х	26	13,680.	FMV				
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens				1				
24	Archeological artifacts								
25	Other (Various items )	Х	78	25,574.	FMV				
26									
27	Other ( ) Other ( )								
28	Other (								
29	Number of Forms 8283 received by the organi	zation durin	n the tax year for (	contributions	-				
25	for which the organization completed Form 82								
	for which the organization completed form oz	00,1 011 1,1	sorioo / totti owiou g	Joiniont				Yes	No
30a	During the year, did the organization receive b	v contributio	on any property re	norted on Part I lines 1 thro	uah 28	that it		100	110
000	must hold for at least 3 years from the date of	-			-	That it			
	exempt purposes for the entire holding period			•		5	30a		х
h	If "Yes," describe the arrangement in Part II.	•					, Ju		- <u>-</u>
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandard contrib	utions?		31		Х
	Does the organization have a gift acceptance    Does the organization hire or use third parties		-	•		·····	-		
uza			_	· •		,	32a		Х
h	contributions?  If "Yes," describe in Part II.					F	,za		
33	If the organization didn't report an amount in c	olumn (c) fo	or a type of proper	ty for which column (a) is ch	ecked				
-	describe in Part II.		a type of propert	., ioi willon oolulliin (a) io on	conou,				

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

Schedule M (Form 990) 2024

432142 01-18-25

# SCHEDULE O (Form 990)

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

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 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

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, Part XI, line 9, Changes in Net Assets: In-Kind Donations -39,252.

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

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

Form	AG9	990	-1
Revi	sed	10/	2

For Office Use Only	ILLINOIS CHARITABLE					Form AG990-II Revised 10/24
PMT#		ey General Kwam t Bureau,  115 S. ∣		004	<sub>4</sub> Λ1	
	— Chi	icago, IL 60603	Laballe St	_		- 0 2 3 7 8 6
AMT	Report for	the Fiscal Period:				IRS Return
	<u> </u>		Make Checks			Financial Statements
	Beginning	01/01/2024	Payable to Illinois Charity	_		d Financial Statements
INIT	 & Ending	12/31/2024	Bureau Fund			Form IFC ual Report Filing Fee
	a Litania			=		ual Report Filing Fee te Report Filing Fee
Federal ID # 36-381981	18	MO DAY YR	Date organization was c			03/10/1992
Are contributions to the organiza		No			М	O DAY YR
Legal Name: Highland	d Park Community Fou	ındation	YEAR-END			
Mail Address: P.O. Box	v 308		AMOUNTS A) ASSETS	$\rightarrow$	A) \$	7,597,648.
City, State: Highland			B) LIABILITIES		B) \$	0.
Zip Code: 60035			C) NET ASSET		C) \$	7,597,648
Email Address:						
	LL REVENUE ITEMS DURING		PERCENTAC		р) ф	AMOUNT
,	ONTRIBUTIONS AND PROGRAM SERVICE R ITS AND MEMBERSHIP DUES	REV. (GROSS AMTS.)	66.072 19.24		D) \$ E) \$	1,029,832.
F) OTHER REVENUES	I O YIM INITINIDEDOLLE DOES		14.680		F) \$	228,815
.,				7,4		
	NCOME AND CONTRIBUTIONS RECEIVED (A		100	) %	G) \$	1,558,647.
	LL EXPENDITURES DURING	THE YEAR:				
H) OPERATING CHARITA	ABLE PROGRAM EXPENSE			%	H) \$	
I) EDUCATION PROGRA	AM SERVICE EXPENSE			%	I) \$	
J) TOTAL CHARITABLE	PROGRAM SERVICE EXPENSE (ADD H & I)			%	J) \$	0.
,	ATED TO PROGRAM SERVICES (INCLUDED		\$		, .	
01) com cocron <b>22</b> 00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5,				
K) GRANTS TO OTHER C	CHARITABLE ORGANIZATIONS		78.479	9%	K) \$	1,025,075.
L) TOTAL CHARITABLE	PROGRAM SERVICE EXPENDITURE (ADD J	& K)	78.479	9%	L) \$	1,025,075.
M) MANAGEMENT AND (	GENERAL EXPENSE		21.52	1%	M) \$	281,108.
N) FUNDRAISING EXPEN	NSE			%	N) \$	
0) TOTAL EXPENDITUR	ES THIS PERIOD (ADD L, M & N)		100	) %	0) \$	1,306,183.
	L PAID FUNDRAISER & CON					
PROFESSIONAL FUNDRA	ISERS:	,	11.)			
P) TOTAL AMOUNT RAIS	SED BY PAID PROFESSIONAL FUNDRAISER	S	100	) %	P) \$	0.
Q) TOTAL FUNDRAISERS	S FEES AND EXPENSES			%	Q) \$	
·	HE CHARITY (P MINUS Q = R)			%	R) \$	
PROFESSIONAL FUNDS	,			70	··· / <del>·</del>	
S) TOTAL AMOUNT PAIL	D TO PROFESSIONAL FUNDRAISING CONSU				S) \$	0.
	TO THE (3) HIGHEST PAID P		THE YEAR:		T) A	106 450
	rri Olian, Executive	Director			T) \$ U) \$	106,458.
U) NAME, TITLE:  V) NAME, TITLE:					U) \$ V) \$	
V. CHARITABLE PR	OGRAM DESCRIPTION: CHARITA	ABLE PROGRAM (3 HIGHEST E ATEGORIES	BY \$ EXPENDED)			back side of instructions
る。 W) DESCRIPTION <b>Gra</b>	ants to Other Charit	able Organi	zations	-	W)#	150
W) DESCRIPTION: Gra X) DESCRIPTION: Y) DESCRIPTION:					X) #	
Y) DESCRIPTION:					Y) #	

	IE QUESTIONS BELOW ARE APPLICABLE TO THE CURRENT REPORTING PERIOD. IF THE ANSWER TO IY OF THE FOLLOWING QUESTIONS IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGEMENT?	1.		Х
2.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PART TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	2.		X
3.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	3.		X
4.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	4.		Х
5.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	5.		Х
	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?  IF "YES", ENTER	6.		X
	(I) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ ; (II) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ ; (III) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ ; AND (IV) THE AMOUNT ALLOCATED TO FUNDRAISING \$ .			
7.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	7.		X
8.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	8.		X
9.	DID THE ORGANIZATION LEARN OR BECOME AWARE OF ANY KICKBACK, BRIBE OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS IN THE CURRENT OR PREVIOUS FISCAL YEARS?	9.		X
10.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: First Bank of Highland Park, 1835 First St., Highland Park, IL	ı	6003	5
	Highland Park Bank and Trust, 1949 St., Johns Avenue, Highland	P	ark,	IL
	60035			
11.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: Kristen Robles - 630-580-5750			

### ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS ●

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

#### BE SURE TO INCLUDE ALL FEES DUE:

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

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PRESIDENT OR OTHER AUTHORIZED OFFICER OR TRUSTEE (PRINT NAME) SIGNATURE DATE David Israel CHIEF FISCAL OFFICER OR TRUSTEE (PRINT NAME) SIGNATURE DATE Anton Hendler PREPARER (PRINT NAME)

SIGNATURE

DATE

## Form 8879-TF

# IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2024, or fiscal year beginning	, 2024, and ending
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2024

OMB No. 1545-0047

Internal Revenue Service

Do not send to the IRS. Keep for your records. Department of the Treasury Go to www.irs.gov/Form8879TE for the latest information. EIN or SSN Name of filer Highland Park Community Foundation 36-3819818 Laurie Levin Name and title of officer or person subject to tax Chairman Type of Return and Return Information | Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) \_\_\_\_\_\_ **1b** \_\_\_\_\_\_ **1,** 558 \_\_, 647 . Form 990 check here ...... 1a Form 990-EZ check here ... **b Total revenue,** if any (Form 990-EZ, line 9) 2b 2a 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part V, line 5) 4b 4a Form 990-PF check here Form 8868 check here ..... b Balance due (Form 8868, line 3c) 5b 5a Form 990-T check here Form 4720 check here ..... 7a Form 5227 check here ..... b FMV of assets at end of tax year (Form 5227, Item D) 8b 8a Form 5330 check here ..... **b Tax due** (Form 5330, Part II, line 19) 9a Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name of entity) and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X Lauthorize Lipschultz, Levin & Gray, LLC 60062 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. 🔟 As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. 11/12/2025 Date Laurie Levin Signature of officer or person subject to tax **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 36071660062 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. 11/07/25 ERO's signature Date

**ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form **8879-TE** (2024)

# Extended to November 15, 2024 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.

and ending

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A For the 2023 calendar year, or tax year beginning

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

Open to Public Inspection

В	Check if applicable	C Name of organization			D Employer identific	cation number
_	Addres		- Hanndatian			
H	□Name		y Foundation		36-38198	1 Q
H	lchange	Doing business as  Number and street (or P.0. box if mail is not delive	vared to etreet address)	Room/suite	E Telephone number	
F	return Final	P.O. Box 398	vereu to street address)	1100III/Suite	847-433-	
	—lreturn/ termin ated		7IP or foreign postal code		G Gross receipts \$	1,580,645.
	Ameno				H(a) Is this a group re	
	Applic tion	F Name and address of principal officer:Lau	rie Levin		for subordinates	
	pendir	g 1115 Lincoln Ave. South	, Highland Park	, IL	H(b) Are all subordinates in	ncluded? Yes No
T :	Tax-exe	empt status: X 501(c)(3) 501(c) ( )	(insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions
	Websit				H(c) Group exemption	
		- i gamilla attent	sociation Other	<b>L</b> Year	of formation: $1992$	f 1 State of legal domicile: $f IL$
Pa		Summary	<b>O</b>			
Se		Briefly describe the organization's mission or most	significant activities: Gran	ts to	cnaritable	
Activities & Governance		organizations	P 120 P P		050/ (:)	
veri	1		tinued its operations or dispo		1 1	ssets.
Ĝ		Number of voting members of the governing body ( Number of independent voting members of the gov			3	23
ک د	1	Total number of individuals employed in calendar y				1
iţie		Total number of volunteers (estimate if necessary)				0
ξį		Total unrelated business revenue from Part VIII, col				0.
⋖		Net unrelated business taxable income from Form 9				0.
					Prior Year 7,561,712.	Current Year 1,425,074.
ō	8	Contributions and grants (Part VIII, line 1h)	ntributions and grants (Part VIII, line 1h)			
eun	9	, , , , , , , , , , , , , , , , , , , ,			0.	0.
Revenue					105,779.	155,571.
_	11	1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.	0.
		Total revenue - add lines 8 through 11 (must equal			7,667,491.	1,580,645.
	1	Grants and similar amounts paid (Part IX, column (A		6,581,652.	1,164,324.	
		Benefits paid to or for members (Part IX, column (A)			0.	109,221.
ses	15	Salaries, other compensation, employee benefits (F			0.	0.
Expenses	loa	Professional fundraising fees (Part IX, column (A), lin Total fundraising expenses (Part IX, column (D), line		····	0.	0.
$\overline{\mathbf{x}}$	17	Other expenses (Part IX, column (A), lines 11a-11d,			227,138.	150,717.
	1	Total expenses. Add lines 13-17 (must equal Part I)			6,808,790.	1,424,262.
	19	Revenue less expenses. Subtract line 18 from line			858,701.	156,383.
or	3	·		Ве	ginning of Current Year	End of Year
sets alan	20	Total assets (Part X, line 16)			5,984,594.	6,833,031.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)			0.	0.
	22	Net assets or fund balances. Subtract line 21 from	line 20		5,984,594.	6,833,031.
	art II	Signature Block				. In a contract of the state of
		lties of perjury, I declare that I have examined this return, i t, and complete. Declaration of preparer (other than office				y knowledge and belief, it is
uue	, correc	i, and complete. Deciaration of preparer (other than officer	) is based on an information of wi	nicii preparei	Thas any knowledge.	
Sig	n	Signature of officer			I Date	
Hei		Laurie Levin, Chairman				
		Type or print name and title				
		Print/Type preparer's name	Preparer's signature		Date Check	PTIN
Pai	d	Anton Hendler		1	1/14/24 if self-employed	P01077823
		Firm's name Lipschultz, Levin			Firm's EIN 3	6-2260623
Use	Only	Firm's address 425 Huehl Road Blo		· · · · · ·		
		Northbrook, IL 600			Phone no.84	7-272-5300
		RS discuss this return with the preparer shown about		<u></u>		X Yes No
LHA	A For	Paperwork Reduction Act Notice, see the separa	ate instructions. 332001 1	2-21-23		Form <b>990</b> (2023)

Pa	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
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	I 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	al expenses, and
	revenue, if any, for each program service reported.  (Code:) (Expenses \$ 1,164,324 • including grants of \$ 1,164,324 • ) (Revenue \$	)
	Grants to charitable organizations	
4b	(Code:) (Expenses \$	)
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 1,164,324.	
		Form <b>990</b> (2023)

# 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? 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			x
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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			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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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,			<b>₩</b>
	Part VI	11a		X
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		
·	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			
-	(, line 16? If "Yes," complete Schedule D, Part IX			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?			
40	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?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		<u> </u>
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		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	7 1	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ا م	Х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Λ	<u> </u>

FUIIII 990				
Part IV	Ch	ecklist of Required Sched	dules (co	ntinued)

ı aı	The Officerist of Nequired Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			٠,,
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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		Х
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		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			
	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,			
20				
_	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		00-		x
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//f			<b>₩</b>
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			3,7
	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		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			
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? 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				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b				
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
•	(gambling) winnings to prize winners?	1c		
	O		000	

# 023) 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	Х		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X	
	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				
	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			Х	
	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	- 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?	7b			
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	76			
·	to file Form 8282?	7c		Х	
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
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.					
a Did the sponsoring organization make any taxable distributions under section 4966?					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	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	124			
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		X	
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.				

332005 12-21-23

Form **990** (2023)

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	3					
	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 2.	3					
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		Х			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	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 appoint one or						
	more members of the governing body?						
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	X				
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		X			
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	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	12a	X				
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	X				
13	Did the organization have a written whistleblower policy?	13		Х			
14	Did the organization have a written document retention and destruction policy?	14	X				
15	Did the process for determining compensation of the following persons include a review and approval by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
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						
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.						
	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, conflict of interest policy, a	nd 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						
	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.
- 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.

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	not c	Pos	ition	) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week	-	CCI AII	uau	II GCIC	)/ ii us	100)	from	from related	other
	(list any hours for	directo				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	ompe		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	Pu	Inst	0#i	Ke	Hig	윤			
(1) Alyssa Knobel	0.00	Х						0.	0.	0
Director	0.00	A						0.	0.	0.
(2) David Reich	0.00	\ \						0.	0.	0
Director	0.00	Х						0.	0.	0.
(3) David Israel	0.00	Х		х				0.	0.	0.
Treasurer (4) Betsy Brint	0.00	^		Λ				0.	0.	0.
Director	0.00	Х						0.	0.	0.
(5) Sofia Alvarez	0.00	<u> </u>						0.	0.	<u> </u>
Director	0.00	х						0.	0.	0.
(6) Julie Kraff	0.00									
Director		x						0.	0.	0.
(7) Jonathan Plotkin	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									
Secretary		Х		Х				0.	0.	0.
(12) Laurie A Levin	2.50								_	_
Chairman		Х		Х				0.	0.	0.
(13) Jean Meadows	0.00									
Director		Х						0.	0.	0.
(14) Joe Reinstein	0.00									•
Director	0 00	Х						0.	0.	0.
(15) Karen Reisin	0.00	,,							0	0
Director	0 00	Х						0.	0.	0.
(16) Caroline Mead	0.00	٦,						0.	0.	0
Director	0.00	Х				_	_	0.	0.	0.
(17) Taryn Kessel	0.00	X						0.	0.	0
Director	<u> </u>	Ā						<u> </u>	U •	0.

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Name and title	Average hours per week	box	not c , unle cer an	ss pe	itior more	than	th an	Reportable compensation from	Reportable compensation from related	า	an	timate nount o 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/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		com fr org and	pensat om the anization d relate anization	e on ed
(18) Don Stewart	0.00	.,								>			^
Director (10) 7 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	0.00	Х				-	_	0.		0.			0.
(19) Jamie Strait Muller	0.00	х						0.		0.			0.
Director (20) Cristina Mota	0.00	^				$\vdash$	$\vdash$	0.		٠.			<u> </u>
Director	<b>- 0.00</b>	х						0.		0.			0.
(21) Amy Small	0.00							0.		٠.			<u> </u>
Director	0.00	х						0.		0.			0.
(22) Eric Ephraim	0.00					$\vdash$		•		•			•
Vice-Chair	0.00	Х		Х				0.		0.			0.
(23) Bobbie Hinden	0.00												
Director		x						0.		0.			0.
								0		_			_
1b Subtotal								0.		0.			0.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)  Total number of individuals (including but n									l ),000 of reportable				0.
compensation from the organization												Yes	No
3 Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s											3		х
4 For any individual listed on line 1a, is the su								her compensation from					
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													
<ol> <li>Complete this table for your five highest co the organization. Report compensation for</li> </ol>	•	•								pens	ation 1	rom	
(A) Name and business	address	N	ONE	3				<b>(B)</b> Description of s	ervices	С	(Compe	;) nsatior	1
2 Total number of independent contractors (i	•	ot li	mite	d to		se li	stec	d above) who received m	nore than				

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Га		1111		e or note to any lir	ae in this Part VIII			
			Check if Schedule O contains a respons	e or note to any iii	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	sections 512 - 514
ts ts	1	a	Federated campaigns 1a					
iran	-		Membership dues 1b					
S, G			Fundraising events 1c	111,592.				
ar /			Related organizations 1d	·				
s, C			Government grants (contributions) 1e	300,000.				
rion			All other contributions, gifts, grants, and					
the			similar amounts not included above 1f 1	,013,482.				
d Off		g	Noncash contributions included in lines 1a-1f					
Contributions, Gifts, Grants and Other Similar Amounts		h	Total. Add lines 1a-1f		1,425,074.			
				Business Code				
မွ	2	а						
e Ž		b						
Sul		С						
ran ev		d						
Program Service Revenue		е						
ه ا		f	All other program service revenue					
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, inte	erest, and	1	4		
			other similar amounts)		155,571.	155,571.		
	4		Income from investment of tax-exempt bond	•				
	5		Royalties(i) Real					
	_			(ii) Personal				
	6		Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
	7		Net rental income or (loss)  Gross amount from sales of (i) Securities					
	′	а	assets other than inventory 7a	(ii) Other				
		h	Less: cost or other basis					
e l		J	and sales expenses 7b					
Revenue		c	Gain or (loss) 7c					
Re/			Net gain or (loss)					
je	8		Gross income from fundraising events (not					
₹	_		including \$ 111,592. of					
			contributions reported on line 1c). See					
			Part IV, line 18	a 0.				
		b	Less: direct expenses 8	ь 0.				
		С	Net income or (loss) from fundraising events		0.			
	9	а	Gross income from gaming activities. See					
			Part IV, line 19					
			Less: direct expenses 9	b				
	10	а	Gross sales of inventory, less returns					
			and allowances 10					
			Less: cost of goods sold					
$\dashv$		С	Net income or (loss) from sales of inventory					
sno	11	_		Business Code				
Miscellaneous Revenue	11	a b						
ella ver		C						
Res			All other revenue					
Σ			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		1,580,645.	155,571.	0.	0.

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b, Program service expenses Management and general expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 1,164,324 1,164,324. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 101,459. 101,459. Other salaries and wages \_\_\_\_\_ 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 7,762. 7,762. Payroll taxes 10 Fees for services (nonemployees): a Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 Office expenses 13 Information technology 14 Royalties 15 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 Depreciation, depletion, and amortization ..... 22 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 66,479. 66,479. Miscellaneous Outside services 50,651. 50,651. 25,391. 25,391. Professional services 6,117. 6,117. d Stationery and printing 2,079. 2,079. e All other expenses 1,424,262. 1,164,324. 259,938. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

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Check here

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

		Check if Schedule O contains a response or not	e to a	ny line in this Part X			
-			- 10 0.		(A)	<u> </u>	(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			863,487.	1	540,172.
	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		6			
र	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use		F		8	
As	9	Prepaid expenses and deferred charges				9	
	l	Land, buildings, and equipment: cost or other	 				
		basis. Complete Part VI of Schedule D	10a				
	Ь	Less: accumulated depreciation				10c	
	11	Investments - publicly traded securities			5,121,107.		6,292,859.
	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		The state of the s	5,984,594.	16	6,833,031.
	17	Accounts payable and accrued expenses				17	
	18	Grants payable		The state of the s		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					
Liabilities		trustee, key employee, creator or founder, subst					
abi		controlled entity or family member of any of thes				22	
<b>=</b>	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, page	yables	s to related third			
		parties, and other liabilities not included on lines					
		of Schedule D				25	
	26	<b>T</b>			0.	26	0.
<u></u>		Organizations that follow FASB ASC 958, che	ck he	re X			
ĕ		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			5,954,029.	27	6,808,786.
B	28	Net assets with donor restrictions		<u></u>	30,565.	28	24,245.
Ĕ		Organizations that do not follow FASB ASC 9	58, ch	eck here			
Ē		and complete lines 29 through 33.					
S S	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or eq	uipme	ent fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in				31	
Š	32	Total net assets or fund balances			5,984,594.	32	6,833,031.
	33	Total liabilities and net assets/fund balances			5,984,594.	33	6,833,031.

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	<u>, 58</u>	0,6	45.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,42	4,2	62.
3	Revenue less expenses. Subtract line 2 from line 1	3				83.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5			94.
5	Net unrealized gains (losses) on investments	5		69	2,0	54.
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 /					
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 Ca	ash			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.				
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	on a				
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	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 audit	.,		х	
	review, or compilation of its financial statements and selection of an independent accountant?					
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.						
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					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

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#### **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

OMB No. 1545-0047

Name of the organization

Employer identification number

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. 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 g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) 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	tion A. Public Support								
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
	Gifts, grants, contributions, and	,	( )	( )	( )	( )	· · ·		
	membership fees received. (Do not								
	include any "unusual grants.")	874,129.	915,175.	1027414.	7561712.	1425074.	11803504.		
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	0.54 4 0.0	045 455	1005111		4.405.05.4	44000504		
	Total. Add lines 1 through 3	874,129.	915,175.	1027414.	7561712.	1425074.	11803504.		
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)						11000504		
	Public support. Subtract line 5 from line 4.						11803504.		
	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·							
	ndar year (or fiscal year beginning in)	(a) 2019 874,129.	(b) 2020 915,175.	(c) 2021 1027414.	(d) 2022 7561712.	(e) 2023	(f) Total 11803504.		
	Amounts from line 4	0/4,149.	915,175.	102/414.	/301/12.	1423074.	11003304.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,	670 120	106 202	EEO 116	105 770	155 571	1007200		
	and income from similar sources	679,130.	496,392.	550,416.	105,779.	155,571.	1987288.		
9	Net income from unrelated business								
	activities, whether or not the								
40	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)						13790792.		
	Total support. Add lines 7 through 10	-1- ( !11				12	<u> </u>		
	Gross receipts from related activities, First 5 years. If the Form 990 is for the			fourth or fifth town					
13	organization, check this box and stop								
Sec	tion C. Computation of Publ		rcentage						
	Public support percentage for 2023 (I			column (fl)		14	85.59 %		
	Public support percentage from 2022		•			15	87.51 %		
	33 1/3% support test - 2023. If the o				· ·	nore, check this b			
	stop here. The organization qualifies	•		•		•			
	33 1/3% support test - 2022. If the c								
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation					
	10% -facts-and-circumstances tes								
	and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization								
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization								
b	b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or								
	more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the								
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization								
18	Private foundation. If the organization	n did not check a l	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		1S		

Schedule A (Form 990) 2023

# 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	etion A. Public Support	ciow, picade com	piete i dit ii.,				
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(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						
J	are not an unrelated trade or bus- iness under section 513						
1	Tax revenues levied for the organ-						
4	ization's benefit and either paid to or expended on its behalf						
_						+	
	The value of services or facilities furnished by a governmental unit to						
	the organization without charge					+	
	Total. Add lines 1 through 5					1	
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						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6 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						
	Add lines 10a and 10b						
12	other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					1	
14	First 5 years. If the Form 990 is for the	ie 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>
	tion C. Computation of Publ						
15	Public support percentage for 2023 (I	ine 8, column (f),	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	tion D. Computation of Inves	stment Incom	ne Percentage				
17	Investment income percentage for 20	23 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	<b>2022</b> Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2023. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box as	nd <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiz	ation	
b	<b>33 1/3% support tests - 2022.</b> If the line 18 is not more than 33 1/3%, che	organization did ı	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	
20	<b>Private foundation.</b> If the organization			•		•	

332023 12-21-23

# 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		
	35		
	2-		
	Зс		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	_		
	6		
	_		
	7		
	_		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
416	A (Ear		2022

Pa	rt IV Supporting Organizations <sub>(continued)</sub>			
			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		<u> </u>
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,			
<u> </u>	supervised, or controlled the supporting organization.	2		<u> </u>
Sec	tion C. Type II Supporting Organizations		T	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). etion D. All Type III Supporting Organizations	1		Ь
360	tion b. All Type III Supporting Organizations		V	
	District and the control of the cont		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			
2	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			
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	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		<u> </u>
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	Ш	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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.	3a	igsquare	
h	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.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ing Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (e <i>xplain in</i> I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st 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):			
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		
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-function	ally integrate	ed Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

e Excess from 2023

# Schedule B

(Form 990)

Schedule of Contributors

Attach to Form 990, 990-FZ, or 990-PE

2023

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

Schedule B (Form 990) (2023)

Highland Park Community Foundation

36-3819818

Organiza	ation type (check or	one):	
Filers of:	:	Section:	
Form 990	or 990-EZ	X 501(c)( 3) (enter number) organization	
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
		527 political organization	
Form 990	)-PF	501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
Check if	your organization is	is covered by the <b>General Rule</b> or a <b>Special Rule</b> .	
		)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See inst	tructions.
General	Rule		
		n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or one contributor. Complete Parts I and II. See instructions for determining a contributor's total con	
Special I	Rules		
	sections 509(a)(1) a contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that recept the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, If the line 1. Complete Parts I and II.	eived from any one
	contributor, during literary, or education	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one g the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering b) instead of the contributor name and address), II, and III.	
	year, contributions is checked, enter h purpose. Don't con	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one costs exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1 here the total contributions that were received during the year for an exclusively religious, charitable implete any of the parts unless the <b>General Rule</b> applies to this organization because it received not le, etc., contributions totaling \$5,000 or more during the year	1,000. If this box e, etc., onexclusively
answer "	No" on Part IV, line	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), I e 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 ng requirements of Schedule B (Form 990).	

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

Name of organization

Employer identification number

# Highland Park Community Foundation

36-3819818

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	City of Highland Park  1707 Saint Johns Ave  Highland Park, IL 60035-3532	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Ventures Endurance and Donors to HP Strong Races  951 Corporate Grove Dr  Buffalo Grove, IL 60089-4508	\$61,844.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Linda and Richard Price Family  60 Ravinoaks Lane  Highland Park, IL 60035	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Mesirow  353 N. Clark Street  Chicago, IL 60654	\$	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
5	The Mills Family Charitable Foundation  1600 Eastwood Ave  Highland Park, IL 60035-2110	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution  Person Payroll
202450 10 0		\$	(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	Part II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			-
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<del></del>	
		\$	
(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
		<u> </u>	
		\$	

**Employer identification number** Name of organization 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 (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 (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

## **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	Part I Organizations Maintaining Donor Advised 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				
_	Takal mumban at and after an	(a) Donor advised funds	(b) Fullus and other accounts				
1	Total number at end of year	2,747.					
2	Aggregate value of contributions to (during year)	0.					
3 4	Aggregate value of grants from (during year)  Aggregate value at end of year	04 400					
5	Did the organization inform all donors and donor advisors in	L	ed funds				
3	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						
			· v				
Par							
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).					
	Preservation of land for public use (for example, recreation)	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 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 st		2c				
d	Number of conservation easements included on line 2c acqu						
•	on a historic structure listed in the National Register						
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	e organization during the tax				
4	year Number of states where property subject to conservation ea	promont is located					
5	Does the organization have a written policy regarding the pe						
3	violations, and enforcement of the conservation easements		Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting.						
	g,g,	,					
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 2d above	e satisfy the requirements of section 170(h	n)(4)(B)(i)				
	and section 170(h)(4)(B)(ii)?		Yes No				
9	In Part XIII, describe how the organization reports conservation	ion easements in its revenue and expense	statement and				
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial stateme	ents that describes the				
D	organization's accounting for conservation easements.	(A.t. Iliataria di Torra	Harry O'res'less Assesses				
Pai	t III Organizations Maintaining Collections o		tner Similar Assets.				
	Complete if the organization answered "Yes" on Forn						
1a	If the organization elected, as permitted under FASB ASC 98	•					
	of art, historical treasures, or other similar assets held for pu	·	•				
h	service, provide in Part XIII the text of the footnote to its fina						
D	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,						
	provide the following amounts relating to these items.	c exhibition, education, or research in furti	rerance of public service,				
	(i) Revenue included on Form 990, Part VIII, line 1		\$				
2	If the organization received or held works of art, historical tre						
_	the following amounts required to be reported under FASB A		. g, p				
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) 2023				

332051 09-28-23

Pa	t III	Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures, o	or Othe	er Simi	lar Asse	<b>ts</b> (conti	nued)	
3	Using	g the organization's acquisition, accession	on, and other record	ds, chec	k any of the	following tha	at make s	significan	t use of its			
	colle	ction items (check all that apply).										
а		Public exhibition	C	i 🗌	Loan or exc	hange progra	am					
b		Scholarly research	6	,	Other							
С		Preservation for future generations										
4	Provi	ide a description of the organization's co	llections and explain	in how tl	hey further t	he organizati	on's exe	mpt purp	ose in Par	t XIII.		
5		ng the year, did the organization solicit or										
		sold to raise funds rather than to be ma								Yes		No
Pa	rt IV	Escrow and Custodial Arrang							D, Part IV, I	ine 9, or		
		reported an amount on Form 990, Part	t X, line 21.									
1a	Is the	e organization an agent, trustee, custodia	an, or other interme	diary fo	r contributio	ns or other a	ssets no	t include	d			
	on Fo	orm 990, Part X?								Yes		No
b		es," explain the arrangement in Part XIII a										
										Amoun	t	
С	Begir	nning balance						1c				
d		tions during the year										
е		ibutions during the year										
f		ng balance						1f				
2a		he organization include an amount on Fo						lity?		Yes		No
		es," explain the arrangement in Part XIII.										
	rt V	Endowment Funds Complete if t						0.				
			(a) Current year	(b) F	Prior year	(c) Two year	rs back	(d) Three	years back	<b>(e)</b> Fou	r years	back
1a	Begir	nning of year balance										
b		ributions										
С		nvestment earnings, gains, and losses										
d		ts or scholarships										
е		r expenditures for facilities										
		orograms										
f		inistrative expenses										
g		of year balance										
2		ide the estimated percentage of the curre	ent vear end baland	ce (line 1	a, column (a	a)) held as:						
а		d designated or quasi-endowment		%	<i>J</i> , (	"						
b		nanent endowment	%	_								
С		endowment 9	<u></u> . 6									
		percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.									
За		here endowment funds not in the posses		ation th	at are held a	and administe	ered for t	he				
		nization by:	3								Yes	No
		Jnrelated organizations?								3a(i)		
b		es" on line 3a(ii), are the related organizat								· — • •		
4		ribe in Part XIII the intended uses of the										
Pa	t VI	Land, Buildings, and Equipm										
		Complete if the organization answered		0, Part I	V, line 11a. S	See Form 990	), Part X,	, line 10.				
		Description of property	(a) Cost or o	other	(b) Cost	t or other	(c) A	ccumulat	ed	(d) Boo	k valu	 е
basis (investment) basis (other) depreciation												
1a	Land		<u> </u>	<u> </u>								
b		lings										
		ehold improvements										
d		oment										
		r										

Schedule D (Form 990) 2023

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

Part VII	Schedule D	O (Form 990) 2023 Highland Pa	rk Community	Foundation	36-3819818 Page
(a) Description of security or category (including name of security) (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, line 13, col. (B)) (B) (C) (B) (C) (D) (D) (E) (F) (F) (G) (H)  Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) (E) (B) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D					
(1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (C) (D) (E) (F) (G) (H) (G) (H) (G) (H) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H		Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 1	2.
(2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) (Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))  Part VIII) Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value) (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  Part IX  Other Assets  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book valu (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	(a) Descrip	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cos	t or end-of-year market value
(3) Other (A) (B) (C) (D) (E) (F) (G) (G) (H) Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))  Part VIIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  Part X  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9)	(1) Financi	ial derivatives			
(A) (B) (C) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, line 12, col. (8))  Part VIII   Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value)  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Col. (b) must equal Form 990, Part X, line 13, col. (8))  Part IX Other Assets  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value)  (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9)	(2) Closely	held equity interests			
(B) (C) (C) (D) (E) (E) (F) (G) (G) (H) (Total, Col. (b) must equal Form 990, Part X, line 12, col. (B)) (F) (G) (H) (Total, Col. (b) must equal Form 990, Part X, line 12, col. (B)) (E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(3) Other				
(C) (D) (E) (F) (G) (G) (G) (H) Total. (Col. (b) must equal Form 990, Part X, line 12, col. (8))  Part VIII   Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market valuation: Cost or end-of-ye	(A)				
(D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))  Part VIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market va (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  Part IX Other Assets  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (c) Method of valuation: Cost or end-of-year market va (d) Method of valuation: Cost or end-of-year market va (e) Method of valuation: Cost or end-of-year market va (f) Method of val	(B)				
(E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))  Part VIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market va (1) (2) (3) (4) (5) (6) (7) (8) (9)  Part IX Other Assets  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) must equal Form 990, Part X, line 13, col. (B))  Part IX Other Assets  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (c) Book value (c) Method of valuation: Cost or end-of-year market va value (c) Method of valuati	(C)				
(F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))  Part VIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market valuation:	(D)				
(G) (H) Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))  Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market valuation:  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  Part IX Other Assets  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book valuation: (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9)	(E)				
(H) Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))    Part VIII   Investments - Program Related.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   (a) Description of investment   (b) Book value   (c) Method of valuation: Cost or end-of-year market value)   (3)   (4)   (5)   (6)   (7)   (8)   (9)   (9)   (10	(F)				
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)     Part VIII   Investments - Program Related.     Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.     (a) Description of investment   (b) Book value   (c) Method of valuation: Cost or end-of-year market value)     (2)	(G)				
Part VIII   Investments - Program Related.					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value) (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  Part IX Other Assets  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (9)					
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  Part IX Other Assets  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9)	Part VIII	_			
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  Part IX Other Assets  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book values  (1) (2) (3) (4) (5) (6) (7) (8) (9)					
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  Part IX Other Assets  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9)		(a) Description of investment	(b) Book value	(c) Method of valuation: Cos	t or end-of-year market value
(3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  Part IX Other Assets  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9)					
(4) (5) (6) (7) (8) (9)  Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  Part IX Other Assets  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)					
(5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  Part IX Other Assets  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9)					
(6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  Part IX Other Assets  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9)	•				
(7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  Part IX Other Assets  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9)					
(8) (9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  Part IX Other Assets  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book values (2) (3) (4) (5) (6) (7) (8) (9)					
(9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  Part IX Other Assets  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book values (2) (3) (4) (5) (6) (7) (8) (9)					
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  Part IX Other Assets  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book values  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)					
Part IX Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)	_ ` '	(1)			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)					
(a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9)	Part IX	J	on Form 000 Port IV lin	a 11d Saa Farm 000 Bart V line 1	E
(1) (2) (3) (4) (5) (6) (7) (8) (9)				e Tru. See Form 990, Fart X, line T	
(2) (3) (4) (5) (6) (7) (8) (9)		(a)	Description		(b) DOOK value
(3) (4) (5) (6) (7) (8) (9)					
(4) (5) (6) (7) (8) (9)					
(5) (6) (7) (8) (9)					
(6) (7) (8) (9)					
(7) (8) (9)	•				
(8) (9)					
(9)					
					<del></del>
TOTAL MORNING TOTAL STORAGE CONTRACTOR FOR A THE 15 COLUDITION		umn (b) must equal Form 990 Part X line 15 co	(B))		
Part X Other Liabilities			(2)//		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	1 6.1171		on Form 990. Part IV. line	e 11e or 11f. See Form 990. Part X	. line 25.
	1.		-,,		(b) Book value
(1) Federal income taxes		* * * * * * * * * * * * * * * * * * * *			
(2)		25.2551115 141105			
(3)					
(4)					
	\ \ \ \				
<u> </u>	(5)				

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 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) 2023

(7) (8)

Scho	edule D (Form 990) 2023 Highland Park Community Fou	ndati	on	36-	3819818 <sub>Page</sub>
	rt XI   Reconciliation of Revenue per Audited Financial Statemen				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				-
1				1	2,272,699
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	692,054.		
	Donated services and use of facilities	2b			
С		2c			
d		2d			
е	Add lines 2a through 2d			2e	692,054
3	Subtract line 2e from line 1			3	1,580,645
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			
	Add lines <b>4a</b> and <b>4b</b>			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,580,645
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme.  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	nts Wit	h Expenses per	Retu	rn
1	Total expenses and losses per audited financial statements			1	1,424,261
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				_,
_	Donated services and use of facilities	2a			
	Prior year adjustments	2b		1	
c	Other losses	2c			
d		2d			
	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	1,424,261
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			_	
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a			

#### 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) 2023

4c

1,424,261.

### SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization  Highlan	d Park Community F	'oun	dat.	ion		Employer ide 36-3819	ntification number 818
	Complete if the organization answe				line 1		
Indicate whether the organization rais	ed funds through any of the following solicitates of Solicitates or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursured	tion of tion of fundra (includerofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees	Yes Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)		(vi) Amount paid to (or retained by) organization
		Yes	No				
					J 14 1-		
List all states in which the organization or licensing.	on is registered or licensed to solicit	contric	outions	s or has been notified	ıt is	exempt from re	egistration

LHA 332081 09-13-23

Schedule G (Form 990) 2023

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

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

		of fundraising event contributions and gro	i e			ots greater than \$5,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events None	(d) Total events (add col. (a) through
			Fundraiser			col. <b>(c)</b> )
e			(event type)	(event type)	(total number)	COI. (C))
Revenue	1	Gross receipts	111,592.			111,592.
	2	Less: Contributions	111,592.			111,592.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
ses						
Direct Expenses	6	Rent/facility costs				
ct E	7	Food and beverages				
Dire	'	1 ood and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	h 9 in column (d)			
		Net income summary. Subtract line 10 from li				
Pa	ırt I		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1	I D		
e			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				billigo/progressive billigo		coi. (a) through coi. (c)
Be		Crass revenue				
	<b>-</b>	Gross revenue				
"	,	Cash prizes				
ses	-	54611 p. 1255				
xper	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
Ճ						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	└── No	∟ No	└── No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu	_			
		he organization licensed to conduct gaming a				Yes No
b	If "	No," explain:				
10-	\//-	ere any of the organization's gaming licenses re	avokod suspandad art	arminated during the tax	voar?	Yes No
						. LITES LINO
N.		Yes," explain:				

332082 09-13-23 Schedule G (Form 990) 2023

Sch	edule G (Form 990) 2023 Highland Park Community Foundation 36-	<u> 3819818</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	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:		
٠	7 1 165, Citter Hame and address of the tillid party.		
	Name		
	Address		
	Address		
40			
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	└── Yes	└── No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	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 Part IV	art III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	(Form 990) <b>Supplemental Info</b>	Highland	Park	Community	Foundati	on	36-3819818	Page 4
Part IV	Supplemental Info	rmation (continued	d)					
-								

### 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

Name of the organization

Highland Park Community Foundation

Employer identification number 36-3819818

		nunity Found	dation				36-3819818
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records	to substantiate th	e amount of the grant	s or assistance, the	grantees' eligibilit	y for the grants or ass	sistance, and the selec	
criteria used to award the grants or assis	stance?						X Yes No
2 Describe in Part IV the organization's pro	ocedures for mon	itoring the use of gran	t funds in the United	d States.			
Part II Grants and Other Assistance to	_				anization answered "\	res" on Form 990, Part	t IV, line 21, for any
recipient that received more than	· · · · · · · · · · · · · · · · · · ·	<del></del>	1		(f) Method of		1
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Big Brothers Big Sisters of							
Metropolitan Chicago - 130 S.							
Jefferson St., Suite 200 -							
Chicago, IL 60661	36-2681212	501(c)(3)	8,000.	0.			General Operating Support
Cancer Wellness Center							
215 Revere Drive							
Northbrook, IL 60062	36-3604463	501(c)(3)	10,000.	0.			General Operating Support
Center for Enriched Living							
280 Saunders Road							
Riverwoods, IL 60015	36-3339009	501(c)(3)	7,000.	0.			General Operating Support
Collaborative Community Housing							
Initiative - 833 Central Avenue,							
Unit 1371 - Highland Park, IL							
60035	83-4685695	501(c)(3)	13,925.	0.			Program Support
College Bound Opportunities							
2033 N. Milwaukee #246							
Riverwoods, IL 60015	20-4811544	501(c)(3)	30,000.	0.			Program Support
Community Partners for Affordable							
Housing - 800 S. Milwaukee Avenue							
Suite 201 - Libertyville, IL 60048	36-3086133	501(c)(3)	20,000.	0.			Program Support
2 Enter total number of section 501(c)(3) a	1		· · · · · ·	0.			Ligiam papport

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

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

Schedule I (Form 990) 2023

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

		munity Found					6-3819818 Page 1
Part II Continuation of Grants and Other	Assistance to De	omestic Organization	s and Domestic G	<b>overnments</b> (Sch	edule I (Form 990), Pa I	art II.) T	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Curts Cafe							
3425 Dempster St., 2nd Fl.							
Skokie, IL 60076	45-3934105	501(c)(3)	8,000.	0.			General Operating Support
·			,				
Direct Giving Lab							
944 Enfield Drive							
Northbrook, IL 60062	82-2521095	501(c)(3)	9,000.	0.			General Operating Support
Family Focus HP							
330 Laurel Avenue							
Highland Park, IL 60035	36-2166998	501(c)(3)	90,000.	0.			Program Support
nightand Park, 11 00033	30-2100998	501(0)(3)	30,000.	0.			Program Support
Family Service of Glencoe							
675 Village Court							
Glencoe, IL 60022	36-2167062	501(c)(3)	35,000.	0.			Shooting Recovery Support
Focus on the Arts							
433 Vine Ave							
Highland Park, IL 60035	26-0311839	501(c)(3)	16,750.	0.			Program Support
Glenkirk							
3504 Commercial Ave	26 2245101	F01/-\/2\	0.000				
Northbrook, IL 60062	36-2345191	501(c)(3)	9,000.	0.			Program Support
Gratitude Generation							
655 Deerfield Road, Suite 100, #40	8						
Deerfield IL 60015	82-3849004	501(c)(3)	10,500.	0.			Program Support
200111014, 11 00013	02 3013001	301(3)(3)	10,300.	•			liogiam Bappolo
Highland Park Community Early							
Learning Center - 640 Ridlge Road							
- Highland Park, IL 60035	36-2187792	501(c)(3)	50,000.	0.			General Operating Support
			· ·				
Highland Park High School							
433 Vine Ave.							
Highland Park, IL 60035	26-0849073	501(c)(3)	19,000.	0.			Program Support

(a) Name and address of organization or government  Highland Park Public Library 494 Laurel Avenue Highland Park, IL 60035  Highland Park Strings 1601 Oakwood Ave #105 Highland Park, IL 60035	(b) EIN  36-6005925  81-4734503	(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
494 Laurel Avenue Highland Park, IL 60035  Highland Park Strings 1601 Oakwood Ave #105 Highland Park, IL 60035			6,000.	0.			
494 Laurel Avenue Highland Park, IL 60035  Highland Park Strings 1601 Oakwood Ave #105 Highland Park, IL 60035			6,000.	0.			
Highland Park, IL 60035  Highland Park Strings 1601 Oakwood Ave #105  Highland Park, IL 60035			6,000.	0.			
1601 Oakwood Ave #105 Highland Park, IL 60035	81-4734503						Program Support
1601 Oakwood Ave #105 Highland Park, IL 60035	81-4734503						
·	81-4734503	Lastinas					
		501(c)(3)	23,000.	0.			General Operating Support
Highwood Library & Community							
Center - 102 Highwood Ave -							General Operating Support
Highland Park, IL 60035	83-4409594	501(c)(3)	105,000.	0.			and Shooting Recovery
JCC Chicago							
300 Revere Drive							
Northbrook, IL 60062	36-2167758	501(c)(3)	10,000.	0.			Shooting Recovery
JCFS Chicago							
225 Revere Dr., #200							
Northbrook, IL 60062		501(c)(3)	75,000.	0.			Shooting Recovery
JCFS Chicago Response for Teens							
5140 Golf Rd.							
Skokie, IL 60077	36-2167757	501(c)(3)	8,000.	0.			Program Support
Jewish Council for Youth Services							
Lutz Family Center - 800 Clavey	26 2102616	E01/->/2>	0.000	0			
Road - Highland Park, IL 60035	36-2193616	501(c)(3)	9,000.	0.			Program Support
Josselyn							
405 Central Ave							General Operating Suppor
Northfield, IL 60093	36-2217996	501(c)(3)	144,000.	0.			and Shooting Recovery
Keeping Families Covered							
3250-B N. Oak Grove Avenue							
Waukegan, IL 60087	27-3434770	501(c)(3)	8,000.	0.			Program Support

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Keshet							
600 Academy Drive, Suite 130							
Northbrook, IL 60062	36-3441392	501(c)(3)	12,000.	0.			Program Support
Kids Rank							
1957 Sheridan Road							
Highland Park, IL 60035	37-1651268	501(c)(3)	12,500.	0.			Program Support
Midwest Young Artists Conservatory 878 Lyster Rd							
Highwood, IL 60040	23-7179740	501(c)(3)	7,000.	0.			Program Support
Mothers Trust Foundation							
400 E Illinois Road							
Lake Forest, IL 60045	36-4177726	501(c)(3)	7,500.	0.			Program Support
North Suburban Legal Aid Clinic							
3500 Western Avenue, 2A							
Highland Park, IL 60035	47-2859426	501(c)(3)	45,000.	0.			General Operating Suppor
Northern Illinois Food Bank							
273 Dearborn Ct.							
Geneva, IL 60134	36-3203648	501(c)(3)	20,000.	0.			General Operating Suppo:
Parks Foundation of Highland Park							
636 Ridge Road							
Highland Park, IL 60035	35-2507421	501(c)(3)	10,499.	0.			Program Support
Dilarim Chambor Dlavora							
Pilgrim Chamber Players 805 Moseley Rd							
Highland Park, IL 60035	36-4174174	501(c)(3)	15,000.	0.			General Operating Suppor
Dainhoug For All Children							
Rainbows For All Children 614 Dempster Ave, Suite C							
Evanston, IL 60303	36-3262836	501(c)(3)	8,000.	0.			Shooting Recovery

Schedule I (Form 990)

		nunity Found					6-3819818 Page
Part II Continuation of Grants and Other	Assistance to De	omestic Organization	ns and Domestic G	<b>overnments</b> (Scho	edule I (Form 990), Pa I	art II.) T	T
(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Roberti Community House							
919 8th Street							
Waukegan, IL 60085	47-2348102	501(c)(3)	12,500.	0.			Program Support
SaLT-Service and Learning Together 1215 North Avenue							
Highland Park, IL 60035	87-1770571	501(c)(3)	7,500.	0.			Brogram Support
Southeast Lake County Faith in	87-1770371	501(0)(3)	7,300.	0.			Program Support
Action Volunteers - 1510 Old							
Deerfield #205 - Highland Park, IL							
60035	14-1955977	501(c)(3)	33,500.	0.			Program Support
			, .	<u> </u>			
The Art Center Highland Park							
1957 Sheridan Rd							
Highland Park, IL 60035	36-2464960	501(c)(3)	50,500.	0.			Program Support
The Balance Project							
89 Lincolnwood	05 0004640	501/ \/2\	10.000				
Highland Park, IL 60035	85-0984642	501(c)(3)	10,000.	0.			Shooting Recovery
Tri-Con Child Care Center							
425 Laurel Ave							
Highland Park, IL 60035	36-2708769	501(c)(3)	50,000.	0.			General Operating Suppor
				- •			Transfer of the state of the st
Working Together							
1005 Central Avenue							
Highland Park, IL 60035	81-5008213	501(c)(3)	10,000.	0.			General Operating Suppor
Youth Services							
3080 West Lake Avenue							
Glenview, IL 60026	36-3182275	501(c)(3)	12,000.	0.			Program Support
Zacharias Sexual Abuse Center							
4275 Old Grand Ave							
Gurnee, IL 60031	36-3314976	501(c)(3)	30,000.	0.			Program Support

Continuation of Carats and Other Assistance to Domestic Organizations and Domestic Governments (Sch-odule (Form 980), Part II)			nunity Found					6-3819818 Page
organization or government if applicable cash grant noncash assistance valuation (book, FMV, appraisal, other)  A Safe Place 2710 17th Street, Suite 100 Zion, IL 60099 36-3032700 501(c)(3) 15,000. 0. General Operating Support 104-1 E. Scranton Avenue	Part II Continuation of Grants and Ot	her Assistance to Do	omestic Organization	s and Domestic G	<b>overnments</b> (Scho	edule I (Form 990), Pa T	art II.) T	<u> </u>
2710 17th Street, Suite 100 Zion, IL 60099 36-3032700 501(c)(3) 15,000. 0. General Operating Support Art Impact Project 104-1 E. Scranton Avenue	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	noncash	valuation (book, FMV,		(h) Purpose of grant or assistance
2710 17th Street, Suite 100 Zion, IL 60099 36-3032700 501(c)(3) 15,000. 0. General Operating Support Art Impact Project 104-1 E. Scranton Avenue								
Zion, IL 60099 36-3032700 501(c)(3) 15,000. 0. General Operating Support  Art Impact Project  104-1 E. Scranton Avenue								
Art Impact Project 104-1 E. Scranton Avenue		26 2022700	E01/a)/2)	15 000	0			Conoral Operating Suppor
104-1 E. Scranton Avenue	21011, 11 00099	30-3032700	501(0)(3)	13,000.	0.			General Operating Suppor
104-1 E. Scranton Avenue	Art Impact Project							
	Lake Bluff, IL 60044	46-5138202	501(c)(3)	8,000.	0.			Program Support

Schedule I (Form 990) 2023 Highland Park C	Community	Foundation	on		36-3819818	Page
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answ	ered "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 a	assistance
Part IV Supplemental Information. Provide the information rec	uired in Part I, lin	ne 2; Part III, column	n (b); and any other a	dditional information.		
Part I, Line 2:						
Interim reports are required to be	submitt	ed by all	organizati	ons that		
receive grant awards. Board membe	ers also	reach out	to award r	ecipients to		
address questions and provide clar	rificatio	ns. Grant	recipients	are also		
required to advise if the program	for whic	h they rec	ceive fundi	ng is		
discontinued.						

### SCHEDULE O (Form 990)

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

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service 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. Coation C

FOLII 330,	Part	νт,	Secrion	<b>C</b> ,	птпе	19:
Available	unon	2001	10at			
Avariable	upon	Tedr	ies c			

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Form AGS	990-IL
Revised	04/24

	ice Use Only	ILLINOIS CHARITABLE ORGANIZATION ANNU			Form AG990-I Revised 04/2
PMT	#	Illinois Attorney General Kwame Rad		01	
		Charitable Trust Bureau, 115 S. LaSall Chicago, IL 60603	e St CO		L-023786
AMT		Report for the Fiscal Period:	X		all items attached: of IRS Return
AIVI		neport for the riscal refloct.	v		d Financial Statements
		Beginning 01/01/2023	Make Checks A		ed Financial Statements
INIT		3 3 (12, 12, 12)	Illinois Charity Bureau Fund		of Form IFC
		& Ending 12/31/2023	Bureau Fullu		nnual Report Filing Fee
					ate Report Filing Fee
Feder	al ID# 36-3819818	MO DAY YR Date	organization was create	d:	03/10/1992
	ontributions to the organization				MO DAY YR
Lega	al Name: Highland I	Park Community Foundation	YEAR-END		
		200	AMOUNTS		C 022 024
	Address: P.O. Box		A) ASSETS	A) \$	6,833,031
	y, State: Highland I ip Code: 60035	eark, il	B) LIABILITIES C) NET ASSETS	B) \$ C) \$	6,833,031
4	ip Code: 00033		C) NET ASSETS	(O) (D	0,033,031
I.	SUMMARY OF ALL I	REVENUE ITEMS DURING THE YEAR:	PERCENTAGE		AMOUNT
"		RIBUTIONS AND PROGRAM SERVICE REV. (GROSS AMTS.)	71.178%	D) \$	1,125,074
	E) GOVERNMENT GRANTS A	(	18.980%	E) \$	300,000
	F) OTHER REVENUES		9.842%	F) \$	155,571
	,				
	G) TOTAL REVENUES, INCOM	ME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$	1,580,645
II.	SUMMARY OF ALL I	EXPENDITURES DURING THE YEAR:			
	H) OPERATING CHARITABLE	PROGRAM EXPENSE	%	H) \$	
	I) EDUCATION PROGRAM S	ERVICE EXPENSE	%	l) \$	
	I) TOTAL CHARITARI F DDO	CDAM CEDVICE EVERNOE (ADD II & I)	0/	<sub>  \</sub>	0
	J) TOTAL CHARITABLE PRO	GRAM SERVICE EXPENSE (ADD H & I)	%	J) \$	<u> </u>
	.i1) JOINT COSTS ALL OCATE	D TO PROGRAM SERVICES (INCLUDED IN J) \$			
	0,, 00,,, 00,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>			
	K) GRANTS TO OTHER CHAP	IITABLE ORGANIZATIONS	81.749%	K) \$	1,164,324
	L) TOTAL CHARITABLE PRO	GRAM SERVICE EXPENDITURE (ADD J & K)	81.749%	L) \$	1,164,324
			10.054		050 000
	M) MANAGEMENT AND GENE	ERAL EXPENSE	18.251%	M) \$	259,938
	NI) FUNDO ALGING EVDENGE		0/	N. 6	
	N) FUNDRAISING EXPENSE		%	N) \$	
	0) TOTAL EXPENDITURES T	HIS PERIOD (ADD I M & N)	100 %	0) \$	1,424,262
l	•	PAID FUNDRAISER & CONSULTANT ACTIVITIES:	100 70	Ι σ, φ	
""-		rt of Individual Fundraising Campaign (Form IFC). One for each PFR.)			
	PROFESSIONAL FUNDRAISER	, , , , , , , , , , , , , , , , ,			
	P) TOTAL AMOUNT RAISED	 BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$	0
	Q) TOTAL FUNDRAISERS FEE	ES AND EXPENSES	%	Q) \$	
	R) NET RECEIVED BY THE CI	•	%	R) \$	
	PROFESSIONAL FUNDRAIS			C/ ¢	0
<sub>IV</sub>	•	PROFESSIONAL FUNDRAISING CONSULTANTS	VEAD.	S) \$	0
IV.		THE (3) HIGHEST PAID PERSONS DURING THE	TEAN:	T) \$	
	T) NAME, TITLE: U) NAME, TITLE:			U) \$	
	V) NAME, TITLE:			V) \$	
v.		RAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPE	NDED)	+	on back side of instructions
	OHANHADLE PROG	CODE CATEGORIES			CODE
7-15-	W) DESCRIPTION: Grant	ts to Other Charitable Organizati	ons	W)#	150
398091 07-15-24	X) DESCRIPTION:			X) #	
398	Y) DESCRIPTION:			Y) #	

IF	THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		Х
2.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PART TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	2.		X
3.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	3.		Х
4.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	4.		Х
5.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	5.		X
	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?  IF "YES", ENTER  (I) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ ;  (II) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ ;	6.		Х
	(III) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$			
7.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	7.		X
8.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	8.		X
9.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	9.		Х
10.	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, IL		6003	5
11.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: Deborah Brill - 847-770-5147			

### • ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS •

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

### BE SURE TO INCLUDE ALL FEES DUE:

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

# Laurie Levin PRESIDENT or TRUSTEE (PRINT NAME) SIGNATURE

David Israel

TREASURER or TRUSTEE (PRINT NAME)

Anton Hendler

PREPARER (PRINT NAME)

SIGNATURE DATE

SIGNATURE

DATE

DATE

# 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)

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.

Open to Public Inspection

A	רטו נוופ	2022 calendar year, or tax year beginning	anu	enaing	-	
В	Check if applicable	C Name of organization			D Employer identific	cation number
	Addres		Foundation			
	Name change	Doing business as			36-38198	18
	Initial return	Number and street (or P.O. box if mail is not deliv	ered to street address)	Room/suite	E Telephone number	r
	Final return/		,		847-433-	
	termin ated	City or town, state or province, country, and Z			G Gross receipts \$	7,667,491.
L	Ameno	mightand fack, in 0003			H(a) Is this a group re	
	Applic tion pendir			_	for subordinates	
		1965 Date Ave, Highland	Park, IL 6003	5	H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) ( )	(insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions
	Websit				H(c) Group exemption	
			ociation Other	<b>L</b> Year	of formation: 1992 N	f 1 State of legal domicile: $f IL$
P	art I	Summary			1 '. 11	
ė	1	Briefly describe the organization's mission or most s	ignificant activities: Gran	ts to	charitable	
Activities & Governance	1 .	organizations				
ern	-	_	inued its operations or dispo		1 1	
્ટ્ર		Number of voting members of the governing body (F			3	25
<u>«</u>		Number of independent voting members of the gove				25
ies	1	Total number of individuals employed in calendar ye	ear 2022 (Part V, line 2a)			0
Ξ		Total number of volunteers (estimate if necessary) $_{\dots}$				0
Act		Total unrelated business revenue from Part VIII, colu				0.
	b	Net unrelated business taxable income from Form 9	90-T, Part I, line 11	<u></u>		0.
				Prior Year	Current Year	
ne	1	Contributions and grants (Part VIII, line 1h)			1,027,414.	7,561,712.
/en					0.	105 770
Revenue		Investment income (Part VIII, column (A), lines 3, 4,			103,403.	105,779.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			0.	0.
		Total revenue - add lines 8 through 11 (must equal F			1,130,817.	7,667,491.
		Grants and similar amounts paid (Part IX, column (A			714,275.	6,581,652.
		Benefits paid to or for members (Part IX, column (A)			0.	0.
es	15	Salaries, other compensation, employee benefits (Pa			0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), Iir			0.	0.
×	b	Total fundraising expenses (Part IX, column (D), line		0.	120 050	000 100
	1/	Other expenses (Part IX, column (A), lines 11a-11d,			130,958.	227,138.
		Total expenses. Add lines 13-17 (must equal Part IX			845,233.	6,808,790.
. (/	19	Revenue less expenses. Subtract line 18 from line 1	2		285,584.	858,701.
SOI				Ве	ginning of Current Year	End of Year
Sset	20	, , , , , , , , , , , , , , , , , , , ,			6,032,633.	5,984,594.
Net Assets or Find Balances	21	Total liabilities (Part X, line 26)			0.	0.
	22	Net assets or fund balances. Subtract line 21 from li	ne 20		6,032,633.	5,984,594.
	art II	Signature Block	anticulia a anno ano cio a cale a del la			. lunacula dua and baliaf it ia
	-	Ities of perjury, I declare that I have examined this return, ir t, and complete. Declaration of preparer (other than officer				y Kilowiedge allu bellet, it is
uut	, correc	i, and complete. Declaration of preparer (other than officer)	is daseu on an imormation of wi	nich preparei	las any knowledge.	
e:		Signature of officer			I Date	
Sig		Betsy Brint, Chairman				
He	re	Type or print name and title				
		<u> </u>	Preparer's signature	П	Date Check	II PTIN
Pai	d	Anton Hendler	Toparti o olynaturt		1 / 0 0 / 2 3   if	
	parer	Firm's name Lipschultz, Levin	& Gray, LLC	-		6-2260623
	Only	Firm's address 425 Huehl Road Bld			THIII S EIN 3	<u> </u>
530	. Only	Northbrook, IL 600			Phone no 84	7-272-5300
N/a	v tha IE	RS discuss this return with the preparer shown above			I Holle Ho. O ±	X Yes No
ivid	y u i <del>e</del> if	to discuss this retain with the preparet Shown above	C: OCC III 3 (1 UC (1 UC 1 1 ) )			100 110

Check if Schedule O contains a response or note to any line in this Part III.    Britishy describe the organization wission:   Grants to charitable organizations	Pa	Check if Schedule O contains		III	
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 900 or 930 E2?  If "Yes," describe these new services on Schedule O.  3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  — Yes X No  If "Yes," describe these changes on Schedule O.  4 Describe the organizations are completiments for each of its three largest program services, as measured by expenses. Section 901(c)(S) and 901(c)(d) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any for each program service reported.  4 (code:	1	Briefly describe the organization's mi	ission:		
prior Form 980 or 980 E27  If Yes, *Gestarch these new services on Schedule 0.  Did the organization cease conducting, or make significant changes in how it conducts, any program services? Ves X No If Yes, *Gescribe these changes on Schedule 0.  Posserble the organization services accomplishments for each of list three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service product.  4a (Coole ) (Expenses 5 6,581,652 holidating grants or 5 6,581,652 characts to charitable organizations.  4b (Coole ) (Expenses 5 including grants or 5 characts) (Revenue 6 characts) (Revenue 7 characts) (Revenue 7 characts) (Revenue 8 charac					
prior Form 980 or 980 E27  If Yes, *Gestarch these new services on Schedule 0.  Did the organization cease conducting, or make significant changes in how it conducts, any program services? Ves X No If Yes, *Gescribe these changes on Schedule 0.  Posserble the organization services accomplishments for each of list three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service product.  4a (Coole ) (Expenses 5 6,581,652 holidating grants or 5 6,581,652 characts to charitable organizations.  4b (Coole ) (Expenses 5 including grants or 5 characts) (Revenue 6 characts) (Revenue 7 characts) (Revenue 7 characts) (Revenue 8 charac					
If "Yes," describe these new services on Schedule O.	2	Did the organization undertake any s	ignificant program services during the yea	ar which were not listed on the	
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?					Yes X No
If "Yes," describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.  Section 50 (fc(s) and 50 (c(s)) organizations are required to report the amount of grants and allocations to others, the total expenses, and reverue, if any, for each program service reported.  4a (Code:	2			ponduoto, any program conjucce?	Voc X No
4b (Coos:) (Expenses \$	3			conducts, any program services?	Tes 121 No
4b (Code:) (Expenses \$ 6,581,652. including games of \$ 6,581,652.) (Revenue \$	4	Describe the organization's program Section 501(c)(3) and 501(c)(4) organ	service accomplishments for each of its thizations are required to report the amount		
db	42	revenue, if any, for each program ser	vice reported.	6.581.652.) (Revenue *	1
4c (Code:) (Expenses \$	<del>-t</del> a	Grants to charitab	le organizations		,
4c (Code:) (Expenses \$					
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4c (Code:) (Expenses \$					
4c (Code:) (Expenses \$	4b	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	)
4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )		/ (Expanses V		, (notonia)	
4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )					
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4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )	4c	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	)
(Expenses \$\frac{1}{2} \text{including grants of \$} \text{) (Revenue \$} \text{)}					,
(Expenses \$\frac{1}{2} \text{including grants of \$} \text{) (Revenue \$} \text{)}					
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(Expenses \$\frac{1}{2} \text{including grants of \$} \text{) (Revenue \$} \text{)}					
(Expenses \$\frac{1}{2} \text{including grants of \$} \text{) (Revenue \$} \text{)}					
(Expenses \$\frac{1}{2} \text{including grants of \$} \text{) (Revenue \$} \text{)}					
(Expenses \$\frac{1}{2} \text{including grants of \$} \text{) (Revenue \$} \text{)}					
C F01 CF0	4d	Other program services (Describe on	Schedule O.)		
4e Lotal program service expenses 0.001.004.		, .	including grants of \$	) (Revenue \$	)
	<u>4e</u>	Total program service expenses	0,301,032.		Form <b>990</b> (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	<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	ection 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	ь	21			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			<del>                                     </del>		
0	Schedule D, Part III	8		x		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		<del></del> -		
J	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		X		
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total					
	assets reported in Part X, line 16? 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		
	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		v			
40-	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	10-		$ _{\mathbf{x}}$		
h	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		<u> </u>		
D	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		X		
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,					
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000					
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any					
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to					
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,					
	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		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		Х		
	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	21	Х			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<b>4</b> 1	22			

	1990 (2022) Highland Park Community Foundation 36-381	<u>9818</u>	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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		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			
	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			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 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	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
-	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			
٠.	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1000		
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	-		
	If "Yes," complete Schedule R, Part V, line 2	36		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 on Schedule O for Part VI, lines 11b and 19?	<u> </u>		<u> </u>
00	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	50		
	Check if Schedule O contains a response or note to any line in this Part V			
	Chock in Contouring a responde of note to any line in this rair v		Yes	No
1.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	0	169	140
	Enter the number reported in box 6 of 1 cm 1 food. Enter 6 if not applicable	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-		
·	2.3 2.5 3.5 2.1. 22.1. Comply that backap than basing false to reportable payments to vertical and reportable garming			

232004 12-13-22

Form **990** (2022)

(gambling) winnings to prize winners?

### 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 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2</b> b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		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			
	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		X
_	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 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	- 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?	7b		1
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	75		
·	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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	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	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	-		
D	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
19a	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	124		
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.			

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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	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 relationshi	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 the	e direct supervision							
	of officers, directors, trustees, or key employees to a management company or other person? $\dots$		3		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	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 a	opoint 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, s								
	persons other than the governing body?		7b		<u> </u>				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year								
а	The governing body?								
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 real	ched at the			1				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)							
				Yes					
	Did the organization have local chapters, branches, or affiliates?		10	3	X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl								
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\ _{\cdot\cdot\cdot}$			77					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before filing the form	n? <b>11</b> :	a X					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			37					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			<del> </del>					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		121	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," describe		٠,					
	on Schedule O how this was done		120		177				
13	Did the organization have a written whistleblower policy?			77	X				
14	Did the organization have a written document retention and destruction policy?		14	X					
15	Did the process for determining compensation of the following persons include a review and approve								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				v				
a	The organization's CEO, Executive Director, or top management official				X				
b	Other officers or key employees of the organization		151	)	^				
10-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	an a mak s s sikka sa							
ıoa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger		40		x				
	taxable entity during the year?		16	1	12				
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in initial ways and talk a stage to explain the control of the c								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization with respect to such a way appearance.		40						
800	exempt status with respect to such arrangements? tion C. Disclosure		161	)					
17 10	List the states with which a copy of this Form 990 is required to be filed <u>IL</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990 T (apation 501	(0)(2)0 00	hy) ove	ilabla				
18	for public inspection. Indicate how you made these available. Check all that apply.	110 330-1 (SECTION 50 I	(c)(a)s or	ıy) ava	iiaDie				
		on Schedule O)							
10	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	,	v and fin	ancial					
19	statements available to the public during the tax year.	Annot of interest polic	y, and ill	ai iUlal					
20	State the name, address, and telephone number of the person who possesses the organization's bo	oke and records							
20	Deborah Brill - 847-770-5147	ons and records							
	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)	l ge			C)		iout	(D)	(E)	(F)
Name and title	Average hours per	(do	not cl	heck	more	than is bot	one h an	Reportable compensation	Reportable compensation	Estimated amount of
	week	offic				or/trus		from	from related	other
	(list any hours for	or director				ъ		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	stee or	ustee			en sa te		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual trus	onal tr		ployee	t comp		1099-NEC)		and related
	line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Nancy Mills	0.00							_	_	_
Director		Х						0.	0.	0.
(2) David Reich	0.00							_	_	_
Director		Х						0.	0.	0.
(3) David Israel	0.00								_	_
Treasurer		Х		Х				0.	0.	0.
(4) Betsy Brint	2.50								_	_
Chairman		Х		Х				0.	0.	0.
(5) Sofia Alvarez	0.00								_	_
Director		Х						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									
Vice-Chairman		Х		Х				0.	0.	0.
(13) Jean Meadows	0.00									
Director	0 00	Х						0.	0.	0.
(14) Joe Reinstein	0.00									•
Director	0 00	Х						0.	0.	0.
(15) Karen Reisin	0.00									_
Director	0.00	Х						0.	0.	0.
(16) Caroline Mead	0.00	,,							_	_
Director	0 00	Х		$\vdash$		<u> </u>	_	0.	0.	0.
(17) Robyn Schuster	0.00	٦,								_
Director		Х						0.	0.	0.

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Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Pa	I L V	<u>/Ш</u>				and the Deut VIII			
			Check if Schedule O conta	uns 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	sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	а	Federated campaigns	1a					
			Membership dues						
			Fundraising events		202,799.				
Sift lar /			Related organizations						
imil			Government grants (contribution		300,000.				
tion r S			All other contributions, gifts, grants	<del></del>					
ibul			similar amounts not included above	e   1f   7	,058,913.				
d O		g	Noncash contributions included in lines	1a-1f <b>1g</b> \$					
g E		h	Total. Add lines 1a-1f			7,561,712.			
					Business Code				
Çe	2	а							
Program Service Revenue		b							
n Si		С							
ran ?ev		d							
rog		е							
Δ.			All other program service rever						
			Total. Add lines 2a-2f						
	3		Investment income (including of		•	105 770	105 770		
			other similar amounts)			105,779.	105,779.		
	4		Income from investment of tax	· ·	•				
	5		Royalties	(i) Real	(ii) Personal				
	6	_	Cross ranta	(i) i teai	(II) Personal	-			
	О		Gross rents 6a Less: rental expenses 6b			_			
			Less: rental expenses <b>6b</b> Rental income or (loss) <b>6c</b>			-			
			Net rental income or (loss)						
	7		Gross amount from sales of	(i) Securities					
	•	ŭ	assets other than inventory <b>7a</b>	· ·	( )				
		b	Less: cost or other basis						
e			and sales expenses 7b						
Revenue		С	Gain or (loss) 7c						
Re			Net gain or (loss)						
her	8		Gross income from fundraising eve	ents (not					
Oth			including \$ 202, 75	99. of					
			contributions reported on line	1c). See					
			Part IV, line 18						
		b	Less: direct expenses	8	0.				
			Net income or (loss) from funda	· · -		0.			
	9	а	Gross income from gaming act						
			Part IV, line 19			-			
			Less: direct expenses		o				
	40		Net income or (loss) from gami	· —	······				
	10	а	Gross sales of inventory, less r						
		L	and allowances		<u> </u>	-			
			Less: cost of goods sold		-				
		C	Net income or (loss) from sales	or inventory	Business Code				
snc	11	a			Business Code				
Miscellaneous Revenue	••	b				1			
ella		c				1			
lisc R			All other revenue						
2			Total. Add lines 11a-11d						
	12		Total revenue. See instructions			7,667,491.	105,779.	0.	0.

Pai	t IX Statement of Functional Expense	es			<del>,</del>						
Secti	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).										
	Check if Schedule O contains a response or note to any line in this Part IX										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses						
1	Grants and other assistance to domestic organizations		·	·							
	and domestic governments. See Part IV, line 21	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	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 0.)										
12	Advertising and promotion										
13	Office expenses										
14	Information technology										
15 16	Royalties										
16 17	Occupancy										
18	Payments of travel or entertainment expenses										
10	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	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.							
е	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)

Par	τX	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</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				
		trustee, key employee, creator or founder, subst	antial contributor, or 35%			
		controlled entity or family member of any of thes	e persons		5	
	6	Loans and other receivables from other disqualit	ied persons (as defined			
		under section 4958(f)(1)), and persons described	d in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
⋖	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		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 1	1		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 equa	al 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 F			21	
es	22	Loans and other payables to any current or form				
		trustee, key employee, creator or founder, subst	antial contributor, or 35%			
Liabilities		controlled entity or family member of any of thes			22	
-	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pages)				
		parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0
g ရ		Organizations that follow FASB ASC 958, che	ck here X			
ا يو		and complete lines 27, 28, 32, and 33.		E 00E 047		F 0F4 020
ala	27	Net assets without donor restrictions		5,985,247.	27	5,954,029
8 8	28	Net assets with donor restrictions		47,386.	28	30,565
<u>.</u>		Organizations that do not follow FASB ASC 9	58, check here			
<u>-</u>		and complete lines 29 through 33.				
jts	29	Capital stock or trust principal, or current funds			29	
1886	30	Paid-in or capital surplus, or land, building, or eq			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in		6 020 622	31	E 004 E04
ž	32	Total net assets or fund balances		6,032,633.	32	5,984,594
	33	Total liabilities and net assets/fund balances		6,032,633.	33	5,984,594

9	8	1	8	Page	1	2
---	---	---	---	------	---	---

га	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		
2	Total expenses (must equal Part IX, column (A), line 25)	2	(	5,80		
3	Revenue less expenses. Subtract line 2 from line 1	3			8,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	- (	5,03		
5	Net unrealized gains (losses) on investments	5		-90	6 <u>,7</u>	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,					
	column (B))	10	į	5,98	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					
					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 Schedul	e O.				
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 reviewe	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basi	s,			
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audi	t,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c		
	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					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	udit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2022)

### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

## Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

Employer identification number 36-3819818

Highland Park Community Foundation

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

Pa	art I	Reason for Public (	Charity Status.	(All organizations must o	complete th	his part.) S	See instructions.			
The	organ	nization is not a private found	dation because it is: (	(For lines 1 through 12, o	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).								
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in <b>sectio</b>	on 170(b)(1)(A)(iii). Enter	the hospital's name,		
		city, and state:								
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental unit descrit	oed in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6	Ш	A federal, state, or local go	vernment or governn	mental unit described in	section 17	70(b)(1)(A)	(v).			
7	X	An organization that norma	ally receives a substa	intial part of its support	from a gov	ernmental	l unit or from the general	public described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8	Щ	A community trust describe	ed in <b>section 170(b)</b>	(1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	(ix) operate	ed in conju	unction with a land-grant	college		
		or university or a non-land-o	grant college of agric	culture (see instructions)	. Enter the	name, city	y, and state of the collec	je or		
		university:								
10		An organization that norma								
		activities related to its exen		•				-		
		income and unrelated busing		(less section 511 tax) fr	om busine	esses acqu	uired by the organization	after June 30, 1975.		
		See <b>section 509(a)(2).</b> (Con								
11	$\vdash$	An organization organized						_		
12		An organization organized								
		more publicly supported or	-					Sheck the box on		
		lines 12a through 12d that						, airtina		
á										
		the supported organization			a majomy	or the dire	ctors or trustees or the s	supporting		
k		organization. <b>You must o Type II.</b> A supporting org			tion with it	te cunnort	ad arganization(s), by ba	nvina		
	,	control or management o								
		organization(s). You mus			same perso	Jiis tilat Ct	ontrol of manage the sup	pported		
	. $ abla$	Type III functionally inte			in connec	tion with	and functionally integrat	ed with		
Ì		its supported organizatio						od with,		
	. [	Type III non-functionally		•				ization(s)		
		that is not functionally int								
		requirement (see instruct	-	* *	-		•			
6	. [	Check this box if the orga								
		functionally integrated, or					31 / 31 / 31			
1	Ente	er the number of supported o	organizations							
Ç	Pro	vide the following information	n about the supporte	ed organization(s).						
		(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ing document?	(v) Amount of monetary	(vi) Amount of other		
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)		
_										
Tot	ai						I	I		

### 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	etion A. Public Support	,,		•				
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Gifts, grants, contributions, and	(4) = 2 × 2	(-, : :	(-/	(-,	(-,	(-)	
	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				100=111			
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)							
	Public support. Subtract line 5 from line 4.						10727537.	
	tion B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019 874,129.	(c) 2020	(d) 2021	(e) 2022	(f) Total 10727537.	
	Amounts from line 4	349,107.	874,129.	915,175.	1027414.	/561/12.	10/2/53/.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,	104 564	600 100	406 200	FF0 416		1501154	
	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.)						12258711.	
	<b>Total support.</b> Add lines 7 through 10		,				μ2236/11.	
	Gross receipts from related activities,	•				12		
13	First 5 years. If the Form 990 is for the							
Sac	organization, check this box and storetion C. Computation of Publ						<u></u>	
	•			acluma (fl)		14	87.51 %	
	Public support percentage for 2022 (I Public support percentage from 2021					15	62.86 %	
	33 1/3% support test - 2022. If the o				· ·			
iva	stop here. The organization qualifies	•		•		•		
h	33 1/3% support test - 2021. If the o							
	and <b>stop here.</b> The organization qual	· ·		,		•		
17a								
	a 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	10% -facts-and-circumstances tes	-				7a. and line 15 is	10% or	
	more, and if the organization meets the	· ·				•		
	organization meets the facts-and-circ				-			
18	Private foundation. If the organization							
			,	. ,			(Form 000) 2022	

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.)

16 Public support percentage from 2021 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))  18 Investment income percentage from 2021 Schedule A, Part III, line 17  19 a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and	Section	on A. Public Support	clow, picase com	piete i art ii.)				
Girds receipts from admissions, and a second process of the second			(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
membership feas received. (Do not include any runsusal grants?)  2 Grass receipts from admissions, fear formed, or facilities turnished in any activity that is related to the organization is tax exempt purpose of Grass receipts from admissions and the property of the organization is tax exempt purpose of Grass receipts from admissions that are not an unrelated trade or business under section 513  4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf or expended on its expen			` ` `	` ,	` ′	<u> </u>	` '	,,
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 organization's tax exempt purpose  3 Gross receipts from activities that are not an unrelated trade or business under section 513  4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  5 The value of services or facilities furnished by a governmental unit to the organization without charge  6 Total. Add lines 1 through 5  7 A Amounts included on lines 1, 2, and 3 received from disqualified persons be two first from disqualified persons be amount on line 1 for the year  8 Public support, figure first beginning in)  9 Amounts from line 6  10 Gross force first from disqualified persons be first from the disqualified persons beginning in the disqualified persons from similar sources  10 Infection from similar sources  10 Infection from disqualified persons disqualified persons from similar sources  11 Infection from disqualified persons from similar sources  12 Other income. Do not included on line 100, whether or not the business activities not included on line 100, whether or not the business is activities not included on line 100, whether or not the business is constituted from the disqualified persons from the d		, 0 ,						
2. Gross receipts from admissions. merchandises sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purposes. 3 Gross receipts from activities that are not an unrelated trade or business under section 513.  4. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.  5. The value of services or facilities furnished on intensity of the organization's benefit and either paid to or expended on its behalf.  6. Total. Add lines 1 through 5.  7.a Amounts included on lines 1, 2, and 3 received from disqualified persons but ensured the paid of the organization without charge of the organization without the organization without only the organization without only the organization without only the organization without only the organization without organizatio								
3. Gross receipts from activities that are not an unrelated trade or business under section 513  4. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  5. The value of services or facilities furnished by a governmental unit to the organization without charge  6. Total. Add lines 1 through 5.  7.a Amounts included on lines 1, 2, and 3 received from disqualified persons  8.b Amounts included on lines 2 and 3 received from disqualified persons  9.b Amounts included on lines 2 and 3 received from other than 6 deapline persons that exceed the greater of \$5,000 or 1% of the services of the se	2 Gr me for an	oss receipts from admissions, erchandise sold or services permed, or facilities furnished in y activity that is related to the						
are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 5 The value of services or facilities furnished by a governmental unit to the organization of the through 5								
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines it through 5 7 A Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons but esceed the greated a feets 2 and 3 received from disqualified persons that esceed the greated 1, 5,000 or 10 of the amount on line 13 or ne year. 6 Add lines 7 and 7 b 8 Public support. Signate 1 is free level to not the business from line 6 9 Amounts from line 6 10 Gross income from interest, dividends, payments received on securifies loans, cents, royalbes, supriments received on securifies loans from line 6 11 Except June 30, 1975 c Add lines 10 and 10b 11 Net income from unrelated business acquired after June 30, 1975 c Add lines 10 and 10b 11 Net income non. Do not include gain or loss from the sale of capital assets (Csyban in Part VI). 12 Other income. Do not include gain or loss from the sale of capital assets (Csyban in Part VI). 13 First 5 years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 15 Public support percentage from 2021 Schedule A, Part III, line 15 15 Postion D. Computation of Public Support Percentage 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 18 Public support percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 19 as 31 1/3% support tests - 2021. If the organization oid not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and astop	are	not an unrelated trade or bus-						
ization's benefit and either paid to or expended on its behalf  5 The value of services or facilities furnished by a governmental unit to the organization without charge  6 Total. Add lines 1 through 5  7a Amounts included on lines 1, 2, and 3 received from disqualified persons  b Amounts included on lines 2 and 3 received to mother than disqualified persons  b Amounts included on lines 2 and 3 received to mother than disqualified persons that exceed the greater of \$5.00 or 1% of the senant on line its for the year expensed to mother than disqualified persons that exceed the greater of \$5.00 or 1% of the senant on line its for the year expensed to the senant of the								
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 disqualified persons b Amounts included on lines 2 and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from disqualified persons that exceed the gradure of \$5,000 or 1% of the amount on the 1 for the year and organized persons that exceed the gradure of \$5,000 or 1% of the amount on the 1 for the year amount of the 1 for the	iza	tion's benefit and either paid to						
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 characteristic and disqualified persons but exceed the greater of \$5,000 or 1% of the amount on line 15 for the year and adjustation persons that exceed the greater of \$5,000 or 1% of the amount on line 15 for the year and or 1% of the amount on line 15 for the year and or 1% of the amount on line 15 for the year and or 1% of the amount on line 15 for the year and or 1% of the amount on line 15 for the year and 1% of the year and 2% of the y	fur	nished by a governmental unit to						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts included on line 2 and 3 received from disqualified persons that exceed the greater of \$0,000 × 156 or the amount on line 13 for the year co. Add lines 7 and 7b		***						
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 lines 15 for the year amount on lines 10 for the year amount of lines 10 for year						+		
tom 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  3 Public support (Spitzalline (Funn line 5))  Section B. Total Support  Calendar year (or fiscal year beginning in)  9 Amounts from line 6  10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 1.2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total support, add lines 9, 10c, 11, and 12.)  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section D. Computation of Public Support Percentage  17 Investment income percentage from 2021 Schedule A, Part III, line 15  9 Amount of the size of the corganization of line 10b, wireded by line 13, column (f))  18 Investment income percentage from 2021 Schedule A, Part III, line 17  19 a 33 173% support tests - 2022. If the organization id not check the box on line 14, and line 15 is more than 33 173%, and line 17 is not more than 33 173%, support tests - 2022. If the organization id not check the box on line 14, and line 15 is more than 33 173%, and line 17 is not more than 33 173%, support tests - 2022. If the organization id not check a box on line 14 or line 19a, and line 16 is more than 33 173%, and line 16 is more than 31 173%	3 r	eceived from disqualified persons						
c Add lines 7a and 7b 8 Public support. Submett line 7a tom line 6.1 8 Public support. Total Support  Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royatiles, 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 1Net income from unrelated business sativities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support, Aed lines 9, 10c, 11, and 12.)  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage 15 Public support percentage from 2021 Schedule A, Part III, line 15 Section D. Computation of Investment income percentage from 2021 Schedule A, Part III, line 17 18 Investment income percentage from 2021 Schedule A, Part III, line 17 19a 33 13% support tests - 2022. If the organization did not check the box on line 14 or line 19a, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2021. If the organization did not check the box on line 14 or line 19a, and line 16 is more than 33 1/3%, and	fror exc	n other than disqualified persons that eed the greater of \$5,000 or 1% of the						
8 Public support. @bitact line 7: from line 8.  Section B. Total Support  Calendar year (or fiscal year beginning in)  9 Amounts from line 6.  10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b.  11 Net income from unrelated business activities not included on line 10b, whether or not the business is activities not included on line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).  13 Total support, (add lines 9, 10c, 11, and 12).  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage from 2021 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))  18 Investment income percentage from 2021 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2021. If the organization did not check the box on line 14 or line 19a, and line 16 is more than 33 1/3%, and								
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(less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on relative properties of capital assets (Explain in Part VI).  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).  13 Total support, Add lines 9, 10c, 11, and 12.)  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage from 2021 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2021 Schedule A, Part III, line 17  18 Investment income percentage from 2021 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and	10a Gr div se	oss income from interest, vidends, payments received on curities loans, rents, royalties,						
acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage for 2022 (line 10c, column (f), divided by line 13, column (f))  17 9a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization  18 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and	<b>b</b> Un	related business taxable income						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage from 2021 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))  18 Investment income percentage from 2021 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and	`	,						
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check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage from 2021 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))  18 Investment income percentage from 2021 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and								
check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage from 2021 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))  18 Investment income percentage from 2021 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and	14 Fir	st 5 years. If the Form 990 is for th	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage from 2021 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))  18 Investment income percentage from 2021 Schedule A, Part III, line 17  19 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and		-	-			•		
16 Public support percentage from 2021 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))  18 Investment income percentage from 2021 Schedule A, Part III, line 17  19 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and	Section	on C. Computation of Publ	ic Support Pe	ercentage				
16 Public support percentage from 2021 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))  18 Investment income percentage from 2021 Schedule A, Part III, line 17  19 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and	<b>15</b> Pu	blic support percentage for 2022 (l	line 8, column (f),	divided by line 13,	column (f))		15	%
Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))  18 Investment income percentage from 2021 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and							16	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and	Section	on D. Computation of Inves	stment Incom					
18 Investment income percentage from 2021 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and	<b>17</b> Inv	vestment income percentage for 20	<b>)22</b> (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							18	%
more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and							33 1/3%, and line	
b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and			-					
	ma			1-1-4-11	,			
line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	b 33	1/3% support tests - 2021. If the	· ·			•	•	

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
		110
1		
2		
3a		
- Ou		
3b		
Зс		
4a		
4b		
1.5		
4c		
5a		
5a		
5b		
5c		
_		
6		
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8		
9a		
O.		
9b		
9c		
33		
10a		
10b		
dule A (Forr	n 990)	2022

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		
	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		
Sect	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 <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
-	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations	<u> </u>		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
•	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			
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	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 yeatsee instructions			
' a	The organization satisfied the Activities Test. Complete line 2 below.	-,-		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	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.	,		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	За		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
-	5			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b | 232025 12-09-22 | Schedule A (Form 990) 2022

Sche	dule A (Form 990) 2022 Highland Park Communit	y Four	ndation	36-3819818 Page 6
Pai				<b>5</b>
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ust complete	e 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 <b>Part VI</b> ):			
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		

\_\_ 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) 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	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <sub>(continued</sub>	d)	
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	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	ns	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_	<b>Total annual distributions.</b> Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6		!	9	
10	Line 8 amount divided by line 9 amount		1	0	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022		(iii) Distributable Amount for 2022
1	Distributable amount for 2022 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 carryover, if any, to 2022				
a	From 2017				
b	From 2018				
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				
<u>i</u>	Carryover from 2017 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section 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 for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
d	Excess from 2021				

Schedule A (Form 990) 2022

e Excess from 2022

### Schedule B

(Form 990)

**Schedule of Contributors** Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

H	ighland Park Community Foundation	36-3819818					
Organization type (check	one):						
Filers of:	Section:						
Form 990 or 990-EZ X 501(c)( 3 ) (enter number) organization							
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	n is covered by the <b>General Rule</b> or a <b>Special Rule</b> . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule. See instructions.					
General Rule							
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributo						
Special Rules							
sections 509(a)(1 contributor, durin	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) (Z, line 1. Complete Parts I and II.	and that received from any one					
contributor, during literary, or educa	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.						
year, contribution is checked, ente purpose. Don't c	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from sexclusively for religious, charitable, etc., purposes, but no such contributions totaled repert the total contributions that were received during the year for an exclusively religious omplete any of the parts unless the <b>General Rule</b> applies to this organization because it ble, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000. If this box is, charitable, etc., received <i>nonexclusively</i>					
	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B ( ne 2. of its Form 990: or check the box on line H of its Form 990-EZ or on its Form 990-PF						

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

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	dditional 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
		<b></b>	
(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

Schedule B (Form 990) (2022) **Employer identification number** Name of organization 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 (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 (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

### **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

Schedule D (Form 990) 2022

(a) Donor advised funds (b) Funds and other accounts  1 Total number at end of year 2 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 0.  5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Part II   Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization or education)   Preservation of a historically important land area   Protection of natural habitat   Preservation of pen space   Preservation of open space   Preservation of open space   Preservation of open space   Preservation of open space   Preservation easements   Preservation ease	Pa	art I Organizations Maintaining Donor A organization answered "Yes" on Form 990, Pa		lar Funds or Accounts.Complete if the									
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 of grants from (during year) 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization in check all that apply).  Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat  Protection of natural habitat  Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements  b Total acreage restricted by conservation easements  c Number of conservation easements on a certified historic structure included in (a)  2 Deservation of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  A Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the year orelation have a written policy regarding the periodic monitoring,		organization answered Tes Off Offin 990, 17		ds (b) Funds and other accounts									
2 Aggregate value of contributions to (during year)	1	Total number at end of year		2									
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Aggregate value at end of year	_												
Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (for example, recreation or education) Preservation of a conservation at land area Protection of natural habitat Protection of natural habitat Preservation of open space  Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements  b Total acreage restricted by conservation easements  c Number of conservation easements on a certified historic structure included in (a)  2 c In the protection of conservation easements on a certified historic structure included in (a)  2 c In the protection of the Tax Yea and the protection of the Internation of Internation of the Internation of Internatio			4.0										
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for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?    Part II	6												
Impermissible private benefit?   Impermissible preservation of conservation easements held by the organization (check all that apply).   Impermissible preservation of land for public use (for example, recreation or education)   Impermissible preservation of a historically important land area   Impermissible preservation of open space   Impermissible preservation of a conservation easement on the last day of the tax year.   Impermissible preservation easements   Impermissible preservation easements   Impermissible preservation easements   Impermissible preservation   Impermissib													
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and section 170(h)(4)(B)(ii)? Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the			,										
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the	8												
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the													
	9	•		-									
			_	ncial statements that describes the									
organization's accounting for conservation easements.	Б			Other Circiles Assets									
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	Pa			ires, or Other Similar Assets.									
1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works	-10			etatement and balance sheet works									
of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	Id		•										
service, provide in Part XIII the text of the footnote to its financial statements that describes these items.		· · · · · · · · · · · · · · · · · · ·	·	•									
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of		· ·											
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,	L												
provide the following amounts relating to these items:				earch in furtherance of public service,									
				¢									
(i) Revenue included on Form 990, Part VIII, line 1 \$				<u> </u>									
<ul><li>(ii) Assets included in Form 990, Part X</li><li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide</li></ul>	2												
the following amounts required to be reported under FASB ASC 958 relating to these items:	2												
a Revenue included on Form 990, Part VIII, line 1\$	_												
b Assets included in Form 990, Part X \$													

232051 09-01-22

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

Par	t III	<b>Organizations Maintaining C</b>	ollections of A	rt, Historical Tr	easures, or Oth	er Si	milar As	sets	(conti	nued)	
3	Using	the organization's acquisition, accessi	on, and other record	ls, check any of the	following that make	signifi	cant use of	its			
	collec	tion items (check all that apply):									
а		Public exhibition	d	Loan or exc	hange program						
b		Scholarly research	е								
С		Preservation for future generations									
4	Provid	de a description of the organization's co	ollections and explain	n how they further tl	he organization's ex	empt p	ourpose in F	art X	(III.		
5		g the year, did the organization solicit o									
	-	sold to raise funds rather than to be ma						,	Yes		No
Par	t IV	<b>Escrow and Custodial Arran</b>						IV, lin	ie 9, oi	ſ	
		reported an amount on Form 990, Par	t X, line 21.	-							
1a	Is the	organization an agent, trustee, custodi	an or other intermed	diary for contribution	s or other assets no	t inclu	ded				
	on Fo	rm 990, Part X?					[	,	Yes		No
b		s," explain the arrangement in Part XIII									
Am											
С	Begin	ning balance				🗔	1c				
		ons during the year					1d				
							1e				
e Distributions during the year 1e f Ending balance 1f											
2a		e organization include an amount on Fe				ility?		,	Yes		No
b	If "Yes	s," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Part XI	 II					]
Par	τV	Endowment Funds. Complete i	the organization an	swered "Yes" on Fo	orm 990, Part IV, line	10.					
			(a) Current year	(b) Prior year	(c) Two years back	(d) Th	ree years ba	ck (	<b>e)</b> Fou	r years	back
1a	Begin	ning of year balance	5,309,785.	5,309,785.	4,695,317.		3,799,93	8.	3	,969,	893.
b	Contri	ibutions			915,175.		874,12	9.		349,	107.
c Net investment earnings, gains, and losses 496,392. 679,130.										-194,	764.
d	<b>d</b> Grants or scholarships 661,369. 543,000.									218,	100.
		expenditures for facilities									
		rograms									
f	Admir	nistrative expenses			135,730.		114,90	4.		106,	198.
		f year balance	5,309,785.	5,309,785.	5,309,785.		4,695,31	7.	3	,799,	938.
2	Provid	de the estimated percentage of the curi	ent year end balanc	e (line 1g, column (a	a)) held as:						
а	Board	l designated or quasi-endowment		%							
b	Perma	anent endowment	%	_							
С	Term	endowment	<del>//</del>								
	The p	ercentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are th	ere 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) U	nrelated organizations							3a(i)	Х	
									3a(ii)		Х
b	<ul><li>(ii) Related organizations</li><li>b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?</li></ul>										
4		ibe in Part XIII the intended uses of the	organization's endo	wment funds.							
Par	t VI	Land, Buildings, and Equipm	ent.								
		Complete if the organization answere	d "Yes" on Form 990	), Part IV, line 11a. S	See Form 990, Part X	(, line 1	10.				
		Description of property	(a) Cost or o	ther (b) Cost	or other (c) A	Accum	ulated	(0	d) Boo	k value	•
			basis (investn	nent) basis	(other) de	eprecia	ation				
1a	Land										
		ngs									
		hold improvements									
d	Equip	ment									
	Other										

Schedule D (Form 990) 2022

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

		rk Community	Foundation 3	6-3819818 Page
Part VII		_		<u> </u>
	Complete if the organization answered "Yes'			
	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
	al derivatives			
	held equity interests			
( <b>3)</b> Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	h) mont and Fama 000 Bart V and (B) line 40 )			
	b) must equal Form 990, Part X, col. (B) line 12.)  Investments - Program Related.			
Part VIII	Complete if the organization answered "Yes"	on Form 000 Port IV line	110 Soc Form 000 Port V line 12	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	and of year market value
(4)	(a) Description of investment	(b) book value	(C) Method of Valuation. Cost of e	ilu-oi-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8) (9)				
	b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes"	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	<del>-</del>	Description	,,	(b) Book value
(1)	· · ·			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) lir.	e 15.)		
Part X	Other Liabilities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	25.
1.	(a) Description of liability			(b) Book value
	deral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				

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

(7) (8)

	dule D (Form 990) 2022 Highiand Park Community FC				3013010 Page <b>4</b>
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents Witl	n Revenue per R	leturn	) <b>.</b>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	7,522,516.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-906,740.		
b	Donated services and use of facilities		761,765.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	-144,975.
3	Subtract line 2e from line 1			3	7,667,491.
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			
	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	7,667,491.
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	nents Wi	th Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total expenses and losses per audited financial statements			1	7,570,555.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	761,765.		
b	Prior year adjustments	2b			
С	Other losses				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	761,765.
3	Subtract line 2e from line 1			3	6,808,790.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)			5	6,808,790.
Pa	rt XIII Supplemental Information.				
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par	rt IV, lines 1	and 2b; Part V, line	4; Part	X, line 2; Part XI,
ines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad-	ditional info	rmation.		
_	1! 4				

### 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)

# **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

Department of the Treasury Internal Revenue Service

Name of the organization

Highland Park Community Foundation

Employer identification number

Highland	Park Comm	nunity Found	dation				36-3819818
Part I General Information on Grants a							
1 Does the organization maintain records		-		-	•		
criteria used to award the grants or assi	istance?						X Yes No
2 Describe in Part IV the organization's pr							
Part II Grants and Other Assistance to recipient that received more than					anization answered "	Yes" on Form 990, Part	: IV, line 21, for any
<u> </u>	1	<u> </u>			(f) Method of	(a) December of	(In) Down and of sweet
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A Safe Place							
2710 17th Street, Suite 100							
Zion, IL 60099	36-3032700	501(c)(3)	15,000.	0.			fGeneral Support
Anixter Center							
6610 N Clark St							
Chicago, IL 60626	36-2244895	501(c)(3)	7,000.	0.			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.	0.			General Support
Collaborative Community Housing							
Initiative - 833 Central Avenue,							
Unit 1371 - Highland Park, IL							
60035	83-4685695	501(c)(3)	8,325.	0.			General Support
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) a	and government o	rganizations listed in tl	he 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

Schedule I (Form 990) 2022

Part II Continuation of Grants and Other		omestic Organization		overnments (Sch	edule I (Form 990), 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
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							
- Lutz Family Center - 216 W Jackson Blvd. Suite 700 - Chicago							
IL 60606	36-2193616	501(c)(3)	7,000.	0.			General Support
	1 33 2173310	501(0)(3)	,,000.	٠.	l .		Peneral pupport

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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							
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
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.			General Support
Pilgrim Chamber Players							
805 Mosley Rd		504 ( ) (5)		_			
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.							
Waukegan, IL 60085	47-2348102	501(c)(3)	10,000.	0.			General Support
.aanogan, 10 00000	1, 2340102	201(0)(3)	10,000.	٠.			Pererar pappore

		nunity Found					6-3819818 Pag
Part II Continuation of Grants and Other  (a) Name and address of organization or government	Assistance to De	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	edule I (Form 990), Pa (f) Method of valuation (book, FMV,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
				a33131a1100	appraisal, other)		
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			, .	<u> </u>			
action Volunteers - 1510 Old							
Deerfield Road Suite 205 -							
Highland Park, IL 60035	14-1955977	501(c)(3)	28,500.	0.			General Support
The Art Center of Highland Park							
1957 Sheridan Road							
Highland Park, IL 60035	36-2464960	501(c)(3)	37,500.	0.			General Support
The Balance Project							
39 Lincolnwood							
Highland Park, IL 60035	85-0984642	501(c)(3)	18,000.	0.			General Support
,			, ,	<u> </u>			
The Center for Enriched Living							
280 Saunder Road							
Riverwoods, IL 60015	36-3339009	501(c)(3)	6,000.	0.			General Support
The Stuart I Raskas Friendship							
Circle of Illinois - 2095 Landwehr	00 4004060	501/ \/2\	0.000				
Road - Northbrook, IL 60062	20-4884060	501(c)(3)	9,000.	0.			General Support
Fri-Con Child Care Center							
125 Laurel Avenue							
Highland Park, IL 60035	36-2708769	501(c)(3)	50,000.	0.			General Support
-			,				
outh Services							
3080 West Lake Avenue							
Glenview, IL 60026	36-3182275	501(c)(3)	25,000.	0.			General Support
Macharias Sexual Abuse Center							
4275 Old Grand Avenue	26 2214076	E01/a)/3)	30,000	_			Conomal Current
Gurnee, IL 60031	36-3314976	Dot(C)(2)	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>(b)</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.		
	0	٠.	0.		
1. Death Claims and Permanent Catastrophic					
Physical Injury Claims-Payments made to deceased					
victims and those who suffered permanent		2 225 222		L .	
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 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

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

Form	990,	Part	VΙ,	Section	Ċ,	Line	19:					
Avai1	able	upon	requ	ıest								

roles are not otherwise made known in the annual forms, and to complete a

new disclosure statement if circumstances change during the year.

Form AG99	90-IL
Revised	1/19

	ce Use Only	-	ORGANIZATION ANNUA				Revised 1/19
PMT	#		(WAME RAOUL State of Bureau, 100 West Rand		~~	<b>μ</b> Λ1.	-023786
			Chicago, Illinois 60601	aoipii	CO		- 023766 Il items attached:
AMT			the Fiscal Period:		X		IRS Return
"""		i i i i i i i i i i i i i i i i i i i	ano i local i cilical	Make Checks	X		Financial Statements
		Beginning	01/01/2022	Payable to		Copy of	Form IFC
INIT				the Illinois Charity		\$15.00 <i>F</i>	Annual Report Filing Fee
		& Ending	12/31/2022	Bureau Fund		\$100.00	Late Report Filing Fee
	36-3819818		MO DAY YR				10 DAY YR
Are co	ntributions to the organization	tax deductible? X Yes	No Date	Organization was o	reated	1:	03/10/1992
	LEGAL	Park Community For	ındation	Year-end amounts			
	MAIL	rark community roo	maacion	A) ASSETS		A) \$	5,984,594
ΑD	DRESS P.O. Box	398		B) LIABILITIES	3	B) \$	0
CITY	STATE <b>Highland</b> 1	Park, IL		C) NET ASSET	S	C) \$	5,984,594
ZI	P CODE 60035						
I.		REVENUE ITEMS DURING		PERCENTAC			AMOUNT
	,	RIBUTIONS & PROGRAM SERVICE RE	V. (GROSS AMTS.)	94.70		D) \$	7,261,712
	E) GOVERNMENT GRANTS &	& MEMBERSHIP DUES		3.913 1.38		E) \$ F) \$	300,000 105,779
	F) OTHER REVENUES			1.30	<b>U</b> %	1) ψ	103,773
	G) TOTAL REVENUE INCOM	E AND CONTRIBUTIONS RECEIVED (AI	OD D F & F)	100	0 %	G) \$	7,667,491
II.		<b>EXPENDITURES DURING</b>					, , , , ,
	H) OPERATING CHARITABLE	PROGRAM EXPENSE			%	H) \$	
	I) EDUCATION PROGRAM S	SERVICE EXPENSE			%	I) \$	
	I) TOTAL CHARITARI F RRO	OCDAM CEDVICE EVDENCE (ADD II 0 I)			0/	N &	0
	J) TOTAL CHARITABLE PRO	OGRAM SERVICE EXPENSE (ADD H & I)			%	J) \$	0
	J1) JOINT COSTS ALLOCATED	D TO PROGRAM SERVICES (INCLUDED	) IN J): <u>\$</u>	1			
	K) GRANTS TO OTHER CHAF	RITABLE ORGANIZATIONS		96.66	<b>4</b> %	K) \$	6,581,652
				0.5.55			5 504 550
	L) TOTAL CHARITABLE PRO	GRAM SERVICE EXPENDITURE (ADD .	J & K)	96.66	4%	L) \$	6,581,652
	M) MANAGEMENT AND GENE	EDAL EYDENGE		3.33	<b>6</b> %	M) \$	227,138
	IVI) IVIANAGLIVILINI AND GLINI	LNAL LAFLINGE		3.33	O /0	₩, ф	227,130
	N) FUNDRAISING EXPENSE				%	N) \$	
	,						
	0) TOTAL EXPENDITURES T	HIS PERIOD (ADD L, M, & N)		100	) %	0) \$	6,808,790
III.		PAID FUNDRAISER AND C		S:			
	(Attach Attorney General Repo PROFESSIONAL FUNDRAISER	ort of Individual Fundraising Campaign-	Form IFC. One for each PFR.)				
		<u>15:</u> By Paid Professional Fundraisef	RS	100	0 %	P) \$	0
	.,		-				
	Q) TOTAL FUNDRAISERS FEI	ES AND EXPENSES			%	Q) \$	
	R) NET RECEIVED BY THE CI	HARITY (P MINIIS N-R)			%	R) \$	
	PROFESSIONAL FUNDRAISIN	,			/0	Ι,, φ	
		PROFESSIONAL FUNDRAISING CONS	JLTANTS			S) \$	0
IV.		THE (3) HIGHEST PAID P		YEAR:			
	T) NAME, TITLE:					T) \$	
	U) NAME, TITLE:					U) \$	
.,	V) NAME, TITLE:	DALL BEOOR STORY OF A PICTURE O	ADLE DDOCDAM (2 LUCULEST BV & EVER	VIDED)		V) \$	
<b>V.</b>	CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES						back side of instructions CODE
298091 04-01-22	W) DESCRIPTION: Grant	ts to Other Charit	able Organizati	ons		W)#	150
)91 O <sub>4</sub>	X) DESCRIPTION:					X) #	
298(	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.		Х
		l		
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 HEL 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			
75.	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	С	6003	5
10	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: Deborah Brill - 847-770-5147			
12.	INAIVIL AIVU ILLLITIONE NUNNDER UT GUNTAGT PERSON. DEDOLATI DI III - 041-110-3141			
•	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.

Betsy Brint
-------------

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