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Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

2009

Department of the Treasury
Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

For calendar year 2009, or tax year beginning

, and ending

G Check all that apply:

☐ Initial return☐ Initial return of a former public charity☐ Final return☐ Amended return☐ Address change☐ Name changeUse the IRS
label.Otherwise,
print
or type.See Specific
Instructions.

Name of foundation

Community Memorial Foundation

Number and street (or P.O. box number if mail is not delivered to street address)

15 Spinning Wheel Road

Room/suite

326

City or town, state, and ZIP code

Hinsdale, IL 60521

A Employer identification number

36-4012380

B Telephone number

(630) 654-4729

C If exemption application is pending, check here ☐D 1. Foreign organizations, check here ☐2. Foreign organizations meeting the 85% test, check here and attach computation ☐E If private foundation status was terminated under section 507(b)(1)(A), check here ☐F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐

H Check type of organization:

☒ Section 501(c)(3) exempt private foundation☐ Section 4947(a)(1) nonexempt charitable trust☐ Other taxable private foundationI Fair market value of all assets at end of year
(from Part II, col. (c), line 16)

\$ 79,260,233.

J Accounting method:

☐ Cash☒ Accrual☐ Other (specify)

(Part I, column (d) must be on cash basis.)

Part I Analysis of Revenue and Expenses

(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)

(a) Revenue and
expenses per books(b) Net investment
income(c) Adjusted net
income(d) Disbursements
for charitable purposes
(cash basis only)

Revenue	1 Contributions, gifts, grants, etc., received			N/A
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B			
	3 Interest on savings and temporary cash investments	12,523.	12,523.	Statement 2
	4 Dividends and interest from securities	1,613,919.	1,620,589.	Statement 3
	5a Gross rents			
	b Net rental income or (loss)			
	6a Net gain or (loss) from sale of assets not on line 10	<7,490,072.>		Statement 1
	b Gross sales price for all assets on line 6a	20,339,966.		
	7 Capital gain net income (from Part IV, line 2)		0.	
	8 Net short-term capital gain			
	9 Income modifications			
	10a Gross sales less returns and allowances			
b Less Cost of goods sold				
c Gross profit (or loss)				
11 Other income	<11,381.>	31,504.	Statement 4	
12 Total. Add lines 1 through 11	<5,875,011.>	1,664,616.		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	349,636.	36,649.	307,680.
	14 Other employee salaries and wages	270,897.	4,736.	266,161.
	15 Pension plans, employee benefits	143,725.	6,029.	122,696.
	16a Legal fees Stmt 5	18,887.	1,089.	17,798.
	b Accounting fees Stmt 6	58,735.	7,171.	51,564.
	c Other professional fees Stmt 7	386,912.	290,945.	95,967.
	17 Interest	2,040.	2,040.	0.
	18 Taxes Stmt 8	64,049.	51,940.	0.
	19 Depreciation and depletion	5,709.	400.	
	20 Occupancy	57,008.	3,990.	53,018.
	21 Travel, conferences, and meetings	56,722.	801.	55,921.
	22 Printing and publications	8,917.	68.	8,849.
	23 Other expenses Stmt 9	44,821.	2,825.	41,996.
	24 Total operating and administrative expenses. Add lines 13 through 23	1,468,058.	408,683.	1,021,650.
	25 Contributions, gifts, grants paid	2,601,825.		3,762,367.
26 Total expenses and disbursements. Add lines 24 and 25	4,069,883.	408,683.	4,784,017.	
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	<9,944,894.>			
b Net investment income (if negative, enter -0-)		1,255,933.		
c Adjusted net income (if negative, enter -0-)			N/A	

Part II Balance Sheets

Attached schedules and amounts in the description column should be for end-of-year amounts only

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing			
	2 Savings and temporary cash investments	8,977,753.	5,096,857.	5,096,857.
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	11,375.	15,662.	15,662.
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock Stmt 11	28,629,812.	41,699,533.	41,699,533.
	c Investments - corporate bonds Stmt 12	10,707,932.	10,611,821.	10,611,821.
Liabilities	11 Investments - land, buildings, and equipment basis ▶			
	Less: accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other Stmt 13	21,654,967.	20,175,393.	20,175,393.
	14 Land, buildings, and equipment basis ▶ 151,607.			
	Less: accumulated depreciation Stmt 14 ▶ 140,237.	17,079.	11,370.	11,370.
	15 Other assets (describe ▶ Statement 15)	1,500,760.	1,649,597.	1,649,597.
	16 Total assets (to be completed by all filers)	71,499,678.	79,260,233.	79,260,233.
	17 Accounts payable and accrued expenses	65,160.	68,273.	
	18 Grants payable	4,215,833.	3,055,291.	
Net Assets or Fund Balances	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶ Statement 16)	824,512.	995,514.	
23 Total liabilities (add lines 17 through 22)	5,105,505.	4,119,078.		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	66,308,773.	75,022,493.	
	25 Temporarily restricted	85,400.	118,662.	
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg., and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
30 Total net assets or fund balances	66,394,173.	75,141,155.		
31 Total liabilities and net assets/fund balances	71,499,678.	79,260,233.		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	66,394,173.
2 Enter amount from Part I, line 27a	2	<9,944,894.>
3 Other increases not included in line 2 (itemize) ▶ See Statement 10	3	18,691,876.
4 Add lines 1, 2, and 3	4	75,141,155.
5 Decreases not included in line 2 (itemize) ▶	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	75,141,155.

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Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a			
b See Attached Statements			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e 20,339,966.		27,867,227.	<7,527,261.>

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			
b			
c			
d			
e			<7,527,261.>

2 Capital gain net income or (net capital loss)	<div> <div>If gain, also enter in Part I, line 7</div> <div>If (loss), enter -0- in Part I, line 7</div> </div>	2	<7,527,261.>
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8	<div> <div>If gain, also enter in Part I, line 8, column (c).</div> <div>If (loss), enter -0- in Part I, line 8</div> </div>	3	N/A

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2008	4,995,870.	85,554,206.	.058394
2007	5,402,642.	95,588,441.	.056520
2006	5,081,493.	88,385,243.	.057493
2005	4,809,638.	83,005,359.	.057944
2004	4,858,849.	80,175,621.	.060603

2 Total of line 1, column (d)	2	.290954
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	.058191
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5	4	70,981,501.
5 Multiply line 4 by line 3	5	4,130,485.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	12,559.
7 Add lines 5 and 6	7	4,143,044.
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.	8	4,784,017.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)		1	12,559.
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		2	0.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		3	12,559.
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
3 Add lines 1 and 2		5	12,559.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			
6 Credits/Payments:			
a 2009 estimated tax payments and 2008 overpayment credited to 2009	6a 15,000.		
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c 5,000.		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d		7	20,000.
8 Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached		8	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10	7,441.
11 Enter the amount of line 10 to be: Credited to 2010 estimated tax <input checked="" type="checkbox"/> 7,441. Refunded <input type="checkbox"/>		11	0.

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities		X
1c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input checked="" type="checkbox"/> \$ 0. (2) On foundation managers. <input checked="" type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input checked="" type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input checked="" type="checkbox"/> IL		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

N/A

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Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>www.cmfdn.org</u>	13	X	
14	The books are in care of ► <u>James Durkan Community Memorial Fdn</u> Telephone no. ► <u>(630) 654-4729</u> Located at ► <u>15 Spinning Wheel Rd, Ste. 325, Hinsdale, IL</u> ZIP+4 ► <u>60521</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year		15	N/A

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here		1b X
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?		1c X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? If "Yes," list the years ►	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)	N/A	2b
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ►		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009.)	N/A	3b
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?		4b X

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Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5a** During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No**b** If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

N/A

5b

Organizations relying on a current notice regarding disaster assistance check here

☒**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

X

If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?☐ Yes ☒ No**b** If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7b

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1** List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Statement 17		344,329.	84,314.	10,000.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Nanette M. Silva	Program Officer			
7550 N. Maplewood, Chicago, IL 60645	35.00	87,072.	23,913.	0.
Thomas L. Fuechtman	Program Officer			
105 Lincoln Ave., Riverside, IL 60546	40.00	72,531.	19,265.	0.
Deborah A. Kustra	Grants Manager			
236 W. Nebraska, Frankfort, IL 60423	40.00	69,846.	14,603.	0.

Total number of other employees paid over \$50,000

0

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Part VIII**Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** (continued)**3** Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
Marquette Associates - 180 N. LaSalle Street, Suite 3500, Chicago, IL 60601	Investment Manager	105,000.

Total number of others receiving over \$50,000 for professional services

0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 Building Organizational Effectiveness Program Provides local non-profit organizations with continuous learning and improvement opportunities	313,928.
2 Healthcare Access Program (HCA) Addressing healthcare access issues and raising public awareness within the communities it serves	252,796.
3	
4	

Part IX-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0.

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Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	63,857,978.
b	Average of monthly cash balances	1b	8,204,460.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	72,062,438.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	72,062,438.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,080,937.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	70,981,501.
6	Minimum investment return. Enter 5% of line 5	6	3,549,075.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	3,549,075.
2a	Tax on investment income for 2009 from Part VI, line 5	2a	12,559.
b	Income tax for 2009. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	12,559.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	3,536,516.
4	Recoveries of amounts treated as qualifying distributions	4	250,000.
5	Add lines 3 and 4	5	3,786,516.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	3,786,516.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	4,784,017.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	4,784,017.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	12,559.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	4,771,458.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Form 990-PF (2009)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				3,786,516.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004				
b From 2005				
c From 2006				85,529.
d From 2007				811,132.
e From 2008				745,603.
f Total of lines 3a through e	1,642,264.			
4 Qualifying distributions for 2009 from Part XII, line 4: ► \$ 4,784,017.				
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2009 distributable amount				3,786,516.
e Remaining amount distributed out of corpus	997,501.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	2,639,765.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2008. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	2,639,765.			
10 Analysis of line 9:				
a Excess from 2005				
b Excess from 2006				85,529.
c Excess from 2007				811,132.
d Excess from 2008				745,603.
e Excess from 2009				997,501.

Community Memorial Foundation

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a Geneva Capital Management - Short Term Gains and			Various	Various
b Geneva Capital Management - Long Term Gains and L			Various	Various
c Marshall & Ilsley Trust Account - Short Term Gain			Various	Various
d Marshall & Ilsley Trust Account - Long Term Gains			Various	Various
e Marshall & Ilsley Trust Account - ROC			Various	Various
f Prime Property Fund LLC - ROC			Various	Various
g CS McKee Management - Short Term Gains and Losses			Various	Various
h CS McKee Management - Long Term Gains and Losses			Various	Various
i Fiduciary Manangement - Short Term Gains and Loss			Various	Various
j Fiduciary Manangement - Long Term Gains and Losse			Various	Various
k Fiduciary Manangement - ROC		P	Various	Various
l London Company Manangement - Short Term Gains and			Various	Various
m London Company Manangement - Long Term Gains and			Various	Various
n Buckeye Partners LP - 1427 units			Various	Various
o Cedar Fair LP - 3846 units			Various	Various

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 88,849.		112,697.	<23,848.>
b 769,574.		963,197.	<193,623.>
c 393,713.		572,130.	<178,417.>
d 11,439,839.		17,749,283.	<6,309,444.>
e 14,473.		14,473.	0.
f 74,601.		74,601.	0.
g 655,352.		682,893.	<27,541.>
h 427,778.		454,625.	<26,847.>
i 615,465.		767,640.	<152,175.>
j 405,328.		423,162.	<17,834.>
k 2,176.		2,176.	0.
l 829,225.		734,909.	94,316.
m 102,215.		110,249.	<8,034.>
n 74,447.		45,262.	29,185.
o 41,189.		53,489.	<12,300.>

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			<23,848.>
b			<193,623.>
c			<178,417.>
d			<6,309,444.>
e			0.
f			0.
g			<27,541.>
h			<26,847.>
i			<152,175.>
j			<17,834.>
k			0.
l			94,316.
m			<8,034.>
n			29,185.
o			<12,300.>

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7
If (loss), enter "-0-" in Part I, line 7 }

2

3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):

If gain, also enter in Part I, line 8, column (c).

If (loss), enter "-0-" in Part I, line 8

3

Community Memorial Foundation

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a London Company Manangement - ROC		P	Various	Various
b Meridian Diversified Fund - Long Term Gains and L		P	Various	Various
c Meridian Diversified Fund - Short Term Gains and		P	Various	Various
d International Alpha Select - ROC		P	Various	Various
e Trust Under the Retirement Plans - Short Term Gai				
f Trust Under the Retirement Plans - Long Term Gain		P		
g International Alpha Select - Short Term Gains and				
h International Alpha Select - Long Term Gains and				
i Capital Gains Dividends				
j				
k				
l				
m				
n				
o				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 26,193.		26,193.	0.
b 3,565,719.		3,125,754.	439,965.
c 523,443.		514,393.	9,050.
d 156,036.		156,036.	0.
e		6,212.	<6,212.>
f		30,977.	<30,977.>
g		337,900.	<337,900.>
h		908,976.	<908,976.>
i 134,351.			134,351.
j			
k			
l			
m			
n			
o			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			0.
b			439,965.
c			9,050.
d			0.
e			<6,212.>
f			<30,977.>
g			<337,900.>
h			<908,976.>
i			134,351.
j			
k			
l			
m			
n			
o			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }	2	<7,527,261.>
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8	3	N/A

Form 990-PF Gain or (Loss) from Sale of Assets Statement 1

(a) Description of Property	Manner Acquired	Date Acquired	Date Sold
Geneva Capital Management - Short Term Gains and Losses		Various	Various

(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss
88,849.	112,697.	0.	0.	<23,848.>

(a) Description of Property	Manner Acquired	Date Acquired	Date Sold
Geneva Capital Management - Long Term Gains and Losses		Various	Various

(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss
769,574.	963,197.	0.	0.	<193,623.>

(a) Description of Property	Manner Acquired	Date Acquired	Date Sold
Marshall & Ilsley Trust Account - Short Term Gains and Losses		Various	Various

(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss
393,713.	572,130.	0.	0.	<178,417.>

(a) Description of Property	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	Manner Acquired	Date Acquired	Date Sold
Marshall & Ilsley Trust Account - Long Term Gains and Losses					Various	Various
	11,439,839.	17,749,283.	0.		0.	<6,309,444.>

(a) Description of Property	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	Manner Acquired	Date Acquired	Date Sold
Marshall & Ilsley Trust Account - ROC					Various	Various
	14,473.	14,473.	0.		0.	0.

(a) Description of Property	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	Manner Acquired	Date Acquired	Date Sold
Prime Property Fund LLC - ROC					Various	Various
	74,601.	74,601.	0.		0.	0.

(a) Description of Property	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	Manner Acquired	Date Acquired	Date Sold
CS McKee Management - Short Term Gains and Losses					Various	Various
	655,352.	682,893.	0.		0.	<27,541.>

(a) Description of Property		Manner Acquired	Date Acquired	Date Sold
CS McKee Management - Long Term Gains and Losses			Various	Various
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss
427,778.	454,625.	0.	0.	<26,847.>

(a) Description of Property		Manner Acquired	Date Acquired	Date Sold
Fiduciary Manangement - Short Term Gains and Losses			Various	Various
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss
615,465.	767,640.	0.	0.	<152,175.>

(a) Description of Property		Manner Acquired	Date Acquired	Date Sold
Fiduciary Manangement - Long Term Gains and Losses			Various	Various
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss
405,328.	423,162.	0.	0.	<17,834.>

(a) Description of Property		Manner Acquired	Date Acquired	Date Sold
Fiduciary Manangement - ROC			Various	Various
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss
2,176.	2,176.	0.	0.	0.

(a) Description of Property	Manner Acquired	Date Acquired	Date Sold	
London Company Manangement - Short Term Gains and Losses		Various	Various	
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss
829,225.	734,909.	0.	0.	94,316.

(a) Description of Property	Manner Acquired	Date Acquired	Date Sold
London Company Manangement - Long Term Gains and Losses		Various	Various

(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss
102,215.	110,249.	0.	0.	<8,034.>

(a) Description of Property	Manner Acquired	Date Acquired	Date Sold	
Buckeye Partners LP - 1427 units		Various	Various	
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss
74,447.	45,262.	0.	0.	29,185.

(a) Description of Property	Manner Acquired	Date Acquired	Date Sold	
Cedar Fair LP - 3846 units		Various	Various	
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss
41,189.	53,489.	0.	0.	<12,300.>

(a) Description of Property			Manner Acquired	Date Acquired	Date Sold
London Company Manangement - ROC				Various	Various
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss	
26,193.	26,193.	0.	0.	0.	

(a) Description of Property			Manner Acquired	Date Acquired	Date Sold
Meridian Diversified Fund - Long Term Gains and Losses				Various	Various
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss	
3,565,719.	3,125,754.	0.	0.	439,965.	

(a) Description of Property			Manner Acquired	Date Acquired	Date Sold
Meridian Diversified Fund - Short Term Gains and Losses				Various	Various
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss	
523,443.	514,393.	0.	0.	9,050.	

(a) Description of Property			Manner Acquired	Date Acquired	Date Sold
International Alpha Select - ROC				Various	Various
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss	
156,036.	156,036.	0.	0.	0.	

(a) Description of Property	Manner Acquired	Date Acquired	Date Sold
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Trust Under the Retirement Plans - Short Term
Gains and Losses

(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss
0.	0.	0.	0.	0.

(a) Description of Property	Manner Acquired	Date Acquired	Date Sold
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Trust Under the Retirement Plans - Long Term
Gains and Losses

(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss
0.	0.	0.	0.	0.

(a) Description of Property	Manner Acquired	Date Acquired	Date Sold
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International Alpha Select - Short Term Gains
and Losses

(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss
0.	337,900.	0.	0.	<337,900.>

(a) Description of Property	Manner Acquired	Date Acquired	Date Sold
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International Alpha Select - Long Term Gains
and Losses

(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss
0.	908,976.	0.	0.	<908,976.>

Capital Gains Dividends from Part IV

134,351.

Total to Form 990-PF, Part I, line 6a

<7,490,072.>

Form 990-PF Interest on Savings and Temporary Cash Investments Statement 2

Source	Amount
Inland Bank - Checking	12,523.
Total to Form 990-PF, Part I, line 3, Column A	12,523.

Form 990-PF Dividends and Interest from Securities Statement 3

Source	Gross Amount	Capital Gains Dividends	Column (A) Amount
Investment Income	1,748,270.	134,351.	1,613,919.
Total to Form 990-PF, Part I, line 4	1,748,270.	134,351.	1,613,919.

Form 990-PF Other Income Statement 4

Description	(a) Revenue Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income
Metropolitan RE Partners - From K-1	<18,506.>	0.	
Metropolitan RE Partners - From K-1	<37,625.>	<37,625.>	
Metropolitan RE Partners - Non-Deductible Expense	<14.>	0.	
Class Action Income	65,252.	65,252.	
Buckeye Partners LP - From K-1	<4,317.>	0.	
Buckeye Partners LP - From K-1	<32.>	<32.>	
Buckeye Partners LP - Non-Deductible Expense	<53.>	0.	
Cedar Fair LP - From K-1	<4,389.>	0.	
Cedar Fair LP - Non-Deductible Expense	<698.>	0.	
Inergy LP - From K-1	<14,908.>	0.	
International Alpha Select - From K-1	3,748.	3,748.	
Cedar Fair LP - From K-1	161.	161.	
Total to Form 990-PF, Part I, line 11	<11,381.>	31,504.	

Form 990-PF	Legal Fees			Statement	5
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes	
Legal fees - McGuireWoods LLP	18,887.	1,089.		17,798.	
To Fm 990-PF, Pg 1, ln 16a	18,887.	1,089.		17,798.	

Form 990-PF	Accounting Fees			Statement	6
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes	
Accounting fees - Varey & Vaccariello CPAs PC	41,735.	2,921.		38,814.	
Audit fees - Blackman Kallick Bartelstein LLP	17,000.	4,250.		12,750.	
To Form 990-PF, Pg 1, ln 16b	58,735.	7,171.		51,564.	

Form 990-PF	Other Professional Fees			Statement	7
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes	
Consulting	62,768.	0.		62,768.	
Investment management	277,010.	277,010.		0.	
Other	34,704.	1,505.		33,199.	
Investment custodian fees	12,430.	12,430.		0.	
To Form 990-PF, Pg 1, ln 16c	386,912.	290,945.		95,967.	

Form 990-PF	Taxes			Statement	8
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes	
Excise	12,109.	0.		0.	
Foreign tax withheld on dividends	51,940.	51,940.		0.	
To Form 990-PF, Pg 1, ln 18	64,049.	51,940.		0.	

Form 990-PF	Other Expenses			Statement	9
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes	
Advertising	2,549.	155.		2,394.	
Bank charges	1,024.	1,024.		0.	
Dues and subscriptions	4,680.	0.		4,680.	
Equipment rental and maintenance	9,259.	401.		8,858.	
Insurance - general	5,091.	356.		4,735.	
Licenses and fees	193.	0.		193.	
Postage and shipping	1,163.	44.		1,119.	
Service contracts	4,171.	292.		3,879.	
Supplies	5,858.	241.		5,617.	
Telephone	4,456.	312.		4,144.	
Outside services	6,377.	0.		6,377.	
To Form 990-PF, Pg 1, ln 23	44,821.	2,825.		41,996.	

Form 990-PF	Other Increases in Net Assets or Fund Balances			Statement	10
Description				Amount	
Unrealized gain on investments carried at market value				18,408,805.	
Change in value of trust obligations				33,071.	
Income Modification - Grants Returned				250,000.	
Total to Form 990-PF, Part III, line 3				18,691,876.	

Form 990-PF	Corporate Stock	Statement	11
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Description	Book Value	Fair Market Value
See Attachment A	41,699,533.	41,699,533.
Total to Form 990-PF, Part II, line 10b	41,699,533.	41,699,533.

Form 990-PF	Corporate Bonds	Statement	12
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Description	Book Value	Fair Market Value
See Attachment B	10,611,821.	10,611,821.
Total to Form 990-PF, Part II, line 10c	10,611,821.	10,611,821.

Form 990-PF	Other Investments	Statement	13
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Description	Valuation Method	Book Value	Fair Market Value
See Attachment C	FMV	20,175,393.	20,175,393.
Total to Form 990-PF, Part II, line 13		20,175,393.	20,175,393.

Form 990-PF	Depreciation of Assets Not Held for Investment	Statement	14
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Description	Cost or Other Basis	Accumulated Depreciation	Book Value
Office equipment and furniture	63,191.	61,590.	1,601.
Computers	57,163.	47,903.	9,260.
Software	29,928.	29,419.	509.
Leasehold improvements	1,325.	1,325.	0.
Total To Fm 990-PF, Part II, ln 14	151,607.	140,237.	11,370.

INVESTMENTS - CORPORATE STOCK
 (Page 2, Part II, Line 10b)

<u>Description</u>	<u>Shares or Par</u>	<u>12/31/09 Book Value and Market Value</u>
3COM CORP COM	18,300	137,250
ATWOOD OCEANICS INC COM	5,200	186,420
BANCFIRST CORP COM	2,000	74,080
BENCHMARK ELECTRS INC COM	8,400	158,844
CHART INDUSTRIES INC	5,600	92,512
ECLIPSYS CORP COM	11,200	207,424
EMCOR GROUP INC COM	8,600	231,340
FORWARD AIR CORPORATION COM	6,700	167,701
HARMONIC INC COM	23,300	147,256
ITRON INC COM	2,700	182,439
JO-ANN STORES INC COM	4,900	177,576
LAKELAND FINL CORP COM	4,900	84,525
LAYNE CHRISTENSEN CO COM	6,200	178,002
MARINER ENERGY INC COM	5,800	67,338
MERIT MEDICAL SYSTEMS INC COM	9,800	188,552
NAVIGATORS GROUP INC COM	3,300	155,463
O REILLY AUTOMOTIVE INC COM	1,300	49,556
PAREXEL INTL CORP COM	10,200	143,820
PORTFOLIO RECOVERY ASSOCS INC COM	1,000	44,850
PRESTIGE BRANDS HLDGS INC COM	19,000	149,340
PSYCHIATRIC SOLUTIONS INC COM	6,600	139,524
SALLY BEAUTY HLDGS INC COM	20,900	159,885
SEMTECH CORP COM	9,200	156,492
SOUTHWEST BANCORP INC OKLA COM	7,900	54,826
STERIS CORP COM	5,400	151,038
SUN HYDRAULICS CORP COM	5,900	154,875
SUPERIOR ENERGY SVCS INC COM	5,000	121,450
SYNAPTICS INC COM	4,400	134,860
TORO CO COM	2,700	112,887
TTM TECHNOLOGIES INC COM	14,900	171,797
UNITED NAT FOODS INC COM	5,200	139,048
VIRGINIA COMM BANCORP INC COM	15,600	58,500
WHITNEY HLDG CORP COM	10,600	96,566
WMS INDS INC COM	4,300	172,000
ZOLTEK COS INC COM	7,800	74,100
3M CO COM	2,425	200,475
ACCENTURE PLC CLASS A ORDINARY	4,500	186,750
AMERICAN EXPRESS CO COM	2,850	115,482
AUTOMATIC DATA PROCESSING INC COM	3,650	156,293
BANK NEW YORK MELLON CORP COM	6,975	195,091
BERKSHIRE HATHAWAY INC DEL CL B	52	170,872
BP PLC SPON ADR	3,400	197,098
CARDINAL HEALTH INC COM	3,300	106,392
CAREFUSION CORP COM	3,050	76,281
CINTAS CORP COM	5,500	143,385
COVIDIEN PLC	3,100	148,459
DENTSPLY INTL INC NEW COM	4,100	144,197

INVESTMENTS - CORPORATE STOCK
 (Page 2, Part II, Line 10b)

Description	Shares or Par	12/31/09 Book Value and Market Value
DIAGEO PLC SPONSORED ADR NEW	2,600	180,466
GRAINGER W W INC COM	1,200	116,196
KIMBERLY CLARK CORP COM	2,400	152,904
MCGRAW HILL COS INC COM	4,000	134,040
NESTLE S A SPONSORED ADR REPSTG REG	3,375	163,893
ROCKWELL AUTOMATION INC COM	2,650	124,497
SCHLUMBERGER LTD COM	1,400	91,126
SYSCO CORP COM	6,050	169,037
TIME WARNER INC COM NEW	5,375	156,628
TYCO ELECTRONICS LTD SWITZERLD SHS	6,800	166,940
TYCO INTERNATIONAL LTD SHS	4,600	164,128
UNITED PARCEL SVC INC CL B	2,800	160,636
WAL MART STORES INC COM	3,775	201,774
ADOBE SYS INC COM	4,095	150,614
AFFILIATED MANAGERS GROUP INC COM	1,615	108,770
ALBERTO-CULVER CO NEW COM	3,715	108,812
AMETEK INC NEW COM	2,600	99,424
AMPHENOL CORP CL A	4,215	194,649
ANSYS INC COM	4,225	183,619
BARD C R INC COM	1,535	119,577
C H ROBINSON WORLDWIDE INC COM NEW	2,950	173,254
CERNER CORP COM	2,690	221,764
CHURCH & DWIGHT INC COM	2,295	138,733
CITRIX SYS INC COM	4,900	203,889
COACH INC COM	3,315	121,097
COGNIZANT TECH SOLUTIONS CRP COM	4,585	207,838
COPART INC COM	2,890	105,832
COVANCE INC COM	2,260	123,328
DENTSPLY INTL INC NEW COM	4,245	149,297
DICKS SPORTING GOODS INC OC-COM	6,710	166,878
DONALDSON INC COM	2,040	86,782
EATON VANCE CORP COM NON VTG	3,040	92,446
EXPEDITORS INTL WASH INC COM	3,860	134,212
FACTSET RESH SYS INC COM	1,555	102,428
FASTENAL CO COM	3,735	155,525
FISERV INC COM	2,890	140,107
FLIR SYS INC COM	4,520	147,940
FLOWERS FOODS INC COM	5,295	125,809
FLOWERVE CORP COM	1,520	143,686
FMC TECHNOLOGIES INC COM	3,060	176,990
FTI CONSULTING INC COM	1,930	91,019
GLOBAL PMTS INC COM	3,255	175,314
IDEX CORP COM	3,100	96,565
IDEXX LABORATORIES INC COM	2,900	155,005
IHS INC COM CL A	2,215	121,404
INTERCONTINENTALEXCHANGE INC COM	765	85,910
INTUIT COM	4,820	148,119
L-3 COMMUNICATIONS HLDGS INC COM	2,050	178,248

INVESTMENTS - CORPORATE STOCK

(Page 2, Part II, Line 10b)

<u>Description</u>	<u>Shares or Par</u>	<u>12/31/09 Book Value and Market Value</u>
LINCOLN ELEC HLDGS INC COM	1,475	78,854
LKQ CORP COM	6,735	131,939
MCAFEE INC COM	3,905	158,426
MICROS SYS INC COM	4,850	150,496
MORNINGSTAR INC COM	1,935	93,538
O REILLY AUTOMOTIVE INC COM	4,385	167,156
PANERA BREAD CO CL A	2,810	188,101
RANGE RESOURCES CORP COM	2,770	138,085
RESMED INC COM	2,975	155,503
ROPER INDS INC NEW COM	3,005	157,372
SIGMA ALDRICH CORP COM	1,820	92,001
SMITH INTL INC COM	3,465	94,144
SOUTHWESTERN ENERGY CO COM	3,525	169,905
STERICYCLE INC COM	2,950	162,752
STRAYER ED INC COM	645	137,075
TRACTOR SUPPLY CO COM	2,950	156,262
TRIMBLE NAV LTD COM	4,585	115,542
VARIAN MED SYS INC COM	3,445	161,398
ADVENT SOFTWARE INC COM	1,180	48,061
ALBEMARLE CORP COM	5,471	198,980
ALEXANDER & BALDWIN INC COM	5,196	177,859
ALLEGHANY CORP DEL COM	445	122,820
ATWOOD OCEANICS INC COM	3,065	109,880
BRINKS CO COM	3,243	78,935
BRINKS HOME SEC HLDGS INC COM	2,503	81,698
BUCKEYE PARTNERS LP UNIT LTD	999	54,396
CABELAS INC COM	9,660	137,752
CARMAX INC COM	4,743	115,018
CORRECTIONS CORP AMER NEW COM NEW	5,550	136,253
EATON VANCE CORP COM NON VTG	4,440	135,020
ENERGIZER HLDGS INC COM	2,100	128,688
FORCE PROTN INC COM NEW	21,344	111,202
HASBRO INC COM	6,109	195,855
HATTERAS FINL CORP COM	4,600	128,616
IMS HEALTH INC COM	6,070	127,834
INERGY L P UNIT LTD PARTNERSHIP INT	4,450	158,776
INVESTORS TITLE CO COM	3,655	112,940
KINDER MORGAN MANAGEMENT LLC SHS	3,164	172,887
KNOLL INC	7,960	82,227
KORN / FERRY INTL COM NEW	9,093	150,035
LANCE INC COM	5,232	137,602
MARKEL CORP COM	154	52,360
MONTPELIER RE HOLDINGS LTD COM	10,228	177,149
NEWMARKET CORP COM	2,166	248,592
OWENS & MINOR INC NEW COM	2,539	108,999
PRICESMART INC COM	7,110	145,257
SERVICE CORP INTL COM	15,452	126,552
STURM RUGER & CO INC COM	21,515	208,696

INVESTMENTS - CORPORATE STOCK

(Page 2, Part II, Line 10b)

<u>Description</u>	<u>Shares or Par</u>	<u>12/31/09 Book Value and Market Value</u>
SYNAPTICS INC COM	3,529	108,164
TEJON RANCH CO COM	3,092	90,348
TENET HEALTHCARE CORP COM	36,305	195,684
TREDEGAR CORP COM	10,067	159,260
UDR INC COM	7,525	123,711
UNIVERSAL CORP VA COM	3,825	174,458
VULCAN MATLS CO COM	2,100	110,607
WESCO FINANCIAL CORP COM	309	105,987
WHITE MOUNTAINS INSURANCE GP	420	139,717
COHEN & STEERS INTERNATIONAL	169,628	1,782,786
DFA EMERGING MARKETS VALUE FUND #95	70,889	2,228,740
TEMPLETON INSTL FDS INC FGN EQUITY	359,145	6,931,498
VANGUARD DIVIDEND GROWTH FUND #57	728,097	9,589,033
TOTALS		\$ 41,699,533

INVESTMENTS - CORPORATE BONDS**(Page 2, Part II, Line 10c)**

<u>Description</u>	<u>Shares or Par</u>	<u>12/31/09 Book Value and Market Value</u>
ISHARES TR BARCLAYS TIPS BD FD	25,321	2,630,852
PIMCO TOTAL RETURN FUND	738,979	7,980,969
TOTALS		\$ 10,611,821

INVESTMENTS - OTHER
(Page 2, Part II, Line 13)

<u>Description</u>	Shares or Par	12/31/09 Book Value and Market Value
ABS OFFSHORE SPC CLASS B GLOBAL PORTFOLIO	31,028	4,250,498
INTERNATIONAL ALPHA SELECT SL	459,789	5,810,807
MERIDIAN FUNDS		1,594,444
METROPOLITAN REAL ESTATE PARTNERS III-A LP		1,023,186
PRIME PROPERTY FUND LLC	336	3,056,622
PROTÉGÉ PARTNERS FUNDS		4,439,836
TOTALS		\$ 20,175,393

Form 990-PF	Other Assets	Statement	15
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Description	Beginning of Yr Book Value	End of Year Book Value	Fair Market Value
Accrued Income	62,813.	31,730.	31,730.
Assets Whose Use is Limited	654,147.	757,266.	757,266.
Program Related Investments	500,000.	500,000.	500,000.
Investments - Non-Qualified Plans	255,765.	356,910.	356,910.
Refundable Excise Tax	28,035.	3,691.	3,691.
 To Form 990-PF, Part II, line 15	 <u>1,500,760.</u>	 <u>1,649,597.</u>	 <u>1,649,597.</u>

Form 990-PF	Other Liabilities	Statement	16
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Description	BOY Amount	EOY Amount
Annuity Obligations - Trusts	568,747.	638,604.
Deferred Compensation - Trust	255,765.	356,910.
 Total to Form 990-PF, Part II, line 22	 <u>824,512.</u>	 <u>995,514.</u>

Form 990-PF Part VIII - List of Officers, Directors Statement 17
Trustees and Foundation Managers

Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Expense Contrib Account
James Durkan Community Memorial Foundation, 15 Spinning Wheel Road, Ste. 326 Hinsdale, IL 60521	President/Director 40.00	208,718.	52,218. 10,000.
James Durkan - Deferred Compensation	0.00	<22,000.>	22,000. 0.
James Durkan - Deferred Exec Comp	0.00	8,349.	<8,349.> 0.
Greg DiDomenico Community Memorial Foundation, 15 Spinning Wheel Road, Ste. 326 Hinsdale, IL 60521	Vice President 40.00	140,918.	26,789. 0.
Greg DiDomenico - Deferred Comp	0.00	<3,600.>	3,600. 0.
Irene Frye - Deferred Comp Payout	Former Vice President 0.00	11,944.	<11944.> 0.
Allyson Zak Community Memorial Foundation, 15 Spinning Wheel Road, Ste. 326 Hinsdale, IL 60521	Chair/Director 2.00	0.	0. 0.
John J. Madden Community Memorial Foundation, 15 Spinning Wheel Road, Ste. 326 Hinsdale, IL 60521	Vice Chair/Treas/Director 4.00	0.	0. 0.
Maria del Socorro Pesqueira Community Memorial Foundation, 15 Spinning Wheel Road, Ste. 326 Hinsdale, IL 60521	Secretary/Director 2.00	0.	0. 0.

Sam Balark Community Memorial Foundation, 15 Spinning Wheel Road, Ste. 326 Hinsdale, IL 60521	Director 1.00	0.	0.	0.
Deborah Daro, Ph.D. Community Memorial Foundation, 15 Spinning Wheel Road, Ste. 326 Hinsdale, IL 60521	Director 1.00	0.	0.	0.
Grace Hou Community Memorial Foundation, 15 Spinning Wheel Road, Ste. 326 Hinsdale, IL 60521	Director 1.00	0.	0.	0.
Beth C. Prohaska Community Memorial Foundation, 15 Spinning Wheel Road, Ste. 326 Hinsdale, IL 60521	Director 1.00	0.	0.	0.
Timothy H. Ricordati, Ed.D. Community Memorial Foundation, 15 Spinning Wheel Road, Ste. 326 Hinsdale, IL 60521	Director 1.00	0.	0.	0.
Patrick Rogers Community Memorial Foundation, 15 Spinning Wheel Road, Ste. 326 Hinsdale, IL 60521	Director 1.00	0.	0.	0.
Jeff Simmons Community Memorial Foundation, 15 Spinning Wheel Road, Ste. 326 Hinsdale, IL 60521	Director 1.00	0.	0.	0.

Totals included on 990-PF, Page 6, Part VIII

344,329.	84,314.	10,000.
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Form 990-PF	Grant Application Submission Information Part XV, Lines 2a through 2d	Statement 18
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Name and Address of Person to Whom Applications Should be Submitted

Grants Manager, Community Memorial Foundation
15 Spinning Wheel Road, Suite 326
Hinsdale, IL 60521

Telephone NumberName of Grant Program

(630) 654-4729

Responsive Grants - Program Support of more than
\$25,000

Form and Content of Applications

See Attached Listing of Policies, Requirements and Restrictions

Any Submission Deadlines

March 31 and September 30

Restrictions and Limitations on Awards

See Attached Listing of Policies, Requirements and Restrictions

COMMUNITY MEMORIAL FOUNDATION

RESPONSIVE GRANTS
APPLICATION PACKET
FOR
PROGRAM SUPPORT
OF
MORE THAN \$25,000

*Thank You for Your Interest in
Community Memorial Foundation*

Priority will be given to requests proposing to provide primary physical, mental and/or oral health care services to the uninsured in our communities. Priority will also be given to emergency service programs that focus on provision of food and/or shelter to individuals, families in need, and victims of domestic violence and sexual assault. We strongly advise agencies to not submit a general grant request if it does not fit into either of these two priority areas. For more information, contact Deb Kustra, Grants Manager, at 630-654-4729.

Enclosed in the application packet:

- Funding Policies and Guidelines
- Proposal Checklist
- Cover Sheet
- Proposal Narrative Outline
- Program Budget
- Logic Model Information

Grant Proposal Cycles

Community Memorial Foundation has two grant cycles a year:

	<u>Spring Cycle</u>	<u>Fall Cycle</u>
Grant proposal submission deadline	March 31 by 5 PM	September 30 by 5PM
Board of Directors decision	Mid-June	Early December

If the date of the deadline falls on a weekend, the deadline will be the following Monday by 5 PM. Proposals may be mailed or dropped off at the Foundation office. You may also email the proposal packet.

Applications for funding should be submitted to:

Deborah Kustra
Grants Manager
Community Memorial Foundation
15 Spinning Wheel Road, Suite 326
Hinsdale, IL 60521
info@cmfdn.org

If you have further questions about the proposal, policies, guidelines or instructions, please contact the Foundation office at 630-654-4729.

Community Memorial Foundation, established in 1995 as a result of the sale of LaGrange Memorial Hospital, is a private independent 501(c) (3) foundation incorporated in the State of Illinois.

Mission

To measurably improve the health of people who live and work in the western suburbs of Chicago.

Vision

CMF's vision of a healthy community is one in which all persons – regardless of age, means or background – have access to coordinated health and human services necessary for a healthy life.

Philosophy

"Philanthropy is a calculated investment made with the expectation that humankind – or some small part of it – will be profoundly, measurably and permanently changed for the better as a direct result of the contribution."

Renata Rafferty

GEOGRAPHIC FOCUS

Grants are given to organizations located within the Foundation's geographic target area or serving a significant documented percentage of the local population in the communities of:

Bridgeview (60455)	Hinsdale (60521-22)	Oak Brook (60523)
Broadview (60153)	Hodgkins (60525)	Riverside (60546)
Brookfield (60513)	Indian Head Park (60525)	Stickney (60402)
Burr Ridge (60527)	Justice (60458)	Summit (60501)
Clarendon Hills (60514)	La Grange (60525)	Westchester (60154)
Countryside (60525)	La Grange Park (60526)	Western Springs (60558)
Darien (60561)	Lyons (60534)	Westmont (60559)
Downers Grove (60515-17)	McCook (60525)	Willow Springs (60480)
Hickory Hills (60457)	North Riverside (60546)	Willowbrook (60521)

RESPONSIVE GRANTS POLICIES AND GUIDELINES

It is important that you carefully review Community Memorial Foundation's (CMF) Funding Policies and Guidelines before submitting a grant request. Grant proposals must clearly illustrate how the health of people served will be improved by the proposed program.

- Funding consideration is given to organizations whose missions are congruent with that of Community Memorial Foundation and which offer programs and services to measurably improve health.
- The Foundation gives preference to organizations that address identified needs among underserved segments of the population.
- Every organization seeking a grant must furnish a copy of its tax-exempt ruling from the Internal Revenue Service showing that exemption has been granted under Section 501(c)(3) of the Internal Revenue Code, or its comparable predecessor section.
- Generally, the Foundation does not consider more than one proposal from any one institution during a 12-month period. However, consideration may be given to more than one proposal from departments or divisions of large organizations when submitted through the office of the chief executive and/or development office of the parent organization.
- Generally, the Foundation does not fund programs that are geared primarily for academic credit.
- Generally, no organization will receive a grant of more than 33% of its total budget.
- Generally, the Foundation does not support the same grantee program for more than three consecutive years.
- Organizations requesting multi-year grants must first contact CMF staff prior to written submission.

CMF DOES NOT FUND:

- Organizations that limit services to any one religious group or members of a specific sectarian perspective.
- Organizations that as a substantial part of their activities attempt to influence legislation, or directly or indirectly participate in and/or intervene in political organizations, political campaigns or lobbying groups.
- Individuals

- Organizations that illegally discriminate on the basis of race, gender, sexual orientation, creed, age or national origin.
- Tickets to dinners or advertising space in program books or other publications
- Endowments
- Cost of in-patient care

REVIEW CRITERIA

Funding requests are reviewed according to the following criteria:

- The ability of the project to make a contribution toward improving the quality of health of area residents.
- Demonstrated stability through consistent and effective management, strong board engagement, a broad base of community support, and financial responsibility through exemplary record keeping and effective use of funds.
- The viability of the project, as evident in sound design, appropriate budget, the qualifications of staff and a strong implementation plan.
- The adequacy of plans for measuring success, outcomes and benefits.
- The program's ability to become self-sustaining.

COMMUNITY MEMORIAL FOUNDATION RESPONSIVE GRANTS APPLICATION PACKET FOR PROGRAM SUPPORT OF MORE THAN \$25,000

PROPOSAL CHECKLIST

Please staple your application. DO NOT BIND or PUT IN FOLDERS. DO NOT ATTACH ANY OTHER MATERIALS TO THE APPLICATION PACKET.

The checklist is for your use in completing your proposal for submission to Community Memorial Foundation. Please submit your materials organized in the following order.

ORGANIZATION:

One (1) Copy of Each:

- _____ Cover Letter (on organization's letterhead and signed by the Executive Director)
- _____ Proposal Checklist
- _____ Cover Sheet
- _____ Proposal Narrative (*limit 5 single-spaced pages in 12-point font*)
- _____ Timeline
- _____ Logic Model (*all requests of more than \$25,000 must complete the Logic Model*)
- _____ Current year's organizational budget (include projected revenues and expenses).
- _____ Categorize expenses under program, general and administrative, and fundraising.
- _____ Proposed Program Budget *Excel document*
- _____ Budget Narrative
- _____ If request is for a multi-year grant, include program budget for each year.

Supporting Materials - One (1) Copy of Each:

- _____ Audited financial statements for the last fiscal year, or if unavailable, copy of Form 990.
- _____ Minutes of last three Board of Directors meetings
- _____ Latest annual report or a summary of the organization's prior year's activities
- _____ Current board list with related employment affiliations
- _____ If the project for which funding is sought is a coordinated, cooperative, collaborative or coalition effort with other agencies, include letters of support from the key partners.
- _____ If the project will be working within area schools, health care providers, or other nonprofit organizations, include letters of agreement
- _____ A list of foundations, corporations, governmental agencies and individuals which funded the organization in the past fiscal year, including amounts contributed (\$1,000 and above), if not included in the enclosed annual report
- _____ Copies of evaluation tools, if available

COVER SHEET

DESCRIPTION OF REQUEST

Grant Amount Requested: \$ _____

Name of Project: _____

Time Frame in which the funds will be used: From: _____ To: _____
(Specify month, day, and year)

GENERAL INFORMATION

Mission Statement: _____

Current Programs: _____

Geographic Area Served: _____

Population served by the organization (Include demographic information and total number served): _____

Enter the number of people served last year from each CMF community listed below:

	Bridgeview (60455)		Hinsdale (60521-22)		Oak Brook (60523)
	Broadview (60153)		Hodgkins (60525)		Riverside (60546)
	Brookfield (60513)		Indian Head Park (60525)		Stickney (60402)
	Burr Ridge (60527)		Justice (60458)		Summit (60402)
	Clarendon Hills (60514)		La Grange (60525)		Westchester (60154)
	Countryside (60525)		La Grange Park (60526)		Western Springs (60558)
	Darien (60561)		Lyons (60534)		Westmont (60559)
	Downers Grove (60515-17)		McCook (60525)		Willow Springs (60480)
	Hickory Hills (60457)		North Riverside (60546)		Willowbrook (60521)

CONTACT INFORMATION

Legal Name of Organization: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Website: _____

Executive Director:

Direct Phone Number: _____

E-mail: _____

Contact Person/Project Director:

Phone: _____

E-mail: _____

FUNDING INFORMATION

Fiscal year begins: _____

Fiscal year ends: _____

Total annual ORGANIZATION budget: \$ _____

Total annual PROGRAM budget: \$ (if applicable) _____

If your organization does not have its tax-exempt 501 (c) (3) status, what organization is serving as fiscal agent?

Fiscal Agent: _____

FEIN #: _____

Executive Director: _____

Phone: _____

Address: _____

ORGANIZATION PERSONNEL

	Full-Time	Part-Time	Volunteer
Number of Employees:			
Number of Directors on Board:			

PROPOSAL NARRATIVE OUTLINE

Please provide information about the following items using the order outlined below as a guide. Use 12-point font. Limit total narrative to no more than 5 single-spaced pages (excluding the time line).

Describe what you propose to do.

--

How did you determine the need for the program? For example, surveys, focus groups, community input, statistics from other sources, etc.

--

OUTCOMES

Describe what health-related changes or improvement you expect as a result of the program. Categorize each outcome as short-term, medium-term or long-term. Use the Logic Model to help you with your outcomes.

Quantify each outcome, establishing a baseline and expected result for each.

Short-term outcome: what you immediately expect to happen as a result of your services, such as learned knowledge or attitudes.

For example: 80% of parents will demonstrate an increase in knowledge of community resources.

Baseline:

Expected Results:

Medium-term outcome: what behavior or practice you expect to happen as a result of your services.

For example: 90% of children will be fully immunized.

Baseline:

Expected Results:

Long-term outcome: what societal conditions you expect to ultimately impact. Relate it back to your mission.

For example: rates of positive birth outcomes will increase from 75% to 80%.

Baseline:

Expected Results:

EVALUATION

Describe how you will determine if the program makes a difference in the health of the target population.

Describe the tools or instruments you will use to measure program effectiveness. *Include copies of tools or instruments in your supporting materials.*

Describe the tracking procedures you will use.

Describe your quality assurance policies and procedures. List significant program-related accreditations, commendations or awards received or in effect over the past 2 years.

Identify the person(s) responsible for program monitoring, and describe his/her qualifications.

SUSTAINABILITY

What financial sustainability steps have you taken so that this program will be funded in the future?

--

TIMELINE

List the key dates (by month) that signify milestones in the delivery of the program. Include the following:

Month	Program Planning and Start-up <i>For example, hire and train staff, develop curriculum, purchase equipment and materials by _____</i>	Implementation of Program Activities <i>For example, implement curriculum by _____</i>	Projected Achievement of Proposed Outcomes <i>For example, 80% of participants demonstrate an increase in knowledge about [Topic]</i>

PROGRAM BUDGET – Use Excel Worksheet that is included in Grant Proposal Packet

BUDGET NARRATIVE

Address program-relevant line items **requested from CMF** in the Budget Narrative. Include all line items requested from Community Memorial Foundation.

--

CERTIFICATION

This signature certifies that the grantseeking organization retains its stated tax-exempt status, and further certifies that this status is not in danger of being revoked. In addition, this signature affirms that Community Memorial Foundation has not received any goods or services in conjunction with this request, and that all information is correct to the best knowledge of the signer.

Signature of Executive Director: _____

Date : _____

Name and Address of Person to Whom Applications Should be Submitted

Grants Manager, Community Memorial Foundation
15 Spinning Wheel Road, Suite 326
Hinsdale, IL 60521

Telephone Number

Name of Grant Program

(630) 654-4729

Responsive Grants - Program or General Operating
Support for \$25,000 or less

Form and Content of Applications

See Attached Listing of Policies, Requirements and Restrictions

Any Submission Deadlines

March 31 and September 30

Restrictions and Limitations on Awards

See Attached Listing of Policies, Requirements and Restrictions

COMMUNITY MEMORIAL FOUNDATION

**RESPONSIVE GRANTS
APPLICATION PACKET**

FOR

PROGRAM OR GENERAL OPERATING

REQUESTS OF \$25,000 OR LESS

Thank You for Your Interest in Community Memorial Foundation

Priority will be given to requests proposing to provide primary physical, mental and/or oral health care services to the uninsured in our communities. Priority will also be given to emergency service programs that focus on provision of food and/or shelter to individuals, families in need, and victims of domestic violence and sexual assault. We strongly advise agencies to not submit a general grant request if it does not fit into either of these two priority areas. For more information, contact Deb Kustra, Grants Manager, at 630-654-4729.

Please note:

- Generally, these grants are funded for a one year period.
- The maximum request for general operating support remains \$25,000.
- Technical Assistance requests continue to be made through the Building Organizational Capacity Grant Application.

It is important that you carefully review CMF's Funding Policies and Guidelines before submitting a grant request. Grant proposals must clearly demonstrate how your organization or program helps to improve the health of people within CMF's target community.

Enclosed in the application packet:

- Funding Policies and Guidelines
- Proposal Checklist
- Cover Sheet
- Proposal Narrative Outline
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- Logic Model Information

Grant Proposal Cycles

Community Memorial Foundation has two grant cycles a year:

	<u>Spring Cycle</u>	<u>Fall Cycle</u>
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Deborah Kustra
Grants Manager
Community Memorial Foundation
15 Spinning Wheel Road, Suite 326
Hinsdale, IL 60521
info@cmfdn.org

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Community Memorial Foundation, established in 1995 as a result of the sale of LaGrange Memorial Hospital, is a private independent 501(c) (3) foundation incorporated in the State of Illinois.

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Vision:

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Renata Rafferty

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Countryside (60525)	La Grange Park (60526)	Western Springs (60558)
Darien (60561)	Lyons (60534)	Westmont (60559)
Downers Grove (60515-17)	McCook (60525)	Willow Springs (60480)
Hickory Hills (60457)	North Riverside (60546)	Willowbrook (60521)

RESPONSIVE GRANTS POLICIES AND GUIDELINES

- Funding consideration is given to organizations whose missions are congruent with that of Community Memorial Foundation and which offer programs and services to measurably improve health.
- The Foundation gives preference to organizations that address identified needs among underserved segments of the population.
- Every organization seeking a grant must furnish a copy of its tax-exempt ruling from the Internal Revenue Service showing that exemption has been granted under Section 501(c)(3) of the Internal Revenue Code, or its comparable predecessor section.

- Generally, the Foundation does not consider more than one proposal from any one institution during a 12-month period. However, consideration may be given to more than one proposal from departments or divisions of large organizations when submitted through the office of the chief executive and/or development office of the parent organization.
- Generally, the Foundation does not fund programs that are geared primarily for academic credit.
- Generally, no organization will receive a grant of more than 33% of its total budget.
- Generally, the Foundation does not support the same grantee program for more than three consecutive years.
- Organizations requesting multi-year grants must first contact CMF staff prior to written submission.

CMF DOES NOT FUND:

- Organizations that limit services to any one religious group or members of a specific sectarian perspective.
- Organizations that as a substantial part of their activities attempt to influence legislation, or directly or indirectly participate in and/or intervene in political organizations, political campaigns or lobbying groups.
- Individuals
- Organizations that illegally discriminate on the basis of race, gender, sexual orientation, creed, age or national origin.
- Tickets to dinners or advertising space in program books or other publications
- Endowments
- Cost of in-patient care

REVIEW CRITERIA

Funding requests are reviewed according to the following criteria:

- The ability of the project to make a contribution toward improving the quality of health of area residents.
- Demonstrated stability through consistent and effective management, strong board engagement, a broad base of community support, and financial responsibility through exemplary record keeping and effective use of funds.
- The viability of the project, as evident in sound design, appropriate budget, the qualifications of staff and a strong implementation plan.
- The adequacy of plans for measuring success, outcomes and benefits.
- The program's ability to become self-sustaining.

COMMUNITY MEMORIAL FOUNDATION

RESPONSIVE GRANT APPLICATION PACKET FOR PROGRAM OR GENERAL OPERATING SUPPORT REQUESTS OF \$25,000 OR LESS

PROPOSAL CHECKLIST

Please staple your application. DO NOT BIND or PUT IN FOLDERS. DO NOT ATTACH ANY OTHER MATERIALS TO THE APPLICATION PACKET.

The checklist is for your use in completing your proposal for submission to Community Memorial Foundation. Please submit your materials organized in the following order

ORGANIZATION:

One (1) Copy of Each:

- _____ Cover Letter (on organization's letterhead and signed by the Executive Director)
- _____ Proposal Checklist
- _____ Cover Sheet
- _____ Proposal Narrative (*limit 3 single-spaced pages in 12-point font*)
- _____ Current year's organizational budget (include projected revenues and expenses).
- _____ Proposed Program Budget *Excel document*
- _____ Budget Narrative

Supporting Materials - One (1) copy of each:

- _____ Audited financial statements for the last fiscal year, or if unavailable, copy of Form 990.
- _____ Minutes of last three Board of Directors meetings
- _____ Latest annual report or a summary of the organization's prior year's activities
- _____ Current board list with related employment affiliations
- _____ If the project for which funding is sought is a coordinated, cooperative, collaborative or coalition effort with other agencies, include letters of support from the key partners.
- _____ If the project will be working within area schools, health care providers, or other nonprofit organizations, include letters of agreement
- _____ A list of foundations, corporations, governmental agencies and individuals which funded the organization in the past fiscal year, including amounts contributed (\$1,000 and above), if not included in the enclosed annual report
- _____ Copies of evaluation tools, if available

COVER SHEET

DESCRIPTION OF REQUEST

Grant Amount Requested: \$ _____

Type of Funding Sought: _____

Name of Program, if applicable: _____

Time Frame in which the funds will be used: From: _____ To: _____
(Specify month, day, and year)

GENERAL INFORMATION

Mission Statement: _____

Current Programs: _____

Geographic Area Served: _____

Population served by the organization (Include demographic information and total number served): _____

Enter the number of people served last year from each CMF community listed below:

	Bridgeview (60455)		Hinsdale (60521-22)		Oak Brook (60523)
	Broadview (60153)		Hodgkins (60525)		Riverside (60546)
	Brookfield (60513)		Indian Head Park (60525)		Stickney (60402)
	Burr Ridge (60527)		Justice (60458)		Summit (60402)
	Clarendon Hills (60514)		La Grange (60525)		Westchester (60154)
	Countryside (60525)		La Grange Park (60526)		Western Springs (60558)
	Darien (60561)		Lyons (60534)		Westmont (60559)
	Downers Grove (60515-17)		McCook (60525)		Willow Springs (60480)
	Hickory Hills (60457)		North Riverside (60546)		Willowbrook (60521)

CONTACT INFORMATION

Legal Name of Organization: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Website: _____

Executive Director:

Direct Phone Number: _____

E-mail: _____

Contact Person/Project Director:

Phone: _____

E-mail: _____

FUNDING INFORMATION

Fiscal year begins: _____

Fiscal year ends: _____

Total annual ORGANIZATION budget: \$ _____

Total annual PROGRAM budget (if applicable): \$ _____

If your organization does not have its tax-exempt 501 (c) (3) status, what organization is serving as fiscal agent?

Fiscal Agent: _____

FEIN #: _____

Executive Director: _____

Phone: _____

Address: _____

PROPOSAL NARRATIVE OUTLINE

Please attach information about the following items using the order outlined below as a guide. Use 12-point font. Limit total narrative to no more than 3 single-spaced pages.

Describe what you propose to do.

Describe the elements that need to be in place for your organization or program to be successful.

Describe what changes or improvement you expect to achieve.

Describe how you determine if your organization or program makes a difference in the health of the target population. *Include copies of tools or instruments in your supporting materials.*

Identify the key person(s) responsible for this grant, and describe his/her qualifications.

Describe how you will ensure continuing support once the CMF grant period is over.

If requesting general operating dollars, describe the primary reason for requesting operating support at this time.

PROGRAM BUDGET – Use Excel Worksheet that is included in Grant Proposal Packet

BUDGET NARRATIVE

Address program-relevant line items **requested from CMF** in the Budget Narrative.
Include all line items requested from Community Memorial Foundation.

--

CERTIFICATION

This signature certifies that the grantseeking organization retains its stated tax-exempt status, and further certifies that this status is not in danger of being revoked. In addition, this signature affirms that Community Memorial Foundation has not received any goods or services in conjunction with this request, and that all information is correct to the best knowledge of the signer.

Signature of Executive Director: _____

Date : _____

Name and Address of Person to Whom Applications Should be Submitted

Grants Manager, Community Memorial Foundation
15 Spinning Wheel Road, Suite 326
Hinsdale, IL 60521

Telephone Number

Name of Grant Program

(630) 654-4729

Capacity Building Grant Program

Form and Content of Applications

See Attached Listing of Policies, Requirements and Restrictions

Any Submission Deadlines

None

Restrictions and Limitations on Awards

See Attached Listing of Policies, Requirements and Restrictions

Community Memorial Foundation
Capacity Building Grant Application

Date of Request: _____

Organization Name: _____

Address: _____

City, State, Zip: _____

Executive Director: _____

Contact Person & Title: _____

Area Code & Phone: _____ Fax: _____ e-mail: _____

Has the organization ever received funding from Community Memorial Foundation? ☐ Yes ☐ No
If yes, when: _____

Funded Project(s): _____

Organizational Staff Size: _____	Are you currently at full staff capacity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of Board Members: _____	Are you currently at full board capacity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of Volunteers: _____	Are you currently at full volunteer capacity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please answer each of the following in one paragraph:

Describe the mission of the organization:

Describe the community served, in terms of specific populations and geographic demographics:

**Community Memorial Foundation
Capacity Building Grant Application**

page two

Name of Organization: _____

Request Category (*check one*):

- ☐ Board Development
- ☐ Communications Development
- ☐ Fiscal Management
- ☐ Information Systems Development
- ☐ Program Development
- ☐ Program Evaluation
- ☐ Resource Development
- ☐ Strategic Planning
- ☐ Other: _____

Please answer the following questions in two pages or less:

Describe the proposed capacity building project and the need for it. Have you garnered staff, board and community support for the project and related activities? How did you accomplish this?

Where does the stated need fit into the broader organizational capacity building plan? How will meeting this need contribute to the growth of your organizational operating capacity?

Describe the expected outcomes or impact on the long-term health of the organization. How will this be measured?

Describe the expected outcomes or impact on the health and well-being of the community served. How will this be measured?

Please provide the following:

- ◆ A Work Plan and accompanying Timeline for the proposed capacity building project.
- ◆ A capacity building Project Budget, outlining related fees, and indicating other sources of support, if applicable.
- ◆ Consultant Information Sheets (attached)
- ◆ A copy of the Work Agreement or Consultant Contract, which includes: services to be completed by the consultant and by the organization; expected end results; detailed description of fees, expense reimbursements and payment schedules; employment status of the professional advisor in relation to the organization; reporting requirements; confidentiality statement; description of ownership of material produced as a result of the agreement; statement regarding conditions, policies and/or procedures for cancellation of the agreement by either party; signature of persons authorized to execute the agreement, with dates.
- ◆ A copy of the Internal Revenue Service determination letter granting tax exemption

**Community Memorial Foundation
Capacity Building Grant Application
Consultant Interview Information**

Organization Name: _____
Capacity Building Project: _____
Request Amount: \$ _____

If a professional consultant or advisor is to be hired, Community Memorial Foundation requires that your organization call and interview at least three consultants to discuss what the organization wants to accomplish and the terms of the proposed work agreement or contract. An organization may discuss potential consultants with Foundation staff prior to submission of the application. However, Foundation suggestions should not be construed as an endorsement of the capabilities of the consultant.

Name of Consultant #1: _____
Company Name (if any): _____
Address: _____
Telephone Number: _____
Cost per Hour: _____ Total number of hours required: _____
Cost per Diem: _____ Total number of days required: _____
Result of Contact: _____

Name of Consultant #2: _____
Company Name (if any): _____
Address: _____
Telephone Number: _____
Cost per Hour: _____ Total number of hours required: _____
Cost per Diem: _____ Total number of days required: _____
Result of Contact: _____

Name of Consultant #3: _____
Company Name (if any): _____
Address: _____
Telephone Number: _____
Cost per Hour: _____ Total number of hours required: _____
Cost per Diem: _____ Total number of days required: _____
Result of Contact: _____

**Community Memorial Foundation
Capacity Building Grant Application
Consultant Retaining Information**

Organization Name: _____

Capacity Building Project: _____

Request Amount: \$ _____

Consultant Selected: _____

Why did you select this consultant?

List the names of three references provided to you by the consultant:

a) _____

b) _____

c) _____

Proposed Date to Begin Capacity Building Project: _____

Proposed Completion Date: _____

Summary of Work Agreement or Contract:

Specific services to be completed by the consultant:

Specific services to be completed by the organization:

Reporting requirements:

Expected end results:

Form 990-PF

Grants and Contributions
Paid During the Year

Statement 19

Recipient Name and Address	Recipient Relationship and Purpose of Grant	Recipient Status	Amount
Access Community Health Network 1501 S California Ave Chicago, IL 60608	None Access to Care	Public charity 509(a)1	140,000.
Aging Care Connections 111 West Harris Avenue LaGrange, IL 60525	None Older Adults	Public charity 509(a)1	17,500.
Arab American Family Services 9044 S. Octavia Bridgeview, IL 60455	None Families	Public charity 509(a)1	59,000.
Beds Inc 150 S Ashland Ave LaGrange, IL 60525	None Community Cohesiveness	Public charity 509(a)1	25,000.
Bridge Communities Inc 505 Crescent Blvd, Ste E Glen Ellyn, IL 60137	None Community Cohesiveness	Public charity 509(a)1	15,000.
Catholic Charities Archdiocese of Chicago 721 North LaSalle St Chicago, IL 60610	None Families	Public charity 509(a)1	35,000.
Catholic Charities of the Diocese of Joliet 203 N Ottawa Street Joliet, IL 60432	None Families	Public charity 509(a)1	10,000.
Center for Coordinating Action for CHRH AKA Almost Home Kids 7S721 State Route 53 Naperville, IL 60540	None Building Organizational Effectiveness	Public charity 509(a)1	10,000.

CEP Youth Leadership Inc 4903 South Gilbert Avenue LaGrange, IL 60525	None Youth	Public charity 509(a)1	40,500.
Community House 415 West 8th Street Hinsdale, IL 60521	None Youth	Public charity 509(a)2	42,000.
Community Housing Association of DuPage AKA CHAD 35 W St Charles Rd Villa Park, IL 60181	None Families	Public charity 509(a)1	18,950.
Community Nurse Health Association 23 Calendar Avenue LaGrange, IL 60525	None Health	Public charity 509(a)2	225,711.
Community Support Services Inc 9021 W Ogden Avenue Brookfield, IL 60513	None Building Organizational Effectiveness	Public charity 509(a)1	10,000.
Donors Forum of Chicago 208 S LaSalle Suite 740 Chicago, IL 60604	None Building Organizational Effectiveness	Public charity 509(a)1	11,120.
DuPage Community Clinic 1506 E Roosevelt Road Wheaton, IL 60187	None Health	Public charity 509(a)1	49,429.
DuPage Federation of Human Services Reform 146 W Roosevelt Road Villa Park, IL 60181	None Building Organizational Effectiveness	Public charity 509(a)1	2,550.
DuPage Health Coalition 511 Thornhill Drive Carol Stream, IL 60188	None Access to Care	Public charity 509(a)2	180,000.
DuPage PADS Inc 705 W Liberty Drive Wheaton, IL 60187	None Health	Public charity 509(a)1	25,000.

DuPage Senior Citizen Council 2200 S Main St Ste 308 Lombard, IL 60148	None Older Adults	Public charity 509(a)1	25,000.
Easter Seals DuPage and the Fox Valley Region 830 S Addison Ave Villa Park, IL 60181	None Building Organizational Effectiveness	Public charity 509(a)2	10,000.
Executive Service Corps of Chicago AKA ESC 25 E Washington St Ste 1500 Chicago, IL 60602	None Building Organizational Effectiveness	Public charity 509(a)1	485.
Family Shelter Service Inc 605 E Roosevelt Road Wheaton, IL 60187	None Families	Public charity 509(a)1	50,000.
Girl Scouts Prairie Winds Inc 2400 Ogden Ave Ste 400 Lisle, IL 60532	None Building Organizational Effectiveness	Public charity 509(a)1	10,000.
Grantmakers in Health 1100 Connecticut Ave NW 12th Floor Washington, DC 20036	None Health	Public charity 509(a)1	4,000.
Hull House Association 10 S Riverside Plaza Ste 1700 Chicago, IL 60606	None Youth	Public charity 509(a)1	28,879.
Illinois Facilities Fund One North LaSalle Ste 700 Chicago, IL 60602	None Older Adults	Public charity 509(a)1	750,000.
LaGrange Memorial Hospital 12 Salt Creek Ln Ste 400 Hinsdale, IL 60521	None Health	Public charity 509(a)1	1,000,000.
Lifelink Housing Corporation 331 S York Road Bensenville, IL 60106	None Youth	Public charity 509(a)2	60,000.

Lutheran Social Services of Illinois AKA LSSI 1001 E Touhy Ave Ste 50 Des Plaines, IL 60618	None Building Organizational Effectiveness	Public charity 509(a)1	10,000.
NAMI of DuPage County IL 2100 Manchester Rd #B Ste 925 Wheaton, IL 60187	None Mental Health	Public charity 509(a)1	44,000.
Nazareth Academy 1209 W Ogden Ave LaGrange Park, IL 60526	None Youth	Public charity 509(a)1	35,500.
Northern Illinois Food Bank 600 Industrial Drive St Charles, IL 60174	None Health	Public charity 509(a)1	63,000.
Oak Park and River Forest Infant Welfare Society AKA The Children's Clinic - 320 Lake Street Oak Park, IL 60302	None Families	Public charity 509(a)2	6,800.
People's Resource Center 201 S Naperville Rd Wheaton, IL 60187	None Health	Public charity 509(a)1	50,000.
Positive Parenting DuPage 739 Roosevelt Rd #8 Rm 312 Glen Ellyn, IL 60137	None Families	Public charity 509(a)1	25,000.
Rainbows for All Gods Childrens DBA Rainbows 2100 Golf Rd Ste 370 Rolling Meadows, IL 60008	None Families	Public charity 509(a)1	14,920.
Ray Graham Association for People with Disabilities 2801 Finley Rd Downers Grove, IL 60515	None Disabilities	Public charity 509(a)2	13,500.
Robert Crown Center for Health Education 21 Salt Creek Lane Hinsdale, IL 60521	None Families	Public charity 509(a)1	35,000.

Rush University Medical Center 1700 W Van Buren St Chicago, IL 60612	None Older Adults	Public charity 509(a)1	67,333.
Samaritan Interfaith Counseling Center Inc 1819 Bay Scott Cr Ste 109 Naperville, IL 60540	None Building Organizational Effectiveness	Public charity 509(a)2	15,000.
Senior Home Sharing Inc 711 E Roosevelt Road Wheaton, IL 60187	None Older Adults	Public charity 509(a)1	10,000.
Serenity House Inc 891 S Route 53 Addison, IL 60101	None Building Organizational Effectiveness	Public charity 509(a)1	10,000.
Sharing Connections Inc 5111 Chase Ave Downers Grove, IL 60515	None Families	Public charity 509(a)2	35,000.
Spectrios Institute for Low Vision 219 East Cole Ave Wheaton, IL 60187	None Health	Public charity 509(a)1	40,000.
St. Cletus School 700 W 55th st LaGrange, IL 60525	None Building Organizational Effectiveness	Public charity 509(a)1	11,000.
Suburban Primary Health Care Council 2225 Enterprise Dr Rm 2504 Westchester, IL 60154	None Health	Public charity 509(a)1	62,499.
TapFound Inc aka Taproot Foundation 446 Geary St Ste 300 San Francisco, CA 94102	None Building Organizational Effectiveness	Public charity 509(a)1	40,000.
Teen Parent Connection Inc 739 Roosevelt Rd #8 Rm 100 Glen Ellyn, IL 60137	None Building Organizational Effectiveness	Public charity 509(a)1	600.

Community Memorial Foundation

36-4012380

The Pillars Community Services 333 N LaGrange Rd LaGrange Park, IL 60526	None Early Childhood	Public charity 509(a)1	230,591.
Walk-In Ministry of Hope 1047 Curtiss St RM 503 Downers Grove, IL 60515	None Families	Public charity 509(a)1	35,000.
West Suburban Chamber of Commerce and Industry FDN 9440 Joliet Road Hodgkins, IL 60525	None Youth	Public charity 509(a)1	2,500.
Women's Health FDN One N Wacker Dr Ste 4343 Chicago, IL 60606	None Building Organizational Effectiveness	Public charity 509(a)1	10,000.
Xilin Association 1163 E Ogden Ave Rm 300A Naperville, IL 60563	None Health	Public charity 509(a)2	25,000.
YWCA of Metropolitan Chicago 360 N Michigan Ave Ste 800 Chicago, IL 60601	None Families	Public charity 509(a)2	15,000.

Total to Form 990-PF, Part XV, line 3a

3,762,367.

Form 990-PF

Grants and Contributions
Approved for Future Payment

Statement 20

Recipient Name and Address	Recipient Relationship and Purpose of Grant	Recipient Status	Amount
Aging Care Connections 111 West Harris Avenue LaGrange, IL 60525	None Building Organizational Effectiveness	Public charity 509(a)1	7,500.
Arab American Family Services 5440 W 87th Street Burbank, IL 60459	None Families	Public charity 509(a)1	47,500.
Aspire of Illinois 9901 Derby Lane Westchester, IL 60154	None Building Organizational Effectiveness	Public charity 509(a)1	7,500.
Beds Inc 150 S Ashland Ave LaGrange, IL 60525	None Building Organizational Effectiveness	Public charity 509(a)1	7,500.
Bridge Communities Inc 505 Crescent Blvd, Ste E Glen Ellyn, IL 60137	None Community Cohesiveness	Public charity 509(a)1	18,500.
British Home for Retired Men and Women 8700 31st St Brookfield, IL 60513	None Building Organizational Effectiveness	Public charity 509(a)2	7,500.
Campaign for Better Health Care 44 E Main Ste 414 Champaign, IL 61820	None Building Organizational Effectiveness	Public charity 509(a)2	7,500.
Catholic Charities of the Diocese of Joliet 203 N Ottawa Street Joliet, IL 60432	None Families	Public charity 509(a)1	17,500.

Center for Coordinating Action for CHRH AKA Almost Home Kids 7S721 State Route 53 Naperville, IL 60540	None Building Organizational Effectiveness	Public charity 509(a)1	7,500.
CEP Youth Leadership Inc 4903 South Gilbert Avenue LaGrange Park, IL 60525	None Building Organizational Effectiveness	Public charity 509(a)1	10,000.
ChildServ 8765 W Higgins, Ste 450 Chicago, IL 60631	None Building Organizational Effectiveness	Public charity 509(a)1	7,500.
Community House 415 West 8th Street Hinsdale, IL 60521	None Mental Health	Public charity 509(a)2	28,500.
Community Housing Association of DuPage AKA CHAD 35 W St Charles Rd Villa Park, IL 60181	None Building Organizational Effectiveness	Public charity 509(a)1	7,500.
Community Nurse Health Association 23 Calendar Avenue LaGrange Park, IL 60525	None Health	Public charity 509(a)2	68,500.
Community Support Services Inc 9021 W Ogden Avenue Brookfield, IL 60513	None Building Organizational Effectiveness	Public charity 509(a)1	7,500.
Congregation of St Joseph 1515 W Ogden Ave LaGrange Park, IL 60526	None Building Organizational Effectiveness	Public charity 509(a)1	7,500.
DuPage Health Coalition 511 Thornhill Drive Carol Stream, IL 60188	None Access to Care	Public charity 509(a)2	39,195.
DuPage PADS Inc 705 W Liberty Drive Wheaton, IL 60187	None Building Organizational Effectiveness	Public charity 509(a)1	7,500.

DuPage Senior Citizen Council 2200 S Main St Ste 308 Lombard, IL 60148	None Older Adults	Public charity 509(a)1	10,000.
Easter Seals DuPage and the Fox Valley Region 830 S Addison Ave Villa Park, IL 60181	None Building Organizational Effectiveness	Public charity 509(a)2	7,500.
Family Shelter Service Inc 605 E Roosevelt Road Wheaton, IL 60187	None Families	Public charity 509(a)1	32,500.
Girl Scouts Prairie Winds Inc 2400 Ogden Ave Ste 400 Lisle, IL 60532	None Building Organizational Effectiveness	Public charity 509(a)1	7,496.
Greater LaGrange YMCA 1100 E 31st St LaGrange Park, IL 60526	None Building Organizational Effectiveness	Public charity 509(a)1	7,500.
Hamdard Center for Health and Human Services NFP 228 E Lake Street Addison, IL 60101	None Building Organizational Effectiveness	Public charity 509(a)2	7,500.
Helping Hand Foundation 9649 W 55th Street Countryside, IL 60525	None Building Organizational Effectiveness	Public charity 509(a)1	7,500.
Hinsdale Community Service 19 E Chicago Ave 2nd FL Hinsdale, IL 60521	None Building Organizational Effectiveness	Public charity 509(a)1	7,500.
Indian Boundary YMCA 711 59th Street Downers Grove, IL 60516	None Building Organizational Effectiveness	Public charity 509(a)1	5,610.
Interfaith Community Partners 1515 W Ogden Ave 536 LaGrange Park, IL 60526	None Building Organizational Effectiveness	Public charity 509(a)1	5,334.

King-Bruwaert House 6101 S County Line Road Burr Ridge, IL 60527	None Building Organizational Effectiveness	Private operating foundation	7,500.
LaGrange Memorial Hospital 12 Salt Creek Ln Ste 400 Hinsdale, IL 60521	None Health	Public charity 509(a)1	647,918.
Lifelink Housing Corporation 331 S York Road Bensenville, IL 60106	None Building Organizational Effectiveness	Public charity 509(a)2	7,500.
Literacy Volunteers of DuPage 24W500 Maple Ave 217 Naperville, IL 60540	None Building Organizational Effectiveness	Public charity 509(a)1	7,500.
Metropolitan Family Services DuPage 222 East Willow Ave Wheaton, IL 60187	None Building Organizational Effectiveness	Public charity 509(a)2	7,500.
NAMI of DuPage County Illinois 2100 Manchester Rd Bldg B Ste 925 Wheaton, IL 60187	None Building Organizational Effectiveness	Public charity 509(a)1	7,500.
Nazareth Academy 1209 W Ogden Ave LaGrange Park, IL 60526	None Building Organizational Effectiveness	Public charity 509(a)1	7,500.
Northern Illinois Food Bank 600 Industrial Drive St Charles, IL 60174	None Health	Public charity 509(a)1	30,500.
Oak Park and River Forest Infant Welfare Society AKA The Children's Clinic - 320 Lake Street Oak Park, IL 60302	None Families	Public charity 509(a)2	6,800.
PAV YMCA Foundation 2947 Oak Park Ave Berwyn, IL 60402	None Building Organizational Effectiveness	Public charity 509(a)1	7,500.

People's Resource Center 201 S Naperville Rd Wheaton, IL 60187	None Building Organizational Effectiveness	Public charity 509(a)1	7,500.
Plymouth Place 315 N LaGrange Rd LaGrange Park, IL 60526	None Building Organizational Effectiveness	Public charity 509(a)1	7,500.
Positive Parenting DuPage 739 Roosevelt Rd #8 Rm 100 Glen Ellyn, IL 60137	None Building Organizational Effectiveness	Public charity 509(a)1	880.
Ray Graham Association for People with Disabilities 2801 Finley Rd Downers Grove, IL 60515	None Building Organizational Effectiveness	Public charity 509(a)2	8,500.
Robert Crown Center for Health Education 21 Salt Creek Lane Hinsdale, IL 60521	None Building Organizational Effectiveness	Public charity 509(a)1	7,500.
Rush University Medical Center 1700 W Van Buren St Chicago, IL 60612	None Older Adults	Public charity 509(a)1	40,000.
Samaritan Interfaith Counseling Center Inc 1819 Bay Scott Cr Ste 109 Naperville, IL 60540	None Building Organizational Effectiveness	Public charity 509(a)2	7,500.
Senior Home Sharing Inc 711 E Roosevelt Road Wheaton, IL 60187	None Building Organizational Effectiveness	Public charity 509(a)1	7,500.
Serenity House Inc 891 S Route 53 Addison, IL 60101	None Building Organizational Effectiveness	Public charity 509(a)1	7,500.
Sharing Connections Inc 5111 Chase Ave Downers Grove, IL 60515	None Building Organizational Effectiveness	Public charity 509(a)2	7,500.

Spectrios Institute for Low Vision 219 East Cole Ave Wheaton, IL 60187	None Health	Public charity 509(a)1	35,590.
St. Cletus School 700 W 55th st LaGrange, IL 60525	None Building Organizational Effectiveness	Public charity 509(a)1	7,500.
TapFound Inc aka Taproot Foundation 446 Geary St Ste 300 San Francisco, CA 94102	None Building Organizational Effectiveness	Public charity 509(a)1	60,000.
Teen Parent Connection Inc 739 Roosevelt Rd #8 Rm 100 Glen Ellyn, IL 60137	None Building Organizational Effectiveness	Public charity 509(a)1	7,500.
The Pillars Community Services 333 N LaGrange Rd LaGrange Park, IL 60526	None Building Organizational Effectiveness	Public charity 509(a)1	7,500.
Walk-In Ministry of Hope 1047 Curtiss St RM 503 Downers Grove, IL 60515	None Building Organizational Effectiveness	Public charity 509(a)1	7,500.
Wellness House 131 N County Line Rd Hinsdale, IL 60521	None Building Organizational Effectiveness	Public charity 509(a)1	10,000.
Total to Form 990-PF, Part XV, line 3b			1,385,823.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II. Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).		
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	Community Memorial Foundation	36-4012380
	Number, street, and room or suite no. If a P.O. box, see instructions	For IRS use only
	15 Spinning Wheel Road, No. 326	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	Hinsdale, IL 60521	

Check type of return to be filed (File a separate application for each return):

- ☐ Form 990 ☐ Form 990-EZ ☐ Form 990-T (sec. 401(a) or 408(a) trust) ☐ Form 1041-A ☐ Form 5227 ☐ Form 8870
☐ Form 990-BL ☒ Form 990-PF ☐ Form 990-T (trust other than above) ☐ Form 4720 ☐ Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

James Durkan Community Memorial Fdn

- The books are in the care of ☒ 15 Spinning Wheel Rd, Ste. 325 - Hinsdale, IL 60521

Telephone No ☒ (630) 654-4729

FAX No ☐

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until November 15, 2010

5 For calendar year 2009, or other tax year beginning _____, and ending _____

6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension

Due to delayed responses from outside sources, additional time is needed to gather all the data necessary to file a complete and accurate return.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	20,000.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	20,000.
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification

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

Signature [Signature] Title C.P.A. - IL

Date 8/10/10

Form 8868 (Rev. 4-2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization	Employer identification number
	Community Memorial Foundation	36-4012380
	Number, street, and room or suite no. If a P O box, see instructions	
	15 Spinning Wheel Road, No. 326	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	Hinsdale, IL 60521	

Check type of return to be filed (file a separate application for each return)

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input checked="" type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

James Durkan Community Memorial Fdn

- The books are in the care of ► **15 Spinning Wheel Rd, Ste. 325 - Hinsdale, IL 60521**
Telephone No ► **(630) 654-4729** FAX No ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **August 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for ☒ calendar year **2009** or ☐ tax year beginning _____, and ending _____

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	20,000.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	15,000.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	5,000.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)