

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2007 calendar year, or tax year beginning 7/01/07, and ending 6/30/08**

- B Check if applicable:
- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

Please use IRS label or print or type. See Specific Instructions.

**C Name of organization**  
**United Way of the DuPage Area**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**P.O. Box 5317**

City or town, state or country, and ZIP + 4  
**Oak Brook IL 60522**

**D Employer identification number**  
**36-2584417**

**E Telephone number**  
**630-645-6339**

**F Accounting method:**  Cash  Accrual  Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). H and I are not applicable to section 527 organizations.

**G Website:** [www.uwdupage.org](http://www.uwdupage.org)

**J Organization type**  
(check only one)  501(c) ( **3** ) (insert no.)  4947(a)(1) or  527

**K Check here**  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates  Yes  No

**H(c)** Are all affiliates included?  Yes  No  
(If "No," attach a list. See instructions.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I Group Exemption Number** **4371**

**M Check**  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**L Gross receipts:** Add lines 6b, 8b, 9b, and 10b to line 12 **3,470,957**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions.)

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Contributions to donor advised funds	1a			
	<b>b</b> Direct public support (not included on line 1a)	1b		<b>2,753,878</b>	
	<b>c</b> Indirect public support (not included on line 1a)	1c		<b>612,584</b>	
	<b>d</b> Government contributions (grants) (not included on line 1a)	1d			
	<b>e Total</b> (add lines 1a through 1d) (cash \$ <b>3,366,462</b> noncash \$ )	1e			<b>3,366,462</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	2			
	<b>3</b> Membership dues and assessments	3			
	<b>4</b> Interest on savings and temporary cash investments	4			<b>95,963</b>
	<b>5</b> Dividends and interest from securities	5			
	<b>6a</b> Gross rents	6a			
	<b>b</b> Less: rental expenses	6b			
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a	6c				
<b>7</b> Other investment income (describe <b>See Statement 1</b> )	7			<b>3,084</b>	
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities	8a		<b>5,448</b>	
	(B) Other	8b			
		8c		<b>5,448</b>	
	<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B) <b>See Stmt 2</b>	8d			<b>5,448</b>
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check <input type="checkbox"/> here	<b>a</b> Gross revenue (not including contributions reported on line 1b)	9a			
	<b>b</b> Less: direct expenses other than fundraising expenses	9b			
	<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a	9c			
<b>10a</b> Gross sales of inventory, less returns and allowances		10a			
	<b>b</b> Less: cost of goods sold	10b			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
<b>11</b> Other revenue (from Part VII, line 103)	11				
<b>12 Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			<b>3,470,957</b>	
<b>Expenses</b>	<b>13</b> Program services (from line 44, column (B))	13		<b>3,249,146</b>	
	<b>14</b> Management and general (from line 44, column (C))	14		<b>138,070</b>	
	<b>15</b> Fundraising (from line 44, column (D))	15		<b>104,940</b>	
	<b>16</b> Payments to affiliates (attach schedule)	16			
	<b>17 Total expenses.</b> Add lines 16 and 44, column (A)	17			<b>3,492,156</b>
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12	18		<b>-21,199</b>	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	19		<b>2,885,444</b>	
	<b>20</b> Other changes in net assets or fund balances (attach explanation) <b>See Statement 3</b>	20		<b>-23,286</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21			<b>2,840,959</b>

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b>	Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b>	Other grants and allocations (attach schedule) <b>Stmt 4</b> (cash \$ <b>3,135,468</b> non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>3,135,468</b>	<b>3,135,468</b>		
<b>23</b>	Specific assistance to individuals (attach schedule)				
<b>24</b>	Benefits paid to or for members (attach schedule)				
<b>25a</b>	Compensation of current officers, directors, key employees, etc. listed in Part V-A <b>See Statement 5</b>	<b>59,351</b>	<b>29,082</b>	<b>11,870</b>	<b>18,399</b>
<b>25b</b>	Compensation of former officers, directors, key employees, etc. listed in Part V-B				
<b>25c</b>	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)				
<b>26</b>	Salaries and wages of employees not included on lines 25a, b, and c	<b>107,507</b>	<b>52,678</b>	<b>21,502</b>	<b>33,327</b>
<b>27</b>	Pension plan contributions not included on lines 25a, b, and c	<b>5,064</b>	<b>2,481</b>	<b>1,013</b>	<b>1,570</b>
<b>28</b>	Employee benefits not included on lines 25a - 27	<b>13,065</b>	<b>6,402</b>	<b>2,613</b>	<b>4,050</b>
<b>29</b>	Payroll taxes	<b>16,271</b>	<b>7,973</b>	<b>3,254</b>	<b>5,044</b>
<b>30</b>	Professional fundraising fees				
<b>31</b>	Accounting fees				
<b>32</b>	Legal fees				
<b>33</b>	Supplies	<b>2,633</b>	<b>1,278</b>	<b>521</b>	<b>834</b>
<b>34</b>	Telephone	<b>930</b>	<b>456</b>	<b>186</b>	<b>288</b>
<b>35</b>	Postage and shipping	<b>8,308</b>	<b>4,072</b>	<b>1,661</b>	<b>2,575</b>
<b>36</b>	Occupancy	<b>6,643</b>	<b>3,255</b>	<b>1,329</b>	<b>2,059</b>
<b>37</b>	Equipment rental and maintenance	<b>600</b>	<b>294</b>	<b>120</b>	<b>186</b>
<b>38</b>	Printing and publications	<b>19,046</b>	<b>2,539</b>	<b>1,036</b>	<b>15,471</b>
<b>39</b>	Travel	<b>1,284</b>	<b>629</b>	<b>257</b>	<b>398</b>
<b>40</b>	Conferences, conventions, and meetings	<b>2,082</b>	<b>1,154</b>	<b>364</b>	<b>564</b>
<b>41</b>	Interest				
<b>42</b>	Depreciation, depletion, etc. (attach schedule)	<b>284</b>	<b>139</b>	<b>57</b>	<b>88</b>
<b>43</b>	Other expenses not covered above (itemize):				
<b>43a</b>	<b>See Statement 6</b>	<b>113,620</b>	<b>1,246</b>	<b>92,287</b>	<b>20,087</b>
<b>43b</b>					
<b>43c</b>					
<b>43d</b>					
<b>43e</b>					
<b>43f</b>					
<b>43g</b>					
<b>44</b>	<b>Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>3,492,156</b>	<b>3,249,146</b>	<b>138,070</b>	<b>104,940</b>

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \_\_\_\_\_ ; (ii) the amount allocated to Program services \$ \_\_\_\_\_ ;

(iii) the amount allocated to Management and general \_\_\_\_\_ ; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose?

▶ **See Statement 7**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**

(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

**a See Statement 8**

(Grants and allocations \$ **2,998,737** ) If this amount includes foreign grants, check here ▶

**3,107,458**

**b Designations by donors to other 501(c)(3) organizations.**

(Grants and allocations \$ **136,731** ) If this amount includes foreign grants, check here ▶

**141,688**

**c**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

**d**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

**e Other program services (attach schedule)**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

**f Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶ **3,249,146**

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
<b>Assets</b>	<b>45</b> Cash—non-interest-bearing	<b>1,543,232</b>	<b>2,009,867</b>
	<b>46</b> Savings and temporary cash investments	<b>821,313</b>	<b>569,999</b>
	<b>47a</b> Accounts receivable		
	<b>b</b> Less: allowance for doubtful accounts		
	<b>48a</b> Pledges receivable	<b>533,248</b>	
	<b>b</b> Less: allowance for doubtful accounts	<b>78,304</b>	
	<b>49</b> Grants receivable		
	<b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att. schedule)		
	<b>51a</b> Other notes and loans receivable (attach schedule)		
	<b>b</b> Less: allowance for doubtful accounts		
	<b>52</b> Inventories for sale or use		
	<b>53</b> Prepaid expenses and deferred charges		
	<b>54a</b> Investments—publicly-traded securities		
	<b>b</b> Investments—other securities (attach schedule) <b>See Stmt 9</b>	<b>170,219</b>	<b>251,331</b>
	<b>55a</b> Investments—land, buildings, and equipment: basis		
	<b>b</b> Less: accumulated depreciation (attach schedule)		
	<b>56</b> Investments—other (attach schedule)		
	<b>57a</b> Land, buildings, and equipment: basis	<b>1,420</b>	
	<b>b</b> Less: accumulated depreciation (attach schedule) <b>See Statement 10</b>	<b>1,052</b>	
<b>58</b> Other assets, including program-related investments (describe)			
<b>59 Total assets</b> (must equal line 74). Add lines 45 through 58	<b>2,997,945</b>	<b>3,286,509</b>	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses	<b>5,769</b>	<b>7,746</b>
	<b>61</b> Grants payable		
	<b>62</b> Deferred revenue		
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)		
	<b>64a</b> Tax-exempt bond liabilities (attach schedule)		
	<b>b</b> Mortgages and other notes payable (attach schedule)		
	<b>65</b> Other liabilities (describe) <b>See Statement 11</b>	<b>106,732</b>	<b>437,804</b>
<b>66 Total liabilities.</b> Add lines 60 through 65	<b>112,501</b>	<b>445,550</b>	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	<b>67</b> Unrestricted	<b>2,885,444</b>	<b>2,840,959</b>
	<b>68</b> Temporarily restricted		
	<b>69</b> Permanently restricted		
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.		
	<b>70</b> Capital stock, trust principal, or current funds		
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund		
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds		
<b>73 Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	<b>2,885,444</b>	<b>2,840,959</b>	
<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	<b>2,997,945</b>	<b>3,286,509</b>	





<b>Part VI Other Information (continued)</b>		Yes	No
<b>82a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		<b>X</b>
<b>b</b>	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	<b>82b</b>		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>X</b>	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		<b>N/A</b>
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		<b>N/A</b>
<b>85a</b>	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		<b>N/A</b>
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		<b>N/A</b>
<b>c</b>	Dues, assessments, and similar amounts from members		<b>85c</b>
<b>d</b>	Section 162(e) lobbying and political expenditures		<b>85d</b>
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		<b>85e</b>
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)		<b>85f</b>
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		<b>N/A</b>
<b>85g</b>			
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		<b>N/A</b>
<b>85h</b>			
<b>86</b>	501(c)(7) orgs. Enter: <b>a</b> Initiation fees and capital contributions included on line 12		<b>86a</b>
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities		<b>86b</b>
<b>87</b>	501(c)(12) orgs. Enter: <b>a</b> Gross income from members or shareholders		<b>87a</b>
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		<b>87b</b>
<b>88a</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		<b>X</b>
<b>b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		<b>X</b>
<b>89a</b>	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <b>0</b> ; section 4912 <b>0</b> ; section 4955 <b>0</b>		
<b>b</b>	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		<b>X</b>
<b>89b</b>			
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		<b>0</b>
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization		<b>0</b>
<b>e</b>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		<b>X</b>
<b>89e</b>			
<b>f</b>	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		<b>X</b>
<b>89f</b>			
<b>g</b>	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		<b>X</b>
<b>89g</b>			
<b>90a</b>	List the states with which a copy of this return is filed <b>IL</b>		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)		<b>90b</b> <b>2</b>
<b>91a</b>	The books are in care of <b>Jennifer Fronek</b> Telephone no. <b>312-906-2312</b> <b>560 West Lake St.</b> Located at <b>Chicago, IL</b> ZIP + 4 <b>60661</b>		
<b>b</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)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>		<b>X</b>
<b>91b</b>			

**Part VI Other Information (continued)**

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No **X**  
If "Yes," enter the name of the foreign country  
**92** Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year **92**

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments			14	95,963	
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income			14	3,084	
<b>100</b> Gain or (loss) from sales of assets other than inventory			14	5,448	
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue: a					
b					
c					
d					
e					
<b>104</b> Subtotal (add columns (B), (D), and (E))		0		104,495	0
<b>105 Total</b> (add line 104, columns (B), (D), and (E))					104,495

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
N/A	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes **X** No  
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes **X** No  
Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

<b>106</b> Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.				Yes	No
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer		
a					
b					
c					
<b>Totals</b>					

<b>107</b> Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.				Yes	No
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer		
a					
b					
c					
<b>Totals</b>					

<b>108</b> Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Please Sign Here</b>	Signature of officer <b>Jean Utley</b> Type or print name and title	Date <b>1/29/09</b>	
	<b>Treasurer</b>		

<b>Paid Preparer's Use Only</b>	Preparer's signature <b>Jennifer Fronck</b>	Date <b>1/29/09</b>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Instr. X)
	Firm's name (or yours if self-employed), address, and ZIP + 4 <b>United Way Metro Chicago</b> <b>560 W Lake St W</b> <b>Chicago, IL 60661</b>	EIN	Phone no. <b>312-906-2312</b>	

**SCHEDULE A  
(Form 990 or 990-EZ)**

**Organization Exempt Under Section 501(c)(3)**  
(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

**2007**

**Supplementary Information-(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**United Way of the DuPage Area**

Employer identification number  
**36-2584417**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl. benefit plans & deferred comp.	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶				

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶		

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶		

**Part III Statements About Activities** (See page 2 of the instructions.)

Yes No

<b>1</b>	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities: \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	<b>1</b>		<b>X</b>
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.				
<b>2</b>	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
<b>a</b>	Sale, exchange, or leasing of property?	<b>2a</b>		<b>X</b>
<b>b</b>	Lending of money or other extension of credit?	<b>2b</b>		<b>X</b>
<b>c</b>	Furnishing of goods, services, or facilities?	<b>2c</b>		<b>X</b>
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>See Part V-A, Form 990</b>	<b>2d</b>	<b>X</b>	
<b>e</b>	Transfer of any part of its income or assets?	<b>2e</b>		<b>X</b>
<b>3a</b>	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	<b>3a</b>		<b>X</b>
<b>b</b>	Did the organization have a section 403(b) annuity plan for its employees?	<b>3b</b>	<b>X</b>	
<b>c</b>	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	<b>3c</b>		<b>X</b>
<b>d</b>	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	<b>3d</b>		<b>X</b>
<b>4a</b>	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	<b>4a</b>		<b>X</b>
<b>b</b>	Did the organization make any taxable distributions under section 4966?	<b>4b</b>		
<b>c</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>4c</b>		
<b>d</b>	Enter the total number of donor advised funds owned at the end of the tax year			
<b>e</b>	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			
<b>f</b>	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			<b>0</b>
<b>g</b>	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			<b>0</b>

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ .....
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
  - Type I
  - Type II
  - Type III-Functionally Integrated
  - Type III-Other

**Provide the following information about the supported organizations.** (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> .....					▶

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	<b>3,738,776</b>	<b>3,596,295</b>	<b>3,728,057</b>	<b>3,901,089</b>	<b>14,964,217</b>
<b>16</b> Membership fees received					<b>0</b>
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					<b>0</b>
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	<b>97,905</b>	<b>60,123</b>	<b>27,715</b>	<b>17,058</b>	<b>202,801</b>
<b>19</b> Net income from unrelated business activities not included in line 18					<b>0</b>
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					<b>0</b>
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					<b>0</b>
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					<b>0</b>
<b>23</b> Total of lines 15 through 22	<b>3,836,681</b>	<b>3,656,418</b>	<b>3,755,772</b>	<b>3,918,147</b>	<b>15,167,018</b>
<b>24</b> Line 23 minus line 17	<b>3,836,681</b>	<b>3,656,418</b>	<b>3,755,772</b>	<b>3,918,147</b>	<b>15,167,018</b>
<b>25</b> Enter 1% of line 23	<b>38,367</b>	<b>36,564</b>	<b>37,558</b>	<b>39,181</b>	

<b>26 Organizations described on lines 10 or 11: a</b> Enter 2% of amount in column (e), line 24	<b>26a</b>	<b>303,340</b>
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. <b>Do not file this list with your return.</b> Enter the total of all these excess amounts	<b>26b</b>	<b>2,161,380</b>
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e)	<b>26c</b>	<b>15,167,018</b>
<b>d</b> Add: Amounts from column (e) for lines: 18 <u>202,801</u> 19 _____ 22 <u>2,161,380</u> 26b _____	<b>26d</b>	<b>2,364,181</b>
<b>e</b> Public support (line 26c minus line 26d total)	<b>26e</b>	<b>12,802,837</b>
<b>f</b> <b>Public support percentage (line 26e (numerator) divided by line 26c (denominator))</b>	<b>26f</b>	<b>84.4124%</b>

<b>27 Organizations described on line 12: a</b> For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." <b>Do not file this list with your return.</b> Enter the sum of such amounts for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____	<b>N/A</b>	
<b>b</b> For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the <b>larger</b> of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) <b>Do not file this list with your return.</b> After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____	<b>N/A</b>	
<b>c</b> Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	<b>27c</b>	
<b>d</b> Add: Line 27a total _____ and line 27b total _____	<b>27d</b>	
<b>e</b> Public support (line 27c total minus line 27d total)	<b>27e</b>	
<b>f</b> Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	<b>27f</b>	
<b>g</b> <b>Public support percentage (line 27e (numerator) divided by line 27f (denominator))</b>	<b>27g</b>	<b>%</b>
<b>h</b> <b>Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</b>	<b>27h</b>	<b>%</b>

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

**Part V Private School Questionnaire** (See page 9 of the instructions.)

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?			
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

Table with 3 columns: Line number, Description, (a) Affiliated group totals, (b) To be completed for all electing organizations. Rows include lines 36-44 for various lobbying expenditure categories and nontaxable amounts.

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2007, (b) 2006, (c) 2005, (d) 2004, (e) Total. Rows include lines 45-50 for lobbying nontaxable amount, ceiling amount, and grassroots lobbying expenditures.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

Table with 3 columns: Question, Yes, No, Amount. Rows include questions a-i regarding lobbying activity attempts and total lobbying expenditures.



**Schedule of Contributors**  
Supplementary Information for  
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

**2007**

<b>Name of organization</b>  <b>United Way of the DuPage Area</b>	<b>Employer identification number</b>  <b>36-2584417</b>
---	--

**Organization type** (check one):

- |                    |   |
|--------------------|---|
| <b>Filers of:</b>  | <b>Section:</b>   |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)( <b>3</b> ) (enter number) organization                        |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |
|                    | <input type="checkbox"/> 527 political organization   |
| Form 990-PF        | <input type="checkbox"/> 501(c)(3) exempt private foundation  |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation            |
|                    | <input type="checkbox"/> 501(c)(3) taxable private foundation   |

Check if your organization is covered by the **General Rule** or a **Special Rule**. (**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule—see instructions.)

**General Rule—**

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules—**

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ..... ► \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

**United Way of the DuPage Area**

Employer identification number

**36-2584417**

**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	<u>Kellogg Company</u> <u>545 Lamont Street</u> <hr/> <u>Elmhurst</u> IL 60126	\$ <u>191,388</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	<u>Kellogg Company</u> <u>545 Lamont Street</u> <hr/> <u>Elmhurst</u> IL 60126	\$ <u>203,279</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	<u>UPS</u> <u>858 Meridian Lake Drive</u> <hr/> <u>Aurora</u> IL 60504	\$ <u>177,014</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	<u>Jewel-Osco</u> <u>1955 West North Avenue</u> <hr/> <u>Melrose Park</u> IL 60160	\$ <u>83,365</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

# Federal Statements

## Statement 1 - Form 990, Part I, Line 7 - Other Investment Income

<u>Description</u>	<u>Amount</u>
Investment Income	\$ 3,084
Total	\$ <u>3,084</u>

## Federal Statements

### Statement 2 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other

Desc	How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depr	Gain/ -Loss
Real. gain pooled investment					\$ 5,448	\$	\$	\$ 5,448
Total					<u>\$ 5,448</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 5,448</u>

## Federal Statements

### Statement 3 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

<u>Description</u>	<u>Amount</u>
Unrealized losses on pooled investments	\$ <u>-23,286</u>
Total	\$ <u><u>-23,286</u></u>

**Federal Statements**

**Statement 4 - Form 990, Part II, Line 22b - Other Grants and Allocations**

<u>Name Address</u>	<u>Relationship to Org</u>	<u>Class of Activity</u>	<u>Date of Gift</u>	<u>Description of Property</u>	<u>Cash Contrib</u>	<u>NonCash Contrib</u>	<u>Book Value</u>	<u>BV Expl</u>	<u>FMV Expl</u>
Access Community Health Network 1501 South California Avenue Chicago IL 60608					\$ 37,917	\$			
Access DuPage 511 Thornhill Drive Carol Stream IL 60188					75,000				
Alzheimer's Association, Greater 8430 West Bryn Mawr Avenue, Suite 8 Chicago IL 60631					47				
American Cancer Society, Illinois 3870 Paysphere Circle Chicago IL 60674					14				
American Center for Law and Justice 1000 Thomas Jefferson St, NW. Ste 5 Washington DC 20007					61				
American Red Cross of Greater Chica 2200 West Harrison					5,958				

**Federal Statements**

**Statement 4 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)**

Name Address	Relationship to Org	Class of Activity	Date of		Book Value	BV Expl	FMV Expl
			Gift	Description of Property			
Chicago IL 60612			\$		\$		
Anti-Cruelty Society Pets for Peopl							
157 W Grand Ave					514		
Chicago IL 60610							
Batavia Community Chest					49		
P. O. Box 372							
Batavia IL 60510							
Boy Scouts of America Northeast Ill					98		
2745 Skokie Valley Road							
Highland Park IL 60035-1091							
Boy Scouts of America: DesPlaines V					5,000		
811 West Hillgrove Avenue							
LaGrange IL 60525-5897							
Boy Scouts of America: Three Fires					24,000		
415 North 2nd Street							
St. Charles IL 60174-1254							
Boys and Girls Club of Lake County					98		

**Federal Statements**

**Statement 4 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)**

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Expl	FMV Expl
724 South Genesee Street Waukegan IL 60085					\$	\$	\$		
Boys and Girls Clubs of Chicago 550 West Van Buren, Suite 350 Chicago IL 60607						66			
Breaking Free 120 Gale Street Aurora IL 60506					42,200				
Bridge Communities 505 Crescent Blvd Glen Ellyn IL 60137					45,000				
Camp Fire: Illinois Prairie Council 45 West Roosevelt Road Lombard IL 60148					16,100				
Camp Korey 1605 NW Sammamish Road, Suite 250 Issaquah WA 98027						491			

**Federal Statements**

**Statement 4 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)**

<u>Name Address</u>	<u>Relationship to Org</u>	<u>Class of Activity</u>	<u>Date of Gift</u>	<u>Description of Property</u>	<u>Cash Contrib</u>	<u>NonCash Contrib</u>	<u>Book Value</u>	<u>BV Expl</u>	<u>FMV Expl</u>
CareNet Pregnancy Services of Dupag 515 Ogden Ave Downers Grove IL 60515					\$ 246	\$			
CASA DuPage County 505 N. County Farm Road, Third Floo Wheaton IL 60187					40,000				
CASA Kane County Kane County Courthouse Geneva IL 60134					246				
Catholic Charities Diocese of Jolie 203 N. Ottawa St. Joliet IL 60432					98				
Catholic Charities Diocese of Jolie 203 North Ottawa Street Joliet IL 60432					1,058				
Catholic Charities Federation of Ch 721 North LaSalle Street					491				

**Federal Statements**

**Statement 4 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)**

Name Address	Relationship to Org	Class of Activity	Date of		Book Value	BV Expl	FMV Expl
			Gift	Description of Property			
Chicago IL 60610							
Catholic Charities of Joliet - Kank							
270 North Schuyler							
Kankakee IL 60901							
Catholic Charities of the Archdioce							
721 N. LaSalle Street							
Chicago IL 60610							
Catholic Charities of the Archdioce							
PO Box 1309							
Dubuque IA 52004							
Catholic Charities: Diocese of Joli							
26 W. St. Charles Road							
Lombard IL 60148							
Catholic Relief Services - USCC							
PO Box 17090							
Baltimore MD 21203-7090							
Center for the Homeless, Inc							

**Federal Statements**

**Statement 4 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)**

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash	NonCash	Book	BV	FMV
					Contrib	Contrib	Value	Expl	Expl
813 South Michigan Street South Bend IN 46601					\$	\$	\$		
Childhood Trauma Treatment Program PO Box 776 Oak Lawn IL 60454-0776					19				
Childhood Trauma Treatment Program P.O. Box 776 Oak Lawn IL 60454-0776					14,400				
Children's Home & Aid Society of IL 125 South Wacker Drive Chicago IL 60606					1,808				
Children's Memorial Hospital 2300 Childrens Plaza Chicago IL 60614					11,813				
ChildServ 8765 W. Higgins Road Chicago IL 60631					3,818				

**Federal Statements**

**Statement 4 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)**

Name Address	Relationship to Org	Class of Activity	Date of		Book Value	BV Expl	FMV Expl
			Gift	Description of Property			
Chinese Mutual Aid Association			\$	47	\$		
1016 West Argyle Street							
Chicago IL 60640-6608							
Christopher House				3,296			
2507 North Greenview							
Chicago IL 60657							
Community Adult Day Care				47			
4501 Main Street							
Downers Grove IL 60515							
Community Adult Day Care				12,800			
4501 Main Street							
Downers Grove IL 60515							
Community House, The				191,440			
415 W. Eighth St.							
Hinsdale IL 60521-4495							
Community Nurse Health Association				8,000			
23 Calendar Court							

**Federal Statements**

**Statement 4 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)**

Name Address	Relationship to Org	Class of Activity	Date of		Book Value	BV Expl	FMV Expl
			Gift	Description of Property			
LaGrange IL 60525-2324							
Community Support Services							
9021 Ogden Avenue							
Brookfield IL 60513-2040							
Connections for Abused Women							
PO Box 477916							
Chicago IL 60647							
CureDuchenne							
3334 East Coast Highway, #157							
Corona Del Mar CA 92625							
DuPage P.A.D.S.							
705 West Liberty							
Wheaton IL 60187							
DuPage PADS							
705 West Liberty							
Wheaton IL 60187							
DuPage Senior Citizens Council							

**Federal Statements**

**Statement 4 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)**

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash	NonCash	Book	BV	FMV
					Contrib	Contrib	Value	Expl	Expl
1919 S. Highland Ave. Lombard IL 60148					\$	\$	\$		
DuPage Senior Citizens Council 1919 S. Highland Ave. Lombard IL 60148-5366					128,000				
E.S.S.E. 515 South Wheaton Avenue Wheaton IL 60187					9,000				
Easter Seals of the DuPage and Fox 830 South Addison Avenue Villa Park IL 60181					34,200				
Emergency Fund 208 South LaSalle, #1356 Chicago IL 60604					2,122				
Erie Neighborhood House 1701 West Superior Street Chicago IL 60622					147				

**Federal Statements**

**Statement 4 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)**

Name Address	Relationship to Org	Class of Activity	Date of		Book Value	BV Expl	FMV Expl
			Gift	Description of Property			
ESSE (Ecumenical Support Services f 515 South Wheaton Avenue Wheaton IL 60187			\$	132	\$		
Evangelical Child and Family Agency 1530 North Main St. Wheaton IL 60187				614			
Family Shelter Service 605 East Roosevelt Road Wheaton IL 60187				180,000			
Family-To-Family Inc. 6 Circle Drive Hastings On Hudson NY 10706				246			
Far Northwest Suburban United Way 2200 W. Higgins Road, Suite 135 Hoffman Estates IL 60169				3,851			
Fox Valley Hospice, Inc 200 Whitfield Drive				123			

**Federal Statements**

**Statement 4 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)**

Name Address	Relationship to Org	Class of Activity	Date of		Book Value	BV Expl	FMV Expl
			Gift	Description of Property			
Geneva IL 60134							
Fox Valley United Way							
40 W Downer Pl							
Aurora IL 60506							
Girl Scouts - Prairie Winds, Inc.							
2400 Ogden Avenue							
Lisle IL 60532-3933							
Girl Scouts of Greater Chicago and							
650 North Lakeview Parkway							
Vernon Hills IL 60061							
Glen Ellyn Youth and Family Counsel							
535 Forest Avenue							
Glen Ellyn IL 60137							
Greater Kalamazoo United Way							
709 S Westnedge Ave							
Kalamazoo MI 49007-6003							
Greater Lansing Food Bank							

**Federal Statements**

**Statement 4 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)**

Name Address	Relationship to Org	Class of Activity	Date of		Book Value	BV Expl	FMV Expl
			Gift	Description of Property			
P.O. Box 30161 Lansing MI 48909							
Harvest Christian Fellowship Church 2505 Washington Pike Knoxville TN 37917				61			
Have A Heart For Sickle Cell 47 West Polk Street, Suite 100 Chicago IL 60605				246			
Help For Abused Women And Their Chi 27 Congress Street Salem MA 01970				1			
Helping Hand Rehabilitation Center 9649 55th Street Countryside IL 60525-3699				10,000			
Helping Hand Rehabilitation Center 9649 West 55th Street Countryside IL 60525-3699				61			

**Federal Statements**

**Statement 4 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)**

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Expl	FMV Expl
Hinsdale Community Service Memorial Building Hinsdale IL 60521-3489					\$ 77,400	\$			
Hinsdale Community Service Memorial Building Hinsdale IL 60521-3489					614				
Hyde Park Neighborhood Club 5480 South Kenwood Avenue Chicago IL 60615					418				
Illinois State Council Knights of PO Box 681 Kankakee IL 60901					123				
Lake Area United Way 221 West Ridge Road Griffith IN 46319-1097					569				
Leyden Family Service & MH Center 10001 West Grand Avenue					89,000				

**Federal Statements**

**Statement 4 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)**

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Expl	FMV Expl
Franklin Park IL 60131-2586					\$	\$	\$		
Lifelink					17,500				
331 South York Road									
Bensenville IL 60106									
Literacy Volunteers					24,000				
24W500 Maple Avenue									
Naperville IL 60540									
Literacy Volunteers of Illinois					217				
30 East Adams, Suite 1130									
Chicago IL 60603									
Little Friends					4,075				
140 North Wright Street									
Naperville IL 60540-4799									
Little Friends, Inc.					473				
140 North Wright									
Naperville IL 60540									
Little House of Glencoe					473				

**Federal Statements**

**Statement 4 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)**

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash	NonCash	Book	BV	FMV
					Contrib	Contrib	Value	Expl	Expl
110 Linden Avenue Glencoe IL 60022					\$	\$	\$		
Loaves & Fishes P.O. Box 1720 Paso Robles CA 93447						49			
Lutheran Social Services of Illinois 1001 East Touhy Road, Suite #50 Des Plaines IL 60018						98			
Lydia Home Association Attn: Donald Smith Chicago IL 60641						95			
Make a Wish Foundation 640 North LaSalle Street Suite 280 Chicago IL 60610						49			
Melanoma Research Foundation 170 Township Line Road Hillsborough NJ 08844						672			

**Federal Statements**

**Statement 4 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)**

<u>Name Address</u>	<u>Relationship to Org</u>	<u>Class of Activity</u>	<u>Date of Gift</u>	<u>Description of Property</u>	<u>Cash Contrib</u>	<u>NonCash Contrib</u>	<u>Book Value</u>	<u>BV Expl</u>	<u>FMV Expl</u>
Metropolitan Family Service: DuPage 222 East Willow Avenue Wheaton IL 60187-4993					\$ 387,943	\$			
Misericordia Heart of Mercy - South 6300 North Ridge #2686 Chicago IL 60660-1099						9			
Montgomery County United Way PO Box 8965 The Woodlands TX 77387						95			
MorningStar Mission Ministries Outr 350 East Washington Street Joliet IL 60433						98			
Ms. Foundation For Women 141 Fifth Avenue, Ste. 6-S New York NY 10010						74			
NAMI of DuPage 2100 Manchester Road					15,567				

**Federal Statements**

**Statement 4 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)**

Name Address	Relationship to Org	Class of Activity	Date of		Book Value	BV Expl	FMV Expl
			Gift	Description of Property			
Wheaton IL 60187							
NAMI, The National Alliance for the 2107 Wilson Boulevard, Suite 300 Arlington VA 22201			\$		\$		\$
Naperville United Way 29 S. Webster Suite 106B Naperville IL 60540					49		
National Kidney Foundation of Illin 215 West Illinois, Suite 1C Chicago IL 60610					16,873		
NCO Youth and Family Services 1305 W. Oswego Road Naperville IL 60540					499		
North Suburban United Way 3330 Dundee Road, Suite N6 Northbrook IL 60062					21,037		
Northwest Suburban United Way					1,937		
					5,714		

## Federal Statements

### Statement 4 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Expl	FMV Expl
P.O. Box 294					\$	\$	\$		
Mount Prospect IL 60056									
Oak Park & River Forest Day Nursery					491				
1139 Randolph Street									
Oak Park IL 60302									
Outreach Community Center					47				
345 S. President									
Carol Stream IL 60188									
Outreach Community Ministries					24				
122 West Liberty Drive									
Wheaton IL 60187									
Outreach Community Ministries					432,450				
122 West Liberty Drive									
Wheaton IL 60187									
Pacific Garden Mission					47				
646 S. State Street									
Chicago IL 60605									

**Federal Statements**

**Statement 4 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)**

Name Address	Relationship to Org	Class of Activity	Date of Gift		Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Expl	FMV Expl
PADS Crisis Services, Inc. 3001 Green Bay Road, Bldg. #5 North Chicago IL 60064-3408						\$ 98	\$			
Polish American Association 3834 North Cicero Avenue Chicago IL 60641						25				
Positive Parenting DuPage 739 Roosevelt Road, Building 8 Glen Ellyn IL 60137						44,197				
Prairie State Legal Services, Inc Main Office Rockford IL 61103-7064						49				
Prairie State Legal Services: DuPag 350 S. Schmale Road Carol Stream IL 60188						78,400				
Ray Graham Association 2801 Finley Road						185,600				

**Federal Statements**

**Statement 4 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)**

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash	NonCash	Book	BV	FMV
					Contrib	Contrib	Value	Expl	Expl
Downers Grove IL 60515					\$	\$	\$		
Reach Counseling Services Inc 1244 Midway Road, Suite C Menasha WI 54952					491				
Reaching Beyond Ourselves 5750 Holmes Avenue Clarendon Hills IL 60514					2,457				
Repeat Boutique Center 1028 College Avenue Wheaton IL 60187					236				
Resurrection Project, The 1818 South Paulina Chicago IL 60608					222				
Safer Foundation 571 West Jackson Boulevard Chicago IL 60661					737				
Salvation Army					1,843				

**Federal Statements**

**Statement 4 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)**

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Expl	FMV Expl
420 East Santa Fe Olathe KS 66061					\$	\$	\$		
Salvation Army - Golden Diners Club 1031 East State Street Geneva IL 60134					983				
Salvation Army - Suburban Service E 5040 North Pulaski Road Chicago IL 60630					515				
Salvation Army - Templo Laramie 2337 South Laramie Avenue Cicero IL 60804					52				
Salvation Army Metropolitan Divisio 5040 North Pulaski Road Chicago IL 60630					1,939				
Salvation Army: Suburban Service Ex 5040 North Pulaski Road Chicago IL 60630					7,721				

**Federal Statements**

**Statement 4 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)**

Name Address	Relationship to Org	Class of Activity	Date of Gift		Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Expl	FMV Expl
Senior Home Sharing 711 E Roosevelt Road Wheaton IL 60187						\$ 25,000	\$			
Senior Home Sharing 711 East Roosevelt Rd Wheaton IL 60187						246				
Serenity House 891 South Route 53 Addison IL 60101						79,000				
South-Southwest Suburban United Way 4711 Midlothian Turnpike, Suite 12 Crestwood IL 60445						2,749				
Spanish Center, Inc. 309 N Eastern Joliet IL 60432						197				
Spanish Coalition for Jobs, Inc. 2011 West Pershing Road						33				

**Federal Statements**

**Statement 4 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)**

Name Address	Relationship to Org	Class of Activity	Date of		Book Value	BV Expl	FMV Expl
			Gift	Description of Property			
Chicago IL 60609			\$		\$		
Spokane Mental Health							
107 South Division							
Spokane WA 99201							
St. Jude Children's Research Hospit							
PO Box 3704							
Memphis TN 38105							
Teen Parent Connection							
739 Roosevelt Road, Building #8							
Glen Ellyn IL 60137							
The Children's Place Association							
3059 West Augusta Boulevard							
Chicago IL 60622							
Tri-Con Child Care Center							
425 Laurel Avenue, Suite B							
Highland Park IL 60035-2621							
United Way International - Peru							

**Federal Statements**

**Statement 4 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)**

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash	NonCash	Book	BV	FMV
					Contrib	Contrib	Value	Expl	Expl
701 North Fairfax Street Alexandria VA 22314					\$	\$	\$		
United Way International for Mexico 701 North Fairfax Street Alexandria VA 22314					98				
United Way of Central Illinois 1999 Wabash, Suite 107 Springfield IL 62704					20				
United Way of Central New Mexico PO Box 25848 Albuquerque NM 87125-5848					49				
United Way of Delta County 1100 Ludington St., Ste. 300 Escanaba MI 49829					204				
United Way of Elgin 2022 Larkin Avenue Elgin IL 60123-5845					98				

**Federal Statements**

**Statement 4 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)**

Name Address	Relationship to Org	Class of Activity	Date of		Book Value	BV Expl	FMV Expl
			Gift	Description of Property			
United Way of Greater Los Angeles 523 West Sixth Street Los Angeles CA 90074-7267			\$	23	\$		
United Way of Greater Rochester, In PO Box 92780 Rochester NY 14692-8880				172			
United Way of Grundy County 1802 North Division, Suite 500 Morris IL 60450				172			
United Way of Ionia County PO Box 95 Ionia MI 48846				307			
United Way of Lake County (IL) 1669 Momentum Place Chicago IL 60689				26,458			
United Way of Lake County/Volunteer 1669 Momentum Place				473			

**Federal Statements**

**Statement 4 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)**

Name Address	Relationship to Org	Class of Activity	Date of	Description of	Cash	NonCash	Book	BV	FMV
			Gift	Property	Contrib	Contrib	Value	Expl	Expl
Chicago IL 60689					\$	\$	\$		
United Way of McHenry County						246			
4508 Prime Parkway									
McHenry IL 60050									
United Way of Metropolitan Tarrant						661			
PO Box 4448									
Fort Worth TX 76164									
United Way of Midland County						95			
220 West Main Street Suite 100									
Midland MI 48640-5184									
United Way of Monroe County (PA)						1,421			
PO Box 790									
Tannersville PA 18372									
United Way of Northeast Florida, In						95			
P O Box 41428									
Jacksonville FL 32203									
United Way of Oak Park, River Fores						605			

**Federal Statements**

**Statement 4 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)**

Name Address	Relationship to Org	Class of Activity	Date of		Book Value	BV Expl	FMV Expl
			Gift	Description of Property			
1048 Pleasant Street Oak Park IL 60302			\$		\$		\$
United Way of Southern Illinois - M PO Box 1901 Marion IL 62959-8101							123
United Way of St. Charles and Elbur P.O. Box 473 Saint Charles IL 60174							96
United Way of the Mid-South PO Box 750730 Memphis TN 38175-0730							95
United Way of the North Shore 540 Frontage Road, Suite 3040 Northfield IL 60093							170
United Way of the North Shore - 540 Frontage Road, Suite 3040 Northfield IL 60093							95

**Federal Statements**

**Statement 4 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)**

Name Address	Relationship to Org	Class of Activity	Date of		Book Value	BV Expl	FMV Expl
			Gift	Description of Property			
United Way of the North Shore - Eva 540 Frontage Road, Suite 3040 Northfield IL 60093			\$	4,373	\$		
United Way of the North Shore - Lak 540 Frontage Road, Suite 3040 Northfield IL 60093				473			
United Way of Will County 54 N Ottawa St, Ste 300 Joliet IL 60432-4394				7,451			
Vegetarian Resource Group, Inc. 409 W. Cold Spring Ln. Baltimore MD 21210				50			
Victory Junction Gang Camp Inc 4500 Adams Way Randleman NC 27317				490			
Vilaseca Josephine Center, Inc. 351 North Chicago Street				246			

**Federal Statements**

**Statement 4 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)**

Name Address	Relationship to Org	Class of Activity	Date of		Book Value	BV Expl	FMV Expl
			Gift	Description of Property			
Joliet IL 60432							
Way Back Inn, The							
1915 Roosevelt Road							
Broadview IL 60155							
Way Back Inn, The							
1915 W Roosevelt Road							
Broadview IL 60155							
Wayne/Winfield Area Youth & Family							
27W031 North Avenue							
West Chicago IL 60185-1797							
Wayne/Winfield Area Youth and Famil							
27W031 North Avenue							
West Chicago IL 60185-1797							
West Suburban United Way							
555 N. Kensington							
LaGrange Park IL 60525							
World Relief - DuPage							

**Federal Statements**

**Statement 4 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)**

Name Address	Relationship to Org	Class of Activity	Date of		Book Value	BV Expl	FMV Expl
			Gift	Description of Property			
1825 College Avenue, Suite 230 Wheaton IL 60187			\$		\$		
World Relief DuPage 1825 College Ave. Wheaton IL 60187				51,027			
Y-ME Breast Cancer Org. Illinois 300 West Adams, Suite 403 Chicago IL 60606				98			
Y-Me National Breast Cancer Organiz 212 West VanBuren Suite 500 Chicago IL 60607				19			
YMCA - Elmhurst 211 West First Street Elmhurst IL 60126-2802				2,410			
YMCA : Elmhurst 211 West First Street Elmhurst IL 60126-2802				6,000			

**Federal Statements**

**Statement 4 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)**

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash	NonCash	Book	BV	FMV
					Contrib	Contrib	Value	Expl	Expl
YMCA : Indian Boundary 711 - 59th Street Downers Grove IL 60516-1420 Youth & Family Counseling 1585 N. Milwaukee Ave. Ste. 1 Libertyville IL 60048 Youth Guidance 122 South Michigan Avenue Chicago IL 60603					\$ 6,000	\$	\$		
YWCA : DuPage District 739 Roosevelt Road, Building #8 Glen Ellyn IL 60137					24				
					718				
					231,202				
<b>Total</b>					<u>\$ 3,135,468</u>	<u>\$ 0</u>	<u>\$ 0</u>		

# Federal Statements

## Statement 5 - Form 990, Part II, Line 25a - Compensation of Current Officers

<u>Name</u>	<u>Program Services</u>	<u>Management &amp; General</u>	<u>Fundraising</u>
Expenses	\$	\$	\$
Officer Compensation	29,082	11,870	18,399
Compensation			
Total	<u>\$ 29,082</u>	<u>\$ 11,870</u>	<u>\$ 18,399</u>

**Federal Statements****Statement 6 - Form 990, Part II, Line 43 - Other Functional Expenses**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Mgt &amp; General</u>	<u>Fund- Raising</u>
Expenses	\$	\$	\$	\$
Insurance and miscellaneous	136	66	27	43
Staff Development	419	205	84	130
Memberships	860	421	172	267
Member cost allocation	92,004		92,004	
MUW miscellaneous expenses	554	554		
Miscellaneous fundraising	19,647			19,647
Total	<u>\$ 113,620</u>	<u>\$ 1,246</u>	<u>\$ 92,287</u>	<u>\$ 20,087</u>

**Federal Statements****Statement 7 - Form 990, Part III - Organization's Primary Exempt Purpose**Description

The primary purpose of the United Way of the DuPage Area is to improve lives by mobilizing caring people to invest in the community where their resources are needed the most.

**Statement 8 - Form 990, Part III, Line a - Statement of Program Service Accomplishments**Description

United Way of DuPage Area is a member of the United Way of Metropolitan Chicago. We provide the leadership and resources necessary to help people achieve self-sufficiency and strengthen communities. Through collaboration and program funding, we strengthen 29 neighborhoods of DuPage County - Addison, Bensenville, Bloomingdale, Burr Ridge, Carol Stream, Clarendon Hills, Darien, Downers Grove, Elmhurst, Glen Ellyn, Glendale Heights, Hinsdale, Itasca, Keeneyville, Lisle, Lombard, Medinah, Oak Brook, Oak Brook Terrace, Roselle, Villa Park, Warrenville, West Chicago, Westmont, Wheaton, Willowbrook, Winfield, Wood Dale and Woodridge.

**Federal Statements**

**Statement 9 - Form 990, Part IV, Line 54b - Other Securities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>
Corporate Stock	\$	\$	
DuPage Community Foundation	117,451	165,878	Market
Corporate Bonds			
DuPage Community Foundation	52,768	85,453	Market
Total	<u>\$ 170,219</u>	<u>\$ 251,331</u>	

**Statement 10 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Depr</u>	<u>End of Year</u>	<u>Accum Depr</u>
Office Equipment	\$ 1,420	\$ 768	\$ 1,420	\$ 1,052
Total	<u>\$ 1,420</u>	<u>\$ 768</u>	<u>\$ 1,420</u>	<u>\$ 1,052</u>

**Statement 11 - Form 990, Part IV, Line 65 - Other Liabilities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Intercompany Payable to UWMC	\$ 106,732	\$ 437,804
Total	<u>\$ 106,732</u>	<u>\$ 437,804</u>

## Federal Statements

### Statement 12 - Form 990, Part IV-A - Other Revenue Included on Financial Statements

<u>Description</u>	<u>Amount</u>
Unrealized losses on pooled investments	\$ -23,286
Total	\$ -23,286

### Statement 13 - Form 990, Part IV-A - Other Revenue Included on Return

<u>Description</u>	<u>Amount</u>
Designations to other 501(c)3 organizations	\$ 136,731
Total	\$ 136,731

### Statement 14 - Form 990, Part IV-B - Other Expenses included on Return

<u>Description</u>	<u>Amount</u>
Designations to other 501(c)3 organizations	\$ 136,731
Total	\$ 136,731

## Federal Statements

### Statement 15 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
Christine Lewis 1000 Jorie Blvd. Oakbrook IL 60523	CPO	38	59,351	12,325	0
Walker Geyer 1000 Jorie Blvd. Oakbrook IL 60523	President	4.0	0	0	0
Jerry Broz 1000 Jorie Blvd. Oakbrook IL 60523	VP	1.5	0	0	0
Carole Long 1000 Jorie Blvd. Oakbrook IL 60523	Secretary	1.5	0	0	0
Jean Utley 1000 Jorie Blvd. Oakbrook IL 60523	Treasurer	1.5	0	0	0
Jean Baker 1000 Jorie Blvd. Oakbrook IL 60523	Board Member	1.5	0	0	0
Rob Bisceglie 1000 Jorie Blvd. Oakbrook IL 60523	Board Member	1.5	0	0	0
Jon Emerson 1000 Jorie Blvd. Oakbrook IL 60523	Board Member	1.5	0	0	0
Barbara Intihar 1000 Jorie Blvd. Oakbrook IL 60523	Board Member	1.5	0	0	0

## Federal Statements

### Statement 15 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
Cynthia Johnson 1000 Jorie Blvd. Oakbrook IL 60523	Board Member	1.5	0	0	0
Robert Larsen 1000 Jorie Blvd. Oakbrook IL 60523	Board Member	1.5	0	0	0
Tammy Lemke 1000 Jorie Blvd. Oakbrook IL 60523	Board Member	1.5	0	0	0
Susan Luperini 1000 Jorie Blvd. Oakbrook IL 60523	Board Member	1.5	0	0	0
Bill Lyman 1000 Jorie Blvd. Oakbrook IL 60523	Board Member	1.5	0	0	0
Philip Mavon 1000 Jorie Blvd. Oakbrook IL 60523	Board Member	1.5	0	0	0
Nathan Paulson 1000 Jorie Blvd. Oakbrook IL 60523	Board Member	1.5	0	0	0
Phil Smith 1000 Jorie Blvd. Oakbrook IL 60523	Board Member	1.5	0	0	0
Ariel Steffens 1000 Jorie Blvd. Oakbrook IL 60523	Board Member	1.5	0	0	0

## Federal Statements

### Statement 15 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
Rachel Thomases 1000 Jorie Blvd. Oakbrook IL 60523	Board Member	1.5	0	0	0
Donald Tomes 1000 Jorie Blvd. Oakbrook IL 60523	Board Member	1.5	0	0	0
Erin Vaughan 1000 Jorie Blvd. Oakbrook IL 60523	Board Member	1.5	0	0	0