## Forms 990 / 990-EZ Return Summary

For calendar year 2022, or tax year beginning 05/01/22 , and ending 04/30/23

\*\*-\*\*\*2924

Reconciliation of Expenses

Total expenses per return

459,445

#### WESTERN DUPAGE SRA FOUNDATION

Reconciliation of Revenue

Total revenue per return

Net Asset / Fund Balance at Beginning of Year			1,134,055
Revenue Contributions	349,574		
Program service revenue	)====		
Investment income	12,787		
Capital gain / loss			
Fundraising / Gaming:	8		
Gross revenue 329,419			<b>€</b> 3
Direct expenses 77,565			
Net income	251,854		
Other income	43		
Total revenue		614,258	
Expenses	0.45 0.05		
Program services	347,235		
Management and general	28,305		
Fundraising	83,905	450 445	
Total expenses		459,445	154 012
Excess / (deficit)			154,813
Changes			-5,484
Net Asset / Fund Balance at End	of Year		1,283,384

Total revenue per financial statements	693,144	Total expenses per financial statements	543,815
Less:		Less:	
Unrealized gains	<u>-5,484</u>	Donated services	6,805
Donated services	6,805	Prior year adjustments	
Recoveries		Losses	10°
Other	77,565	Other	77,565
Plus:		Plus:	
Investment expenses		Investment expenses	
Other		Other	

		Balance Sheet	
	Beginning	Ending	Differences
Assets	1,147,749	1,290,369	
Liabilities	13,694	6,985	
Net assets	1,134,055	1,283,384	149,329

#### Miscellaneous Information

614,258

Form **8453-TE** 

# Tax Exempt Entity Declaration and Signature for Electronic Filing For calendar year 2022, or tax year beginning 05/01/22, and ending 04/30/23 For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP

OMB No. 1545-0047

EIN or SSN

2022

Department of the Treasury Internal Revenue Service

Name of filer

Go to www.irs.gov/Form8453TE for the latest information.

WEST	ERN DUPAGE SRA	FOUNDATION				**-	***	2924
Part I	Type of Return an		tion					
Check the and Form 6a, 7a, 8a 6b, 7b, 8k	box for the type of return beir 5330 filers may enter dollars a 1, 9a, or 10a below, and the an 1, 9b, or 10b, whichever is app 1, not complete more than one	ng filed with Form 8453 and cents. For all other nount on that line of the blicable, blank (do not el	I-TE and enter forms, enter return being	whole dollars only	If you check the twas blank, then I	oox on li eave line	ne <b>1a</b> , e <b>1b,</b> :	2a, 3a, 4a, 5a, 2b, 3b, 4b, 5b,
1aForm	n 990 check here	X b Total revenu	e, if any (F	orm 990, Part VIII	column (A), lin	ne 12)	1b	614,258
2a Form	n 990-EZ check here	b Total revenu	e, if any (F	orm 990-EZ, line 9	9)	/ (*)	2b	
3a Form	n 1120-POL check here	b Total tax (Fo	rm 1120-P	OL, line 22)	(**************************************		3b	
4a Form	n 990-PF check here				990-PF, Part V	, line 5	4b	
5a Form	n 8868 check here	b Balance due		8, line 3c)				
	n 990-T check here	b Total tax (Fo	rm 990-T, I	Part III, line 4)			6b	
7a Form	n 4720 check here	b Total tax (Fo	rm 4720, P	art III, line 1)			7b	
8a Form	n 5227 check here	b FMV of asset					8b	
9a Form	n 5330 check here							
	n 8038-CP check here	b Amount of cre	edit paymen	t requested (Form	8038-CP, Part III,	line 22)	10b	
Part II	Declaration of Offi							
fe co I a int	ithdrawal (direct debit) entry to deral taxes owed on this return ontact the U.S. Treasury Finan- also authorize the financial instrumentation necessary to answer	n, and the financial institical Agent at 1-888-353- titutions involved in the rinquiries and resolve is	itution to deb 3-4537 no late processing di ssues related	it the entry to this ac er than 2 business of of the electronic pay d to the payment.	ecount. To revoke lays prior to the p ment of taxes to	e a paymont receive	nent, I (settle confid	must ement) date. ential
ex	a copy of this return is being f recuted the electronic disclosu 30-PF (as specifically identified	re consent contained wi	rithin this retu	ırn allowing disclosu	of the IRS Fed/St re by the IRS of	tate prog this Fori	gram, m 990	certify that I /990-EZ/
Under per	nalties of perjury, I declare tha	tX I am an officer of t	the above na	med entity or	am the person su	bject to	tax w	th respect to
(name of	entity)	_			, (	(EIN)		
knowledge of the ele- to the IRS delay in p	have examined a copy of the e and belief, they are true, conctronic return. I consent to allow and to receive from the IRS (processing the return or refond)	rect, and complete. I fur low my intermediate serv (a) an acknowledgemen , and (c) the date of any	rther declare vice provider, at of receipt of y refund.	that the amount in I , transmitter, or elect or reason for rejection	Part I above is the cronic return origing not the transmis	e amour nator (El	nt show RO) to	vn on the copy send the return
Here	Signature of officer or person	subject to tax	Date	Title,	f applicable			
Part II	I Declaration of Elec	ctronic Return Ori	iginator (I	ERO) and Paid	Preparer (see	e instru	uction	ns)
I am only The entity be filed w Informatio have exar	that I have reviewed the above a collector, I am not responsity officer or person subject to ta with the IRS to the officer or pe on for Authorized IRS e-file Pro- mined the above return and acond complete. This Paid Prepar	ole for reviewing the return ix will have signed this for rson subject to tax, and oviders for Business Return accompanying schedules	um and only form before I I have follow turns. If I am and stateme	declare that this for submit the return. I ed all other requirem also the Paid Preparts, and, to the bes	m accurately reflewill give a copy of the	ects the of all form 3, Mode ties of pole and b	data d ns and mized erjury	in the return. If information to E-File (MeF) If declare that I
	ERO's			Date		Check if self-		ERO's SSN or PTIN
ERO's	signature RONALD J AME	N, CPA			also paid X s	employed		****
Use		UTERBACH & A		LLP		EIN		**-***3681
Only	address, and ZIP code 66	8 N. RIVER I					ne no.	630-416-6900
Under per and belief	nalties of perjury, I declare tha f, they are true, correct, and co	t I have examined the a emplete. Declaration of	above return preparer is b	and accompanying pased on all informate	schedules and station of which the	atement: preparer	has a	any knowledge
Paid	Print/Type preparer's name	Pro	reparer's signatu	re	D	ate	Che self- emp	ck if PTIN
Preparei	Firm's name					Fim	n's EIN	
Use Onl	y Firm's address						ne no.	

Form 990

#### Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2022 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection Go to www.irs.gov/Form990 for instructions and the latest information. For the 2022 calendar year, or tax year beginning 05/01/22, and ending 04/30/23 A D Employer identification number C Name of organization В Check if applicable: WESTERN DUPAGE SRA FOUNDATION Address change \*\*-\*\*\*2924 Doing business as Name change Number and street (or P.O. box if mail is not delivered to street address) Telephone number 630-681-0962 116 NORTH SCHMALE ROAD Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated CAROL STREAM IL 60188 691,823 G Gross receiptsS Amended return Name and address of principal officer. X No H(a) Is this a group return for subordinates Yes Application pending JEFF HAYDEN H(b) Are all subordinates included? If "No," attach a list, See instructions X 501(c)(3) 501(c) 4947(a)(1) or 527 Tax-exempt status: ) (insert no.) WWW.WDSRA.COM Website: H(c) Group exemption number Form of organization: X Corporation Trust Year of formation: 1993 M State of legal domicile: IL Summary Part I 1 Briefly describe the organization's mission or most significant activities: TO DEVELOP FINANCIAL SUPPORT FOR THE WDSRA AND PROMOTE THE USE OF ITS Governance 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. ంర 3 Number of voting members of the governing body (Part VI, line 1a) 18 Activities 18 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 0 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 6 128 6 Total number of volunteers (estimate if necessary) 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 286,667 349,574 9 Program service revenue (Part VIII, line 2g) 0 19,052 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 12,787 201,361 251,897 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 507,080 614,258 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 300,000 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 275,000 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 **b** Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 73,800 159,445 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 348,800 459,445 158,280 154,813 19 Revenue less expenses, Subtract line 18 from line 12 58 Beginning of Current Year End of Year 1,290,369 1,147,749 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 6,985 13,694 134,055 283,384 22 Net assets or fund balances. Subtract line 21 from line 20 Signature Block Part II Under penalties of perjury, | declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer JEFF HAYDEN Here CHAIRMAN Type or print name and title Print/Type preparer's name Preparer's signature Check Paid RONALD J AMEN, CPA 07/31/23 self-employed \*\*\*\*\*\* RONALD J AMEN, CPA \*\*-\*\*\*3681 Preparer LAUTERBACH & AMEN, LLP Firm's name Firm's EIN Use Only 668 N. RIVER RD. 630-416-6900 NAPERVILLE, IL 60563 May the IRS discuss this return with the preparer shown above? See instructions Yes No

D <sub>2</sub>	990 (2022) WESTERN DUPAGE			**-***2924	Page
	rt III Statement of Program				 •
	Check if Schedule O co		response or note to a	ny line in this Part III	X
	Briefly describe the organization's miss	sion:			
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_	Diddle and the second	-101			Al-
2	Did the organization undertake any sign				
	prior Form 990 or 990-EZ?  If "Yes," describe these new services o	n Cohodule	A-126 - KEESS - LEKS - LEGY - KEESS	0.501-10.500-121-12-801-1-811-1-81	Tes A N
3	Did the organization cease conducting,			conducte any program	
'	10		-		Yes X N
	If "Yes," describe these changes on Sc		memember in enem		
L	Describe the organization's program se		mplishments for each of its	three largest program serv	ices, as measured by
	expenses. Section 501(c)(3) and 501(c				
	the total expenses, and revenue, if any			g g	,
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## Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III			
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	8	-	X
3	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	" li	х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	-	-	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
C	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			2552
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	_	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
Ü	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate		- 1	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140	-	A
	for any foreign organization? If "Van" complete Schodule E. Rode II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a		20a		X
	(6.6) + (6.4) (6.6) (6.6) (6.6) (6.6)	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
_	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

	officerist of Required Contouries (commisser)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	,,		v
	employees? If "Yes," complete Schedule J	23	_	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24a		x
L	through 24d and complete Schedule K. If "No," go to line 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization mivest any proceeds of tax-exchipt bonds beyond a temporary period exception.  Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
·	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			270
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	27		x
	persons? If "Yes," complete Schedule L, Part III	21		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32	_	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	-	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	34	х	
	or IV, and Part V, line 1	35a	-	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	000		
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
50	related organization? If "Yes," complete Schedule R, Part V, line 2	36	X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Pa	art 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		v	<u> </u>
			res	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1a 0  1b 0			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	reportable gaming (gambling) winnings to prize winners?	1c		
DAA	reportable gaining (gainbing) winnings to prize winners.	-	990	0 (2022

Form	1 990 (2022) WESTERN DUPAGE SRA FOUNDATION **-***2924		Pa	age 5
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6 <sub>b</sub>		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
•	and applican provided to the power?	7a	х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	-~		
-	required to file Form 8282?	7c		X
ď	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		-
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		- 1	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		1	
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders   11a			
b				
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а		13a		_
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand		- 1	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			-
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.		15	
7	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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

Sec	tion A. Governing Body and Management				Yes	No
		1 4-	18		res	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain on Schedule O.	1ь	18			
b	Enter the number of voting members included on line 1a, above, who are independent	LID	10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			2		x
	any other officer, director, trustee, or key employee?	oraco		-		-
3	Did the organization delegate control over management duties customarily performed by or under the direct			3		x
	supervision of officers, directors, trustees, or key employees to a management company or other person?	61-40	******	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	illed?		5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	(17.65)	***********	6	-	X
6	Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint			-		- 1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			7a		x
	one or more members of the governing body?			14		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			7ь		x
	stockholders, or persons other than the governing body?	1251511	L. ALL PARE		-	A
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the			erig.	x	
а	The governing body?			8a	X	-
b	Each committee with authority to act on behalf of the governing body?	10000	a + 4, 1 (1 + 5 + 1) 1 + 6 +	8b		-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a	[				x
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	Into	mal Dayon	9	odo	
Sec	ction B. Policies (This Section B requests information about policies not required by the	inte	mai Kever	ue C	Voc	No
				10a	res	X
10a	Did the organization have local chapters, branches, or affiliates?	11111		104	-	A
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			406		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	99 - 9999 113	the feet	10b	X	_
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	tiling	the form?	11a		-
b				42-	x	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	*****		12a	X	+-
b		ve rise	to conflicts?	12b	Α	_
C				42-	х	
	describe on Schedule O how this was done			12c	X	-
13	Did the organization have a written whistleblower policy?				X	+
14	Did the organization have a written document retention and destruction policy?	0.0000		14	^	_
15	Did the process for determining compensation of the following persons include a review and approval by	0				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and deci	sion?		45-		v
а	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization		**********	15b		1
	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			40-		~
	with a taxable entity during the year?	****	****	16a	-	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	<del>)</del>		401		
	organization's exempt status with respect to such arrangements?	contract (	*********	16b		_
Se	ction C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed IL			10000000		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 99	0-T (s	ection 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain on Schedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict	of inte	rest 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 an	d reco	rds			
	MATALIE PRINCIPE 116 NORTH SCHMALE ROAD					
	CAROL STREAM IL 601	88	630	)- <u>68</u>	1-0	1962

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

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

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

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

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

(A) Name and title	(B) Average hours per week	offi	cer ar	Pos check ess pe	rson	than on is both a or/trustee	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) LISA ANDERSON		T				Α.				
TRUSTEE	0.20	x						0	0	0
(2) MARK BARNICK	0.00	TA.				$\vdash$		0		
78.000000000000000000000000000000000000	0.10									
TRUSTEE	0.00	X						0	0	0
(3) KEVIN BECK	0.30									
TRUSTEE	0.00	x						o	0	0
(4) DR. LORI BELHA		Ħ				$\vdash$	7			
	0.30			l 1						
TRUSTEE (5) LEE FENNELL	0.00	X		_			_	0	0	0
(2) TEE LEWNETT	0.20									
TREASURER	0.00	x		x			- 1	o	0	0
(6) SAMANTHA HANSEN							7			
TRUSTEE	0.30	х						0	0	0
(7) SCOTT HARBAUGH										
TRUSTEE	0.10	$ \mathbf{x} $						0	0	0
(8) JEFF HAYDEN							7			
	0.80						-			
CHAIRMAN	0.00	X		X			4	0	0	0
(9) MOLLY KORB	0.10	x								0
(10) KEVIN LAVIN	0.00	A		-			$\dashv$	0	0	0
TRUSTEE	0.15	$ \mathbf{x} $						0	0	0
(11) PAT MARKS	0.00	*					+	9	- 0	
TRUSTEE	0.30 0.00	x						0	0	0

0

Form 990 (2022)

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

received more than \$100,000 of compensation from the organization

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under sections 512-514 (A) Total revenue (B) Related or exempt function revenue (C) Unrelated business revenue Gifts, Grants nilar Amounts 1a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 74,910 1c d Related organizations 1d Government grants (contributions)
 All other contributions, gifts, grants, 28,400 1e 246,264 1f and similar amounts not included above g Noncash contributions included in lines 1a-1f 77,632 1g 349,574 h Total. Add lines 1a-1f Business Code Service Program Reven f All other program service revenue g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 12,787 12,787 4 Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6a Gross rents 6a b Less: rental expense 6b c Rental inc. or (loss) 6c d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets 7a other than inventory Revenue **b** Less: cost or other basis and sales exps. 7b c Gain or (loss) 7c Other d Net gain or (loss) 8a Gross income from fundraising events (not including \$ 74,910 of contributions reported on line 1c). See Part IV, line 18 329,419 8a **b** Less: direct expenses 77,565 8b 251,854 251,854 c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from garning activities 10a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Business Code 11a OTHER INCOME 43 43 b d All other revenue 43 Total. Add lines 11a-11d . 264,641 614,258 43 0 12 Total revenue. See instructions

Part IX

\*\*-\*\*\*2924 Form 990 (2022) WESTERN DUPAGE SRA FOUNDATION Page 10 Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (A) Total expenses (B) Program service Do not include amounts reported on lines 6b, tb, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 300,000 300,000 and domestic governments, See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): a Management **b** Legal ..... 4,125 4,125 c Accounting d Lobbying e Professional fundraising services. See Part IV, line 8,836 8,836 f Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 6,501 6,501 13 Office expenses 1,383 1,383 14 Information technology 15 Royalties 16 Occupancy 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 158 158 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) FUNDRAISING 83,905 83,905 45,521 45,521 WDSRA PROGRAMS EXPENSE b 3,811 STEWARDSHIP С , 3,811 1,714 1,008 d IN-KIND EXPENSE 2,722 2,483 e All other expenses 2,483 83,905 347,235 28,305 459,445 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check her if following SOP 98-2 (ASC 958-720) Form 990 (2022)

		(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing	668,290	1	771,440
2		362,908	2	389,831
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	104,030	4	116,534
5	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		5	
6	Loans and other receivables from other disqualified persons (as defined			
2	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net		7	
7   0	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	12,521	9	12,564
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
b	Less: accumulated depreciation 10b		10c	
11	Investments—publicly traded securities		11	
12	Investments—other securities. See Part IV, line 11		12	
13	Investments—program-related, See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	1,147,749	16	1,290,369
17	Accounts payable and accrued expenses		17	
	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
၉ 22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
<u>8</u>	controlled entity or family member of any of these persons		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	13,694	25	6,985
26	Total liabilities. Add lines 17 through 25	13,694	26	6,985
g	Organizations that follow FASB ASC 958, check here X			
27	and complete lines 27, 28, 32, and 33.			8 303700 55476
	\$18.90 \$18.00 \$10.00 \$1	964,395		1,126,552
28	Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check he	169,660	28	156,832
:	and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	. 11
29 30 31 32	Total net assets or fund balances	1,134,055	32	1,283,384
33	Total liabilities and net assets/fund balances	1,147,749	33	1,290,369

Form **990** (2022)

Form	990 (2022) WESTERN DUPAGE SRA FOUNDATION **-**2924			Pag	ge 12
Par	ANA N/ 263861AN N/AN 500 (0.44) N/AN 500 (0.44)				-
	Check if Schedule O contains a response or note to any line in this Part XI			A .	IX
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,2	
	Total expenses (must equal Part IX, column (A), line 25)	2		9,4	
	Revenue less expenses. Subtract line 2 from line 1	3		4,8	
	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,13		
5	Net unrealized gains (losses) on investments	5		5,4	184
6	Donated services and use of facilities	6			
7	nvestment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	1,28	3,3	384
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	0.00000		4.514.534	Ш
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			100	
	reviewed on a separate basis, consolidated basis, or both:				
ſ	Separate basis Consolidated basis Both consolidated and separate basis				
b,	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
	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?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		x
	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		*		
-	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
	equired addit of addition, expedit they on contesting of and describe any steps after the strategy additional			990	(2022

#### SCHEDULE A (Form 990)

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.

2022

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization Attach to Form 990 or Form 990-EZ,

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

WESTERN DUPAGE SRA FOUNDATION \*\*-\*\*2924

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

	ait	i neas	Soft for Public Charit	y Status. (All organizati	ons mu	st comp	iete this part.) See ins	tructions.	
The	orga			use it is: (For lines 1 through					
1		A church, c	onvention of churches, or a	ssociation of churches descril	bed in <b>se</b>	ction 170	(b)(1)(A)(i).		
2		A school de	scribed in section 170(b)(	1)(A)(ii). (Attach Schedule E (	(Form 990	),)			
3			ital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4		A medical re	ical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,						
		city, and sta							
5		An organiza	tion operated for the benefi	t of a college or university ow	ned or or	erated by	a governmental unit descri	bed in	
		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	Ш								
7	X	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  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 communit	y trust described in section	170(b)(1)(A)(vi). (Complete	Part II.)				
9	П			escribed in section 170(b)(1)		erated in	conjunction with a land-gran	nt college	
		or university university:	or a non-land-grant college	e of agriculture (see instruction	ns). Enter	the name	, city, and state of the colle	ge or	
10		An organiza	tion that normally receives	(1) more than 33 1/3% of its	support fr	om contrib	outions, membership fees, a	nd gross	
		receipts fron	n activities related to its exe	empt functions, subject to cert	ain excep	tions; and	(2) no more than 331/3% of	of its	
		support from	n gross investment income	and unrelated business taxab	le income	(less sec	tion 511 tax) from business	es	
44	$\Box$			30, 1975. See section 509(a					
11	$\vdash$			d exclusively to test for public				-	
12	Ш	one or more	non organized and operated	d exclusively for the benefit of ations described in section 5	, to perior	m the fun	ctions of, or to carry out the	purposes of	
		the box on ii	ines 12a through 12d that o	describes the type of supporting	na organiz	ation and	complete lines 12e 12f an	9(a)(3). Check	
	а			perated, supervised, or contro					
		the supp	orted organization(s) the po	ower to regularly appoint or el	ect a mai	ority of the	e directors or trustees of the	by giving	
		supportin	ng organization. You must	complete Part IV, Sections	A and B.	,			
	b	Type II.	A supporting organization :	supervised or controlled in co	nnection v	with its su	pported organization(s), by	having	
		control o	or management of the supp	orting organization vested in t	he same	persons th	nat control or manage the s	upported	
				te Part IV, Sections A and C					
	С	its supp	functionally integrated. A orted organization(s) (see i	supporting organization oper nstructions). You must comp	ated in co	onnection IV. Section	with, and functionally integra	ated with,	
	d			ed. A supporting organization				anization(s)	
		that is n	ot functionally integrated. T	he organization generally mus	st satisfy	a distributi	on requirement and an atte	ntiveness	
		requirem	ent (see instructions). You	must complete Part IV, Sec	tions A a	nd D, and	d Part V.		
	е	Check th	is box if the organization re	ceived a written determination	from the	IRS that	it is a Type I, Type II, Type	III	
				non-functionally integrated sup	porting o	rganization	٦.		
	f		imber of supported organization						
,	g			the supported organization(s		1		T	
(1		e of supported panization	(ii) EIN	(iii) Type of organization (described on lines 1–10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of	
				above (see instructions))		nent?	instructions)	other support (see instructions)	
					Yes	No			
(A)								<del> </del>	
(B)									
(C)									
_									
(D)									
(E)									

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

Schedule A (Form 990) 2022 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sact	tion A. Public Support	ridio to qualify	diadi tile tot				
	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
Juli	da jozi (d. nodz. jozi dogg	.,,					
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	294,269	342,380	422,950	286,667	349,574	1,695,840
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	294,269	342,380	422,950	286,667	349,574	1,695,840
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)		11-71-1				297,430
6	Public support. Subtract line 5 from line 4				X-1-1		1,398,410
	tion B. Total Support						78
Calen	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	294,269	342,380	422,950	286,667	349,574	1,695,840
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	10,356	11,845	18,170	19,052	12,787	72,210
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			119,362	323,004	329,419	771,785
11	Total support. Add lines 7 through 10		,		1.4	12	2,539,835
12 13	Gross receipts from related activities, etc.  First 5 years. If the Form 990 is for the control of the control	organization's first,	) second, third, fou	urth, or fifth tax ye	ar as a section 50	*****	
500	organization, check this box and stop he tion C. Computation of Public S	Support Perce	ntage				
	Public support percentage for 2022 (line			ımn (fl)		14	55.06%
14 15	Public support percentage for 2022 (inter-					100102000	64.39 %
15 16a	33 1/3% support test—2022. If the orga	nization did not ch	eck the box on lir	ne 13. and line 14	is 33 1/3% or mo	ore, check this	
iva	box and <b>stop here</b> . The organization qua	alifies as a publich	v supported organ	ization			X
h	33 1/3% support test—2021. If the orga	inization did not ch	eck a box on line	13 or 16a, and lir	ne 15 is 33 1/3%	or more, check	ATTEMPTON A
	this box and <b>stop here.</b> The organization	qualifies as a pu	blicly supported o	rganization			seremen [
17a	10%-facts-and-circumstances test—20	022. If the organize	ation did not checl	k a box on line 13	, 16a, or 16b, and	line 14 is	
	10% or more, and if the organization me	ets the facts-and-	circumstances test	t, check this box a	and stop here. Ex	kplain in	
	Part VI how the organization meets the f	facts-and-circumsta	ances test. The or	ganization qualifie	es as a publicly s	upported	,
	organization		TERRES. PRINCIPLE C. C.	.v	**************	ocean anne reconsti	L
b	10%-facts-and-circumstances test—20	021. If the organiz	ation did not chec	k a box on line 13	3, 16a, 16b, or 17a	a, and line	
	15 is 10% or more, and if the organization	on meets the facts	-and-circumstance	es test, check this	box and stop he	re. Explain	
	in Part VI how the organization meets th	e facts-and-circum	stances test. The	organization qua	lifies as a publicly	supported	( <del></del>
	organization		erara Idarra	eranner og erret er og	. 20. 20. 20. 20. 20. 20. 20. 20. 20. 20		
18	Private foundation. If the organization of	did not check a bo	x on line 13, 16a,	16b, 17a, or 17b,	check this box ar	nd see	_
	instructions			a perconnection?			
_			252-71-12-1				A (Form 990) 2022

# Schedule A (Form 990) 2022 Part III Support Schedu

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	quality unde	THE LESIS HISTE	d below, plea	se complete r	art II.)	
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	(a) 2010	(b) 2010	(6) 2020	(4) 2021	(e) 2022	(i) Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5					1	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
8 8	Add lines 7a and 7b  Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
14	and 12.)  First 5 years. If the Form 990 is for the corganization, check this box and stop he						
Sec	tion C. Computation of Public S		entage		CONTRACTOR AND ADDRESS OF THE		ш
15	Public support percentage for 2022 (line 8			lumn (f))		15	%
16	Public support percentage from 2021 Sch	edule A, Part III,	line 15			16	%
Sec	tion D. Computation of Investment	ent Income F	Percentage				
17	Investment income percentage for 2022 (	(line 10c, column	(f), divided by line	13, column (f))		17	%
1 <b>8 I</b> n	vestment income percentage from 2021 S	Schedule A, Part I	III, line 17			18	%
19a	33 1/3% support tests—2022. If the orga	anization did not	check the box on	line 14, and line 1	5 is more than 3	3 1/3%, and line	_
	17 is not more than 33 1/3%, check this b						U
b	33 1/3% support tests—2021. If the orga						
	line 18 is not more than 33 1/3%, check the						
20	Private foundation. If the organization di	a not check a bo	ox on line 14, 19a,	or 19b, check this	s box and see in:	structions	X * * * * * * * * *

Part IV Supporting Organizations

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

Sect	ion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			7
	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination,	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	100		
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	46	-	
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			1
	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)	4c		
_	purposes.	40		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
•	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			15
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			1
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line			
	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations		-	
	described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	-	-
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	-	
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	-	
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	40-		
	supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			1

10b

determine whether the organization had excess business holdings.)

have engaged in these activities but for the organization's involvement.

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

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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

2b

3a

Schedule A (Form 990) 2022

(see instructions).

WESTERN DUPAGE SRA FOUNDATION \*\*-\*\*\*2924 Schedule A (Form 990) 2022 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 9 Distributable amount for 2022 from Section C, line 6 10 Line 8 amount divided by line 9 amount 10 (i) (ii) (iii) **Excess Distributions** Section E - Distribution Allocations (see instructions) Underdistributions Distributable Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required-explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 a From 2017 **b** From 2018 c From 2019 d From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019

Schedule A (Form 990) 2022

c Excess from 2020 .d Excess from 2021 .e Excess from 2022 .

Schedule A (Fo	Supplemental Informal III, line 12; Part IV, Son B, lines 1 and 2; Part 3a. and 3b; Part V, lines 1	TESTERN DUPAGE  THE PROVIDE TH	olanations requ 3c, 4b, 4c, 5a, Part IV, Section Iine 1e; Part \	ired by Part II, line 1 6, 9a, 9b, 9c, 11a, D, lines 2 and 3; Pa , Section D, lines 5,	I1b, and 11c; Part IV ırt IV, Section E, line: 6, and 8; and Part V	/, Section s 1c, 2a, 2b,
PART I	II, LINE 10 - 0	OTHER INCOME DI	ETAIL		****************	
OTHER	INCOME	********************	\$	442,366		
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## Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number

WESTERN DUPAGE SRA FOUNDATION \*\*-\*\*\*2924 Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-F7 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions, Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line

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

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

Schedule B (Form 990) (2022)

2000 2

Name of organization

WESTERN DUPAGE SRA FOUNDATION

Employer identification number \*\*-\*\*\*2924

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (a) (c) Total contributions Type of contribution Name, address, and ZIP + 4 No. 1 COLEMAN FOUNDATION Person 651 W WASHINGTON BLVD STE 306 Payroll s 12,500 Noncash IL 60661 (Complete Part II for noncash contributions.) (d) (c) (a) (b) Total contributions Type of contribution Name, address, and ZIP + 4 No. FJK PRIVATE FOUNDATION 2 Person Payroll ONE WEST NORHTWEST HWY \$ 30,000 Noncash PALATINE IL 60067 (Complete Part II for noncash contributions.) (c) (d) (a) Name, address, and ZIP + 4 Total contributions Type of contribution No. 3 ITRICH FAMILY FOUNDATION Person 6100 W 96TH ST STE 105 Payroll \$ 25,000 Noncash INDIANAPOLIS IN 46278 (Complete Part II for noncash contributions:) (d) (b) (c) (a) Total contributions Type of contribution Name, address, and ZIP + 4 No. 4 Person KARLL GIVING FUND PO BOX 770001 Payroll \$ 11,000 Noncash CINCINNATI ОН 45277 (Complete Part II for noncash contributions.) (d) (b) (c) (a) Type of contribution Name, address, and ZIP + 4 Total contributions No. 5 DUPAGE MEDICAL GROUP CHARITABLE FUND Person Payroll 1100 W 31ST ST. STE 300 \$ 7,500 Noncash DOWNERS GROVE IL 60515 (Complete Part II for noncash contributions.) (d) (a) Type of contribution Name, address, and ZIP + 4 Total contributions No. FIRST TRUST PORTFOLIOS, L.P. Person 6 120 E LIBERTY DR STE 400 Payroll \$ 60,187 Noncash IL 60187 (Complete Part II for noncash contributions.)

Name of organization

WESTERN DUPAGE SRA FOUNDATION

Employer identification number \*\*-\*\*\*2924

Part I	Contributors (see instructions). Use duplicate copies o	f Part I if additional space	is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	SCOTT AND TRISH KARLL GIVING FUND PO BOX 770001  CINCINNATI OH 45277	s 11,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	BRANDSMA FAMILY FOUNDATION 501 SILVERSIDE RD STE 123 WILMINGTON DE 19809	\$ 13,000	Person X Payroll Noncash (Complete Part II for noncash contributions,)
(a)	(b)	(c)	(d)
No 9	Name, address, and ZIP + 4  LAVIN COMPANIES	Total contributions	Type of contribution  Person X
	PO BOX 1296  ARLINGTON HEIGHTS IL 60006	\$ 7,000	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1015 AND 201		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
V.4654(0)(20)		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
* steen state		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

TAT	ESTERN DUPAGE SRA FOUNDATION		**-***2924
	art I Organizations Maintaining Donor Advised F	unds or Other Similar Funds	or Accounts.
_	Complete if the organization answered "Yes" o		IG Conde and albert consults
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing		
	funds are the organization's property, subject to the organization's e	exclusive legal control?	
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 of	lonor advisor, or for any other purpose	
	conferring impermissible private benefit?	******************	Yes No
Pá	art II Conservation Easements.		
	Complete if the organization answered "Yes" o	n Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization (che	eck all that apply).	
	Preservation of land for public use (for example, recreation or e	ducation Preservation of a historically	/ important land area
	Protection of natural habitat	Preservation of a certified h	istoric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified co	nservation contribution in the form of a	conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	and the state of t		
d	Number of conservation easements included in (c) acquired after Ju		nt -
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released,	extinguished, or terminated by the orga	anization 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 r		
-	violations, and enforcement of the conservation easements it holds		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling		
·			
7	Amount of expenses incurred in monitoring, inspecting, handling of	violations, and enforcing conservation e	easements during the year
•			
8	Does each conservation easement reported on line 2(d) above sati	sfy the requirements of section 170(h)(4	L)(B)(i)
-	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation eas		
_	balance sheet, and include, if applicable, the text of the footnote to	the organization's financial statements t	hat describes the
	organization's accounting for conservation easements.		
P	art III Organizations Maintaining Collections of A	rt, Historical Treasures, or Otl	ner Similar Assets.
	Complete if the organization answered "Yes" of	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 b	alance sheet works
	of art, historical treasures, or other similar assets held for public ex	hibition, education, or research in further	rance of public
	service, provide in Part XIII the text of the footnote to its financial st		
b			nce sheet works of
	art, historical treasures, or other similar assets held for public exhib	ition, education, or research in furtherar	nce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1	ng 1 14 not 1 not 2	\$
	(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 gai	n, provide the
_	following amounts required to be reported under FASB ASC 958 re		
а	D		\$
-	Assats included in Corp. 000 Port V		New years of S

Schedule D (Form 990) 2022 WESTERN Part III Organizations Maintain					Page 2
3 Using the organization's acquisition, acceding collection items (check all that apply):	ession, and other reco	ords, check any of th	ne following that make	significant use of its	ssets (continued
a Public exhibition b Scholarly research c Preservation for future generations 4 Provide a description of the organization'	e				
<ul> <li>4 Provide a description of the organization' XIII.</li> <li>5 During the year, did the organization soli assets to be sold to raise funds rather the</li> </ul>	cit or receive donatio	ns of art, historical tr	reasures, or other sim	ilar	
Part IV Escrow and Custodial Complete if the organizat 990, Part X, line 21.	Arrangements.				
1a Is the organization an agent, trustee, cus included on Form 990, Part X?  b If "Yes," explain the arrangement in Part					Yes No
c Beginning balance			*************	1c	Amount
d Additions during the year e Distributions during the year f Ending balance		****************		1e 1f	
2a Did the organization include an amount o b If "Yes," explain the arrangement in Part Part V Endowment Funds.	n Form 990, Part X,	line 21, for escrow o	r custodial account lia	ıbility?	Yes No
Complete if the organizat				7	
Beginning of year balance     Contributions     Net investment earnings, gains, and losses	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses					
g End of year balance  2 Provide the estimated percentage of the case and designated or quasi-endowment  b Permanent endowment %  c Term endowment %  The percentages on lines 2a, 2b, and 2c	<b>%</b>	nce (line 1g, column	(a)) held as:		
<ul> <li>3a Are there endowment funds not in the portion organization by:</li> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>b If "Yes" on line 3a(ii), are the related organizations</li> </ul>	MM 615 1 17 1 (0) 1 (0) (0)		stancies austro i estratações	*************	3a(ii)
4 Describe in Part XIII the intended uses of Part VI Land, Buildings, and Ed	the organization's er	ndowment funds.		115111164466148666666	. [30]
Complete if the organizati	on answered "Ye	s" on Form 990,	Part IV, line 11a	See Form 990,	Part X, line 10.
Description of property	(a) Cost or other to (investment)		other basis (c)	Accumulated epreciation	(d) Book value
1a Land b Buildings c Leasehold improvements d Equipment e Other					
Total. Add lines 1a through 1e. (Column (d) mu	st equal Form 990, F	Part X, column (B), lir	ne 10c.)		

1				
P	a	0	0	

	(a) Description of security or category	(b) Book value	/, line 11b. See Form 990, Part X, line 12.
	(including name of security)	.,,	Cost or end-of-year market value
1) Financial			
	derivatives leld equity interests		
		1011	
(B)			
		.007	
(Þ)		XXXX	
(E)		(4)(4))	
		55.55.55	
(G)			
(H)	mn (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments - Program Related.	1333	
1 411	Complete if the organization answered "Y	es" on Form 990, Part I	V, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:
			Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(0)			
(9)			
(9) Total, (Colu	mn (b) must equal Form 990, Part X, col. (B) line 13.)		
	mn (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.	4444	
Total. (Colu	Other Assets	Yes" on Form 990, Part I	V, line 11d. See Form 990, Part X, line 15
Total. (Colu	Other Assets		V, line 11d. See Form 990, Part X, line 15
Total. (Colu	Other Assets.  Complete if the organization answered "		V, line 11d. See Form 990, Part X, line 15
Part IX  (1) (2)	Other Assets.  Complete if the organization answered "		V, line 11d. See Form 990, Part X, line 15
Total. (Column Part IX  (1) (2) (3)	Other Assets.  Complete if the organization answered "		V, line 11d. See Form 990, Part X, line 15
Total. (Colu. Part IX  (1) (2) (3) (4)	Other Assets.  Complete if the organization answered "		V, line 11d. See Form 990, Part X, line 15
Total. (Colu Part IX  (1) (2) (3) (4) (5)	Other Assets.  Complete if the organization answered "		V, line 11d. See Form 990, Part X, line 15
(1) (2) (3) (4) (5) (6)	Other Assets.  Complete if the organization answered "		V, line 11d. See Form 990, Part X, line 15 (b) Book value
(1) (2) (3) (4) (5) (6) (7)	Other Assets.  Complete if the organization answered "		V, line 11d. See Form 990, Part X, line 15
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets.  Complete if the organization answered "		V, line 11d. See Form 990, Part X, line 15 (b) Book value
Total. (Columna Part IX)  (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets.  Complete if the organization answered (a) Description		V, line 11d. See Form 990, Part X, line 15 (b) Book value
Total. (Columna Part IX)  (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets.  Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.	ion	(b) Book value
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(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnation)	Other Assets.  Complete if the organization answered (a) Description (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered (i) line 25.	Yes" on Form 990, Part I	V, line 11e or 11f. See Form 990, Part X,
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu	Other Assets.  Complete if the organization answered (a) Description (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered (1)	Yes" on Form 990, Part I	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columert X)  1. (1) Federa	Other Assets. Complete if the organization answered (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered (i) line 25.  (a) Description al income taxes	Yes" on Form 990, Part I	V, line 11e or 11f. See Form 990, Part X,
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columbrat X	Other Assets.  Complete if the organization answered (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered (a) Description  (a) Description	Yes" on Form 990, Part I	V, line 11e or 11f. See Form 990, Part X,
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columbrat X) (1) Federa (2) DUE (3)	Other Assets. Complete if the organization answered (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered (i) line 25.  (a) Description al income taxes	Yes" on Form 990, Part I	V, line 11e or 11f. See Form 990, Part X,
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columbrat X) (1) Federa (2) DUE (3) (4)	Other Assets. Complete if the organization answered (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered (i) line 25.  (a) Description al income taxes	Yes" on Form 990, Part I	V, line 11e or 11f. See Form 990, Part X,
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columer X)  1. (1) Federa (2) DUE (3) (4) (5)	Other Assets. Complete if the organization answered (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered (i) line 25.  (a) Description al income taxes	Yes" on Form 990, Part I	V, line 11e or 11f. See Form 990, Part X,
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columer X)  1. (1) Federa (2) DUE (3) (4) (5) (6)	Other Assets. Complete if the organization answered (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered (i) line 25.  (a) Description al income taxes	Yes" on Form 990, Part I	V, line 11e or 11f. See Form 990, Part X,
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columer X)  1. (1) Federa (2) DUE (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered (i) line 25.  (a) Description al income taxes	Yes" on Form 990, Part I	V, line 11e or 11f. See Form 990, Part X,
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columer X)  1. (1) Federa (2) DUE (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered (i) line 25.  (a) Description al income taxes	Yes" on Form 990, Part I	V, line 11e or 11f. See Form 990, Part X,  (b) Book value  6,98
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colument X)  1. (1) Federa (2) DUE (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered (i) line 25.  (a) Description al income taxes	Yes" on Form 990, Part I	V, line 11e or 11f. See Form 990, Part X,

Sche	edule D (Form 990) 2022 WESTERN DUPAGE SRA FOUNDATION	N.	**-***292	4	Page 4
Pa	Reconciliation of Revenue per Audited Financial Statem	ents V	ith Revenue per	Retu	rn.
4	Complete if the organization answered "Yes" on Form 990,	Part IV	line 12a.		
1	Total revenue, gains, and other support per audited financial statements  Amounts included on line 1 but not on Form 990, Part VIII, line 12:			1	693,144
		2-1	E 404		
h	Net unrealized gains (losses) on investments	2a 2b	-5,484 6,805		
c	Donated services and use of facilities  Recoveries of prior year grants	2c	0,803		
d	Recoveries of prior year grants Other (Describe in Part XIII.)	2d	77,565		
e	Add lines 2a through 2d		11,505	20	78,886
3	Subtract line 2e from line 1			2e 3	614,258
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			-	014,230
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
				4c	
5	Add lines 4a and 4b  Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	steensten	**************************************	5	614,258
	rt XII Reconciliation of Expenses per Audited Financial Stater	nents \	With Expenses p		turn.
	Complete if the organization answered "Yes" on Form 990,	Part IV,	line 12a.		
1	Total expenses and losses per audited financial statements			1	543,815
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	6,805		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	77,565		
е	Add lines 2a through 2d			2e	84,370
3	Subtract line 2e from line 1			3	459,445
4	Amounts included on Form 990, Part IX, line 25, but not on line 1;				
а		4a			
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		**********	5	459,445
	rt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V lines 1	h and 2h: Bart V. line	4: Dort	V line
: Pa	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	v, illics i	litional information	4, Fail	A, iiile
P	ART XI, LINE 2D - REVENUE AMOUNTS INCLUDED	TN	FTNANCTAT C	- 0	משט
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A	MOUNT REPRESENTS SPECIAL EVENTS DIRECT EXP	PNCF	משחחפות ב	\$	77 565
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PZ	ART XII, LINE 2D - EXPENSE AMOUNTS INCLUDE	D TN	FINANCIALS	- 0	THER
1,4,9,6				********	
A	MOUNT REPRESENTS SPECIAL EVENTS DIRECT EXP	ENSES	NETTED	Ś	77,565
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Schedule D (F	orm 990) 2022 <b>W</b>	ESTERN I	UPAGE	SRA	FOUNDAT	ION	**-***2924	Page 5
Part XIII	Supplementa	Information	n (continue	ed)				
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## SCHEDULE G (Form 990)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

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

Open to Public

Name of the organization  WESTERN DUPAGE SRA	A FOUNDA'	TTON		Employer identific	
Part I Fundraising Activities. Complete Form 990-EZ filers are not required	if the organiz	ation ansv	vered "Yes" on Fo		
1 Indicate whether the organization raised funds through			es. Check all that apply	/.	
a Mail solicitations	e Solicitation	n of non-gov	vernment grants		
<b>b</b> Internet and email solicitations	F Solicitation	n of governn	nent grants		
c Phone solicitations	g Special fu	ındraising ev	vents		
d In-person solicitations					
2a Did the organization have a written or oral agreement	with any individ	ual (including	g officers, directors, tru	stees,	
or key employees listed in Form 990, Part VII) or enti-	•		•	* * * * * * * * * * * * * * * * * * *	. ∐ Yes ∐ No
b If "Yes," list the 10 highest paid individuals or entities compensated at least \$5,000 by the organization.	(fundraisers) pur	suant to agre	eements under which t	ne fundraiser is to	be
		(iii) Did fund- raiser have		(v) Amount paid to	(vi) Amount paid to
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody or control of	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by) organization
-		contributions?		col. (i)	
•		Yes No			
'					
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÷					
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6					
<del>,</del>					
7					
8					
9					
•					
10					
Total					
3 List all states in which the organization is registered or			ons or has been notifie	d it is exempt from	
registration or licensing.					
			***************	Sente descripción sociation	
		********			**************************************
				******	********

Schedule G (Form 990) 2022 WESTERN DUPAGE SRA FOUNDATION

\*\*-\*\*\*2924

Page 2

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

0			(a) Event #1  AUCTION (event type)	(b) Event #2  GOLF OUTING (event type)	(c) Other events	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	272,932	77,469	53,928	404,329
	2	Less: Contributions	70,376	4,534		74,910
	3	Gross income (line 1 minus line 2)	202,556	72,935	53,928	329,419
	4	Cash prizes				
	5	Noncash prizes				
Expenses	6	Rent/facility costs				
t Expe	7	Food and beverages				
Direct	8	Entertainment	-200			
	9	Other direct expenses	56,845	20,720		77,565
			. Add lines 4 through 9 in column			77,565 251,854
P	art	III Gaming. Com	plete if the organization ar	n (d) nswered "Yes" on Form 990	0, Part IV, line 19, or r	reported more than
Φ		\$15,000 on Fo	orm 990-EZ, line 6a.	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue		· ·	(a) biligo	bingo/progressive bingo	(c) Office garring	col. (a) through col. (c))
~	1	Gross revenue				
sesu	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes % No	Yes %	
	7	Direct expense summary	. Add lines 2 through 5 in column	n (d)	LIBERTANDA ANTALANA ANTALANA	
	8	Net gaming income sum	mary. Subtract line 7 from line 1,	column (d)		
а	ls If '	the organization licensed 'No," explain:	to conduct gaming activities in ea	activities: ach of these states?		Yes No
	We	ere any of the organization 'Yes," explain:	's gaming licenses revoked, sus	pended, or terminated during the	tax year?	Yes No
	90					

Sche	dule G (Form 990) 2022	WESTERN	DUPAGE	SRA	FOUNDATION	**-***2924			Page	3
11								Yes	П	No
12	Is the organization a gra	intor, beneficiary or t	rustee of a tri	ust, or a	member of a partnership	or other entity	-			
	formed to administer ch	aritable gaming? 📖						Yes		No
13	Indicate the percentage									
а	The organization's facili	ty	x • xx640 400 450 450 45			NACO ANTANO EN TRESTA DE CARRO ANTANA	13a			%_
b	An outside facility	and the second s					13b			%_
14	Enter the name and add records:	dress of the person v	who prepares	the orga	anization's gaming/special	events books and				
	Name		4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	30 × 4 × 3 × 4 × 4	******************					
	Address			*******	************************			***		
	•				m the organization receiv	0 0	-922300	Yes	П	No
b	If "Yes," enter the amou	nt of gaming revenu	e received by	the orga	anization \$	and the	_	_		
	amount of gaming rever If "Yes," enter name and	nue retained by the t	hird party \$	onne.						
	Name			1 2 4 5 2 4 5 4 4	*********	*************	*******	***		
	Address		overtoveno est			a ann a mhr a mhaire ann a chairte a chum ca mh		555		
16	Gaming manager inform	nation:								
					*********************	MATERIAL PROPERTY OF THE PROPE	2510			
	Gaming manager comp	ensation \$								
	Description of services	provided		steetees.	***********	************************	290009:00			
	Director/officer	Employee		Indeper	ndent contractor					
17	Mandatory distributions:									
а	Is the organization requi	ired under state law	to make char	itable dis	stributions from the gamin	g proceeds to	_		_	
	retain the state gaming	license?		5119852			122222	Yes		No
b	Enter the amount of dist	tributions required ur	nder state law	to be di	istributed to other exempt	organizations or				
	spent in the organization					5				_
Pa		s 9, 9b, 10b, 15				/ Part I, line 2b, columns so provide any additional			and	
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Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990. Open to Public Inspection OMB No. 1545-0047 2022 FUND PROGRAMS (h) Purpose of grant Employer identification number or assistance X Yes \*\*-\*\*\*2924 ဂ္ဌ Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (g) Description of book, FMN, appraisal, noncash assistance other) Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Go to www.irs.gov/Form990 for the latest information. noncash assistance (e) Amount of Attach to Form 990. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 300,000 (d) Amount of cash grant (c) IRC section (if applicable) SRA FOUNDATION General Information on Grants and Assistance \*\*-\*\*4330 (p) EIN the selection criteria used to award the grants or assistance? (1) WESTERN DUPAGE SPECIAL RECREATION WESTERN DUPAGE IL 60188 (a) Name and address of organization or government ROAD 116 N. SCHMALE CAROL STREAM Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE I (Form 990) Part I Part 3 ල 3 3 <u>ම</u> 0 8

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

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

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

6

Schedule | (Form 990) (2022)

Schedule I (Form 990) (2022) WESTERN DUPAGE SI	AGE SRA FOUNDATION		**-***2924		Page 2
Part III Grants and Other Assistance to Domestic Individual Part III can be dublicated if additional space is needed	to Domestic Individitional space is need	<b>duals.</b> Complete if the	he organization ans	estic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. age 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)	(e) Method of valuation (book, (f) Description of noncash assistance FMV, appraisal, other)
-					
2					
3					
4					
5					
9					
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	ovide the information	required in Part I, I	ine 2; Part III, colun	in (b); and any other addi	itional information.
PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS	S FOR MONITO	RING THE USE	OF GRANT FU	NDS	
THE FOUNDATION SHARES OFFICE SP	CE SPACE WITH	H WDSRA, AND	ACE WITH WDSRA, AND ITS VOLUNTEERS ASSIST	ERS ASSIST	
WITH RECREATIONAL PROGRAMS OPERATED BY WDSRA (THE ASSOCIATION). SOME	OPERATED BY	WDSRA (THE	ASSOCIATION)	. SOME	
FOUNDATION TRUSTEES ACTIVELY PARTICIPATE	LY PARTICIPA	IN THE	ASSOCIATION.		
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es en a espera a vera do verdos esta a obta a astro a senso a consecuente a venta esta dos os os os os os os o					OCCUPATION OF THE PROPERTY OF
					Schedule I (Form 990) (2022)

## SCHEDULE M (Form 990)

### **Noncash Contributions**

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

Attach to Form 990.

2022 Open To Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection
Employer identification number

		DUPAG	E SRA FOUND	ATION	**-***29	24		
Pa	rt I Types of Property	(a) Check if	(b)  Number of contributions or items contributed	(c) Noncash contribution amounts reported on	(d)  Method of determining noncash contribution and			
		applicable	items contributed	Form 990, Part VIII, line 1g	Horicash Contribution an	Ouris		
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							
10	Securities — Closely held stock							
11	Securities — Partnership, LLC,							
• •	or trust interests							
12	Securities — Miscellaneous							
13	Qualified conservation							
	contribution — Historic							
14	structures Qualified conservation							
14	contribution — Other							
45	Real estate — Residential	-						
15	Real estate — Commercial							
16								==:
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	<b></b>	1.64	74 010	EXTD MADVET WAT	TTC		
25	Other ( AUCTION/RAFFLE )	X	164	74,910				
26	Other ( GOLF OUTING )	X	27	2,722	FAIR MARKET VAI	UE		_
27	Other (	-						
28	Other (							
29	Number of Forms 8283 received by				0			
	which the organization completed	Form 828	3, Part V, Donee Ackno	owledgement	29   0		Yes	No
							165	NO
30a	During the year, did the organizati	on receive	by contribution any pro	pperty reported in Part I, lir	nes 1 through			
	28, that it must hold for at least 3							
	used for exempt purposes for the	entire hole	ding period?			30a		X
b	If "Yes," describe the arrangement						117	
31	Does the organization have a gift							
	contributions?  Does the organization hire or use				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	31	X	_
32a	Does the organization hire or use	third parti	es or related organization	ons to solicit, process, or s	sell noncash			
	contributions?					32a	X	
b	If "Yes," describe in Part II.						81	
33	If the organization didn't report an	amount in	column (c) for a type o	of property for which colum	nn (a) is checked,			
	describe in Part II.							1

### SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public Inspection Employer identification number

### WESTERN DUPAGE SRA FOUNDATION

\*\*-\*\*\*2924

FORM 990 - ORGANIZATION'S MISSION
TO DEVELOP LONG-TERM PROGRAMS OF GIVING FROM INDIVIDUALS, BUSINESSES, AND
ORGANIZATIONS TO FURTHER THE GOALS AND IDEALS OF THE WESTERN DUPAGE SPECIAL
RECREATION ASSOCIATION, WHICH SERVES INDIVIDUALS WITH DISABILITIES
THROUGHOUT WESTERN DUPAGE COUNTY.
FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT
THE WESTERN DUPAGE SPECIAL RECREATION ASSOCIATION FOUNDATION EXISTS TO
PROVIDE RESOURCES (TIME, TALENTS AND TREASURES) TO THE WESTERN DUPAGE
SPECIAL RECREATION ASSOCIATION. THESE RESOURCES STRENGTHEN THE PROGRAMS
AND SERVICES FOR THOSE INDIVIDUALS OF ALL AGES WITH SPECIAL NEEDS WHO
PARTICIPATE IN WDSRA PROGRAMMING. THE METHODS THROUGH WHICH FUNDS ARE
RAISED INCLUDE SPECIAL EVENTS, GRANT WRITING AND INDIVIDUAL REQUESTS FOR
SUPPORT. THESE FUNDS ARE USED TO SUPPORT PROGRAMS, TO PROVIDE SCHOLARSHIPS
FOR PARTICIPANTS FACING FINANCIAL CHALLENGES, FOR BUILDING IMPROVEMENTS,
VEHICLE PURCHASES, OR OTHER NEEDS THAT WDSRA MAY HAVE. THE WDSRA FOUNDATION
WORKS TOWARD MAXIMIZING THE COMMUNITIES AWARENESS OF WDSRA AND THE BENEFITS
THAT ARE GAINED THROUGH THE WIDE VARIETY OF RECREATIONAL OPPORTUNITIES
OFFERED THROUGH WDSRA.
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
MANAGEMENT AND THE BOARD OF TRUSTEES RECEIVE A DRAFT OF FORM 990 FOR REVIEW
PRIOR TO FILING

OMB No. 1545-0047

Employer identification number \*\*-\*\*\*2924 Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships Go to www.irs.gov/Form990 for instructions and the latest information. Attach to Form 990. SRA FOUNDATION WESTERN DUPAGE Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE R (Form 990)

Open to Public 2022 Inspection

Schedule R (Form 990) 2022 Section 512(b)(13) controlled entity? (f)
Direct controlling entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. × (f)
Direct controlling entity (e) End-of-year assets N/A (e)
Public charity status
(if section 501(c)(3)) Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) Total income (d) Exempt Code section (c) Legal domicile (state or foreign country) (c) Legal domicile (state or foreign country) H (b) Primary activity (b) Primary activity SPCL REC \*\*-\*\*4330 (a) (a) Address, and EIN (if applicable) of disregarded entity WESTERN DUPAGE SPECIAL RECREATION IL 60188 (a)Name, address, and EIN of related organization 116 N. SCHMALE ROAD CAROL STREAM Part II Part | Ξ 3 3 2 ල 3  $\epsilon$ 8 ල 3

For Paperwork Reduction Act Notice, see the Instructions for Form 990.  $^{\mathrm{DAA}}$ 

Tar ≡	because it had one or more related organizations treated as a partnership during the tax year.	organization	s treat	ed as a par	tnership during	the tax ye	ar.		,		2	5
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	of- Dispro- portionate alloc.?	oro- cod mate amoun cof of Sc of Sc No	Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	(k) Percentage ownership
(E)	(1)											
(2)												
(3)												
(4)	Individual of Dolland Discontinual	-			F	9				L		
Part IV	line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	related orga	nizatio	ins treated	as a corporation	in or trust d	uring the tax yea	allswele If.	S	on roin seo, rait iv,	30, Ta	,
	(a) Name, address, and EIN of related organization	(b) Primary activity	,	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	Sh end-of-y	(g) Share of end-of-year assets	(h) Percentage ownership		(i) Section 512(b)(13) controlled entity?
												Yes No
# 1												
(2)												
State of the state												
DAA			= 1,2							Schedule R (Form 990) 2022	(Form (	20, 20,

Page 3

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

Schedule R (Form 990) 2022 Yes No  $|\mathbf{x}|\mathbf{x}|\mathbf{x}$  $\times |\times |\times |\times |$ × ×× × × × × × × × × × Method of determining amount involved 13 1 9 9 10 10 ÷ 9 1e 10 ÷ **¥** 18 19 ပ္ ŧ PAYMENT BY CHECK **d** Loans or loan guarantees to or for related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) ..... Sharing of paid employees with related organization(s) Reimbursement paid to related organization(s) for expenses e Loans or loan guarantees by related organization(s) j Lease of facilities, equipment, or other assets to related organization(s) c Gift, grant, or capital contribution from related organization(s) Reimbursement paid by related organization(s) for expenses Ē If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Amount involved (၁ Transaction type (a-s) Д 1 Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) WESTERN DUPAGE SPECIAL RECREATION Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. k Lease of facilities, equipment, or other assets from related organization(s) s Other transfer of cash or property from related organization(s) **b** Gift, grant, or capital contribution to related organization(s) Other transfer of cash or property to related organization(s) Name of related organization Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) Dividends from related organization(s) G Ξ (2) € (2) 9 3

Schedule R (Form 990) 2022 WESTERN DUPAGE SRA FOUNDATION

Part VI

\*\*-\*\*\*2924

\*\*-\*\* NOLL

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37,

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	Supplied of the second	-				2000					
(a) Name, address, and EIN of entity	(b) Primary activity	(c) [Fegal		Are		(f) Share of	(g) Share of	(h) Disproportionate		(i) General or	(k) Percentage
		domicile (stale or foreign	income (related, unrelated, excluded from tax under	section 501(c)(3)		ота ілсоте	end-of-year assets	allocations?	amount in box 20 of Schedule K-1 (Form 1065)	managing partner?	ownership
		(Kajunos	S	Yes No	<u> </u>			Yes No		Yes No	
(1)											
(2)											
(3)											
(4)											
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SECRETAR DESCRIPTION OF THE PROPERTY OF THE ORDER OF THE											
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(10)											
(11)											

Schedule R (Form 990) 2022 WESTERN DUPAGE SRA FOUNDATION **-***2924 Page Part Information.  Provide additional information for responses to questions on Schedule R. See instructions.	Schedule R (F	orm 990) 2022	WESTER	RN DUE	AGE S	SRA	FOUNDATION	**-***2924	Page 5
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Form **990** 

# **Event Income and Deduction Worksheet Description AUCTION**

2022

Name

WESTERN DUPAGE SRA FOUNDATION

Taxpayer Identification Number \*\*-\*\*2924

6. Contributions received 6. 70,376 7. Total revenue. Add lines 1 through 6 7. 272,932 8. Cost of Goods Sold 8. Travel & Repairs 9. Employment Expense 9. Conferences/meetings 10. Fees for services 10. Interest 11. Indirect Expense 11. Insurance 12. Depreciation Expense 12. Total Indirect Expense 13. Exempt Activity Expense 13. Expense Add lines 8 through 145. 56,845 15. Total expenses. Add lines 8 through 145. 56,845 16. Net Income/Loss. Line 7 minus Line 166. 216,087  Expense Details - Cost of Goods Sold: Total Depreciation Expense  Expense Details - Cost of Goods Sold: Expense Details - Expense De	Use this wor	ksheet to verify data entered f	or a specific activity on your form 990/990EZ
1. Cross receipts or sales 1. 202,556 2. Advertising and promotion or Cross receipts or sales 1. 202,556 3. Circulation income 3. Cross received 4. Cross received 4. Cross received 5. Returns and allowances 5. Returns and allowances 6. 70,376 6. Controutions received 6. 70,376 7. Total revenue. Add lines 1 through 6 7. 272,932 8. Cost of Goods Scid 8. Cross received 8. Cross received 8. Cross received 9. Cross received 10. Cross received 10. Cross received 10. Cross received 10. Cross received 11. Indirect Expense 9. Cross received 11. Cross received 11. Cross received 12. Cross received 12. Cross received 13. Cross received 14. Cross received 15. Cross received 15. Cross received 15. Cross received 15. Cross received 16. Cro	Income & Expense Summary:		Expense Details - Indirect Expense:
2. Advertising income 2. 3. Circulation income 3. 4. Office   Principle of technology/Maintenance   Principle of the principle of technology/Maintenance   Principle of technology/Maintenance   Principle of the principle of technology/Maintenance   Principle of technology/Maintenance   Principle of	Gross receipts or sales     1.	202,556	
3. Circulation income 3.			Office
4. Other income 4. S. Returns and allowances 5. Returns and allowances 5. To, 376 6. Contributions received 6. 70,376 7. Total revenue. Add lines 1 through 6 7. 272,932 7. Total revenue. Add lines 1 through 6 7. 272,932 7. Total revenue. Add lines 1 through 6 7. 272,932 7. Tavael 8. Repairs 7. Tavael 8. Tavael 8. Repairs 7. Tavael 8. Tavael 8. Tavael 8. Tavael 8.	3. Circulation income 3.		
5. Returns and allowances 5. Contributions received 6. 70,376 7. Total revenue. Add lines 1 through 6 7. 272,932 7. Total revenue. Add lines 1 through 6 7. 272,932 7. Total revenue. Add lines 1 through 6 7. 272,932 7. Employment Expense 9. Conferences/meetings Interest Insurance Insur	4. Other income 4.		
6. Contributions received 6. 70,376 7. Total revenue. Add lines 1 through 6 7. 272,932 8. Cost of Goods Sold 8. 9. 5. Employment Expense 9. 10. Fees for services 10. 11. Indirect Expense 11. 1. 1. 1. 2. Depreciation Expense 11. 1. 1. 2. Depreciation Expense 11. 1. 1. 1. 2. Depreciation Expense 12. 1. 1. 1. 1. 2. Depreciation Expense 13. 1. 1. 1. 56,845 15. Total expenses. 41. 56,845 15. Total expenses. Add lines 8 through 195. 216,087 15. Not Income/Loss. Line 7 minus Line 196. 216,087 15. Not Income/Loss. Line 7 minus Line 196. 216,087  Expense Details - Cost of Goods Sold: 1. 2.	5. Returns and allowances 5.		Royalties & License Fees
7. Total revenue. Add ines 1 through 6 7. 272,932  8. Cost of Goods Sold 8.  9. Employment Expanse 9. Conferences/meetings Interest Intururance 10. Interest Intururance 11. Indirect Expense 11. Indirect Expense 12. 13. Exempt Activity Expense 13. 14. Expense 14. 56,845  16. Net Income/Loss, Line 7 minus Line 186. 216,087  17. Total revenue Setalis - Cost of Goods Sold: Seginary Interest Intururance 10. Indirect Expense 15. Total expenses. Add line 8 through 185. 56,845  16. Net Income/Loss, Line 7 minus Line 186. 216,087  17. Total revenue Setalis - Cost of Goods Sold: Seginary Interest Intururance 21. September 21. Septembe	6. Contributions received 6.	70,376	Occupancy/Real Estate Taxes
8. Cost of Goods Sold 8. Travelicenterlamment (officials)  9. Employment Expense 9. Conferences/meetings Interest Insurance  11. Indirect Expense 11. Indirect Expense 12. Total Indirect Expense 12. Total Indirect Expense 13. Indirect Expense 13. Indirect Expense 14. Indirect Expense 15. Indirect Expense Indi	7. Total revenue. Add lines 1 through 6 7.	272.932	Travel & Renairs
9. Employment Expense 9. Conference/meetings Interest Interest Interest Interest Interest Interest Insurance. Insurance. Insurance. Insurance. Interest Insurance.			Travel/entertainment (officials)
Interest   Interest Interest   Interest Interest   Interest Interest   Interest Interest   Interest Interest   Interest Interest   Interest Interest   Interest Interest   Interest Interest   Inter	9. Employment Expense 9.		Conferences/meetings
11. Indirect Expense 11. 12. Depreciation Expense 12. 13. Exempt Activity Expense 13. 14. Fundraising Expense 14. 15. Total expenses. Add lines 8 through 185. 16. Net Income/Loss. Line 7 minus Line 186.  Expense Details - Cost of Goods Sold:  Beginning inventory Purchases Labor Section 263A costs Other costs Ending inventory Total Cost of Goods Sold  Expense Details - Employment Expense:  Compensation of officers Other admiss and wages Pension pian contributions Other admiss and wages Pension pian contributions Other admiss and wages Total Employment Expense  Expense Details - Fees for Services:  Management Lobbying Professional fundraising Investment management Other Total Fees for Services  Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Part VIII, Expolited Activities Part VIII, Expolited Activities  13. Expense Details - Expense Details - Expense to Program Service Accomplishments: First Schedule A, UBIT Activity Code Part VIII, Expolited Activities			Interest
12. Depreciation Expense   12.   Total Indirect Expense   13.	11. Indirect Expense 11.	8	Insurance
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14. Fundraising Expense 14. 56,845 15. Total expenses. Add lines 8 through 185. 56,845 16. Net Income/Loss. Line 7 minus Line 186. 216,087  16. Net Income/Loss. Line 7 minus Line 186. 216,087  Expense Details - Cost of Goods Sold:  Beginning inventory  Purchases  Labor  Section 263A costs Other costs Ending inventory  Total Cost of Goods Sold  Expense Details - Expense Details - Exempt Activity Expense:  Repairs and Maintenance  Bad debts Taxes/flicenses  Charitable contributions Divident ored deductions  Readership costs Other expenses  Other expenses  Other salaries and wages  Pension plan contributions Other employee benefits Party III aves  Total Expense Details - Fees for Services:  Expense Details - Fees for Services:  Repairs and Maintenance  Expense Details - Exempt Activity Expense:  Other expensess  Total Exempt Activity Expense  Expense Details - Fundraising Expense:  Cash prizes  Non-cash prizes  Non-cash prizes  Non-cash prizes  Rent and facility costs  Food & beverages (Part II only)  Expense Details - Fees for Services:  Information is indicated for use on Form 990-T, Schedule A:  Schedule A, UBIT Activity Code  Part VII, Expicited Activities  Information is indicated for use on Form 990-T, Schedule A:  Schedule A, UBIT Activity Code  Part VII, Investments for C(7)(9)(17)  Part VIII, Investments for C(7)(9)(17)  Part VIII, Expicited Activities	13. Exempt Activity Expense 13.	<u> </u>	Total maneet Expense
15. Total expenses. Add lines 8 through 145.			Expense Details - Depreciation Expense:
16. Net Income/Loss. Line 7 minus Line 186. 216 , 087  Expense Details - Cost of Goods Sold:  Expense Details - Cost of Goods Sold:  Beginning inventory  Purchases  Labor  Section 263A costs  Other costs  Ending inventory  Total Cost of Goods Sold  Dividend recd deductions  Expense Details - Employment Expense:  Compensation of officers  Other salaries and wages  Pension plan contributions  Other employee benefits  Paryoll taxes  Expense Details - Fundraising Expense:  Cash prizes  Expense Details - Fundraising Expense:  Cash prizes  Food & beverages (Part II only)  Cher direct expenses 56, 845  Total Fundraising Investment management  Other  Total Fees for Services  Information is indicated for use on Form 990-T, Schedule A:  Schedule A, UBIT Acivity Code Seq #  Part VI, Controlled Org Income  Part VI, Investment is ro C(7)(9)(17)  Part VII, Exploited Activities	15. Total expenses Add lines 8 through 125		
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Expense Details - Cost of Goods Sold:  Beginning inventory Purchases Labor Section 263A costs Other costs Compensation of officers Other salaries and wages Pension plan contributions Other employee benefits Paryoll taxes Total Employment Expense  Expense Details - Fees for Services:  Rending inventory Total Fees for Services  Accounting Investments management Other Total Fees for Services  Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Part VII, Investments for C(7(9)(17)) Part VIII, Exploited Activities  Expense Details - Expense tails - Exempt Activity Expense  Expense Details - Exempt Activity Expense  Expense Details - Fees for Services:  Cash prizes Rent and facility costs Food & beverages (Part II only) Cher direct expenses  56, 845 First Second First First Second Fart VII, Investments for C(7(9)(17) All other Part VII, Investments for C(7(9)(17) All other	Territor internal and a fine real	210,007	Amortization
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Section 263A costs Other costs Ending inventory Total Cost of Goods Sold Expense Details - Employment Expense Other employee benefits Payroll taxes Total Employment Expense Total Employment Expense  Total Employment Expense  Total Employment Expense  Total Employment Expense  Total Employment Expense  Total Expense Details - Fees for Services:  Rent and facility costs Food & beverages (Part II only) Expense Details - Fees for Services:  Expense Details - Fundraising Expense:  Cash prizes  Rent and facility costs Food & beverages (Part II only)  Expense Details - Fees for Services  Total Fundraising Expense  56,845  Total Fundraising Expense  56,845  Total Fundraising Expense  56,845  Total Fundraising Expense  First Second Third Part VI, Investments for C(7)(9)(17) Part VIII, Exploited Activities	Purchases	-	Evnonea Dataile - Evamet Activity Evnoneau
Section 2634 costs Cher costs Ending inventory Total Cost of Goods Sold Dividend recd deductions Readership costs Compensation of officers Other salaries and wages Pension plan contributions Other employee benefits Payroll taxes Total Employment Expense Expense Details - Fundraising Expense: Cash prizes Non-cash prizes Non-cash prizes Rent and facility costs Food & beverages (Part II only) Expense Details - Fees for Services: Differ direct expenses Total Fundraising Expense Total Fundraising Expense Sol, 845 Total Fundraising Expense Total Fundraising Expense Sol, 845 Total Fundraising Expense Sol, 845 Total Fundraising Expense Total Fundraising Expense Sol, 845 Total Fundraising Expense Sol, 845 Total Fundraising Expense Total Fundraising E	l ahor	8	Renairs and Maintenance
Other costs Ending inventory Total Cost of Goods Sold Dividend recd deductions Readership costs Other expenses Other expenses Compensation of officers Other salaries and wages Pension plan contributions Other employee benefits Payroll taxes Total Employment Expense Total Employment Expense  Expense Details - Fundraising Expense: Cash prizes Total Employment Expense  Expense Details - Fees for Services: Expense Details - Fees for Services: Expense Details - Fees for Services: Food & beverages (Part II only) Expense Details - Fees for Services: Entertainment (Part II only) Other direct expenses  Total Fundraising Expense  56,845  Total Fundraising Expense  Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Part VII, Investments for C(7)(9)(17) Part VIII, Exploited Activities	Section 263A costs	-	Pad dobto
Ending inventory Total Cost of Goods Sold Dividend recd deductions Readership costs Other expenses Other expenses Other salaries and wages Pension plan contributions Other employee benefits Payroll taxes Total Employment Expense Readership costs Other expenses  Cash prizes  Non-cash prizes Rent and facility costs Food & beverages (Part II only) Expense Details - Fees for Services:  Expense Details - Fundraising Expense:  Cash prizes  Non-cash prizes  Non-cash prizes  Pod & beverages (Part II only) Entertainment (Part II only) Other direct expenses  56,845  Total Fundraising Expense  56,845  Total Fundraising Expense  56,845  Total Fundraising Expense  First  Schedule A, UBIT Activity Code Seq #  First  Part VI, Controlled Org Income Part VI, Controlled Org Income Part VII, Investments for C(7)(9)(17) Part VIII, Exploited Activities	Other costs	-	Tayoo/ligopage
Expense Details - Employment Expense:  Compensation of officers  Compensation of officers  Other salaries and wages  Pension plan contributions  Other employee benefits  Payroll taxes  Total Employment Expense  Rent and facility costs  Food & beverages (Part II only)  Expense Details - Fees for Services:  Expense Details - Fundraising Expense  Food & beverages (Part II only)  Expense Details - Fees for Services  Food & beverages (Part II only)  Expense Details - Fees for Services  Food & beverages (Part II only)  Expense Details - Fundraising Expense  Food & beverages (Part II only)  Expense Details - Fundraising Expense:  Total Fundraising Expense  Total Fundraising Expense  Food & beverages (Part II only)  Expense Details - Fundraising Expense:  Total Fundraising Expense  Food & beverages (Part II only)  Expense Details - Fundraising Expense:  Food & beverages (Part II only)  Expense Details - Fundraising Expense:  Food & beverages (Part II only)  Expense Details - Fundraising Expense:  Food & beverages (Part II only)  Expense Details - Fundraising Expense:  Food & beverages (Part II only)  Expense Details - Fundraising Expense:  Food & beverages (Part II only)  Expense Details - Fundraising Expense:  Food & beverages (Part II only)  Expense Details - Fundraising Expense:  Food & beverages (Part II only)  Expense Details - Fundraising Expense:  Food & beverages (Part II only)  Expense Details - Fundraising Expense:  Food & beverages (Part II only)  Expense Details - Fundraising Expense:  Food & beverages (Part II only)  Expe	Ending inventory	<del></del>	Charitable contributions
Expense Details - Employment Expense:  Compensation of officers  Other salaries and wages  Pension plan contributions Other employee benefits Payroll taxes  Total Employment Expense  Total Employment Expense  Readership costs  Total Exempt Activity Expense  Expense Details - Fundraising Expense: Cash prizes Non-cash prizes Non-cash prizes Rent and facility costs Food & beverages (Part II only)  Expense Details - Fees for Services: Entertainment (Part II only) Other direct expenses  Total Fundraising Expense  Total Fundraising Expense  Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Part VI, Debt Financing Part VI, Debt Financing Part VI, Controlled Org Income Part VIII, Investments for C(7)(9)(17) Part VIII, Exploited Activities	Total Cost of Goods Sold		Charlable Contributions
Compensation of officers Compensation of officers Other salaries and wages Pension plan contributions Other employee benefits Payroll taxes Total Employment Expense  Total Employment Expense  Total Employment Expense  Rent and facility costs Food & beverages (Part II only)  Expense Details - Fees for Services:  Expense Details - Fees for Services:  Expense Details - Fees for Services:  Entertainment (Part II only) Other direct expenses  Total Fundraising Expense  1 Total Fundraising Expense  Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Part VI, Debt Financing Part VV, Debt Financing Part VI, Investments for C(7)(9)(17) Part VIII, Exploited Activities	Total Cost of Goods Sold	<del></del>	Dividend reca deductions
Compensation of officers Other salaries and wages Pension plan contributions Other employee benefits Payroll taxes Total Employment Expense  Total Employment Expense Rent and facility costs Food & beverages (Part II only) Expense Details - Fees for Services:  Management Legal Accounting Lobbying Professional fundraising Investment management Other Total Fees for Services  Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Part VI, Controlled Org Income Part VI, Controlled Org Income Part VII, Investments for C(7)(9)(17) Part VIII, Exploited Activities	Expense Details - Employment Expenses		Other eveness
Other employee benefits Cother employee benefits Payroll taxes Total Employment Expense  Expense Details - Fees for Services:  Management Legal Accounting Lobbying Professional fundraising Investment management Other Total Fees for Services  Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Part VI, Controlled Org Income Part VIII, Investments for C(7)(9)(17) Part VIII, Exploited Activities  Expense Details - Fundraising Expense:  Cash prizes Non-cash prizes Rent and facility costs Food & beverages (Part II only) Entertainment (Part II only) Other direct expenses 56,845  Total Fundraising Expense  56,845  Total Fundraising Expense  Allocation of Expense to Program Service Accomplishments: First Second Third All other			Total Example Addition Example
Other employee benefits Payroll taxes Total Employment Expense  Expense Details - Fundraising Expense:  Cash prizes Non-cash prizes Rent and facility costs Food & beverages (Part II only) Expense Details - Fees for Services:  Management Legal Cobbying Professional fundraising Investment management Other Total Fees for Services  Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Part VI, Controlled Org Income Part VII, Investments for C(7)(9)(17) Part VIII, Exploited Activities  Expense Details - Fundraising Expense  Cash prizes  Non-cash prizes  Rent and facility costs Food & beverages (Part II only) Entertainment (Part II only) Other direct expenses  56,845  Total Fundraising Expense  Sepond Total Fundraising Expense  Allocation of Expense to Program Service Accomplishments: First Second Third All other	Other ealaries and wages	-	Total Exempt Activity Expense
Other employee benefits Payroll taxes Total Employment Expense  Expense Details - Fees for Services:  Management Legal Accounting Lobbying Professional fundraising Investment management Other Total Fees for Services  Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Part VI, Controlled Org Income Part VII, Investments for C(7)(9)(17) Part VIII, Exploited Activities  Non-cash prizes Non-cash prizes Rent and facility costs Food & beverages (Part II only) Other Grant II only)  Total Fees for Services  Allocation of Expense to Program Service Accomplishments: First Second Third All other	Pension plan contributions		Evpanos Pateila Fundaciaias Fundacia
Payroll taxes  Total Employment Expense  Expense Details - Fees for Services:  Management Legal Accounting Lobbying Professional fundraising Investment management Other Total Fees for Services  Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Part VI, Controlled Org Income Part VII, Investments for C(7)(9)(17) Part VIII, Exploited Activities  Non-cash prizes Rent and facility costs Food & beverages (Part II only)  Other direct expenses  56,845  Total Fundraising Expense  56,845  Allocation of Expense to Program Service Accomplishments: First Second Third All other	Other employee henefits	-	
Rent and facility costs Food & beverages (Part II only)  Expense Details - Fees for Services:  Management Legal Accounting Lobbying Professional fundraising Investment management Other  Total Fees for Services  Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Part VI, Controlled Org Income Part VII, Investments for C(7)(9)(17) Part VIII, Exploited Activities  Rent and facility costs Food & beverages (Part II only) Entertainment (Part II only) Other Girect expenses  56,845  Total Fundraising Expense  56,845  Allocation of Expense to Program Service Accomplishments: First Second Third All other	Payroll taxes	-	Manager prizes
Expense Details - Fees for Services:  Management Legal Accounting Lobbying Professional fundraising Investment management Other Total Fees for Services  Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Part V, Debt Financing Part VI, Controlled Org Income Part VII, Investments for C(7)(9)(17) Part VIII, Exploited Activities  Food & beverages (Part II only) Entertainment (Part II only)  Other direct expenses  56,845  Total Fundraising Expense  56,845  Allocation of Expense to Program Service Accomplishments: First Second Third All other Part VIII, Exploited Activities	Total Employment Expense	9 <del>7</del>	Non-cash prizes
Expense Details - Fees for Services:  Management Legal Accounting Lobbying Professional fundraising Investment management Other Total Fees for Services  Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Part V, Debt Financing Part V, Controlled Org Income Part VIII, Investments for C(7)(9)(17) Part VIII, Exploited Activities  Entertainment (Part II only) Other direct expenses  56,845  Total Fundraising Expense  56,845  Allocation of Expense to Program Service Accomplishments: First Second Third All other	Total Employment Expense	<del>====================================</del>	Rent and facility costs
Management Legal Accounting Lobbying Professional fundraising Investment management Other Total Fees for Services  Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Seq # Second Part VI, Controlled Org Income Part VII, Investments for C(7)(9)(17) Part VIII, Exploited Activities  Other direct expenses 56,845  Total Fundraising Expense  Allocation of Expense to Program Service Accomplishments: First Second Third All other	Expanse Dataile Food for Consisses		Food & beverages (Part II only)
Legal Accounting Lobbying Professional fundraising Investment management Other Total Fees for Services  Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Seq # Allocation of Expense to Program Service Accomplishments: First Part V, Debt Financing Part VI, Controlled Org Income Part VII, Investments for C(7)(9)(17) Part VIII, Exploited Activities  Total Fundraising Expense 56,845  Allocation of Expense to Program Service Accomplishments: First Second Third All other	•		Entertainment (Part II only)
Accounting Lobbying Professional fundraising Investment management Other  Total Fees for Services  Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Seq # First Part V, Debt Financing Part VI, Controlled Org Income Part VII, Investments for C(7)(9)(17) Part VIII, Exploited Activities  Allocation of Expense to Program Service Accomplishments: First Second Third All other		9	
Lobbying Professional fundraising Investment management Other  Total Fees for Services  Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Seq # First Part V, Debt Financing Second Part VI, Controlled Org Income Part VII, Investments for C(7)(9)(17) Part VIII, Exploited Activities  Allocation of Expense to Program Service Accomplishments: First Second Third All other	A THE STATE SEA CONTINUED BY THE PROPERTY OF THE PARTY OF		Total Fundraising Expense 56,845
Professional fundraising Investment management Other  Total Fees for Services  Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Seq # First Part V, Debt Financing Second Part VI, Controlled Org Income Part VII, Investments for C(7)(9)(17) Part VIII, Exploited Activities  Allocation of Expense to Program Service Accomplishments: First Second Third All other			
Information is indicated for use on Form 990-T, Schedule A:  Schedule A, UBIT Activity Code Seq # First  Part V, Debt Financing Second Part VI, Controlled Org Income Part VIII, Investments for C(7)(9)(17) Part VIII, Exploited Activities			
Other Total Fees for Services  Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Seq # First Part V, Debt Financing Second Part VI, Controlled Org Income Third Part VIII, Investments for C(7)(9)(17) Part VIII, Exploited Activities  Allocation of Expense to Program Service Accomplishments: First Second Third All other	Professional fundraising		
Information is indicated for use on Form 990-T, Schedule A: Schedule A, UBIT Activity Code Seq # First Part V, Debt Financing Second Part VI, Controlled Org Income Third Part VIII, Investments for C(7)(9)(17) Part VIII, Exploited Activities	investment management	F	
Information is indicated for use on Form 990-T, Schedule A:  Schedule A, UBIT Activity Code Seq # First  Part V, Debt Financing Second  Part VI, Controlled Org Income Third  Part VIII, Investments for C(7)(9)(17)  Part VIII, Exploited Activities	Other		
Schedule A, UBIT Activity Code Seq # First Part V, Debt Financing Second Part VI, Controlled Org Income Third Part VII, Investments for C(7)(9)(17) All other Part VIII, Exploited Activities	Total Fees for Services		
Schedule A, UBIT Activity Code Seq # First Part V, Debt Financing Second Part VI, Controlled Org Income Third Part VII, Investments for C(7)(9)(17) All other Part VIII, Exploited Activities	Information is indicated for use on Form	990-T. Schedule A:	Allocation of Expense to Program Service Accomplishments
Part V, Debt Financing Second Part VI, Controlled Org Income Part VII, Investments for C(7)(9)(17) Part VIII, Exploited Activities			
Part VI, Controlled Org Income Third Part VII, Investments for C(7)(9)(17) All other Part VIII, Exploited Activities			Second
Part VII, Investments for C(7)(9)(17)  Part VIII, Exploited Activities  All other			TL:_J
Part VIII, Exploited Activities			F T T T T T T T T T T T T T T T T T T T
			Aut Other
	1		

Form 990

Event Income and Deduction Worksheet

Description GOLF OUTING

Name
WESTERN DUPAGE SRA FOUNDATION

Taxpayer Identification Number \*\*-\*\*2924

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:		Expense Details - Indirect Expense:	
1. Gross receipts or sales 1.	72,935	Advertising and promotion	
2. Advertising income 2		Office	
3. Circulation income 3.		Printing/publication/postage	-
		Info technology/Maintenance	_
5. Returns and allowances 5.		Royalties & License Fees	
6. Contributions received 6.		Occupancy/Real Estate Taxes	
7. Total revenue. Add lines 1 through 6 7.	DD 460	Travel & Repairs	
8. Cost of Goods Sold 8.		Travel/entertainment (officials)	
		Conferences/meetings	
		Interest	
10. Fees for services 10.	*	Insurance	
11. Indirect Expense 11.		Total Indirect Expense	
12. Depreciation Expense 12.		Total mancet Expense	_
13. Exempt Activity Expense 13.	20,720	Expense Details - Depreciation Expense:	
14. Fundraising Expense 14.	00 00	•	
15. Total expenses. Add lines 8 through 145.	EC 740	On investment property	_
16. Net Income/Loss. Line 7 minus Line 156.	56,749	On non-investment property	
		Amortization	_
		Depletion	_
Expense Details - Cost of Goods Sold:		Total Depreciation Expense	
Beginning inventory			
Purchases		Expense Details - Exempt Activity Expense:	
Labor		Repairs and Maintenance	_
Section 263A costs		Bad debts	_
Other costs		Taxes/licenses	_
Ending inventory		Charitable contributions	_
Total Cost of Goods Sold		Dividend recd deductions	
		Readership costs	_
Expense Details - Employment Expense:		Other expenses	
Compensation of officers		Total Exempt Activity Expense	
Other salaries and wages			
Pension plan contributions		Expense Details - Fundraising Expense:	
		Cash prizes	
Other employee benefits		Non-cash prizes	
Payroll taxes		Rent and facility costs	
Total Employment Expense		Food & beverages (Part II only)	_
E D. H. E. G. G. dans		Entertainment (Part II only)	
Expense Details - Fees for Services:			20
Management		10043.0000000000000000000000000000000000	
Legal		Total Fundraising Expense 20,75	
Accounting			
Lobbying			
Professional fundraising			
Investment management			
Other			
Total Fees for Services			
Information is indicated for use on Form 990-T	, Schedule A:	Allocation of Expense to Program Service Accomplishme	nts:
Schedule A, UBIT Activity Code Seq #		First	
Part V, Debt Financing	<del></del>	Second	
Part VI, Controlled Org Income		Third	
Part VII, Investments for C(7)(9)(17)		All other	
Part VIII, Exploited Activities		**************************************	
Part IX, Advertising Income			
L Part IA, Advertising income			

Form **990** 

Name

# Event Income and Deduction Worksheet Description POSSIBILITIES SOCIETY

2022

WESTERN DUPAGE SRA FOUNDATION

Taxpayer Identification Number \*\*-\*\*\*2924

Income & Expense Summary:		Expense Details - Indirect Expense:
1. Gross receipts or sales 1.	47,600	Advertising and promotion
		Office
3. Circulation income 3.		Printing/publication/postage
4. Other income 4		Info technology/Maintenance
5. Returns and allowances 5.		Royalties & License Fees
6. Contributions received 6.		Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7.	47,600	Travel & Repairs
8. Cost of Goods Sold 8.		Travel/entertainment (officials)
9. Employment Expense 9.		Conferences/meetings
		Interest
11. Indirect Expense 11.		Insurance
12. Depreciation Expense 12.		Total Indirect Expense
13. Exempt Activity Expense 13.		21M424W-4W-5W-2
14. Fundraising Expense 14.		Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through 115.		On investment property
16. Net Income/Loss. Line 7 minus Line 156.		On non-investment property
		Amortization
		Depletion
Expense Details - Cost of Goods Sold:		Total Depreciation Expense
Beginning inventory		Total Depression Expense Comment
Purchases		Expense Details - Exempt Activity Expense:
Labor		Repairs and Maintenance
Section 263A costs	-	Rad debts
Other costs		Bad debts
Other costs		Taxes/licenses
Ending inventory  Total Cost of Goods Sold		Charitable contributions
Total Gost of Goods Gold		Dividend recd deductions
Expense Details - Employment Expense:		Readership costs
		Other expenses  Total Exempt Activity Expense
Compensation of officers Other salaries and wages		Total Exempt Activity Expense
Pension plan contributions		Expanse Details - Eundraining Expanses
Pension plan contributions		Expense Details - Fundraising Expense:
Other employee benefits		Cash prizes
Payroll taxes		Non-cash prizes
Total Employment Expense		Rent and facility costs
Function Datella Fore for Continue		Food & beverages (Part II only)
Expense Details - Fees for Services:		Entertainment (Part II only)
Management		Other direct expenses
Legal		Total Fundraising Expense
Accounting		
Lobbying		
Professional fundraising		
Investment management	<del>_</del>	
Other		
Total Fees for Services		
Information is indicated for the Co. T	Cahadala A	Alleredies of Francis As De Co. 1. A
Information is indicated for use on Form 990-T,		Allocation of Expense to Program Service Accomplishments
Schedule A, UBIT Activity Code Seq #	<u> </u>	First
Part V, Debt Financing		Second
Part VI, Controlled Org Income		Third
Part VII, Investments for C(7)(9)(17)		All other
Part VIII, Exploited Activities		
Part IX, Advertising Income		

Form **990** 

### **Event Income and Deduction Worksheet**

2022

Description OTHER

Name

WESTERN DUPAGE SRA FOUNDATION

Taxpayer Identification Number \*\*-\*\*\*2924

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:		Expense Details - Indirect Expense:
• •	6,328	Advertising and promotion
		Office
2. Advertising income 2.		Office
**************************************		Printing/publication/postage
4. Other income4		Info technology/Maintenance
5. Returns and allowances 5.		Royalties & License Fees
6. Contributions received 6.	6 000	Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7.	6,328	Travel & Repairs
		Travel/entertainment (officials)
9. Employment Expense 9.		Conferences/meetings
10. Fees for services 10		Interest
<b>11.</b> Indirect Expense <b>11.</b>		Insurance
12. Depreciation Expense 12.		Total Indirect Expense
13. Exempt Activity Expense 13.		
		Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through 145.		On investment property
16. Net Income/Loss. Line 7 minus Line 156.		On non-investment property
		Amortization
		Depletion
Expense Details - Cost of Goods Sold:		Total Depreciation Expense
· · · · · · · · · · · · · · · · · · ·		Total Depresention Expense
Beginning inventory		Expense Details - Exempt Activity Expense:
Purchases		
Labor		Repairs and Maintenance
Section 263A costs		Bad debts
Other costs		Taxes/licenses
Ending inventory		Charitable contributions
Total Cost of Goods Sold		Dividend recd deductions
		Readership costs
Expense Details - Employment Expense:		Other expenses
Compensation of officers		Total Exempt Activity Expense
Other salaries and wages		
Pension plan contributions		Expense Details - Fundraising Expense:
Other employee benefits		Cash prizes
Payroll taxes		Non-cash prizes
Total Employment Expense		Rent and facility costs
(38.520.000.200.000.000		Food & beverages (Part II only)
Expense Details - Fees for Services:		Entertainment (Part II only)
Management		Other direct expenses
		Total Fundraising Expense
Legal		MACHINE
Accounting		
Lobbying		
Professional fundraising		
Investment management		
Other		
Total Fees for Services		
Information is indicated for use on Form 990-T, So	abadula A:	Allocation of Expanse to Brossom Coming Assemulishments
•	Griedule A:	Allocation of Expense to Program Service Accomplishments:
Schedule A, UBIT Activity Code Seq #		First
Part V, Debt Financing		Second
Part VI, Controlled Org Income		Third
Part VII, Investments for C(7)(9)(17)		All other
Part VIII, Exploited Activities		
Part IX, Advertising Income		

	CHEDULE G	F	undraising Other Eve	ents	
	Form 990 or 990-EZ)	For calendar year 2022, or tax ye	ear beginning 05/01/2	2 , and ending 04/30/2	2022
Nan	ne			Employ	er Identification Number
	ESTERN DUPA	GE SRA FOUNDATION	N	**-*	**2924
		(a) Other event	(b) Other event	(c) Other event	
		POSSIBILITIES S	OTHER		(d) Total other events (add col. (a) through
e		(event type)	(event type)	(event type)	col. (c))
Revenue	1 Gross receipts	47,600	6,328		53,928
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	47,600	6,328		53,928
	4 Cash prizes				
	5 Noncash prizes				
uses	6 Rent/facility costs				
Direct Expenses	7 Food/beverages				
Direc	8 Entertainment				
	9 Other expenses				

Two Year Comparison Report 2021 & 2022 Form **990** For calendar year 2022, or tax year beginning 05/01/22 , ending 04/30/23

Name

Taxpayer Identification Number

	ESTERN DUPAGE SRA FOUNDATION		2021	2022	**-**	*2924 Differences
	1. Contributions gifts grants	1.	286,667		,174	34,507
	Contributions, gifts, grants     Membership dues and assessments	2.	200,001		/=	
	Government contributions and grants	3.		28	,400	28,400
ø		4.			/	
2	Program service revenue     Investment income	5.	19,052	12	,787	-6,265
9	Investment income     Proceeds from tax exempt bonds	6.				
0	Net gain or (loss) from sale of assets other than inventory	7.				
8	Net income or (loss) from fundraising events	8.	201,316	251	,854	50,538
	Net income or (loss) from gaming	9.			/	
	10. Net gain or (loss) notingaring	10.				
	11. Other revenue	11.	45		43	-2
	12. Total revenue. Add lines 1 through 11	12.	507,080	614	,258	107,178
-	13. Grants and similar amounts paid	13.	275,000		,000	25,000
	14. Benefits paid to or for members	14.				
s	15. Compensation of officers, directors, trustees, etc.	15.				
s	16. Salaries, other compensation, and employee benefits	16.				
0	17. Professional fundraising fees	17.				
a	18. Other professional fees	18.	15,300	12	,961	-2,339
ш	19. Occupancy, rent, utilities, and maintenance	19.				
	20. Depreciation and Depletion	20.				
	21. Other expenses	21.	58,500	146	,484	87,984
	22. Total expenses. Add lines 13 through 21	22.	348,800	459	,445	110,645
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	158,280	154	,813	-3,467
_	24. Total exempt revenue	24.	507,080	614	,258	107,178
	25. Total unrelated revenue	25.				
Information	26. Total excludable revenue	26.	220,413		,684	44,271
nat	27. Total assets	27.	1,147,749	1,290		142,620
وَ	28. Total liabilities	28.	13,694		, 985	-6,709
Ξ	29. Retained earnings	29.	1,134,055	1,283	,384	149,329
þ	30. Number of voting members of governing body	30.	16	18		
ŏ	31. Number of independent voting members of governing body	31.	16	18		
	32. Number of employees	32.	0	0		
	33. Number of volunteers	33.	176	128		

Form <b>990</b>		Tax Re	Tax Return History			2022
Name WESTERN DUPAGE	SRA F	OUNDATION			Employe	Employer Identification Number
	2018	2019	2020	2021	2022	2023
Contributions, gifts, grants	294,269	342,380	422,950	286,667	349,574	
Membership dues						
Program service revenue						
Capital gain of loss Investment income	10.356	11.845	18 170	19 052	12 787	
Fundraising revenue (income/loss)	150,487		76,573	201,316	251,854	
Gaming revenue (income/loss)						
Other revenue				45	43	
Total revenue	455,112	613,014	517,693	0	614,258	
Grants and similar amounts paid	275,000	275,000	275,000	275,000	300,000	
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation						
Professional fees	37,473	13,868	12,012	15,300	12,961	
Occupancy costs Depreciation and depletion						
Other expenses	183,068	120,289	44,778	58,500	146,484	
Total expenses	495,541	409,157	331,790	348,800	4 .	
Excess or (Deficit)	-40,429	203,857	185,903	158,280		
Total exempt revenue	455,112	613,014	517,693	507,080	614,258	
Total unrelated revenue						
Total excludable revenue	4	270,634	94,743	220,413	264,684	
Total Assets	557,490	743,787	992,727	1,147,749	1,290,369	
Total Liabilities	4,058	1,287	1,975	13,694	6,985	
Net Fund Balances	553,432	742,500	990,752	1,134,055	1,283,384	

WESTDUPAGE WESTERN DUPAGE SRA FOUNDATION
\*\*-\*\*\*2924 Federal Statements

FYE: 4/30/2023

Taxable Interest on Invest	ments
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Description						
	Amount	Unrelated Business		Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
INTEREST INCOME	\$ 1,194		14			
TOTAL	\$ 1,194					

### Taxable Dividends from Securities

Description							
		Amount	Unrelated Business	the second section of the second	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
DUPAGE FOUNDATION	Ċ	8,592		1.4			
TOTAL	\$ \$	8,592		1.4			

WESTDUPAGE WESTERN DUPAGE SRA FOUNDATION
\*\*-\*\*\*2924 Federal Statements

FYE: 4/30/2023

### Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	Total	Excess
COLEMAN FOUNDATION	\$ 69,625	\$ 18,828
FJK PRIVATE FOUNDATION	150,000	99,203
ITRICH FAMILY FOUNDATION	135,000	84,203
TOPFER FAMILY FOUNDATION	55,000	4,203
A MONTGOMERY WARD FOUNDATION	8,500	
THE U.S. CHARITABLE GIFT TRUST	15,000	
THE ALFRED BERSTED FOUNDATION	32,000 43,000	
KARLL GIVING FUND	12,500	
HARRY S. BLACK & ALLON FULLER FUND	45,300	
DUPAGE MEDICAL GROUP CHARITABLE FUND	25,000	
CHRISTOPHER AND DANA REEVE IM ROBERTA G OLSEN REVOCABLE TRUST	5,000	
KEVIN LAVIN	30,050	
SHAWN MINOGUE	20,100	
NORTHWESTERN MEMORIAL HEALTHCARE	8,500	
THE BENEVITY COMMUNITY IMPACT FUND	5,148	
CLEARING CORPORATION CHARITABLE	107,500	56,703
FIRST TRUST PORTFOLIOS, L.P.	85 <b>,</b> 087	34,290
MR. ROBERT GALLO	5,000	
GALLO ASSOCIATES	14,334	
KIMBERLY & GARY ULFIG FUND	7,000	
MR AND MRS STEVE MILLER	5,000	
RAYMOND C AND LINDA M STACHOWIAK	10,000 21,000	
SCOTT AND TRISH KARLL GIVING FUND	10,000	
THE DAVID & ROBERTA OLSEN FAMILY MR. AND MRS. GERALD ANDERSON	5,000	
BRANDSMA FAMILY FOUNDATION	20,500	
THE GRACE BERSTED FOUNDATION	11,500	
MS. DEBRA KRETZMANN	12,319	
MICROBE USA	5,400	
THEODORE M UTCHEN TRUST	5,000	
MR AND MRS GARY BABITT	6,000	
MR AND MRS ANTHONY BEYER	5,000	
BYLINE FAMILY	7.000	
LAVIN COMPANIES	7,000	
MCMASTER-CARR SUPPLY	5,000 5,000	
MARY J WEIRATH		
TOTAL	\$ 1,012,363	\$ 297,430

	Amount	\$ 1,194 8,592 3,001 \$ 12,787		Amount	\$ 202,556 72,935 47,600 6,328 \$ 329,419		Amount	\$ \$ 43
WESTDUPAGE WESTERN DUPAGE SRA FOUNDATION **-***2924 FYE: 4/30/2023	Schedule A. Part II. Line 8(e)		Schedule A. Part II. Line 10(e)	Description		Schedule A. Part II, Line 12 - Current year	Description	
WESTDUPAGE WESTERN DUPA **-**2924 FYE: 4/30/2023		INTEREST INCOME DUPAGE FOUNDATION DUPAGE FOUNDATION REAL G/L TOTAL			AUCTION GOLF OUTING POSSIBILITIES SOCIETY OTHER TOTAL			OTHER INCOME TOTAL

FYE: 4/30/2023	Federal Statements	
Description  OTHER DIRECT EXPENSES ON KIND DONATIONS TOTAL	Amount  \$ 56,845  \$ 56,845	
GOLF OUTING Other	Direct Fundraising or Gaming Expenses	
Description  GOLF EXPENSES IN KIND EXP  TOTAL	### Amount   20,720   \$   20,720	
POSSIBILITIES SOCIETY Other	r Direct Fundraising or Gaming Expenses	
Description  OTHER EXPENSES IN KIND EXPENSE TOTAL	Amount \$ s 0	

For C	Attorney General KWAME RAOUL State of Charitable Trust Bureau, 100 West Rando 11th Floor, Chicago, Illinois 60601	Illinois	26607	Form AG990-I Revised 1/1
АМТ	Report for the Fiscal Period:	-	Check all	items attached:
INIT	Beginning 05/01/2022	Make Checks X	Copy of IR Audited Fir Copy of Fo	nancial Statements
	& Ending 04/30/2023	Charity X		nual Report Filing Fee
Fed	deral ID # ** - * * * 2924 MO DAY YR	Bureau Fund	\$100.00 La	ate Report Filing Fee
		ate Organization wa	as created:	
		Year-end		
	LEGAL	amounts		
	NAME WESTERN DUPAGE SRA FOUNDATION MAIL	A) ASSETS	A) \$	1,290,369
	ADDRESS 116 NORTH SCHMALE ROAD	B) LIABILITIES	B) \$	6,985
	Y, STATE CAROL STREAM IL	C) NET ASSETS	C) \$	1,283,384
	ZIP CODE 60188	C) NET ASSETS	0) 4	1,203,304
Ī.	SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE		AMOUNT
	D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMT	S.) 94%	D) \$	650,593
	E) GOVERNMENT GRANTS & MEMBERSHIP DUES	4%	E) \$	28,400
	F) OTHER REVENUES	2%	F) \$	12,830
	G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100%	9000	691,823
1.,	I. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:	100%	G) \$	091,823
1"		10%	111.0	47,235
	H) OPERATING CHARITABLE PROGRAM EXPENSE		H) \$	41,235
	I) EDUCATION PROGRAM SERVICE EXPENSE	10%	1) \$	47 225
	J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	10%	J) \$	47,235
	J¹) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):	66%	K) C	300,000
	K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS  L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	76%	K) \$ L) \$	347,235
	M) MANAGEMENT AND GENERAL EXPENSE	6%	M) \$	28,305
	N) FUNDRAISING EXPENSE	18%	N) \$	83,905
	O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100%	0)\$	459,445
ı	II. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:  (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)  PROFESSIONAL FUNDRAISERS:	13070	0,0	433,443
	P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100%	P) \$	
	Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$	
1	R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$	
	PROFESSIONAL FUNDRAISING CONSULTANTS:	70	1() ψ	
	S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$	
l n	V. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE	YEAR:	-/-	
	T) NAME, TITLE:		T) \$	
	U) NAME, TITLE:		U) \$	
1	V) NAME, TITLE:		V) \$	
\	CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPEN	IDED) CODE CATEGORI		ack side of instructions
	W) DESCRIPTION: GRANTS TO OTHER CHARITABLE ORGANIZATIONS		W) #	150
	X) DESCRIPTION:		X) #	
	Y) DESCRIPTION:		Y) #	

W	STERN DUPAGE	SRA FOUNDATION	**-***2924	Form A	AG990	-IL, Pa	ige 2
		OF THE FOLLOWING IS YES,				YES	
1.	WAS THE ORGANIZATION	THE SUBJECT OF ANY COURT	ACTION, FINE, PENALTY OR JU	DGMENT?	1.		x
2.	EVER BEEN CONVICTED	OR A CURRENT DIRECTOR, TRI BY ANY COURT OF ANY MISDEN FUNDS OR ANY FELONY?	MEANOR INVOLVING THE MISUS	SE OR	2.		X
3.	DID THE ORGANIZATION ANY OF ITS OFFICERS, D IN WHICH ANY OF ITS OF	MAKE A GRANT AWARD OR CON IRECTORS OR TRUSTEES OWNS FICERS, DIRECTORS OR TRUST OR TRUSTEE RECEIVE ANYTHI	NTRIBUTION TO ANY ORGANIZA S AN INTEREST; OR WAS IT A P EES HAS A MATERIAL FINANCI,	ATION IN WHICH PARTY TO ANY TRANSACT AL INTEREST; OR DID	TION		X
4.		INVESTED IN ANY CORPORATE HAN 10% OF THE OUTSTANDING	OLIA DECO	R, DIRECTOR OR	4.		X
5.		HE ORGANIZATION HELD IN THE ER PERSON OR ORGANIZATION?			5.		X
6.	DID THE ORGANIZATION	USE THE SERVICES OF A PROF	ESSIONAL FUNDRAISER? (ATT.	ACH FORM IFC)	6.		X
7a.		ALLOCATE THE COST OF ANY S WEEN PROGRAM SERVICE AND	*	TISEMENT OR	7.	V ==	X
7b.	ALLOCATED TO PROGRA	GGREGATE AMOUNT OF THESE M SERVICES \$; AND (iv) THE AMO	(iii) THE AMOUNT ALLOCA	ATED TO MANAGEMENT		100	A
8,	DID THE ORGANIZATION PURPOSES?	EXPEND ITS RESTRICTED FUND		IN RESTRICTED	8.		х
9.		EVER BEEN REFUSED REGISTRED BY ANY GOVERNMENTAL AGI					X
10.		HAVE ANY KNOWLEDGE OF ANY			10.		х
11.	THREE LARGEST ACCOUNTING TO THE COUNTING THE	DRESS OF THE FINANCIAL INSTITUTES: FION, 3000 WOODCRE	EEK DR #310, DOWN	ERS GROVE, IL		051	5
12.	NAME AND TELEPHONE	NUMBER OF CONTACT PERSON:	NATALIE PRINCIPE	630-	601	00	60
ΔΙ	L ATTACHMENTS MUST A	CCOMPANY THIS REPORT - SEE	INSTRUCTIONS	630-	PRI	-09	02
UND AND TRU STA	ER PENALTY OF PERJURY THE ATTACHED DOCUME E AND COMPLETE AND FIL E OF ILLINOIS RELY THEF	', I (WE) THE UNDERSIGNED DEC NTS, INCLUDING ALL THE SCHEI LED WITH THE ILLINOIS ATTORNI REUPON. I HEREBY FURTHER AL N OF THE STATE OF ILLINOIS.	CLARE AND CERTIFY THAT I (W DULES AND STATEMENTS, AND EY GENERAL FOR THE PURPOS	THE FACTS THEREIN ST SE OF HAVING THE PEOF	TATED PLE OI	ARE F THE	
		JEFF HAYDEN	MARKE	SIGNATURE	8	15	23
	RE TO INCLUDE ALL FEES DUE; EPORTS ARE DUE WITHIN SIX	PRESIDENT or TRUSTEE (PRINT	NAIVIE)	SIGNATURE	n]]	81	
2) F	IONTHS OF YOUR FISCAL YEAR END OR FEES DUE SEE INSTRUCTIONS EPORTS THAT ARE LATE OR ICOMPLETE ARE SUBJECT TO A	TREASURER or TRUSTEE (PRINT	NAME)	Tenature		DAT	₽3
	100.00 PENALTY	RONALD J AMEN, CPA		CIONATURE		D 4 7	
		PREPARER (PRINT	NAME)	SIGNATURE		DAT	

OMB No. 1545-0047 2022 Open to Public

Department of the Treasury

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

	nai Kevenu				Inspection
<u> </u>	For the	2022 calendar year, or tax year beginning 05/01/22 , and ending 04/30/	23		
В	Check if app	olicable: C Name of organization		D Employe	r identification number
	Address cha	western dupage sra foundation			
=		Doing husiness as		**-*	**2924
┙	Name chang	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephon	
$\neg$	Initial return		Troumballo		681-0962
_	Final return/			000	001 0302
	terminated				
	Amended re	CAROL STREAM IL 60188		G Gross rec	ceipts\$ 691,823
=	7 monded te	F Name and address of principal officer:			
	Application	pending JEFF HAYDEN	H(a) Is this a gro	oup return for	subordinates Yes X No
			H(b) Are all sub	ordinates inc	cluded? Yes No
			1 ''		. See instructions
_			-	ottaon o not	. 000 11.0000010
1	Tax-exemp				
J	Website:	WWW.WDSRA.COM	H(c) Group exe	mption numb	er
ĸ	Form of ord	ganization: X Corporation Trust Association Other L	Year of formation: 1	993	M State of legal domicile: IL
	art I	Summary			m omo umagar authora
•	T				
4		efly describe the organization's mission or most significant activities:			
ž		TO DEVELOP FINANCIAL SUPPORT FOR THE WDSRA AND PROMO	re the US	E OF I	ITS
Jar		RESOURCES			
ē	22.5				
Governance	2 04	and this had I if the association discontinued to associate as discount of associate	NEO/ af its net a		
		neck this box if the organization discontinued its operations or disposed of more than 2			10
త	3 NL	umber of voting members of the governing body (Part VI, line 1a)		3	18
es	4 Nu	umber of independent voting members of the governing body (Part VI, line 1b)		4	18
ž	5 To	tal number of individuals employed in calendar year 2022 (Part V, line 2a)		5	0
Activities		And no order of collections of collections of		1 0	128
4					
	/a 10	tal unrelated business revenue from Part VIII, column (C), line 12			0
	b Ne	et unrelated business taxable income from Form 990-T, Part I, line 11		. 7b	0
			Prior Yea		Current Year
ē	8 Cc	ontributions and grants (Part VIII, line 1h)	286	,667	349,574
Revenue		ogram service revenue (Part VIII, line 2g)			0
Š	10 Inv	vestment income (Part VIII, column (A), lines 3, 4, and 7d)	19	,052	12,787
ŭ	11 0	her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		,361	251,897
_	_	tal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		,080	614,258
		ants and similar amounts paid (Part IX, column (A), lines 1–3)	275	,000	300,000
	14 Be	nefits paid to or for members (Part IX, column (A), line 4)			0
S		laries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0
Expenses	162 Dr	ofessional fundraising fees (Part IX, column (A), line 11e)			0
ē	I DAFI	blessional folidialsing lees (Part IX, Coldilli (A), line Tre)			
×	010	tal fundraising expenses (Part IX, column (D), line 25) 83,905			
ш	17 Oil	ner expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	73	,800	159,445
	<b>18</b> To	tal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	348	,800	459,445
		evenue less expenses. Subtract line 18 from line 12		,280	154,813
58			Beginning of Cur		End of Year
ets	9	tal assets (Part X, line 16)	1,147		1,290,369
ASS Ba	1	tal liabilities (Part X, line 26)		,694	6,985
E SE					
_		et assets or fund balances. Subtract line 21 from line 20	1,134	,055	1,283,384
<u>_P</u>	art II	Signature Block			
U	nder pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to	the best of	f my knowledge and belief, it
		t, and complete. Declaration of preparer (other than officer) is based on all information of which pre			
_		C. Hunden		0/	tectas
۰.	7			9/	13/25
Sig		Signature of officer		Date	
He	re 📙	JEFF HAYDEN CHAIRMAN			
	ī	ype or print name and title			
	F	Print/Type preparer's name Preparer's signature	Date	Check	if PTIN
Paid					□" "
	DOFOT I	ONALD J AMEN, CPA RONALD J AMEN, CPA	107/31/	23 self-em	
		im's name LAUTERBACH & AMEN, LLP	Fi	rm's EIN	**-***3681
Use	Only	668 N. RIVER RD.			·
		irm's address NAPERVILLE, IL 60563	Di	one no.	630-416-6900
May		discuss this return with the preparer shown above? See instructions	10	110	Yes No
ria)	FIGURE II VO	disease the retain with the preparer shown above: See manuscrib	termerate to the terme		res NO

m 990 (2022) WESTERN DUPA		**-***2924	Pag
	m Service Accomplishments contains a response or note to		
Briefly describe the organization's mi		arry into it this t art in	
EE SCHEDULE O			******************************
***************************************			
	Service Land American		
	ignificant program services during the		□ √ ਓ
prior Form 990 or 990-EZ?  If "Yes," describe these new services	School of Control of C		Tes A
	g, or make significant changes in how	it conducts, any program	
: . 0	g, or make digramount originges in new		Yes X
If "Yes," describe these changes on \$		*****************	ACCESS AC
Describe the organization's program	service accomplishments for each of i		
	(c)(4) organizations are required to re-		d allocations to others,
the total expenses, and revenue, if a	ny, for each program service reported		
/O	247 225 including anata	300 000	) (Revenue \$
(Code: ) (Expenses \$ EE SCHEDULE O	347,235 including grants	015 300,000	) (Revenue \$
EE SCHEDULE O			
	hare 1001 and 101 and		
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5 x x x x x x x x x x x x x x x x x x x		*************************	
CONSTRUCTION CONTRACTOR CONTRACTO		2	
(Code: ) (Expenses \$	including grants	of\$	) (Revenue \$
/A	DXXXXXXX 10000 0.0 FCC 0.0 FEE 0.0 EX 100 F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	*******************************	
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7 (000.00) CODE 8 9 8 (000.00) CODE 8 (000.00)			
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5 A.C			
(O-d-) (F-:	inalisation grants	-f0	) (Revenue \$
(Code: ) (Expenses \$ /A	including grants	019	) (Revenue \$
			OCHS CONTRACT ELSE SENIOR CONTRACTANTS TO
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·	*****************		**************************************
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Deskine er er en		************	*******************************
Other program services (Describe on	Schedule O )		
(Expenses \$	including grants of\$	) (Revenue \$	1
Total program service expenses	347 235	/ fiveveline #	

		_	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			v
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		X
,	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-		_
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	l		77
a	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	444		х
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	Λ	_
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		-
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
4-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>x</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	l l		
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4.0	<del>.</del>	
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	-
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	4.		v
20a	If "Yes," complete Schedule G, Part III.  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		×
zua b	15 (1) 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	20a		<u>X</u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		_
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
$\overline{}$	The state of the s			

Pa	art IV Checklist of Required Schedules (continued)		V	81-
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	·		
25	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
_	to defense any toy average heads?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	180		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	552		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	*10.		
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):	100		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
_	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
-	conservation contributions? If "Yes," complete Schedule M	30	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"	W		
-	complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	**		
٠.	or IV, and Part V, line 1	34	X	
35a	F40() V40)0			Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
~	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
-	related organization? If "Yes," complete Schedule R, Part V, line 2	36	X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			$\Box$
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	111		
-	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	X	
P	art 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			
-	Citating adjusted a committee of tage and of the angline in the citating and any		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			T
·	reportable gaming (gambling) winnings to prize winners?	1c		
DAA	3 33 33 33 33 33 33 33 33 33 33 33 33 3		990	(202

Forn	990 (2022) WESTERN DUPAGE SRA FOUNDATION **-**2924		P	age 5
	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
р	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
42	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
h	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
U	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tay cholter transaction at any time during the lay year?			v
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T2	5c		^
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	36		
	organization coligit any contributions that were not try deductible as should be a should be as a should be as	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Oa		
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.5		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	x	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	х	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
9	sponsoring organization have excess business holdings at any time during the year?	8		
a	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?			
ь	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		_
10	Section 501(c)(7) organizations. Enter:	90		_
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	44	-	
14d h	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>X</u>
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		-
		4.		v
	excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
-	If "Yes," complete Form 4720, Schedule O.	10		
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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

Sec	tion A. Governing Body and Management				_	
		- in		$\rightarrow$	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	18			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain on Schedule O.		10			
b	Enter the number of voting members included on line 1a, above, who are independent	1b	18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			17/1		**
	any other officer, director, trustee, or key employee?			2	_	<u>x</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			.		37
	supervision of officers, directors, trustees, or key employees to a management company or other person?	0045000		3	_	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	filed?	HERRING 185	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5	-	X
6	Did the organization have members or stockholders?			6	_	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			1 _ 1		w
	one or more members of the governing body?			7a	_	<u>x</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			1 1		₹.
	stockholders, or persons other than the governing body?	505555		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the				v	
а	The governing body?			8a	X	_
b	Each committee with authority to act on behalf of the governing body?	4 4 5 1 1 7	) ( + (* (* (* (* (* (* (* (* (* (* (* (* (*	8b	X	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			,		x
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	Into	mal Davor	y C	ada l	
Sec	ction B. Policies (This Section B requests information about policies not required by the	iritei	nai kevei	ue co	Vac	No
	400.00			10a	ies	X
10a	Did the organization have local chapters, branches, or affiliates?		*********	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			10ь		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	files	the form?	11a	Х	_
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	illing	the form?	110		
ь	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			12a	x	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	o rice	to conflicts?	12b	X	_
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could giv	E 115C	to connicts:	120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			12c	x	
	describe on Schedule O how this was done		4.647,43,673,636	13	X	
13	Did the organization have a written whistleblower policy?			14	X	
14		*****				
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 decisions.	ion?				Lane
				15a		x
a	The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization	*****	934505455555	15b		X
b	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	2000				
40-	and the state of t					
16a				16a		x
	with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		F + + F + + + + + + + + + + + + + + + +			
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?			16b		
800	organization's exempt status with respect to such arrangements:					
	CHAIR COOK AND A COOK					
17	List the states with which a copy of this Form 990 is required to be filed 11. Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990	-T (se	ction 501(c)	1015150	12.51	
18	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(	(-/			
	X Own website Another's website X Upon request Other (explain on Schedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o	inter	est policy.			
19	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	recor	ds			
20 N	ATALIE PRINCIPE 116 NORTH SCHMALE ROAD					
	AROL STREAM IL 6018	38	630	68	1-0	962

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

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

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

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

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

(A) Name and title	(B) Average hours per week	offi	cer a	Pos check ess pe	more than one rson is both an director/trustee)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations	
(1) LISA ANDERSON											
TRUSTEE	0.20 0.00	x						0	О	0	
(2) MARK BARNICK	0 10										
TRUSTEE	0.10 0.00	x						o	0	0	
(3) KEVIN BECK	0.00	1					7				
TRUSTEE	0.30	7,								5	
(4) DR. LORI BELHA	0.00	X		-	-	-	-	0	0	0	
TRUSTEE	0.30										
(5) LEE FENNELL	0.00	X					-	0	0	0	
***************************************	0.20										
TREASURER	0.00	X		X				0	0	0	
(6) SAMANTHA HANSEN											
TRUSTEE	0.30						-				
(7) SCOTT HARBAUGH	0.00	X	-	-			-	0	0	0	
TRUSTEE	0.10 0.00	x						0		•	
(8) JEFF HAYDEN	0.00	A		=			$\dashv$		0	0	
(-,	0.80						-				
CHAIRMAN	0.00	x		$\mathbf{x}$				0	o	0	
(9) MOLLY KORB							$\exists$			<u></u> ,	
TRUSTEE	0.10	x						0	0	0	
(10) KEVIN LAVIN							T				
TRUSTEE	0.15 0.00	x						0	o	0	
(11) PAT MARKS							7	J	- J		
TRUSTEE	0.30	x						0	0	0	

DAA

<b>r</b> a	ırt V			of Revenue nedule O con	tains	a response or no	te to any line in	this Part VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ints	1a	Federated cam	paign	S	1a					
25 20	b	Membership du	ies	*******	1b					
Ą,	С	Fundraising eve	ents		1c	74,910				
ia ia	d	Related organiz			1d					
Sing.	е	Government grants (	contribut	ions)	1e	28,400				
oution ther	f	All other contributions and similar amounts r	, gifts, g not inclu	rants, ded above	1f	246,264				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions lines 1a-1f			1g §		242 554			
O B	h	Total. Add lines	3 1a-1	lf			349,574			
45	_					Business Code				-
Program Service Revenue	2a									
Se e	b									
E S	C			**********		10.00001.0				
8	a					ULANGO PARENTE CONTRACTOR OF THE PERENT CONTRA				
Ę	e •	All other progra	m nor	viga rovopuo		**************************************				
		All other progra								
_	3	Investment inco								T .
	"					siest, and	12,787			12,787
	4	Income from in	/estm	ent of tay-evem	nt hone	d proceeds	12,707			12,101
	5					proceeds				
	ľ	Noyalloo	*****	(i) Real		(ii) Personal				
	6a	Gross rents	6a	1,67 (14.2)	$\rightarrow$	177				
		Less: rental expenses								
		Rental inc. or (loss)	6c		$\neg \uparrow$		Av. T			
				(loss)		4121471161116116161				
	7a	Gross amount from		(i) Securities		(ii) Other				
		sales of assets other than inventory	7a							
e	ь	Less: cost or other					To a second			
Ven		basis and sales exps	7b							
Other Revenue	С	Gain or (loss)	7с							
ē	d	Net gain or (los	s)							
	8a	Gross income from	n fundi	raising events						
		(not including \$		74,910						
		of contributions re								
		1c), See Part IV, Ii	ne 18		8a	329,419				
	b	Less: direct exp	enses		8b	77,565				
					events	3	251,854			251,854
	9a	Gross income fi								
		activities. See P	art IV	, line 19	9a					
	b	Less: direct exp			9b					
	С	Net income or (	loss)	from gaming ac	tivities	**************				
	10a	Gross sales of i								
		returns and allo	wance	es	10a					
	b	Less: cost of go			10b		4 2			6
_	С	Net income or (	loss)	from sales of in	ventory					
Sn						Business Code				
Miscellaneous Revenue	11a	OTHER INCO	ME			*119177	43	43		
llan	b	S. C.								
See.	C			**********		*****				
Σ	d	All other revenu	е		11515074545	223532				
=11		Total. Add lines	11a-	-11d			43			
	12	Total revenue.	See	instructions			614,258	43	0	264,641

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\*\*-\*\*\*2924

Statement of Functional Expenses Part IX

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (D) Fundraising (A) Total expenses (B) Program service Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 300,000 300,000 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): a Management **b** Legal 4,125 4,125 c Accounting **d** Lobbying e Professional fundraising services. See Part IV, line 17 8,836 8,836 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 6,501 6,501 13 Office expenses 1,383 1,383 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 158 158 19 Conferences, conventions, and meetings 20 Interest Payments to affiliates 21 Depreciation, depletion, and amortization 23 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e, If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a FUNDRAISING 83,905 83,905 45,521 45,521 WDSRA PROGRAMS EXPENSE c STEWARDSHIP 3,811 3,811 2,722 1,714 1,008 d IN-KIND EXPENSE 2,483 2,483 e All other expenses 347,235 28,305 83,905 459,445 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check her if following SOP 98-2 (ASC 958-720) Form 990 (2022) DAA

(A) Beginning of year		(B) End of year
son interest booring		771,440
s and temporary cash investments 362,99		389,831
s and grants receivable, net	3	505,051
ats receivable, net 104,00		116,534
and other receivables from any current or former officer, director,	70 7	110,004
key employee, creator or founder, substantial contributor, or 35%		
ed entity or family member of any of these persons	5	
and other receivables from other disqualified persons (as defined		
section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	6	
and loans receivable, net	7	
sian fan anla as con	8	
d expenses and deferred charges 12,5	_	12,564
buildings, and equipment: cost or other		
Complete Part VI of Schedule D		
accumulated depreciation 10b	10c	
nents—publicly traded securities	11	
nents—other securities. See Part IV, line 11	12	
nents—program-related. See Part IV, line 11	13	
ple assets	14	
ssets. See Part IV, line 11	15	
ussets. Add lines 1 through 15 (must equal line 33) 1,147,74	9 16	1,290,369
its payable and accrued expenses	17	
payable	18	
d revenue	19	
empt bond liabilities	20	
or custodial account liability. Complete Part IV of Schedule D	21	
and other payables to any current or former officer, director,		
key employee, creator or founder, substantial contributor, or 35%		
ed entity or family member of any of these persons	22	
d mortgages and notes payable to unrelated third parties	23	
red notes and loans payable to unrelated third parties	24	
abilities (including federal income tax, payables to related third		
and other liabilities not included on lines 17-24). Complete Part X		20 20 20 20
edule D 13,69		6,985
iabilities. Add lines 17 through 25	26	6,985
zations that follow FASB ASC 958, check here X		
mplete lines 27, 28, 32, and 33.	_	4 400
sets without donor restrictions 964,39		1,126,552
sets with donor restrictions 169,60 zations that do not follow FASB ASC 958, check he	0 28	156,832
<u>—</u>		
mplete lines 29 through 33.		
stock or trust principal, or current funds	29	
or capital surplus, or land, building, or equipment fund	30	
ed earnings, endowment, accumulated income, or other funds		1 000 001
et assets or fund balances 1,134,05		1,283,384 1,290,369
ed et	earnings, endowment, accumulated income, or other funds assets or fund balances  1,134,05	earnings, endowment, accumulated income, or other funds assets or fund balances  31  1,134,055 32

Form **990** (2022)

Form	1 990 (2022) WESTERN DUPAGE SRA FOUNDATION **-**2924			Par	ge 12					
	rt XI Reconciliation of Net Assets									
	Check if Schedule O contains a response or note to any line in this Part XI	000000000000000000000000000000000000000	SERVICE SERVICES		X					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		14,						
2	Total expenses (must equal Part IX, column (A), line 25)	2	59,4							
3	Revenue less expenses. Subtract line 2 from line 1									
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))									
5	Net unrealized gains (losses) on investments									
6	Donated services and use of facilities	6								
7	Investment expenses	7								
8	Prior period adjustments	8								
9	Other changes in net assets or fund balances (explain on Schedule O)	9								
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line									
	32, column (B))	10	1,2	83,3	384					
Pa	rt XII Financial Statements and Reporting									
	Check if Schedule O contains a response or note to any line in this Part XII				Ш					
				Yes	No					
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		1111	1						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on									
	Schedule O.			1 10						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or									
	reviewed on a separate basis, consolidated basis, or both:									
	Separate basis Consolidated basis Both consolidated and separate basis			1						
b	Were the organization's financial statements audited by an independent accountant?		2b	X						
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		163.000							
	separate basis, consolidated basis, or both:		1000							
	X Separate basis Consolidated basis Both consolidated and separate basis			1 30						
С	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?		2c	X						
	If the organization changed either its oversight process or selection process during the tax year, explain on				1					
	Schedule O.			1						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the									
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		(Newsey)							
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b							
			Fo	m 996	0 (2022)					

### SCHEDULE A (Form 990)

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

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

2022

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization WESTERN DUPAGE SRA FOUNDATION

Employer identification number \*\*-\*\*\*2924

Pa	ırt I	Reas	on for Public Charity	y Status. (All organization	ns mus	st comp	lete this part.) See inst	ructions.	_			
The	orga	nization is no	t a private foundation beca	use it is: (For lines 1 through 1	12, check	only one	box.)		_			
1	П	A church, co	nvention of churches, or a	ssociation of churches describe	ed in sec	tion 170	(b)(1)(A)(i).					
2	П	A school des	scribed in section 170(b)(1	I)(A)(ii). (Attach Schedule E (F	orm 990	).)						
3	П			vice organization described in			)(A)(iii).					
4	П		cal research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
	_	city, and sta	•									
5	$\Box$	-		t of a college or university own	ed or on	erated by	, a governmental unit describe					
Ŭ	Ч	-	D(b)(1)(A)(iv). (Complete Pa	•	ica oi op	cidica o	a governmental and accomb	54 111				
6	П			governmental unit described i	n sectio	n 170(b)	(1)(A)(v)					
7	x		-	a substantial part of its support				public				
			section 170(b)(1)(A)(vi).			90 10111111	mar ann or nom the general	pasilo				
8	П			170(b)(1)(A)(vi). (Complete F	Part II.)							
9	П			escribed in section 170(b)(1)(		erated in	conjunction with a land-grant	college				
_		_	•	e of agriculture (see instructions			,	•				
		university:	ur consucuerem marcomaterous	OWALD DAMES LESSONES AND DOMESTIC WARREST STOCKNESS	eicenotecenne							
10		An organizat	tion that normally receives	(1) more than 33 1/3% of its s	upport fro	om contri	butions, membership fees, an	d gross	4			
	_			mpt functions, subject to certa								
				and unrelated business taxable				s				
			•	30, 1975. See section 509(a)		•	•					
11	Н	_	•	d exclusively to test for public :	-							
12	Ш			I exclusively for the benefit of, ations described in section 50								
				lescribes the type of supporting								
	а			perated, supervised, or control				-				
	u	_		ower to regularly appoint or ele				y giving				
			- , , .	complete Part IV, Sections A		,						
	b	Type II.	A supporting organization s	supervised or controlled in con	nection v	vith its su	ipported organization(s), by h	aving				
		control o	r management of the supp	orting organization vested in th	ne same i	persons t	hat control or manage the su	pported				
		_ •		e Part IV, Sections A and C.								
	С	Type III	functionally integrated. A	supporting organization opera	ated in co	nnection	with, and functionally integra	ted with,				
			A LOUIS A PROPERTY OF THE PROP	nstructions). You must comple				-!!!/->				
	d			ed. A supporting organization of the organization of the organization generally must				' '				
				must complete Part IV, Sect	-		•	III veriess				
	е			ceived a written determination				II				
	•			non-functionally integrated supp								
	f	Enter the nu	mber of supported organiza	ations								
	g	Provide the	following information about	the supported organization(s).	graecarae V	27251255						
(i)	Nam	e of supported	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of				
	org	anization		(described on lines 1–10		ur governing	11 1	other support (see				
				above (see instructions))		nent?	instructions)	instructions)				
/A1					Yes	No			-			
(A)												
/D\									-			
(B)												
(C)									_			
(C)												
(D)									-			
(U)												
(E)									-			
<b>(-</b> )												
r - 4	5				-				-			

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

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

	ction A. Public Support				net symmetry autility						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total				
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	294,269	342,380	422,950	286,667	349,574	1,695,840				
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf										
3	The value of services or facilities furnished by a governmental unit to the organization without charge										
4	Total. Add lines 1 through 3	294,269	342,380	422,950	286,667	349,574	1,695,840				
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						297,430				
6_	Public support. Subtract line 5 from line 4						1,398,410				
	ction B. Total Support	4 ) 0040	#1.0040	( ) 0000	( B 2004   T	4-3-0000	10 T : 1				
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total				
8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	294,269	342,380 11,845	422,950 18,170	286,667 19,052	349,574 12,787	1,695,840 72,210				
9	Net income from unrelated business activities, whether or not the business is regularly carried on										
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			119,362	323,004	329,419	771,785				
11	Total support. Add lines 7 through 10						2,539,835				
12	Gross receipts from related activities, etc.					12	88				
13	First 5 years. If the Form 990 is for the	•	second, third, fou	irth, or fifth tax ye	ar as a section 50	)1(c)(3)					
Sec	organization, check this box and stop he ction C. Computation of Public S		ntage	ALCOHOL CONTRACTOR AND A CO		\$42494444444444444444444444444444444444					
14	Public support percentage for 2022 (line			ımn (f))		14	55.06%				
15	Public support percentage from 2021 Sci	hedule A. Part II. li	ne 14	211111 (1)) <u>***********</u>		15	64.39 %				
16a	33 1/3% support test—2022. If the orga	nization did not ch	eck the box on lin	e 13. and line 14	is 33 1/3% or mo	re. check this	01.00 /0				
	box and stop here. The organization qu						X				
b	33 1/3% support test-2021. If the orga	nization did not ch	eck a box on line	13 or 16a, and lin	ne 15 is 33 1/3% d	or more, check					
	this box and stop here. The organization										
17a	10%-facts-and-circumstances test—2	022. If the organiza	ation did not check	a box on line 13	, 16a, or 16b, and	line 14 is					
	10% or more, and if the organization me				•	•					
	Part VI how the organization meets the organization			60.064.08.040.006. #408.0		*************					
b	10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line										
	15 is 10% or more, and if the organization				•						
	in Part VI how the organization meets th										
40	organization	order school school		166 47a a. 47b	a contract of executive						
18	Private foundation. If the organization of										
	instructions										

Schedule A (Form 990) 2022
Part III Support S

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	, quality and	Tare tests liste	d below, pica	se complete i	arting		
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 202	2	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")					1,7,		19
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
8 8	Add lines 7a and 7b <b>Public support.</b> (Subtract line 7c from							
	line 6.)					-	-	
	tion B. Total Support	76-47		1979	72/20			982
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 202	2	(f) Total
9	Amounts from line 6						-	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11,							
4.4	and 12.)		,					
14	First 5 years. If the Form 990 is for the	-	t, second, third, to	urth, or fifth tax y	ear as a section t	501(c)(3)		
500	organization, check this box and stop he tion C. Computation of Public S		ontago					
15				(f))			45	0/
16	Public support percentage for 2022 (line Public support percentage from 2021 Sch	o, column (i), givi	line 15	olumn (1))			15	%
	tion D. Computation of Investm			ELECTRICAL PROPERTY.		AT 1713 SATE	10	%
17	Investment income percentage for 2022			13 column (f))			17	0/.
	vestment income percentage from 2021 S			: 13, Column (I))	*****		18	%
	33 1/3% support tests—2022. If the org			line 14 and line 1	5 is more than 3	1/3% and		%
	17 is not more than 33 1/3%, check this b			•		,		
b	33 1/3% support tests—2021. If the org							nd
-	line 18 is not more than 33 1/3%, check t							
20	Private foundation. If the organization d							

\*\*-\*\*\*2924

Part IV Supporting Organizations

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

Seci	ion A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		100	
'	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by			-1
	class or purpose, describe the designation. If historic and continuing relationship, explain.	.1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
_	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
-	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	4		
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	-	-	
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination	:0.7	A DESIGNATION	
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			100
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)		-3.00	
	purposes.	4c	-	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"		-	
	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			300
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action	5a		
	was accomplished (such as by amendment to the organizing document).	Ja	-	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	5b		
	designated in the organization's organizing document?	5c		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	30		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, (ii) individuals that are part of the chantable class behavior 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>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			100
7	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity	400		
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line	775		
•	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
- Ou	disqualified persons, as defined in section 4946 (other than foundation managers and organizations	- 10		
	described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which			
_	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	11,000	1	
	supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	1111111		

10b

determine whether the organization had excess business holdings.)

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

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

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3a

3b

emergency temporary reduction (see instructions).

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

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

d Excess from 2020
d Excess from 2021
e Excess from 2022

Schedule A (Fo	rm 990) 2022	WESTERN	DUPAGE :	SRA FOUN	DATION	**-***2924		Page 8
Part VI	Supplement III, line 12; IB, lines 1 at 3a, and 3b;	tal Information. Pro Part IV, Section A, lin nd 2; Part IV, Section Part V, line 1; Part V and 6. Also complete	es 1, 2, 3b, 3 n C, line 1; Pa /, Section B, li	c, 4b, 4c, 5a art IV, Sectior ine 1e; Part \	, 6, 9a, 9b, 9c n D, lines 2 an V, Section D, li	, 11a, 11b, and 11c; d 3; Part IV, Section ines 5, 6, and 8; and	Part IV, E, lines	Section 1c, 2a, 2b
PART I		10 - OTHER I						
OTHER	INCOME			\$	442,366		****	*****
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### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 2022 Open to Public Inspection

Name of the organization

Employer identification number

Part I	CERN DUPAGE SRA FOUNDATION Organizations Maintaining Donor Advised Funds or Other Similar Fund	**-***2924
art i	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Tota	al number at end of year	
2 Agg	regate value of contributions to (during year)	
3 Agg	regate value of grants from (during year)	
4 Agg	regate value at end of year	
	the organization inform all donors and donor advisors in writing that the assets held in donor advise	
	ds are the organization's property, subject to the organization's exclusive legal control?	
6 Did	the organization inform all grantees, donors, and donor advisors in writing that grant funds can be u	sed
only	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpo	se
	ferring impermissible private benefit?	Yes N
Part II	Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1 Pur	pose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education Preservation of a histori	cally important land area
	Protection of natural habitat Preservation of a certific	ed historic structure
	Preservation of open space	
2 Con	nplete lines 2a through 2d if the organization held a qualified conservation contribution in the form of	f a conservation
eas	ement on the last day of the tax year.	Held at the End of the Tax Y
<b>a</b> Tota	al number of conservation easements	2a
<b>b</b> Tota	al acreage restricted by conservation easements	2b
c Nun	nber of conservation easements on a certified historic structure included in (a)	2c
<b>d</b> Nun	nber of conservation easements included in (c) acquired after July 25, 2006, and not on a	
histo	oric structure listed in the National Register	2d
Nun	nber of conservation easements modified, transferred, released, extinguished, or terminated by the	organization during the
tax	year	
	nber of states where property subject to conservation easement is located	
Doe	s the organization have a written policy regarding the periodic monitoring, inspection, handling of	
viola	ations, and enforcement of the conservation easements it holds?	Yes N
	f and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conse	
' Amo	ount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation	on easements during the year
B Doe	is 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 N
In F	Part XIII, describe how the organization reports conservation easements in its revenue and expense	statement and
bala	ince sheet, and include, if applicable, the text of the footnote to the organization's financial statemer	its that describes the
orga	anization's accounting for conservation easements.	
Part II	Organizations Maintaining Collections of Art, Historical Treasures, or Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	Other Similar Assets.
a If th	e organization elected, as permitted under FASB ASC 958, not to report in its revenue statement ar	nd balance sheet works
of a	rt, historical treasures, or other similar assets held for public exhibition, education, or research in fur	therance of public
serv	rice, provide in Part XIII the text of the footnote to its financial statements that describes these items	5
<b>b</b> If th	e organization elected, as permitted under FASB ASC 958, to report in its revenue statement and ba	alance sheet works of
art,	historical treasures, or other similar assets held for public exhibition, education, or research in further	erance of public service,
	ride 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	\$
! If th	e organization received or held works of art, historical treasures, or other similar assets for financial	gain, provide the
	wing amounts required to be reported under FASB ASC 958 relating to these items:	- ·
follo	enue included on Form 990, Part VIII, line 1	\$
follo a Rev	enue included on Form 990, Part VIII, line 1 ets included in Form 990, Part X	\$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continuous)  3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):  a Public exhibition  b Scholarly research c Preservation for future generations  4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV Escrow and Custodial Arrangements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  Amount  1c  d Additions during the year
collection items (check all that apply):  a Public exhibition
b Scholarly research e Other c Preservation for future generations  4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV Escrow and Custodial Arrangements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  Amount  1c
b Scholarly research e Other c Preservation for future generations  4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV Escrow and Custodial Arrangements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  Amount  1c
c Preservation for future generations  4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV Escrow and Custodial Arrangements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  Amount  C Beginning balance
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?  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?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  Amount  C Beginning balance
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?  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?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  Amount  c Beginning balance
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?  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?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  Amount  c Beginning balance
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV Escrow and Custodial Arrangements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  Amount  1c
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?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  Amount  1c
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?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  Amount  1c
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Yes
included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  Amount  1c
b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  Amount  1c
c Beginning balance Amount  1c
5 Beginning Statute and the second se
ri Accimicus modifici del Vest
e Distributions during the year
l Af l
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on 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
1a Beginning of year balance
b Contributions
c Net investment earnings, gains, and
losses
d Grants or scholarships
e Other expenditures for facilities and
f Administrative expenses
g End of year balance
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment %
b Permanent endowment %
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:
5/g5/m2450// 2//
(i) Delaid annieties and in the second secon
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  3b
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 1
Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value
(investment) (other) depreciation
1a Land
b Buildings
c Leasehold improvements
d Equipment
e Other  Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part X	Other Liabilities.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 line 25.	1e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book value
(1) Federa	l income taxes	
(2) DUE	TO WDSRA	6,985
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
	nn (b) must equal Form 990, Part X, col. (B) line 25.)	6,985
	r uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's finan	
	s liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote	
DAA		Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 WESTERN DUPAGE SRA FOUNDATI	ON	**-***292		Page 4
Part XI Reconciliation of Revenue per Audited Financial Stat	tements Wit	th Revenue per	Return	
Complete if the organization answered "Yes" on Form 99	o, Part IV,	line 12a.	1	693,144
1 Total revenue, gains, and other support per audited financial statements		******		093,144
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a	-5,484		
a Net unrealized gains (losses) on investments	• • • • • • • • • • • • • • • • • • • •	6,805		
b Donated services and use of facilities	22:	0,000		
c Recoveries of prior year grants	10	77,565		
d Other (Describe in Part XIII.)			2e	78,886
e Add lines 2a through 2d  3 Subtract line 2e from line 1			3	614,258
3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		***************************************		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)	7.7			
c Add lines 4a and 4b			4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	614,258
Part XII Reconciliation of Expenses per Audited Financial Sta	atements W	ith Expenses p	er Retu	rn.
Complete if the organization answered "Yes" on Form 99	90, Part IV,	line 12a.		
1 Total expenses and losses per audited financial statements			1	543,815
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	20 20			
a Donated services and use of facilities	2a	6,805		
<b>b</b> Prior year adjustments				
c Other losses	1 2-1			
d Other (Describe in Part XIII.)		77,565		04.070
e Add lines 2a through 2d	90439040808140408140408	*********	2e	84,370
3 Subtract line 2e from line 1			3	459,445
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	8			
a Investment expenses not included on Form 990, Part VIII, line 7b	1 1			
b Other (Describe in Part XIII.)			40	
c Add lines 4a and 4b			4c 5	459,445
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.		CERCULA DE LA CARRA DEL CARRA DE LA CARRA DEL CARRA DE LA CARA DE LA CARRA DE		100,110
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to part XI, LINE 2D - REVENUE AMOUNTS INCLUITAMOUNT REPRESENTS SPECIAL EVENTS DIRECT	rovide any add	litional information. FINANCIALS	- OT	HER
PART XII, LINE 2D - EXPENSE AMOUNTS INCL				
AMOUNT REPRESENTS SPECIAL EVENTS DIRECT			\$	77,565
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Schedule D (F	orm 990) 2022	WESTERN	DUPAGE	SRA	FOUNDATION	**-***2924	Page 5
Part XIII	Supplemen	tal Informat	tion (continue	ed)			
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## SCHEDULE G (Form 990)

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

▶ Attach to Form 990 or Form 990-EZ.

Inspection

Department of the Treasury Internal Revenue Service

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

Open to Public

OMB No. 1545-0047

ame of the organization  WESTERN DUPAGE	SPA FOIINDA	TTON	5		**-**29	
Part I Fundraising Activities. Comple	ete if the organiz	zation a	ansv	vered "Yes" on F		
Form 990-EZ filers are not requ				o Chook all that an	alv	
1 Indicate whether the organization raised funds the					piy,	
a Mail solicitations				emment grants		
b Internet and email solicitations				ment grants		
c Phone solicitations	g L Special f	undraisii	ng ev	ents/		
d In-person solicitations						
2a Did the organization have a written or oral agree or key employees listed in Form 990, Part VII) or	ment with any individual entity in connection	ual (inc with pro	ofess	g officers, directors, ional fundraising sen	trustees, vices?	Yes No
b If "Yes," list the 10 highest paid individuals or ent compensated at least \$5,000 by the organization	ities (fundraisers) pu	rsuant t	agr			be
//> Name and address of individual		(iii) Did raiser	have	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to (or retained by)
<ul><li>(i) Name and address of individual or entity (fundraiser)</li></ul>	(ii) Activity	custod		from activity	fundraiser listed in	organization
		contribu	_		col. (i)	
		Yes	No			
		+	-			
otal  List all states in which the organization is register			ributi	one or has been not	I ified it is exempt from	
3 List all states in which the organization is register registration or licensing.	rea or licensed to so	mor com	iibuu	ons of flas been flot	ined it is exempt from	
A SANCA BARAN BERBARAN SANCAN SANCAN DA SANCAN			,aa			
				,11041110V114444184		********
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Page 2

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

_		gross receipts	greater than \$5,000.			
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events
			AUCTION	GOLF OUTING	2	(add col. (a) through
ല			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	272,932	77,469	53,928	404,329
		Less: Contributions	70,376	4,534		74,910
	3	Gross income (line 1 minus	202,556	72,935	53,928	329,419
		line 2)	202,330	12,955	33,926	329,419
		Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
EXD	7	Food and beverages				
ΟİĞ	8	Entertainment				
	9	Other direct expenses	56,845	20,720		77,565
	10	Direct expense summary	v. Add lines 4 through 9 in column	n (d)		77,565
_	11	Net income summary. Su	ubtract line 10 from line 3, columniplete if the organization an	n (d)		251,854
P	art	III Gaming. Com	oplete if the organization an form 990-EZ, line 6a.	swered "Yes" on Form 990	), Part IV, line 19, or r	eported more than
1)		\$15,000 OH 1 C		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Rev	١.	_				
	1	Gross revenue				
Expenses	2	Cash prizes				
Expe	3	Noncash prizes				:-
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summary	v. Add lines 2 through 5 in column	n (d)		<del>-</del>
	8	Net gaming income sum	mary. Subtract line 7 from line 1,	column (d)	***********	,
9	En	ter the state(s) in which th	ne organization conducts gaming	activities:		
а	ls 1	the organization licensed t	to conduct gaming activities in ea	ch of these states?		Yes No
			*************			
	T) T					contract contract and contract of
	We		n's gaming licenses revoked, susp			
	We	ere any of the organization	n's gaming licenses revoked, susp		tax year?	Yes No

Sche	edule G (Form 990) 2022 WESTERN DUPAGE SRA FOUNDATION **-**2924	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity	
	formed to administer charitable gaming?	Yes No
13	Indicate the percentage of gaming activity conducted in:	1
а	The organization's facility	13a %
b	An outside facility  Enter the name and address of the person who prepares the organization's gaming/special events books and	13b %_
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name	e 600606 e00 e 600 e 600
	Address	
15a	Does the organization have a contract with a third party from whom the organization receives gaming	☐ Yes ☐ No
b	revenue?  If "Yes," enter the amount of gaming revenue received by the organization \$ and the	505500
-	amount of gaming revenue retained by the third party \$	
С	If "Yes," enter name and address of the third party:	
	Name	16517252555115
	Address	
16	Gaming manager information:	
	Name	
	Gaming manager compensation \$	
	Description of services provided	refre.
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
a	The state of the s	
_	retain the state gaming license?	Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or	
	spent in the organization's own exempt activities during the tax year \$	
Pa	<b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additiona See instructions.	
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	Sche	dule G (Form 990) 2022

OMB No. 1545-0047 Employer identification number \*\*-\*\*\*2924 Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Go to www.irs.gov/Form990 for the latest information. Attach to Form 990. WESTERN DUPAGE SRA FOUNDATION Department of the Treasury nternal Revenue Service Name of the organization SCHEDULE ! (Form 990) Part

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 °N Open to Public Inspection 2022 FUND PROGRAMS (h) Purpose of grant or assistance X Yes ဝှု Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. noncash assistance (g) Description of 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance the selection criteria used to award the grants or assistance?

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 300,000 (d) Amount of cash grant (c) IRC section (if applicable) General Information on Grants and Assistance \*\*-\*\*4330 (p) EIN (1) WESTERN DUPAGE SPECIAL RECREATION IL 60188 (a) Name and address of organization or government 116 N. SCHMALE ROAD

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For Paperwork Reduction Act Notice, see the Instructions for Form 990.  $_{\rm DAA}$ 

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

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

Schedule I (Form 990) (2022)

Schedule I (Form 990) (2022) WESTERN DUPAGE	GE SRA FOUNDATION		**-***2924		Page 2
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	to Domestic Individ	Iuals. Complete if the	he organization ansv	vered "Yes" on Form 990	
(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)	(e) Method of valuation (book, (f) Description of noncash assistance FMV, appraisal, other)
-					
2					
3					
4					
5					
9					
7					
Part IV Supplemental Information. Provide the	ovide the information	required in Part I, I	line 2; Part III, colun	information required in Part I, line 2; Part III, column (b); and any other additional information.	itional information.
PART I, LINE 2 - PROCEDURES FOR		RING THE USE	MONITORING THE USE OF GRANT FUNDS	NDS	
THE FOUNDATION SHARES OFFICE SPACE WITH WDSRA, AND ITS VOLUNTEERS ASSIST	CE SPACE WITH	H WDSRA, AND	ITS VOLUNTE	ERS ASSIST	
WITH RECREATIONAL PROGRAMS OPERATED BY WDSRA (THE ASSOCIATION). SOME	OPERATED BY	WDSRA (THE	ASSOCIATION)	SOME.	
FOUNDATION TRUSTEES ACTIVELY	LY PARTICIPAT	PARTICIPATE IN THE ASSOCIATION.	SSOCIATION.		
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	AND THE PROPERTY OF THE PROPER				
					Schedule I (Form 990) (2022)

# SCHEDULE M (Form 990)

# **Noncash Contributions**

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

2022

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

	WESTERN	DUPAG	E SRA FOUND	ATION	**-**29	24		
Pa	art I Types of Property				1.08(1)			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c)  Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determinir noncash contribution am	-		
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							
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					011.0101		
25	Other ( AUCTION/RAFFLE )	X	164	74,910				
26	Other ( GOLF OUTING )	Х	27	2,722	FAIR MARKET VAL	JE		
27	Other ()							
28	Other (							
29	Number of Forms 8283 received by which the organization completed I				29 0			
							Yes	No
30a	During the year, did the organization	n receive	by contribution any pro	perty reported in Part I, lir	nes 1 through			
	28, that it must hold for at least 3 y							
	used for exempt purposes for the	entire hold	ing period?			30a		X.
b	If "Yes," describe the arrangement						i	
31	Does the organization have a gift a	acceptance	e policy that requires the	e review of any nonstanda	ard			
	contributions?			*****************************		31	X	
32a	Does the organization hire or use to contributions?	hird partie	s or related organization	ns to solicit, process, or s	ell noncash	32a	х	-
b	If "Yes," describe in Part II.							
33	If the organization didn't report an a describe in Part II.	amount in	column (c) for a type of	property for which colum	n (a) is checked,			

### SCHEDULE O (Form 990)

## 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.

2022

Employer identification number

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Open to Public Inspection

WESTERN DUPAGE SRA FOUNDATION \*\*-\*\*\*2924 FORM 990 - ORGANIZATION'S MISSION TO DEVELOP LONG-TERM PROGRAMS OF GIVING FROM INDIVIDUALS, BUSINESSES, AND ORGANIZATIONS TO FURTHER THE GOALS AND IDEALS OF THE WESTERN DUPAGE SPECIAL RECREATION ASSOCIATION, WHICH SERVES INDIVIDUALS WITH DISABILITIES THROUGHOUT WESTERN DUPAGE COUNTY. FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT THE WESTERN DUPAGE SPECIAL RECREATION ASSOCIATION FOUNDATION EXISTS TO PROVIDE RESOURCES (TIME, TALENTS AND TREASURES) TO THE WESTERN DUPAGE SPECIAL RECREATION ASSOCIATION. THESE RESOURCES STRENGTHEN THE PROGRAMS AND SERVICES FOR THOSE INDIVIDUALS OF ALL AGES WITH SPECIAL NEEDS WHO PARTICIPATE IN WDSRA PROGRAMMING. THE METHODS THROUGH WHICH FUNDS ARE RAISED INCLUDE SPECIAL EVENTS, GRANT WRITING AND INDIVIDUAL REQUESTS FOR SUPPORT. THESE FUNDS ARE USED TO SUPPORT PROGRAMS, TO PROVIDE SCHOLARSHIPS FOR PARTICIPANTS FACING FINANCIAL CHALLENGES, FOR BUILDING IMPROVEMENTS, VEHICLE PURCHASES, OR OTHER NEEDS THAT WDSRA MAY HAVE. THE WDSRA FOUNDATION WORKS TOWARD MAXIMIZING THE COMMUNITIES AWARENESS OF WDSRA AND THE BENEFITS THAT ARE GAINED THROUGH THE WIDE VARIETY OF RECREATIONAL OPPORTUNITIES OFFERED THROUGH WDSRA. FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 MANAGEMENT AND THE BOARD OF TRUSTEES RECEIVE A DRAFT OF FORM 990 FOR REVIEW

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

PRIOR TO FILING

Name of the organization	Employer identification number **-***2924
WESTERN DUPAGE SRA FOUNDATION	1
THE FOUNDATION REVIEWS THE CONFLICT OF INTERES	T POLICY AT A BOARD MEETING
ON AN ANNUAL BASIS.	ANNA MARKA
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FORM 990, PART VI, LINE 19 - GOVERNING DOCUME	NTS DISCLOSURE EXPLANATION
THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS,	CONFLICT OF INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBL	
AND FINANCIAL SIMILARIS AVIILLAND	
TORY OLD DADE ST. LIVE O. OFFIER CHANCES IN A	
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN	
AMOUNT REPRESENTS SPECIAL EVENTS DIRECT EXPENS	
AMOUNT REPRESENTS SPECIAL EVENTS DIRECT EXPENS	SES NETTED \$ -77,565
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	PAGE 1 OF 1

OMB No. 1545-0047

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Open to Public 2022 Inspection

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

Employer identification number \*\*-\*\*2924

Schedule R (Form 990) 2022 Section 512(bx13) controlled entity? Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. (f) t controlling entity × Direct ( (f)
Direct controlling entity (e) End-of-year assets N/A (e)
Public charity status
(if section 501(c)(3)) Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) Total income (d) Exempt Code section (c) Legal domicile (state or foreign country) (c) Legal domicile (state or foreign country) H (b) Primary activity (b) Primary activity SPCL REC \*\*-\*\*4330 WESTERN DUPAGE SRA FOUNDATION For Paperwork Reduction Act Notice, see the Instructions for Form 990.  $_{\mbox{\footnotesize DAA}}$ (a)  $$({\rm lab}({\rm lab$ WESTERN DUPAGE SPECIAL RECREATION (a)
Name, address, and EIN of related organization IL 60188 SCHMALE ROAD CAROL STREAM 116 N. Part II Part Ξ Ξ 3 3 4 3 8 ල 4 (2)

Porcentage ownership				יוני	מם מ אמונ	Silling dilicial	וווס ומע אפם	because it had one or more related organizations treated as a partitieshing due tax year.			-	
Tart N Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Power and the 34, because all had one or more related organizations to related as a corporation or Trust. Complete if the organization answered "Yes" on Form 990, Power and the 34, because all had one or more related organizations to related as a corporation or Trust. Complete if the organization answered "Yes" on Form 990, Power and the 34, because all had one or more related organizations and the 34, because all had one or more related organizations are related as a corporation or Trust. Complete if the organization answered "Yes" on Form 990, Power and the 34, because all had one or more related organizations are related as a corporation or Trust. Complete if the organization answered "Yes" or Form 990, Power or more related organizations are related as a corporation or Trust. Complete if the organization answered "Yes" or Form 990, Power or more related organizations are related as a corporation or Trust. Complete if the organization answered "Yes" or Form 990, Power or More and Power or		(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal comicile state or foreign counfry)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-year assets	nf- Dispro- portionate alloc ?	Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General c managing partner?	(k) Percentage ownership
Trust. Complete if the organization answered "Yes" on Form 990, P. Imp. 34, because it had one or more related organizations treated as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, P. Imp. 34, because it had one or more related organizations treated as a corporation or trust during the lax year.    Output Complete if the organization answered "Yes" on Form 990, P. Imp. 34, because it had one or more related organizations treated as a corporation or trust during the lax year.    Output Complete if the organization answered "Yes" on Form 990, P. Imp. 35 per 40 per												
The ine 34, because it had one or more related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, P.    Ine 34, because it had one or more related Organizations treated as a corporation or Trust during the tax year.    Ine 34, because it had one or more related Organizations treated as a corporation or Trust during the tax year.    Ine 34, because it had one or more related Organizations treated as a corporation or Trust of the organization answered "Yes" on Form 990, P.    Ine 34, because it had one or more related Organizations treated as a corporation or Trust (and my 990, P.)    Ine 34, because it had one or more related organizations treated as a corporation or Trust (and my 990, P.)    Ine 34, because it had one or more related organizations treated as a corporation or Trust (and my 990, P.)    Ine 34, because it had one or more related organizations treated as a corporation or Trust (and my 990, P.)    Ine 34, because it had one or more related organizations treated as a corporation or Trust (and my 990, P.)    Ine 34, because it had one or more related as a corporation or Trust (and my 990, P.)    Ine 34, because it had one or more related as a corporation or Trust (and my 990, P.)    Ine 34, because it had one or more related as a corporation or Trust (and my 990, P.)    Ine 34, because it had one or more related as a corporation or												
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art IV line 34, because it had one or more related organizations Taxable as a Corporation or trust during the tax year.     A corporation or trust during the tax year.     (b)     (c)												
Name, address, and EIN of related organization (a) Primary activity (b) Primary activity (c)	Part IV	Identification of Related Organizat	ions Taxabl	e as a	Corporations treated	on or Trust. C	Complete if to	he organization uring the tax year	answered ar.		1 990, F	art IV,
		(a) Name, address, and EIN of related organization	(b) Primary activi	>	(c) Legal domicile (state or	(d) Direct controlling enlity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share end-of-yea		(h) entage ership	(i) Section 512(b)(13) controlled entity?
												Yes No
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# Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	S No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ore related organizations	listed in Parts II–IV?			
a Receipt of (ii) interest, (iii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	×
b Gift, grant, or capital contribution to related organization(s)				dt X	$\vdash$
c Gift, grant, or capital contribution from related organization(s)		************************	计通信 电电话 医人名英格兰人姓氏 医生物 医电影 医医电影 医医电影	10	×
d Loans or loan quarantees to or for related organization(s)	- SCALAR - 1-1000 - 1-10 - 1-1000 - 1-1	55-5-88888-000000000000000000000000		2 7	×
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e Loans or ioan guarantees by related organization(s)		The state of the s		1e	×
f Dividends from related organization(s)				1f	×
g Sale of assets to related organization(s)				10	×
ation(s)				=	×
i Exchange of assets with related organization(s)		S 52120101010101010101010101		=	×
j Lease of facilities, equipment, or other assets to related organization(s)				=	×
			*** 그런 보는		
k Lease of facilities, equipment, or other assets from related organization(s)				*	×
1 Performance of services or membership or fundraising solicitations for related organization(s)				=	×
m Performance of services or membership or fundraising solicitations by related organization(s)				1 X	-
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			orderen er einstern er	_	
o Sharing of paid employees with related organization(s)				5	×
			されることできた。 かんかん かんかい かんかん かんかん かんかん かんかん かんかん かんか	2	
				9	×
q Reimbursement paid by related organization(s) for expenses				19	×
r Other transfer of cash or property to related organization(s)				1- X	
				18	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including	covered relationships and transaction thresholds.	ransaction thresholds.		
(a)	(p)	(c)	(p)		
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	ount involved	
(1) WESTERN DUPAGE SPECIAL RECREATION	В		PAYMENT BY CHECK	X	
(2)					
(3)					
(4)					
(5)					
(9)					

Schedule R (Form 990) 2022

Page 4

Schedule R (Form 990) 2022 WESTERN DUPAGE SRA FOUNDATION

Part VI

\*\*-\*\*\*2924

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37,

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile	Predominant income (related,	(e) Are all partners section	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V—UBI amount in box 20 of Schedule K-1	(j) General or managing partner?	(k) Percentage ownership
		foreign country)	from tax under sections 512-514)	- 5 I Z	ري دي ا		Yes	(Form 1065)	Yes No	
(1)										
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Schedule R (Form 990) 2022

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Part VII	Supplem Provide a	ental I	Informat	ion.	response	s to questions	on Schedule R. See instruc	tions
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