

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2021

Open to Public Inspection

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

Form 990
Department of the Treasury

For the 2021 calendar year, or tax year beginning 10-01-2021, and ending 09-30-2022

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: THE COMMUNITY FOUNDATION FOR MCHENRY COUNTY
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 33 E WOODSTOCK ST

D Employer identification number: 36-4465219
E Telephone number: (815) 338-4483
G Gross receipts \$ 11,772,580

F Name and address of principal officer: DR ROCIO DEL CASTILLO, 33 E WOODSTOCK ST, CRYSTAL LAKE, IL 60014

H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
H(c) Group exemption number

I Tax-exempt status: 501(c)(3)
J Website: WWW.THECFMC.ORG

K Form of organization: Corporation
L Year of formation: 2001
M State of legal domicile:

Part I Summary

Table with 3 main sections: Activities & Governance (lines 1-7b), Revenue (lines 8-12), Expenses (lines 13-19), and Net Assets or Fund Balances (lines 20-22). Includes columns for Prior Year and Current Year.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here: Signature of officer DR ROCIO DEL CASTILLO BOARD CHAIR, Date 2023-03-13

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date 2023-03-15, Firm's name ESTEP BURKEY SIMMONS LLC, Firm's EIN 04-3587095

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

PHILANTHROPICALLY ADDRESSING THE NEEDS OF MCHENRY COUNTY BY PROVIDING LEADERSHIP, GRANTING RESOURCES, STEWARDING ASSETS AND FOSTERING AWARENESS.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

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

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

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

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 1,966,456 including grants of \$ 1,335,525 ) (Revenue \$ 407,162 )  
THE COMMUNITY FOUNDATION FOR MCHENRY COUNTY IS A PHILANTHROPIC GRANTMAKING INSTITUTION.

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

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

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

**4e** Total program service expenses **1,966,456**

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, and Yes/No response columns. Rows include questions 1 through 21 regarding organizational requirements and reporting.

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

|            |  | Yes | No |
|------------|--|-----|----|
| <b>22</b>  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>   | Yes |    |
| <b>23</b>  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>   |     | No |
| <b>24a</b> | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>  |     | No |
| <b>24b</b> | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .  |     |    |
| <b>24c</b> | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .   |     |    |
| <b>24d</b> | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  |     |    |
| <b>25a</b> | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>   |     | No |
| <b>25b</b> | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>   |     | No |
| <b>26</b>  | Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons?   |     | No |
| <b>27</b>  | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i> |     | No |
| <b>28</b>  | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  |     |    |
| <b>28a</b> | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>  |     | No |
| <b>28b</b> | A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>   |     | No |
| <b>28c</b> | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>  |     | No |
| <b>29</b>  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>  | Yes |    |
| <b>30</b>  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?   |     | No |
| <b>31</b>  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>  |     | No |
| <b>32</b>  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>  |     | No |
| <b>33</b>  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?   |     | No |
| <b>34</b>  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>  |     | No |
| <b>35a</b> | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  |     | No |
| <b>35b</b> | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>   |     |    |
| <b>36</b>  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>   |     | No |
| <b>37</b>  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>   |     | No |
| <b>38</b>  | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .   | Yes |    |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**  
 Check if Schedule O contains a response or note to any line in this Part V . . . . .

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

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

|   |   |            |           |  |
|---|---|------------|-----------|--|
| <p><b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .</p>  | <p><b>2a</b> <span style="float: right;">7</span></p> |            |           |  |
| <p><b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.</p>   | <p><b>2b</b></p>                                      | <p>Yes</p> |           |  |
| <p><b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .</p>  | <p><b>3a</b></p>                                      |            | <p>No</p> |  |
| <p><b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . . . .</i></p>  | <p><b>3b</b></p>                                      |            |           |  |
| <p><b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p>                             | <p><b>4a</b></p>                                      |            | <p>No</p> |  |
| <p><b>b</b> <b>Access</b> Enter the name of the foreign country: <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span><br/>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</p> | <p><b>4b</b></p>                                      |            |           |  |
| <p><b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .</p>  | <p><b>5a</b></p>                                      |            | <p>No</p> |  |
| <p><b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>  | <p><b>5b</b></p>                                      |            | <p>No</p> |  |
| <p><b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .</p>  | <p><b>5c</b></p>                                      |            |           |  |
| <p><b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .</p>  | <p><b>6a</b></p>                                      |            | <p>No</p> |  |
| <p><b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .</p>   | <p><b>6b</b></p>                                      |            |           |  |
| <p><b>7 Organizations that may receive deductible contributions under section 170(c).</b></p>   |   |            |           |  |
| <p><b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .</p>   | <p><b>7a</b></p>                                      |            | <p>No</p> |  |
| <p><b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .</p>   | <p><b>7b</b></p>                                      |            |           |  |
| <p><b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .</p>  | <p><b>7c</b></p>                                      |            | <p>No</p> |  |
| <p><b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .</p>   | <p><b>7d</b></p>                                      |            |           |  |
| <p><b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>   | <p><b>7e</b></p>                                      |            | <p>No</p> |  |
| <p><b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>  | <p><b>7f</b></p>                                      |            | <p>No</p> |  |
| <p><b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .</p>  | <p><b>7g</b></p>                                      |            |           |  |
| <p><b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .</p>  | <p><b>7h</b></p>                                      |            |           |  |
| <p><b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>   | <p><b>8</b></p>                                       |            | <p>No</p> |  |
| <p><b>9 Sponsoring organizations maintaining donor advised funds.</b></p>   |   |            |           |  |
| <p><b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?</p>  | <p><b>9a</b></p>                                      |            | <p>No</p> |  |
| <p><b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .</p>   | <p><b>9b</b></p>                                      |            | <p>No</p> |  |
| <p><b>10 Section 501(c)(7) organizations.</b> Enter:</p>  |   |            |           |  |
| <p><b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .</p>  | <p><b>10a</b></p>                                     |            |           |  |
| <p><b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>   | <p><b>10b</b></p>                                     |            |           |  |
| <p><b>11 Section 501(c)(12) organizations.</b> Enter:</p>   |   |            |           |  |
| <p><b>a</b> Gross income from members or shareholders . . . . .</p>   | <p><b>11a</b></p>                                     |            |           |  |
| <p><b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)</p>   | <p><b>11b</b></p>                                     |            |           |  |
| <p><b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?</p>  |   |            |           |  |
| <p><b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.</p>  | <p><b>12b</b></p>                                     |            |           |  |
| <p><b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b></p>   |   |            |           |  |
| <p><b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . .<br/><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.</p>   | <p><b>13a</b></p>                                     |            | <p>No</p> |  |
| <p><b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .</p>   | <p><b>13b</b></p>                                     |            |           |  |
| <p><b>c</b> Enter the amount of reserves on hand . . . . .</p>  | <p><b>13c</b></p>                                     |            |           |  |
| <p><b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .</p>  | <p><b>14a</b></p>                                     |            | <p>No</p> |  |
| <p><b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . . . .</i></p>  | <p><b>14b</b></p>                                     |            |           |  |
| <p><b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . .</p>   | <p><b>15</b></p>                                      |            | <p>No</p> |  |
| <p><b>16</b> If the organization is a trust, did it file Form 720, Schedule E, to report the section 4968 excise tax on net investment income? . . . . .<br/>If "Yes," complete Form 4720, Schedule O.</p>  | <p><b>16</b></p>                                      |            | <p>No</p> |  |
| <p><b>17 Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . . .<br/>If "Yes," complete Form 6069.</p>                | <p><b>17</b></p>                                      |            |           |  |

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included in line 1a... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 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? 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 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: 8a The governing body? 8b Each committee with authority to act on behalf of the governing body? 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 in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b 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 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization 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? 16b 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?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed IL 18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: DEBORAH THIELEN 33 E WOODSTOCK ST CRYSTAL LAKE, IL 60014 (815) 338-4483





**Part VIII Statement of Revenue**

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

|   | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512 - 514 |
|---|----------------------|--|---|--|
| Contributions, Gifts, Grants, and Other Amt Similar Amounts                                   |                      |  |   |  |
| <b>1a</b> Federated campaigns . . . . .   |                      |  |   |  |
| <b>b</b> Membership dues . . . . .  |                      |  |   |  |
| <b>c</b> Fundraising events . . . . .   |                      |  |   |  |
| <b>d</b> Related organizations  |                      |  |   |  |
| <b>e</b> Government grants (contributions)  |                      |  |   |  |
| <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included<br>above |                      |  | 865,509                                 |  |
| <b>g</b> Noncash contributions included in<br>lines 1a - 1f:\$                                |                      |  | 64,579                                  |  |
| <b>h Total.</b> Add lines 1a-1f . . . . .   |                      |  |   | 865,509  |

| Program Service Revenue                     |  | Business Code |         |         |     |     |
|---|--|---------------|---------|---------|-----|-----|
|   |  |               | (A)     | (B)     | (C) | (D) |
| <b>2a</b> ADMINISTRATIVE FEES               |  |               | 407,162 | 407,162 |     |     |
| <b>b</b>                                    |  |               |         |         |     |     |
| <b>c</b>                                    |  |               |         |         |     |     |
| <b>d</b>                                    |  |               |         |         |     |     |
| <b>e</b>                                    |  |               |         |         |     |     |
| <b>f</b> All other program service revenue. |  |               |         |         |     |     |
| <b>g Total.</b> Add lines 2a-2f. . . . .    |  |               | 407,162 |         |     |     |

|   |  |  |           |         |  |           |  |
|---|--|--|-----------|---------|--|-----------|--|
| Other Revenue   | <b>3</b> Investment income (including dividends, interest, and other similar amounts)  |  | 903,284   |         |  | 903,284   |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds  |  |           |         |  |           |  |
|   | <b>5</b> Royalties . . . . .   |  |           |         |  |           |  |
|   | <b>6a</b> Gross rents  | (i) Real   |           |         |  |           |  |
|   |  | (ii) Personal  |           |         |  |           |  |
|   |  | <b>6b</b> Less: rental expenses                        |           |         |  |           |  |
|   |  | <b>6c</b> Rental income or (loss)                      |           |         |  |           |  |
|   | <b>d</b> Net rental income or (loss) . . . . .   |  |           |         |  |           |  |
|   | <b>7a</b> Gross amount from sales of assets other than inventory   | (i) Securities   | 9,574,451 |         |  |           |  |
|   |  | (ii) Other   |           |         |  |           |  |
|   |  | <b>7b</b> Less: cost or other basis and sales expenses | 7,276,694 |         |  |           |  |
|   |  | <b>7c</b> Gain or (loss)                               | 2,297,757 |         |  |           |  |
|   | <b>d</b> Net gain or (loss) . . . . .  |  | 2,297,757 |         |  | 2,297,757 |  |
|   | <b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . . |  |           |         |  |           |  |
|   |  | <b>8b</b> Less: direct expenses                        |           |         |  |           |  |
| <b>c</b> Net income or (loss) from fundraising events . . . . .               |  |  |           |         |  |           |  |
| <b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . . |  |  |           |         |  |           |  |
|   | <b>9b</b> Less: direct expenses  |  |           |         |  |           |  |
| <b>c</b> Net income or (loss) from gaming activities . . . . .                |  |  |           |         |  |           |  |
| <b>10a</b> Gross sales of inventory, less returns and allowances . . . . .    |  |  |           |         |  |           |  |
|   | <b>10b</b> Less: cost of goods sold  |  |           |         |  |           |  |
| <b>c</b> Net income or (loss) from sales of inventory . . . . .               |  |  |           |         |  |           |  |
| Miscellaneous Revenue   | Business Code  |  |           |         |  |           |  |
| <b>11a</b> OTHER INCOME   |  |  | 15,074    | 15,074  |  |           |  |
| <b>b</b> SPECIAL EVENTS   |  |  | 7,100     | 7,100   |  |           |  |
| <b>c</b>  |  |  |           |         |  |           |  |
| <b>d</b> All other revenue . . . . .  |  |  |           |         |  |           |  |
| <b>e Total.</b> Add lines 11a-11d . . . . .                                   |  |  | 22,174    |         |  |           |  |
| <b>12 Total revenue.</b> See instructions . . . . .                           |  |  | 4,495,886 | 429,336 |  | 3,201,041 |  |

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

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Compensation, Salaries, and Total functional expenses.

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |            | (B)<br>End of year |
|---|--|--------------------------|------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash-non-interest-bearing . . . . .   | 63,160                   | <b>1</b>   | 274,289            |
|   | <b>2</b> Savings and temporary cash investments  | 4,365,979                | <b>2</b>   | 1,038,637          |
|   | <b>3</b> Pledges and grants receivable, net . . . . .  |                          | <b>3</b>   |                    |
|   | <b>4</b> Accounts receivable, net . . . . .  |                          | <b>4</b>   |                    |
|   | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons |                          | <b>5</b>   |                    |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)   |                          | <b>6</b>   |                    |
|   | <b>7</b> Notes and loans receivable, net . . . . .   |                          | <b>7</b>   |                    |
|   | <b>8</b> Inventories for sale or use . . . . .   |                          | <b>8</b>   |                    |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .   |                          | <b>9</b>   | 18,087             |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | 1,394,421                |            |                    |
|   | <b>b</b> Less: accumulated depreciation  | 93,249                   |            |                    |
|   | <b>11</b> Investments—publicly traded securities . . . . .   | 1,322,989                | <b>10c</b> | 1,301,172          |
|   | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .   | 41,023,738               | <b>11</b>  | 36,325,379         |
|   | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .  | 119,313                  | <b>12</b>  | 131,270            |
|   | <b>14</b> Intangible assets . . . . .  |                          | <b>13</b>  |                    |
|   | <b>15</b> Other assets. See Part IV, line 11   | 1,280,198                | <b>14</b>  |                    |
| <b>16 Total assets:</b> Add lines 1 through 15 (must equal line 33) . . . . . | 48,175,377   | <b>15</b>                | 1,011,600  |                    |
|   |  | <b>16</b>                | 40,100,434 |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .  | 59,362                   | <b>17</b>  | 33,033             |
|   | <b>18</b> Grants payable . . . . .   | 53,412                   | <b>18</b>  | 124,300            |
|   | <b>19</b> Deferred revenue . . . . .   |                          | <b>19</b>  |                    |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .  |                          | <b>20</b>  |                    |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D  |                          | <b>21</b>  |                    |
|   | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons     |                          | <b>22</b>  |                    |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   |                          | <b>23</b>  |                    |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   |                          | <b>24</b>  |                    |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D  | 912,437                  | <b>25</b>  | 819,441            |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .   | 1,025,211                | <b>26</b>  | 976,774            |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>   |                          |            |                    |
|   | <b>27</b> Net assets without donor restrictions . . . . .  | 9,898,901                | <b>27</b>  | 8,518,901          |
|   | <b>28</b> Net assets with donor restrictions   | 37,251,265               | <b>28</b>  | 30,604,759         |
|   | <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>  |                          |            |                    |
|   | <b>29</b> Capital stock or trust principal, or current funds . . . . .   |                          | <b>29</b>  |                    |
|   | <b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .  |                          | <b>30</b>  |                    |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds   |                          | <b>31</b>  |                    |
|   | <b>32</b> Total net assets or fund balances  | 47,150,166               | <b>32</b>  | 39,123,660         |
|   | <b>33</b> Total liabilities and net assets/fund balances   | 48,175,377               | <b>33</b>  | 40,100,434         |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |            |
|-----------|--|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 4,495,886  |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 2,636,525  |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 1,859,361  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 47,150,166 |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | -9,710,265 |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |            |
| <b>7</b>  | Investment expenses  | <b>7</b>  |            |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |            |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | -175,602   |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A)) | <b>10</b> | 39,123,660 |

**Part XII Financial Statements and Reporting**

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

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.   |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | No |
| <b>2b</b> | Were the organization's financial statements audited by an independent accountant?<br>If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | Yes |    |
| <b>2c</b> | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  | Yes |    |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  |     | No |
| <b>3b</b> | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.   |     |    |

**Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**Form 990, Special Condition Description:**

**Special Condition Description**

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

|   |   |
|---|---|
| <b>Name of the organization</b><br>THE COMMUNITY FOUNDATION FOR<br>MCHENRY COUNTY | <b>Employer identification number</b><br>36-4465219 |
|---|---|

**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)**.
- 4  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:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **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.
  - a  **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.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **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.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . . \_\_\_\_\_
  - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--|---|----|---|---|
|                                    |          |  | Yes   | No |   |   |
|                                    |          |  |   |    |   |   |
|                                    |          |  |   |    |   |   |
| <b>Total</b>                       |          |  |   |    |   |   |

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2021 (26.700%); 15 Public support percentage for 2020 Schedule A, Part II, line 14 (25.330%); 16a 33 1/3% support test-2021; 16b 33 1/3% support test-2020; 17a 10%-facts-and-circumstances test-2021; 17b 10%-facts-and-circumstances test-2020; 18 Private foundation.

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

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

**Section A. Public Support**

| Calendar year<br>(or fiscal year beginning in) ▶  | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.          |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b. .   |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ▶  | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6. . . . .   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .   |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.   |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b.   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.  |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . .   |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .  |          |          |          |          |          |           |
| <b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> . . . . . <input type="checkbox"/> |          |          |          |          |          |           |

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

|  |           |  |
|--|-----------|--|
| <b>15</b> Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f)) . . . . . | <b>15</b> |  |
| <b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 . . . . .                      | <b>16</b> |  |

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

|  |           |  |
|--|-----------|--|
| <b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f) divided by line 13, column (f)) . . . . . | <b>17</b> |  |
| <b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 . . . . .                        | <b>18</b> |  |

**19a 33 1/3% support tests—2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> |     |    |
| <b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>  |     |    |

**Section C. Type II Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> |     |    |

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

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| <b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>   |     |    |
| <b>3</b> By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>   |     |    |

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

**1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):

- a**  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.
- c**  The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

**2** Activities Test. **Answer lines 2a and 2b below.**

|   | Yes | No |
|---|-----|----|
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> |     |    |
| <b>b</b> Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>   |     |    |

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

|   | Yes | No |
|---|-----|----|
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No", provide details in Part VI.</i>                            |     |    |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard.</i> |     |    |

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

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

**Section A - Adjusted Net Income**

(A) Prior Year

(B) Current Year  
(optional)

|   |          |  |  |
|---|----------|--|--|
| <b>1</b> Net short-term capital gain  | <b>1</b> |  |  |
| <b>2</b> Recoveries of prior-year distributions   | <b>2</b> |  |  |
| <b>3</b> Other gross income (see instructions)  | <b>3</b> |  |  |
| <b>4</b> Add lines 1 through 3  | <b>4</b> |  |  |
| <b>5</b> Depreciation and depletion   | <b>5</b> |  |  |
| <b>6</b> 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) | <b>6</b> |  |  |
| <b>7</b> Other expenses (see instructions)  | <b>7</b> |  |  |
| <b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)  | <b>8</b> |  |  |

**Section B - Minimum Asset Amount**

(A) Prior Year

(B) Current Year  
(optional)

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

**Section C - Distributable Amount**

Current Year

|  |          |  |
|--|----------|--|
| <b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)   | <b>1</b> |  |
| <b>2</b> Enter 85% of line 1   | <b>2</b> |  |
| <b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)  | <b>3</b> |  |
| <b>4</b> Enter greater of line 2 or line 3   | <b>4</b> |  |
| <b>5</b> Income tax imposed in prior year  | <b>5</b> |  |
| <b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | <b>6</b> |  |

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

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

(continued)

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

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

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

### Facts And Circumstances Test

TEN PERCENT SUPPORT LIMITATION: THE COMMUNITY FOUNDATION FOR MCHENRY COUNTY (CFMC), WITH A PUBLIC SUPPORT PERCENTAGE OF 26.7%, IS ABOVE THE 10% THRESHOLD AND WELL ON ITS WAY TO THE 33 1/3% OF PUBLIC SUPPORT. ATTRACTION OF PUBLIC SUPPORT: SINCE ITS INCEPTION, CFMC HAS BEEN ORGANIZED AND OPERATED TO ATTRACT PUBLIC SUPPORT. WHILE EARLIER YEARS WERE FOCUSED ON SEED DONORS, IT HAS ALWAYS BEEN A MAJOR RESPONSIBILITY OF THE EXECUTIVE DIRECTOR TO FUNDRAISE. IN 2019 CFMC HIRED A NEW EXECUTIVE DIRECTOR, DEB THIELEN, WHO HAS OVER 25 YEARS OF EXPERIENCE IN THE NOT-FOR-PROFIT INDUSTRY INCLUDING SUBSTANTIAL SUCCESSFUL FUNDRAISING EXPERIENCE. IN HER SHORT TENURE AT CFMC SHE HAS ALREADY BEEN VERY SUCCESSFUL IN RAISING FUNDS FROM NEW SOURCES. IN ADDITION, MS. THIELEN CREATED AND FILLED A NEW FULL-TIME POSITION FOR A DIRECTOR OF PLANNED GIVING WHOSE SOLE RESPONSIBILITY WILL BE CULTIVATING NEW DONORS FOR CFMC. SINCE 2015, CFMC HAS REACHED OUT TO THE GENERAL PUBLIC THROUGH ITS GIVE 360 PROGRAM WHICH TARGETS SMALLER DONORS TO MAKE AN ANNUAL DONATION OF 360 WITH THE GOAL OF INSPIRING FUTURE LARGER GIFTS. THE CFMC HAS ALSO RECENTLY RE-ENERGIZED ITS PLANNED GIVING ADVISORY COMMITTEE, WHICH IS COMPRISED OF LEGAL AND FINANCIAL PROFESSIONALS IN THE MCHENRY COMMUNITY WHO ARE TASKED WITH EDUCATING THEIR CLIENTS AND OTHER PROFESSIONALS ABOUT THE ADVANTAGES OF DIRECTING THEIR CHARITABLE DONATIONS TO CFMC. PERCENTAGE OF FINANCIAL SUPPORT: AS STATED ABOVE, CFMC'S PERCENTAGE OF PUBLIC SUPPORT EXCEEDS THE 10% THRESHOLD COMFORTABLE AT 26.70%. THE CFMC INTENDS TO CONTINUE TO EXPAND ITS PUBLIC SUPPORT THROUGH ITS ESTABLISHED ONGOING FUNDRAISING ACTIVITIES AND THROUGH ITS NEWLY EXPANDED STAFF. THE PUBLIC SUPPORT PERCENTAGE INCREASED FROM THE PRIOR YEAR AND THE CFMC EXPECTS TO PASS THE PUBLIC SUPPORT TEST FOR THE 9/30/2023 TAX RETURN. SOURCES OF SUPPORT: WITH THE EXCEPTION OF A DONOR, WHO IS CFMC'S LARGEST SEED DONOR, THE CFMC HAS NEVER RELIED ON A SINGLE DONOR OR FAMILY AS A PRIMARY SOURCE OF SUPPORT. THE CFMC HAS STRIVEN TO EXPAND ITS DONOR BASE AND, SINCE 2016, HAS AVERAGED BETWEEN 200 AND 250 DIFFERENT DONORS ANNUALLY. WHILE THE DONOR MENTIONED ABOVE HAS BEEN EXTREMELY GENEROUS TO THE FOUNDATION, HE DOES NOT EXERT ANY CONTROL, AS HE IS NOT ON THE BOARD, NOR DOES HE HAVE ANY FAMILY MEMBER ON THE BOARD. IT SHOULD ALSO BE NOTED THAT THIS DONOR IS 100 YEARS OLD AND THE CFMC DOES NOT REGARD HIM AS HAVING ONGOING FUNDRAISING POTENTIAL. REPRESENTATIVE GOVERNING BODY: NO MAJOR DONORS OF CFMC ARE ON THE BOARD OF CFMC. IN RECRUITING AND SELECTING BOARD MEMBERS CFMC HAS SOUGHT TO ATTRACT AN ARRAY OF BOARD MEMBERS FROM EVERY PART OF THE COUNTRY. THE INDIVIDUALS REPRESENT A CROSS SECTION OF PROFESSIONS, AGE GROUPS, ETHNICITIES AND SKILL SETS THAT MIRROR AS MUCH AS POSSIBLE THE MCHENRY COUNTY COMMUNITY ITSELF. THE BOARD MEMBERS ARE FULLY INDEPENDENT FROM MAJOR DONORS TO CFMC. AVAILABILITY OF PUBLIC FACILITIES OR SERVICES: THE CFMC HAS RECENTLY PURCHASED A BUILDING IN DOWNTOWN CRYSTAL LAKE WHICH IS AT THE HEART OF MCHENRY COUNTY. THE BUILDING SIZE EXCEEDED THE SPACE THAT CFMC ITSELF NEEDED FOR OFFICES. THE BUILDING IS CURRENTLY UNDER RENOVATION AND CFMC WAS ABLE TO SECURE AN ENDOWMENT TO SUPPORT THE BUILDING AND TURN THE EXTRA SPACE INTO A PHILANTHROPY CENTER. THE PHILANTHROPY CENTER WILL PROVIDE PUBLIC MEETING SPACES. THE PHILANTHROPY CENTER WILL ALSO HAVE OFFICE SPACE THAT WILL BE MADE AVAILABLE TO NEW OR EXISTING COMMUNITY NFP ORGANIZATIONS. THE CFMC HAS RECEIVED A WAIVER OF PROPERTY TAXES FROM MCHENRY COUNTY ON THE BASIS OF ITS STATUS AS A CHARITABLE ORGANIZATION. ADDITIONAL FACTORS PERTINENT TO MEMBERSHIP ORGANIZATIONS: THESE PROVISIONS ARE NOT APPLICABLE TO THE CFMC BECAUSE IT IS NOT A MEMBERSHIP ORGANIZATION. ADVERSE IMPACT IF REQUESTED STATUS NOT RECEIVED: QUALIFIED CHARITABLE CONTRIBUTIONS FROM RETIREMENT ACCOUNTS ARE A POPULAR FORM OF GIFTING BY DONORS. THE CONTINUED CLASSIFICATION AS A PUBLICLY SUPPORTED ORGANIZATION WOULD ALLOW CFMC TO RECEIVE THESE TYPES OF GIFTS. THE INABILITY TO RECEIVE QUALIFIED CHARITABLE GIFTS WOULD BE AN ADVERSE IMPACT. IT IS IMPORTANT FOR MCHENRY TO BE RECLASSIFIED AS A PUBLIC CHARITY IN ORDER TO GROW ITS INDEPENDENT PUBLIC SUPPORT IN WAYS MORE TAILORED TO THEIR SPECIFIC COMMUNITY'S NEEDS AND FUNDRAISING CAPACITY.

| Return Reference  | Explanation  |
|-------------------|--|
| PART II, LINE 10  | 173,878  |
| PART II, LINE 17A | <p>TEN PERCENT SUPPORT LIMITATION: THE COMMUNITY FOUNDATION FOR MCHENRY COUNTY (CFMC), WITH A PUBLIC SUPPORT PERCENTAGE OF 26.7%, IS ABOVE THE 10% THRESHOLD AND WELL ON ITS WAY TO THE 33 1/3% OF PUBLIC SUPPORT. ATTRACTION OF PUBLIC SUPPORT: SINCE ITS INCEPTION, CFMC HAS BEEN ORGANIZED AND OPERATED TO ATTRACT PUBLIC SUPPORT. WHILE EARLIER YEARS WERE FOCUSED ON SEED DONORS, IT HAS ALWAYS BEEN A MAJOR RESPONSIBILITY OF THE EXECUTIVE DIRECTOR TO FUNDRAISE. IN 2019 CFMC HIRED A NEW EXECUTIVE DIRECTOR, DEB THIELEN, WHO HAS OVER 25 YEARS OF EXPERIENCE IN THE NOT-FOR-PROFIT INDUSTRY INCLUDING SUBSTANTIAL SUCCESSFUL FUNDRAISING EXPERIENCE. IN HER SHORT TENURE AT CFMC SHE HAS ALREADY BEEN VERY SUCCESSFUL IN RAISING FUNDS FROM NEW SOURCES. IN ADDITION, MS. THIELEN CREATED AND FILLED A NEW FULL-TIME POSITION FOR A DIRECTOR OF PLANNED GIVING WHOSE SOLE RESPONSIBILITY WILL BE CULTIVATING NEW DONORS FOR CFMC. SINCE 2015, CFMC HAS REACHED OUT TO THE GENERAL PUBLIC THROUGH ITS GIVE 360 PROGRAM WHICH TARGETS SMALLER DONORS TO MAKE AN ANNUAL DONATION OF 360 WITH THE GOAL OF INSPIRING FUTURE LARGER GIFTS. THE CFMC HAS ALSO RECENTLY RE-ENERGIZED ITS PLANNED GIVING ADVISORY COMMITTEE, WHICH IS COMPRISED OF LEGAL AND FINANCIAL PROFESSIONALS IN THE MCHENRY COMMUNITY WHO ARE TASKED WITH EDUCATING THEIR CLIENTS AND OTHER PROFESSIONALS ABOUT THE ADVANTAGES OF DIRECTING THEIR CHARITABLE DONATIONS TO CFMC. PERCENTAGE OF FINANCIAL SUPPORT: AS STATED ABOVE, CFMC'S PERCENTAGE OF PUBLIC SUPPORT EXCEEDS THE 10% THRESHOLD COMFORTABLE AT 26.70%. THE CFMC INTENDS TO CONTINUE TO EXPAND ITS PUBLIC SUPPORT THROUGH ITS ESTABLISHED ONGOING FUNDRAISING ACTIVITIES AND THROUGH ITS NEWLY EXPANDED STAFF. THE PUBLIC SUPPORT PERCENTAGE INCREASED FROM THE PRIOR YEAR AND THE CFMC EXPECTS TO PASS THE PUBLIC SUPPORT TEST FOR THE 9/30/2023 TAX RETURN. SOURCES OF SUPPORT: WITH THE EXCEPTION OF A DONOR, WHO IS CFMC'S LARGEST SEED DONOR, THE CFMC HAS NEVER RELIED ON A SINGLE DONOR OR FAMILY AS A PRIMARY SOURCE OF SUPPORT. THE CFMC HAS STRIVEN TO EXPAND ITS DONOR BASE AND, SINCE 2016, HAS AVERAGED BETWEEN 200 AND 250 DIFFERENT DONORS ANNUALLY. WHILE THE DONOR MENTIONED ABOVE HAS BEEN EXTREMELY GENEROUS TO THE FOUNDATION, HE DOES NOT EXERT ANY CONTROL, AS HE IS NOT ON THE BOARD, NOR DOES HE HAVE ANY FAMILY MEMBER ON THE BOARD. IT SHOULD ALSO BE NOTED THAT THIS DONOR IS 100 YEARS OLD AND THE CFMC DOES NOT REGARD HIM AS HAVING ONGOING FUNDRAISING POTENTIAL. REPRESENTATIVE GOVERNING BODY: NO MAJOR DONORS OF CFMC ARE ON THE</p> |

| Return Reference | Explanation   |
|------------------|---|
|                  | <p>BOARD OF CFMC. IN RECRUITING AND SELECTING BOARD MEMBERS CFMC HAS SOUGHT TO ATTRACT AN ARRAY OF BOARD MEMBERS FROM EVERY PART OF THE COUNTRY. THE INDIVIDUALS REPRESENT A CROSS SECTION OF PROFESSIONS, AGE GROUPS, ETHNICITIES AND SKILL SETS THAT MIRROR AS MUCH AS POSSIBLE THE MCHENRY COUNTY COMMUNITY ITSELF. THE BOARD MEMBERS ARE FULLY INDEPENDENT FROM MAJOR DONORS TO CFMC.</p> <p>AVAILABILITY OF PUBLIC FACILITIES OR SERVICES: THE CFMC HAS RECENTLY PURCHASED A BUILDING IN DOWNTOWN CRYSTAL LAKE WHICH IS AT THE HEART OF MCHENRY COUNTY. THE BUILDING SIZE EXCEEDED THE SPACE THAT CFMC ITSELF NEEDED FOR OFFICES. THE BUILDING IS CURRENTLY UNDER RENOVATION AND CFMC WAS ABLE TO SECURE AN ENDOWMENT TO SUPPORT THE BUILDING AND TURN THE EXTRA SPACE INTO A PHILANTHROPY CENTER. THE PHILANTHROPY CENTER WILL PROVIDE PUBLIC MEETING SPACES. THE PHILANTHROPY CENTER WILL ALSO HAVE OFFICE SPACE THAT WILL BE MADE AVAILABLE TO NEW OR EXISTING COMMUNITY NFP ORGANIZATIONS. THE CFMC HAS RECEIVED A WAIVER OF PROPERTY TAXES FROM MCHENRY COUNTY ON THE BASIS OF ITS STATUS AS A CHARITABLE ORGANIZATION. ADDITIONAL FACTORS PERTINENT TO MEMBERSHIP ORGANIZATIONS: THESE PROVISIONS ARE NOT APPLICABLE TO THE CFMC BECAUSE IT IS NOT A MEMBERSHIP ORGANIZATION. ADVERSE IMPACT IF REQUESTED STATUS NOT RECEIVED: QUALIFIED CHARITABLE CONTRIBUTIONS FROM RETIREMENT ACCOUNTS ARE A POPULAR FORM OF GIFTING BY DONORS. THE CONTINUED CLASSIFICATION AS A PUBLICLY SUPPORTED ORGANIZATION WOULD ALLOW CFMC TO RECEIVE THESE TYPES OF GIFTS. THE INABILITY TO RECEIVE QUALIFIED CHARITABLE GIFTS WOULD BE AN ADVERSE IMPACT. IT IS IMPORTANT FOR MCHENRY TO BE RECLASSIFIED AS A PUBLIC CHARITY IN ORDER TO GROW ITS INDEPENDENT PUBLIC SUPPORT IN WAYS MORE TAILORED TO THEIR SPECIFIC COMMUNITY'S NEEDS AND FUNDRAISING CAPACITY.</p> |

PART II, LINE 17B

TEN PERCENT SUPPORT LIMITATION: THE COMMUNITY FOUNDATION FOR MCHENRY COUNTY (CFMC), WITH A PUBLIC SUPPORT PERCENTAGE OF 25.33%, IS ABOVE THE 10% THRESHOLD AND WELL ON ITS WAY TO THE 33 1/3% OF PUBLIC SUPPORT. ATTRACTION OF PUBLIC SUPPORT: SINCE ITS INCEPTION, CFMC HAS BEEN ORGANIZED AND OPERATED TO ATTRACT PUBLIC SUPPORT. WHILE EARLIER YEARS WERE FOCUSED ON SEED DONORS, IT HAS ALWAYS BEEN A MAJOR RESPONSIBILITY OF THE EXECUTIVE DIRECTOR TO FUNDRAISE. IN 2019 CFMC HIRED A NEW EXECUTIVE DIRECTOR, DEB THIELEN, WHO HAS OVER 25 YEARS OF EXPERIENCE IN THE NOT-FOR-PROFIT INDUSTRY INCLUDING SUBSTANTIAL SUCCESSFUL FUNDRAISING EXPERIENCE. IN HER SHORT TENURE AT CFMC SHE HAS ALREADY BEEN VERY SUCCESSFUL IN RAISING FUNDS FROM NEW SOURCES. IN ADDITION, MS. THIELEN CREATED AND FILLED A NEW FULL-TIME POSITION FOR A DIRECTOR OF PLANNED GIVING WHOSE SOLE RESPONSIBILITY WILL BE CULTIVATING NEW DONORS FOR CFMC. SINCE 2015, CFMC HAS REACHED OUT TO THE GENERAL PUBLIC THROUGH ITS GIVE 360 PROGRAM WHICH TARGETS SMALLER DONORS TO MAKE AN ANNUAL DONATION OF 360 WITH THE GOAL OF INSPIRING FUTURE LARGER GIFTS. THE CFMC HAS ALSO RECENTLY RE-ENERGIZED ITS PLANNED GIVING ADVISORY COMMITTEE, WHICH IS COMPRISED OF LEGAL AND FINANCIAL PROFESSIONALS IN THE MCHENRY COMMUNITY WHO ARE TASKED WITH EDUCATING THEIR CLIENTS AND OTHER PROFESSIONALS ABOUT THE ADVANTAGES OF DIRECTING THEIR CHARITABLE DONATIONS TO CFMC. PERCENTAGE OF FINANCIAL SUPPORT: AS STATED ABOVE, CFMC'S PERCENTAGE OF PUBLIC SUPPORT EXCEEDS THE 10% THRESHOLD COMFORTABLE AT 25.33%. THE CFMC INTENDS TO CONTINUE TO EXPAND ITS PUBLIC SUPPORT THROUGH ITS ESTABLISHED ONGOING FUNDRAISING ACTIVITIES AND THROUGH ITS NEWLY EXPANDED STAFF. SOURCES OF SUPPORT: WITH THE EXCEPTION OF A DONOR, WHO IS CFMC'S LARGEST SEED DONOR, THE CFMC HAS NEVER RELIED ON A SINGLE DONOR OR FAMILY AS A PRIMARY SOURCE OF SUPPORT. THE CFMC HAS STRIVEN TO EXPAND ITS DONOR BASE AND, SINCE 2016, HAS AVERAGED BETWEEN 200 AND 250 DIFFERENT DONORS ANNUALLY. WHILE THE DONOR MENTIONED ABOVE HAS BEEN EXTREMELY GENEROUS TO THE FOUNDATION, HE DOES NOT EXERT ANY CONTROL, AS HE IS NOT ON THE BOARD, NOR DOES HE HAVE ANY FAMILY MEMBER ON THE BOARD. IT SHOULD ALSO BE NOTED THAT THIS DONOR IS 99 YEARS OLD AND THE CFMC DOES NOT REGARD HIM AS HAVING ONGOING FUNDRAISING POTENTIAL. REPRESENTATIVE GOVERNING BODY: NO MAJOR DONORS OF CFMC ARE ON THE BOARD OF CFMC. IN RECRUITING AND SELECTING BOARD MEMBERS CFMC HAS SOUGHT TO ATTRACT AN ARRAY OF BOARD MEMBERS FROM EVERY PART OF THE COUNTRY. THE INDIVIDUALS REPRESENT A CROSS SECTION OF PROFESSIONS, AGE GROUPS, ETHNICITIES AND SKILL SETS THAT MIRROR AS MUCH AS POSSIBLE THE MCHENRY COUNTY COMMUNITY ITSELF. THE BOARD MEMBERS ARE FULLY INDEPENDENT FROM MAJOR DONORS TO CFMC.

AVAILABILITY OF PUBLIC FACILITIES OR SERVICES: THE CFMC HAS RECENTLY PURCHASED A BUILDING IN DOWNTOWN CRYSTAL LAKE WHICH IS AT THE HEART OF MCHENRY COUNTY. THE BUILDING SIZE EXCEEDED THE SPACE THAT CFMC ITSELF NEEDED FOR OFFICES. THE BUILDING IS CURRENTLY UNDER RENOVATION AND CFMC WAS ABLE TO SECURE AN ENDOWMENT TO SUPPORT THE BUILDING AND TURN THE EXTRA SPACE INTO A PHILANTHROPY CENTER. THE PHILANTHROPY CENTER WILL PROVIDE PUBLIC MEETING SPACES. THE PHILANTHROPY CENTER WILL ALSO HAVE OFFICE SPACE THAT WILL BE MADE AVAILABLE TO NEW OR EXISTING COMMUNITY NFP ORGANIZATIONS. THE CFMC HAS RECEIVED A WAIVER OF PROPERTY TAXES FROM MCHENRY COUNTY ON THE BASIS OF ITS STATUS AS A CHARITABLE ORGANIZATION. ADDITIONAL FACTORS PERTINENT TO MEMBERSHIP ORGANIZATIONS: THESE PROVISIONS ARE NOT APPLICABLE TO THE CFMC BECAUSE IT IS NOT A MEMBERSHIP ORGANIZATION. ADVERSE IMPACT IF REQUESTED STATUS NOT RECEIVED: QUALIFIED CHARITABLE CONTRIBUTIONS FROM RETIREMENT ACCOUNTS ARE A POPULAR FORM OF GIFTING BY DONORS. THE CONTINUED CLASSIFICATION AS A PUBLICLY SUPPORTED ORGANIZATION WOULD ALLOW CFMC TO RECEIVE THESE TYPES OF GIFTS. THE INABILITY TO RECEIVE QUALIFIED CHARITABLE GIFTS WOULD BE AN ADVERSE IMPACT. IT IS IMPORTANT FOR MCHENRY TO BE RECLASSIFIED AS A PUBLIC CHARITY IN ORDER TO GROW ITS INDEPENDENT PUBLIC SUPPORT IN WAYS MORE TAILORED TO THEIR SPECIFIC COMMUNITY'S NEEDS AND FUNDRAISING CAPACITY.

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

# Supplemental Financial Statements

# 2021

**Open to Public Inspection**

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
THE COMMUNITY FOUNDATION FOR  
MCHENRY COUNTY

**Employer identification number**  
36-4465219

## Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

|   | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|------------------------------|
| 1 Total number at end of year . . . . .             | 25                      |                              |
| 2 Aggregate value of contributions to (during year) | 358,897                 |                              |
| 3 Aggregate value of grants from (during year)      | 414,968                 |                              |
| 4 Aggregate value at end of year . . . . .          | 2,077,656               |                              |

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .  Yes  No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .  Yes  No

## Part II Conservation Easements.

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

- 1 Purpose(s) of organization conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

|  | Held at the End of the 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) . . . . .   |                             |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . . |                             |

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- 4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
▶ \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
▶ \$ \_\_\_\_\_
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .  Yes  No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

## Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
- a Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

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

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

**Part V Endowment Funds.**

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

|   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance . . . . .                     | 38,607,677       | 26,080,096     | 24,243,821         | 24,256,085           | 22,075,642          |
| <b>b</b> Contributions . . . . .                                  | 132,506          | 5,368,197      | 155,527            | 115,791              | 379,962             |
| <b>c</b> Net investment earnings, gains, and losses               | -5,713,178       | 8,257,808      | 2,556,518          | 618,839              | 2,468,571           |
| <b>d</b> Grants or scholarships . . . . .                         | 847,624          | 917,990        | 675,711            | 554,627              | 479,578             |
| <b>e</b> Other expenditures for facilities and programs . . . . . |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses . . . . .                        | 284,301          | 180,434        | 200,059            | 192,267              | 188,512             |
| <b>g</b> End of year balance . . . . .                            | 31,895,080       | 38,607,677     | 26,080,096         | 24,243,821           | 24,256,085          |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 100.000 %
  - b** Permanent endowment ▶ .....
  - c** Term endowment ▶ .....
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| <b>(i)</b> Unrelated organizations . . . . . | No  | No |
| <b>(ii)</b> Related organizations . . . . .  | No  | No |
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .   |                                      |                                 |                              |                |
| <b>b</b> Buildings . . . . .   |                                      | 1,294,740                       | 65,837                       | 1,228,903      |
| <b>c</b> Leasehold improvements  |                                      |                                 |                              |                |
| <b>d</b> Equipment . . . . .   |                                      | 99,681                          | 27,412                       | 72,269         |
| <b>e</b> Other . . . . .   |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ |                                      |                                 |                              | 1,301,172      |

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security)   | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives . . . . .                                       |                |  |
| (2) Closely-held equity interests . . . . .                               |                |  |
| (3) Other _____   |                |  |
| (A)   |                |  |
| (B)   |                |  |
| (C)   |                |  |
| (D)   |                |  |
| (E)   |                |  |
| (F)   |                |  |
| (G)   |                |  |
| (H)   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) |                |  |

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

| 1. (a) Description of liability  | (b) Book value |
|--|----------------|
| (1) Federal income taxes   |                |
| (2)  |                |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.) | <b>819,441</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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

|          |  |           |            |                      |
|----------|--|-----------|------------|----------------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                       |           | <b>1</b>   | -5,443,660           |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                      |           |            |                      |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .   | <b>2a</b> | -9,710,265 |                      |
| <b>b</b> | Donated services and use of facilities . . . . .   | <b>2b</b> |            |                      |
| <b>c</b> | Recoveries of prior year grants . . . . .  | <b>2c</b> |            |                      |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .   | <b>2d</b> | -268,598   |                      |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .  |           |            | <b>2e</b> -9,978,863 |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .   |           |            | <b>3</b> 4,535,203   |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                     |           |            |                      |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> | 40,347     |                      |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .   | <b>4b</b> | -79,664    |                      |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .  |           |            | <b>4c</b> -39,317    |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . . |           |            | <b>5</b> 4,495,886   |

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

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

|          |   |           |          |                    |
|----------|---|-----------|----------|--------------------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                      |           | <b>1</b> | 2,582,846          |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:   |           |          |                    |
| <b>a</b> | Donated services and use of facilities . . . . .  | <b>2a</b> |          |                    |
| <b>b</b> | Prior year adjustments . . . . .  | <b>2b</b> |          |                    |
| <b>c</b> | Other losses . . . . .  | <b>2c</b> |          |                    |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .  | <b>2d</b> |          |                    |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .   |           |          | <b>2e</b>          |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .  |           |          | <b>3</b> 2,582,846 |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:  |           |          |                    |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                | <b>4a</b> | 40,347   |                    |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .  | <b>4b</b> | 13,332   |                    |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .   |           |          | <b>4c</b> 53,679   |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . . |           |          | <b>5</b> 2,636,525 |

**Part XIII Supplemental Information**

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

| Return Reference                      | Explanation  |
|---------------------------------------|--|
| SCHEDULE D, PAGE 2, PART V, LINE 4    | TO PROVIDE RESOURCES TO ACHIEVE THE MISSION AND GOALS OF THE COMMUNITY FOUNDATION FOR MCHENRY COUNTY.  |
| SCHEDULE D, PAGE 3, PART X            | THE FOUNDATION RECOGNIZES A TAX BENEFIT ONLY IF IT IS MORE LIKELY THAN NOT THE TAX POSITION WOULD BE SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR. THE AMOUNT RECOGNIZED WILL BE THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED ON EXAMINATION. FOR TAX POSITIONS NOT MEETING THE MORE-LIKELY- THAN-NOT TEST, NO TAX BENEFIT WILL BE RECORDED. THE FOUNDATION HAS EXAMINED THIS ISSUE AND HAS DETERMINED THERE ARE NO MATERIAL CONTINGENT TAX LIABILITIES. THE FOUNDATION'S FEDERAL AND STATE EXEMPT ORGANIZATION TAX RETURNS FOR 2018, 2019, AND 2020 ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE AND THE STATE OF ILLINOIS. RETURNS ARE GENERALLY SUBJECT TO EXAMINATION FOR THREE YEARS AFTER THEY ARE FILED. |
| SCHEDULE D, PAGE 4, PART XI, LINE 2D  | CHANGE IN VALUE OF TERM TRUST -268,598   |
| SCHEDULE D, PAGE 4, PART XI, LINE 4B  | AGENCY REVENUE -79,664   |
| SCHEDULE D, PAGE 4, PART XII, LINE 4B | AGENCY EXPENSES 13,332   |

## **Additional Data**

[\*\*Return to Form\*\*](#)

**Software ID:**  
**Software Version:**

Schedule I (Form 990) Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No. 1545-0047 2021 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization THE COMMUNITY FOUNDATION FOR MCHENRY COUNTY Employer identification number 36-4465219

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Rows 1-52.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 52
3 Enter total number of other organizations listed in the line 1 table

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (1) SCHOLARSHIPS                | 24                       | 37,250                   |                                  |   |                                       |
| (1)                             |                          |                          |                                  |   |                                       |
| (2)                             |                          |                          |                                  |   |                                       |
| (3)                             |                          |                          |                                  |   |                                       |
| (4)                             |                          |                          |                                  |   |                                       |
| (5)                             |                          |                          |                                  |   |                                       |
| (6)                             |                          |                          |                                  |   |                                       |
| (7)                             |                          |                          |                                  |   |                                       |

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

| Return Reference                   | Explanation   |
|------------------------------------|---|
| SCHEDULE I, PAGE 1, PART I, LINE 2 | THE ORGANIZATION PERFORMS DUE DILIGENCE TO ENSURE THE GRANTS WILL BE USED FOR CHARITABLE PURPOSES. A GRANT AGREEMENT IS ISSUED WITH EACH GRANT TO OUTLINE THE TERMS OF THE GRANT. BY SIGNING THE AGREEMENT, THE GRANTEE AGREES TO FURNISH THE ORGANIZATION WITH REPORTS REGARDING THE GRANT ACTIVITY. THE GRANTEE AGREES TO USE THE FUNDS SOLELY FOR THE PURPOSES STATED IN THE GRANT PROPORSAL, TO REPAY ANY PORTION OF THE AMOUNT GRANTED WHICH IS NOT USED FOR THE PURPOSE OF THE GRANT, AND TO MAINTAIN BOOKS AND FINANCIAL RECORDS ADEQUATE TO VERIFY ACTIONS RELATED TO THIS GRANT. |

**Additional Data**

**Return to Form**

**Software ID:**  
**Software Version:**

# Noncash Contributions

# 2021

**Open to Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE COMMUNITY FOUNDATION FOR  
MCHENRY COUNTY

**Employer identification number**

36-4465219

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art—Works of art . . . . .   |                            |   |  |   |
| 2 Art—Historical treasures . . . . .                                 |                            |   |  |   |
| 3 Art—Fractional interests . . . . .                                 |                            |   |  |   |
| 4 Books and publications . . . . .                                   |                            |   |  |   |
| 5 Clothing and household goods . . . . .                             |                            |   |  |   |
| 6 Cars and other vehicles . . . . .                                  |                            |   |  |   |
| 7 Boats and planes . . . . .   |                            |   |  |   |
| 8 Intellectual property . . . . .                                    |                            |   |  |   |
| 9 Securities—Publicly traded . . . . .                               | X                          | 3   | 64,579   | AVG HIGH/LOW DATE OF GIFT                                 |
| 10 Securities—Closely held stock . . . . .                           |                            |   |  |   |
| 11 Securities—Partnership, LLC, or trust interests . . . . .         |                            |   |  |   |
| 12 Securities—Miscellaneous . . . . .                                |                            |   |  |   |
| 13 Qualified conservation contribution—Historic structures . . . . . |                            |   |  |   |
| 14 Qualified conservation contribution—Other . . . . .               |                            |   |  |   |
| 15 Real estate—Residential . . . . .                                 |                            |   |  |   |
| 16 Real estate—Commercial . . . . .                                  |                            |   |  |   |
| 17 Real estate—Other . . . . .                                       |                            |   |  |   |
| 18 Collectibles . . . . .  |                            |   |  |   |
| 19 Food inventory . . . . .  |                            |   |  |   |
| 20 Drugs and medical supplies . . . . .                              |                            |   |  |   |
| 21 Taxidermy . . . . .   |                            |   |  |   |
| 22 Historical artifacts . . . . .                                    |                            |   |  |   |
| 23 Scientific specimens . . . . .                                    |                            |   |  |   |
| 24 Archeological artifacts . . . . .                                 |                            |   |  |   |
| 25 Other ▶ ( _____ )   |                            |   |  |   |
| 26 Other ▶ ( _____ )   |                            |   |  |   |
| 27 Other ▶ ( _____ )   |                            |   |  |   |
| 28 Other ▶ ( _____ )   |                            |   |  |   |

**29** Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

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

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

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

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

**b** If "Yes," describe in Part II.

**33** If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

|            | Yes | No |
|------------|-----|----|
| <b>30a</b> |     | No |
| <b>31</b>  |     | No |
| <b>32a</b> |     | No |
| <b>33</b>  |     |    |

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**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 990-EZ.****▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021****Open to Public  
Inspection**Name of the organization  
THE COMMUNITY FOUNDATION FOR  
MCHENRY COUNTY**Employer identification number**

36-4465219

| <b>Return Reference</b>                      | <b>Explanation</b>   |
|--|--|
| FORM 990,<br>PAGE 6,<br>PART VI,<br>LINE 11B | FORM 990 IS REVIEWED AND APPROVED BY THE CHAIRMAN, TREASURER, AND EXECUTIVE DIRECTOR BEFORE FILING WITH THE INTERNAL REVENUE SERVICE. THE RETURN IS SUBSEQUENTLY SHARED WITH THE FULL BOARD.   |
| FORM 990,<br>PAGE 6,<br>PART VI,<br>LINE 12C | ALL NEW EMPLOYEES, BOARD MEMBERS, AND VOLUNTEERS ARE REQUIRED TO SIGN THE CONFLICT OF INTEREST POLICY IMMEDIATELY AFTER INCEPTION OF THE RELATIONSHIP. EACH YEAR ALL BOARD MEMBERS AND VOLUNTEERS ARE REQUIRED TO FILE A NEW POLICY STATEMENT. POTENTIAL CONFLICTS, IF ANY, ARE NOTED IN THE MINUTES OF THE BOARD MEETING. BOARD MEMBERS ABSTAIN FROM VOTING WHEN THERE IS A POSSIBILITY OF A CONFLICT. CONTINUAL MONITORING OF THE BUSINESS OF THE FOUNDATION AND ITS RELATIONSHIPS KEEPS THE CONFLICT OF INTEREST POLICY ACTIVE AND ENFORCEABLE. |
| FORM 990,<br>PAGE 6,<br>PART VI,<br>LINE 15A | THE BOARD ANNUALLY REVIEWS THE COMPENSATION OF THE STAFF (EXECUTIVE DIRECTOR) BASED ON PERFORMANCE EVALUATION IN CONNECTION WITH ESTABLISHED GOALS AND OBJECTIVES, AND DETERMINES COMPENSATION REASONABLENESS, THEREOF, BY REVIEWING DATA OF SIMILAR ORGANIZATIONS.  |
| FORM 990,<br>PAGE 6,<br>PART VI,<br>LINE 19  | A COPY OF THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN IRC SECTION 6104(D). THE COMMUNITY FOUNDATION'S WEBSITE STATES THAT THE FORM 990 AND MOST RECENT AUDIT ARE AVAILABLE FOR REVIEW UPON REQUEST. IN ADDITION, REQUESTS FOR THE 990, AUDIT REPORT, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST STATEMENTS CAN BE MADE VIA EMAIL OR PHONE CALL.  |
| FORM 990,<br>PART XI,<br>LINE 9              | CHANGE IN VALUE OF TERM TRUST -268,598 AGENCY REVENUE 79,664 AGENCY EXPENSES 13,332 TOTAL -175,602   |

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**