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Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation

2010

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

For calendar year 2010, 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 change

Name of foundation Community Memorial Foundation		A Employer identification number 36-4012380
Number and street (or P.O. box number if mail is not delivered to street address) 15 Spinning Wheel Road	Room/suite 326	B Telephone number (630) 654-4729
City or town, state, and ZIP code Hinsdale, IL 60521		C If exemption application is pending, check here <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 84,660,392.	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
(Part I, column (d) must be on cash basis.)		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

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)
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		5,028.	5,028.		Statement 2
4 Dividends and interest from securities		1,670,632.	1,677,246.		Statement 3
5a Gross rents					
b Net rental income or (loss)					
6a Net gain or (loss) from sale of assets not on line 10		774,835.			Statement 1
b Gross sales price for all assets on line 6a		7,659,206.			
7 Capital gain net income (from Part IV, line 2)			779,343.		
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		<25,137.>	<1,834.>		Statement 4
12 Total. Add lines 1 through 11		2,425,358.	2,459,783.		
13 Compensation of officers, directors, trustees, etc		354,602.	52,202.		297,511.
14 Other employee salaries and wages		282,408.	4,994.		277,414.
15 Pension plans, employee benefits		174,319.	9,253.		145,066.
16a Legal fees Stmt 5		12,893.	1,031.		11,862.
b Accounting fees Stmt 6		60,490.	7,729.		52,761.
c Other professional fees Stmt 7		408,569.	327,361.		81,208.
17 Interest		521.	521.		0.
18 Taxes Stmt 8		70,622.	50,660.		0.
19 Depreciation and depletion		8,783.	703.		
20 Occupancy		58,118.	4,649.		53,469.
21 Travel, conferences, and meetings		56,498.	1,192.		55,306.
22 Printing and publications		2,972.	30.		2,942.
23 Other expenses Stmt 9		43,209.	3,251.		39,958.
24 Total operating and administrative expenses. Add lines 13 through 23		1,534,004.	463,576.		1,017,497.
25 Contributions, gifts, grants paid		2,429,264.			3,570,917.
26 Total expenses and disbursements. Add lines 24 and 25		3,963,268.	463,576.		4,588,414.
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements		<1,537,910.>			
b Net investment income (if negative, enter -0-)			1,996,207.		
c Adjusted net income (if negative, enter -0-)				N/A	

GH
5

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only		
		Beginning of year (a) Book Value	End of year (b) Book Value (c) Fair Market Value	
Assets	1 Cash - non-interest-bearing			
	2 Savings and temporary cash investments	5,096,857.	2,133,992.	2,133,992.
	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	15,662.	18,087.	18,087.
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock Stmt 11	41,699,533.	48,287,206.	48,287,206.
	c Investments - corporate bonds Stmt 12	10,611,821.	11,408,187.	11,408,187.
Liabilities	11 Investments - land, buildings, and equipment basis ▶			
	Less accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other Stmt 13	20,175,393.	20,980,044.	20,980,044.
	14 Land, buildings, and equipment basis ▶ 205,103.			
	Less accumulated depreciation Stmt 14 ▶ 149,020.	11,370.	56,083.	56,083.
	15 Other assets (describe ▶ Statement 15)	1,649,597.	1,776,793.	1,776,793.
	16 Total assets (to be completed by all filers)	79,260,233.	84,660,392.	84,660,392.
	17 Accounts payable and accrued expenses	68,273.	84,739.	
	18 Grants payable	3,055,291.	1,913,638.	
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)	995,514.	1,202,625.	
	23 Total liabilities (add lines 17 through 22)	4,119,078.	3,201,002.	
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	75,022,493.	81,418,602.	
	25 Temporarily restricted	118,662.	40,788.	
	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	75,141,155.	81,459,390.		
31 Total liabilities and net assets/fund balances	79,260,233.	84,660,392.		

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	75,141,155.
2 Enter amount from Part I, line 27a	2	<1,537,910.>
3 Other increases not included in line 2 (itemize) ▶ See Statement 10	3	7,934,106.
4 Add lines 1, 2, and 3	4	81,537,351.
5 Decreases not included in line 2 (itemize) ▶ Change in value of trust obligations	5	77,961.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	81,459,390.

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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 7,659,206.		6,879,863.	779,343.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(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	
a			
b			
c			
d			
e			779,343.

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	779,343.
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

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))
2009	4,771,458.	70,981,501.	.067221
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

2 Total of line 1, column (d)	2	.297572
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	.059514
4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5	4	76,628,777.
5 Multiply line 4 by line 3	5	4,560,485.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	19,962.
7 Add lines 5 and 6	7	4,580,447.
8 Enter qualifying distributions from Part XII, line 4	8	4,588,414.

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.

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)			
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		1	19,962.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0.
3 Add lines 1 and 2		3	19,962.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	19,962.
6 Credits/Payments:			
a 2010 estimated tax payments and 2009 overpayment credited to 2010	6a	12,441.	
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c	50,059.	
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7	62,500.	
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	42,538.	
11 Enter the amount of line 10 to be: Credited to 2011 estimated tax <input checked="" type="checkbox"/> 42,538. 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
c 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.	2	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	3	X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.	5	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?	6	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.	7	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	8b	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 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV	9	X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	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>Community Memorial Foundation</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			
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ► <u>See Statement 17</u>	16	X	No

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 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here ► <input type="checkbox"/>	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 2010?	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 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? 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 2010 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 2010)	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 2010?	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?

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

6b

X

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 18		349,713.	102,762.	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 7550 N. Maplewood, Chicago, IL 60645	Senior Program Officer 35.00	89,326.	28,855.	0.
Thomas L. Fuechtmann 105 Lincoln Ave., Riverside, IL 60546	Program Officer 40.00	74,497.	21,938.	0.
Deborah A. Kustra 236 W. Nebraska, Frankfort, IL 60423	Grants Manager 40.00	71,798.	16,108.	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	100,000.
Geneva Capital Management LTD - 100 E. Wisconsin Avenue, Suite 2550, Milwaukee, WI	Investment Manager	53,471.
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	326,529.
2 Healthcare Access Program (HCA) Addressing healthcare access issues and raising public awareness within the communities it serves	292,982.
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	73,642,457.
b	Average of monthly cash balances	1b	4,153,256.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	77,795,713.
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	77,795,713.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,166,936.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	76,628,777.
6	Minimum investment return. Enter 5% of line 5	6	3,831,439.

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	3,831,439.
2a	Tax on investment income for 2010 from Part VI, line 5	2a	19,962.
b	Income tax for 2010. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	19,962.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	3,811,477.
4	Recoveries of amounts treated as qualifying distributions	4	53,585.
5	Add lines 3 and 4	5	3,865,062.
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	3,865,062.

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	4,588,414.
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	4,588,414.
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	19,962.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	4,568,452.

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 (2010)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7				3,865,062.
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2010:				
a From 2005				
b From 2006	85,529.			
c From 2007	811,132.			
d From 2008	745,603.			
e From 2009	997,501.			
f Total of lines 3a through e	2,639,765.			
4 Qualifying distributions for 2010 from Part XII, line 4: ▶ \$ 4,588,414.				
a Applied to 2009, 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 2010 distributable amount				3,865,062.
e Remaining amount distributed out of corpus	723,352.			
5 Excess distributions carryover applied to 2010 (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	3,363,117.			
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 2009. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2010. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2011				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 2005 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a	3,363,117.			
10 Analysis of line 9:				
a Excess from 2006	85,529.			
b Excess from 2007	811,132.			
c Excess from 2008	745,603.			
d Excess from 2009	997,501.			
e Excess from 2010	723,352.			

Part XIV	Private Operating Foundations (see instructions and Part VII-A, question 9)
-----------------	--

N/A

- 1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2010, enter the date of the ruling

- b** Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

Part XVII

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

- | 1 | Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)(3) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | | Yes | No |
|----------|--|-------|-----|----|
| | | | | |
| a | Transfers from the reporting foundation to a noncharitable exempt organization of: | | | |
| | (1) Cash | 1a(1) | | X |
| | (2) Other assets | 1a(2) | | X |
| b | Other transactions: | | | |
| | (1) Sales of assets to a noncharitable exempt organization | 1b(1) | | X |
| | (2) Purchases of assets from a noncharitable exempt organization | 1b(2) | | X |
| | (3) Rental of facilities, equipment, or other assets | 1b(3) | | X |
| | (4) Reimbursement arrangements | 1b(4) | | X |
| | (5) Loans or loan guarantees | 1b(5) | | X |
| | (6) Performance of services or membership or fundraising solicitations | 1b(6) | | X |
| c | Sharing of facilities, equipment, mailing lists, other assets, or paid employees | 1c | | X |
| d | If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. | | | |

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No
- b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

**Sign
Here**

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

Signature of officer or trustee

Date _____

Title

**Paid
Preparer
Use Only**

Print/Type preparer's name

Elizabeth A.
Vaccariello

Preparer's signature

Date

Check ☐ self-employed

PTIN

Firm's name ► **Varey & Vaccariello CPAs PC**

Firm's EIN ► 36-3994838

Firm's address ► 617 East Golf Road, Suite 107
Arlington Heights, IL 60005

Phone no. 847-228-6977

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		P	Various	Various
b Geneva Capital Management - Long Term Gains and L		P	Various	Various
c Prime Property Fund LLC - ROC		P	Various	Various
d CS McKee Management - Short Term Gains and Losses		P	Various	Various
e CS McKee Management - Long Term Gains and Losses		P	Various	Various
f Fiduciary Manangement - Short Term Gains and Loss		P	Various	Various
g Fiduciary Manangement - Long Term Gains and Losse		P	Various	Various
h London Company Manangement - Short Term Gains and		P	Various	Various
i London Company Manangement - Long Term Gains and		P	Various	Various
j Buckeye Partners LP - 999 units		P	Various	Various
k Inergy LP - 4450 units		P	Various	Various
l London Company Manangement - ROC		P	Various	Various
m Meridian Diversified Fund - Short Term Gains and		P	Various	Various
n Meridian Diversified Fund - Long Term Gains and L		P	Various	Various
o International Alpha Select - ROC		P	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 268,461.		219,966.	48,495.
b 1,811,618.		2,056,806.	<245,188.>
c 76,118.		76,118.	0.
d 100,122.		64,813.	35,309.
e 1,160,097.		967,122.	192,975.
f 5,278.		6,154.	<876.>
g 807,770.		769,816.	37,954.
h 425,402.		437,749.	<12,347.>
i 1,697,953.		1,512,349.	185,604.
j 58,874.		28,778.	30,096.
k 165,372.		63,787.	101,585.
l 8,353.		8,353.	0.
m 369,768.		329,798.	39,970.
n 209,608.		199,198.	10,410.
o 143,564.		143,564.	0.

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			48,495.
b			<245,188.>
c			0.
d			35,309.
e			192,975.
f			<876.>
g			37,954.
h			<12,347.>
i			185,604.
j			30,096.
k			101,585.
l			0.
m			39,970.
n			10,410.
o			0.

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

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 Trust Under the Retirement Plans - Short Term Gain		P		
b Trust Under the Retirement Plans - Long Term Gain		P		
c Capital Gains Dividends				
d				
e				
f				
g				
h				
i				
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		<2,425.>	2,425.
b		<2,083.>	2,083.
c 350,848.			350,848.
d			
e			
f			
g			
h			
i			
j			
k			
l			
m			
n			
o			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
(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	
a			2,425.
b			2,083.
c			350,848.
d			
e			
f			
g			
h			
i			
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	779,343.
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
268,461.	219,966.	0.	0.	48,495.

(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
1,811,618.	2,056,806.	0.	0.	<245,188.>

(a) Description of Property	Manner Acquired	Date Acquired	Date Sold	
Prime Property Fund LLC - ROC		Various	Various	
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss
76,118.	76,118.	0.	0.	0.

(a) Description of Property	Manner Acquired	Date Acquired	Date Sold	
CS McKee 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
100,122.	64,813.	0.	0.	35,309.

(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
1,160,097.	967,122.	0.	0.	192,975.

(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
5,278.	6,154.	0.	0.	<876.>

(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
807,770.	769,816.	0.	0.	37,954.

(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
425,402.	437,749.	0.	0.	<12,347.>

(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
1,697,953.	1,512,349.	0.	0.	185,604.

(a) Description of Property		Manner Acquired	Date Acquired	Date Sold
Buckeye Partners LP - 999 units			Various	Various
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss
58,874.	28,778.	0.	0.	30,096.

(a) Description of Property		Manner Acquired	Date Acquired	Date Sold
Inergy LP - 4450 units			Various	Various
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss
165,372.	63,787.	0.	0.	101,585.

(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
8,353.	8,353.	0.	0.	0.

(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
369,768.	329,798.	0.	0.	39,970.

(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
209,608.	199,198.	0.	0.	10,410.

(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
143,564.	143,564.	0.	0.	0.

(a) Description of Property	Manner Acquired	Date Acquired	Date Sold	
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	
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.

Capital Gains Dividends from Part IV	350,848.
Total to Form 990-PF, Part I, line 6a	774,835.

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

Source	Amount
Inland Bank - Checking	5,028.
Total to Form 990-PF, Part I, line 3, Column A	5,028.

Form 990-PF	Dividends and Interest from Securities	Statement	3
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Source	Gross Amount	Capital Gains Dividends	Column (A) Amount
Investment Income	2,021,480.	350,848.	1,670,632.
Total to Fm 990-PF, Part I, ln 4	2,021,480.	350,848.	1,670,632.

Form 990-PF	Other Income	Statement	4
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Description	(a) Revenue Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income
Metropolitan RE Partners - From K-1	<20,339.>	0.	
Metropolitan RE Partners - From K-1	<15,319.>	<15,319.>	
Metropolitan RE Partners - Non-Deductible Expense	<28.>	0.	
Class Action Income	3,734.	3,734.	
Buckeye Partners LP - From K-1	<440.>	0.	
Buckeye Partners LP - From K-1	235.	235.	
Buckeye Partners LP - Non-Deductible Expense	<3.>	0.	
Inergy LP - From K-1	<2,493.>	0.	
Inergy LP - From K-1	<1.>	<1.>	
Recapture Services	1,054.	1,054.	
International Alpha Select - From K-1	8,463.	8,463.	
Total to Form 990-PF, Part I, line 11	<25,137.>	<1,834.>	

Form 990-PF	Legal Fees	Statement	5
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Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Legal fees - McGuireWoods LLP	12,893.	1,031.		11,862.
To Fm 990-PF, Pg 1, ln 16a	12,893.	1,031.		11,862.

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	43,490.	3,479.		40,011.	
Audit fees - Blackman Kallick Bartelstein LLP	17,000.	4,250.		12,750.	
To Form 990-PF, Pg 1, ln 16b	60,490.	7,729.		52,761.	

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	51,115.	0.		51,115.	
Investment management	312,055.	312,055.		0.	
Other	31,795.	1,702.		30,093.	
Investment custodian fees	13,604.	13,604.		0.	
To Form 990-PF, Pg 1, ln 16c	408,569.	327,361.		81,208.	

Form 990-PF	Taxes			Statement	8
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes	
Excise	19,962.	0.		0.	
Foreign tax withheld on dividends	50,660.	50,660.		0.	
To Form 990-PF, Pg 1, ln 18	70,622.	50,660.		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	1,529.	114.		1,415.	
Bank charges	1,215.	1,215.		0.	
Dues and subscriptions	6,459.	0.		6,459.	
Equipment rental and maintenance	5,328.	426.		4,902.	
Insurance - general	4,757.	381.		4,376.	
Licenses and fees	74.	0.		74.	
Postage and shipping	886.	44.		842.	
Service contracts	4,333.	347.		3,986.	
Supplies	8,192.	326.		7,866.	
Telephone	4,981.	398.		4,583.	
Outside services	5,455.	0.		5,455.	
To Form 990-PF, Pg 1, ln 23	43,209.	3,251.		39,958.	

Form 990-PF	Other Increases in Net Assets or Fund Balances	Statement	10
Description	Amount		
Unrealized gain on investments carried at market value	7,880,521.		
Income Modification - Grants Returned	53,585.		
Total to Form 990-PF, Part III, line 3	7,934,106.		

Form 990-PF	Corporate Stock		Statement	11
Description	Book Value	Fair Market Value		
See Attachment A	48,287,206.	48,287,206.		
Total to Form 990-PF, Part II, line 10b	48,287,206.	48,287,206.		

INVESTMENTS - CORPORATE STOCK

(Page 2, Part II, Line 10b)

<u>Description</u>	<u>12/31/10 Book Value and Market Value</u>
3M CO COM	228,695
ACCENTURE PLC CLASS A ORDINARY	218,205
ADVENT SOFTWARE INC COM	135,475
AFFILIATED MANAGERS GROUP INC COM	158,752
AKAMAI TECHNOLOGIES INC COM	173,850
ALBEMARLE CORP COM	208,171
ALEXANDER & BALDWIN INC COM	235,777
ALLEGHANY CORP DEL COM	92,830
ALLSCRIPTS-MISYS HEALTHCARE SOLUTIONS INC	210,814
AMERICAN EXPRESS CO COM	122,322
AMERISOURCEBERGEN CORP COM	173,159
AMETEK INC NEW COM	160,415
AMPHENOL CORP CL A	220,093
ANSYS INC COM	217,653
AOL INC COM	154,494
ATWOOD OCEANICS INC COM	194,324
ATWOOD OCEANICS INC COM	263,757
AUTOMATIC DATA PROCESSING INC COM	195,533
BANCFIRST CORP COM	57,666
BANK NEW YORK MELLON CORP COM	228,765
BARD C R INC COM	116,089
BARRETT BILL CORP COM	123,390
BENCHMARK ELECTRS INC COM	128,936
BERKSHIRE HATHAWAY INC DEL CL B NEW	208,286
C H ROBINSON WORLDWIDE INC COM NEW	233,754
CABELAS INC COM	240,076
CALGON CARBON CORP COM	102,816
CARMAX INC COM	108,233
CERNER CORP COM	207,954
CHART INDUSTRIES INC	189,168
CHIPOTLE MEXICAN GRILL INC CL A	177,571
CHURCH & DWIGHT INC COM	156,675
CINTAS CORP COM	153,780
CITRIX SYS INC COM	204,888
COACH INC COM	224,005
COGNIZANT TECH SOLUTIONS CRP COM	283,266
COHEN & STEERS INTERNATIONAL REALTY FUND CLASS I #1396	2,031,554
CONCHO RES INC COM	212,161
CONSTELLATION BRANDS INC CL A	138,748
COPART INC COM	152,948
CORRECTIONS CORP AMER NEW COM NEW	214,789
COVIDIEN PLC	141,546
DECKERS OUTDOOR CORP	184,997
DENTSPLY INTL INC NEW COM	98,068
DENTSPLY INTL INC NEW COM	193,061
DEVON ENERGY CORP NEW COM	127,579
DFA EMERGING MARKETS VALUE FUND #95	2,720,349

INVESTMENTS - CORPORATE STOCK

(Page 2, Part II, Line 10b)

Description	12/31/10 Book Value and Market Value
DIAGEO PLC SPONSORED ADR NEW	131,936
DICKS SPORTING GOODS INC OC-COM	248,813
DOLBY LABORATORIES INC COM	119,727
EATON VANCE CORP COM NON VTG	90,992
EATON VANCE CORP COM NON VTG	103,991
EMCOR GROUP INC COM	211,554
ENERGIZER HLDGS INC COM	99,436
EXPEDITORS INTL WASH INC COM	246,246
F5 NETWORKS INC COM	159,446
FACTSET RESH SYS INC COM	192,208
FASTENAL CO COM	221,068
FIRST INDL RLTY TR INC COM	63,668
FISERV INC COM	120,926
FLIR SYS INC COM	132,983
FLOWERVE CORP COM	229,499
FMC TECHNOLOGIES INC COM	219,608
FORCE PROTN INC COM NEW	117,605
FORWARD AIR CORPORATION COM	161,766
FUEL SYS SOLUTIONS INC COM	152,776
GENTEX CORP COM	100,652
HARMONIC INC COM	199,681
HASBRO INC COM	147,390
HATTERAS FINL CORP COM	146,144
IDEX CORP COM	119,903
IDEX LABORATORIES INC COM	198,661
IHS INC COM CL A	222,680
INTERCONTINENTALEXCHANGE INC COM	128,682
INTERDIGITAL INC PA COM	170,724
INTUIT COM	235,161
INVESTMENT TECHNOLOGY GROUP INC NEW	96,583
INVESTORS TITLE CO COM	111,477
ITRON INC COM	149,715
JO-ANN STORES INC COM	234,858
KIMBERLY CLARK CORP COM	151,296
KINDER MORGAN MANAGEMENT LLC SHS	176,399
KNIGHT TRANSN INC COM	138,130
KNOLL INC	128,604
LAKELAND FINL CORP COM	105,154
LAYNE CHRISTENSEN CO COM	178,984
LINCOLN ELEC HLDGS INC COM	95,294
LKQ CORP COM	140,637
MARTIN MARIETTA MATERIALS COM	136,331
MBIA INC COM	224,621
MCGRAW HILL COS INC COM	139,268
MERIT MEDICAL SYSTEMS INC COM	155,134
MICREL INC COM	143,890
MICROS SYS INC COM	210,528
MONSANTO CO NEW COM	194,992

INVESTMENTS - CORPORATE STOCK

(Page 2, Part II, Line 10b)

Description	12/31/10 Book Value and Market Value
MONTPELIER RE HOLDINGS LTD COM	197,964
MVC CAP INC COM	61,320
NAVIGATORS GROUP INC COM	125,875
NESTLE S A SPONSORED ADR REPSTG REG	227,610
NEWMARKET CORP COM	243,162
O REILLY AUTOMOTIVE INC COM	261,921
OCEANEERING INTL INC COM	143,210
OIL STATES INTERNATIONAL INC COM	167,595
OLD DOMINION FGHT LINES INC COM	228,792
OWENS & MINOR INC NEW COM	89,997
PANERA BREAD CO CL A	246,952
PAREXEL INTL CORP COM	167,717
PORTFOLIO RECOVERY ASSOCS INC COM	127,840
PRESTIGE BRANDS HLDGS INC COM	126,670
PRICESMART INC COM	251,378
QLT INC COM	17,922
RANGE RESOURCES CORP COM	123,695
RED HAT INC COM	73,953
RESMED INC COM	204,030
ROPER INDS INC NEW COM	227,379
SALLY BEAUTY HLDGS INC COM	252,822
SCHLUMBERGER LTD COM	116,900
SEMTECH CORP COM	169,800
SERVICE CORP INTL COM	164,604
SIGMA ALDRICH CORP COM	165,402
SOUTHWEST BANCORP INC OKLA COM	97,960
STAPLES INC COM	140,605
STERICYCLE INC COM	244,378
STERIS CORP COM	164,070
STRAYER ED INC COM	97,421
STURM RUGER & CO INC COM	111,556
SUN HYDRAULICS CORP COM	143,640
SUPERIOR ENERGY SVCS INC COM	174,950
SXC HEALTH SOLUTIONS CORP COM	159,868
SYNAPTICS INC COM	129,272
SYSCO CORP COM	177,870
TEJON RANCH CO COM	136,152
TEMPLETON INSTL FDS INC FGN EQUITY SER #454	7,395,675
TENET HEALTHCARE CORP COM	209,430
THORATEC CORP COM NEW	116,112
TIME WARNER INC COM NEW	172,914
TORO CO COM	166,428
TRACTOR SUPPLY CO COM	280,272
TREDEGAR CORP COM	195,098
TRIMBLE NAV LTD COM	181,083
TTM TECHNOLOGIES INC COM	173,072
TYCO ELECTRONICS LTD SWITZERLD SHS	153,105
TYCO INTERNATIONAL LTD SHS	190,624

INVESTMENTS - CORPORATE STOCK

(Page 2, Part II, Line 10b)

<u>Description</u>	<u>12/31/10 Book Value and Market Value</u>
UDR INC COM	129,948
UNITED NAT FOODS INC COM	168,728
UNITED PARCEL SVC INC CL B	203,224
UNIVERSAL CORP VA COM	114,977
URBAN OUTFITTERS INC COM	157,922
VALUECLICK INC COM	223,378
VANGUARD DIVIDEND GROWTH FUND #57	10,684,318
VARIAN MED SYS INC COM	236,245
VIRGINIA COMM BANCORP INC COM	96,408
WAL MART STORES INC COM	203,586
WESCO FINANCIAL CORP COM	57,104
WHITE MOUNTAINS INSURANCE GP	120,816
WHITNEY HLDG CORP COM	149,990
WILLIS GROUP HOLDINGS PLC	1,731
WMS INDS INC COM	194,532
WOLSELEY PLC SPONSORED ADR	16,976
TOTALS	\$ 48,287,206

Form 990-PF	Corporate Bonds	Statement	12
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Description	Book Value	Fair Market Value
See Attachment B	11,408,187.	11,408,187.
Total to Form 990-PF, Part II, line 10c	11,408,187.	11,408,187.

Form 990-PF	Other Investments	Statement	13
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Description	Valuation Method	Book Value	Fair Market Value
See Attachment C	FMV	20,980,044.	20,980,044.
Total to Form 990-PF, Part II, line 13		20,980,044.	20,980,044.

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	104,512.	64,144.	40,368.
Computers	59,330.	52,576.	6,754.
Software	29,928.	29,684.	244.
Leasehold improvements	11,333.	2,616.	8,717.
Total To Fm 990-PF, Part II, ln 14	205,103.	149,020.	56,083.

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	31,730.	39,901.	39,901.
Assets Whose Use is Limited	757,266.	799,361.	799,361.
Program Related Investments	500,000.	500,000.	500,000.
Investments - Non-Qualified Plans	356,910.	437,531.	437,531.
Refundable Excise Tax	3,691.	0.	0.
To Form 990-PF, Part II, line 15	1,649,597.	1,776,793.	1,776,793.

INVESTMENTS - CORPORATE BONDS

(Page 2, Part II, Line 10c)

<u>Description</u>	<u>12/31/10 Book Value and Market Value</u>
ISHARES TR BARCLAYS TIPS BD FD	2,722,514
PIMCO TOTAL RETURN FUND	8,685,673
TOTALS	\$ 11,408,187

INVESTMENTS - OTHER

(Page 2, Part II, Line 13)

Description	12/31/10 Book Value and Market Value
ABS OFFSHORE SPC CLASS B GLOBAL PORTFOLIO	4,535,707
INTERNATIONAL ALPHA SELECT SL	6,297,193
MERIDIAN FUNDS	806,348
METROPOLITAN REAL ESTATE PARTNERS III-A LP	1,207,090
PRIME PROPERTY FUND LLC	3,454,731
PROTÉGÉ PARTNERS FUNDS	4,678,975
TOTALS	\$ 20,980,044

Form 990-PF	Other Liabilities	Statement 16
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Description	BOY Amount	EOY Amount
Annuity Obligations - Trusts	638,604.	758,573.
Deferred Compensation - Trust	356,910.	437,531.
Federal Excise Tax Payable	0.	6,521.
Total to Form 990-PF, Part II, line 22	995,514.	1,202,625.

Form 990-PF	Name of Foreign Country in Which Organization has Financial Interest	Statement 17
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Name of Country

Netherlands
Ireland
Bermuda

Form 990-PF Part VIII - List of Officers, Directors Statement 18
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	209,221.	64,814.	10,000.
James Durkan - Deferred Compensation	0.00	<22,000.>	22,000.	0.
James Durkan - Deferred Exec Comp	0.00	10,775.	<10775.>	0.
Greg DiDomenico Community Memorial Foundation, 15 Spinning Wheel Road, Ste. 326 Hinsdale, IL 60521	Vice President 40.00	145,381.	33,059.	0.
Greg DiDomenico - Deferred Comp	0.00	<7,650.>	7,650.	0.
Irene Frye - Deferred Comp Payout	Former Vice President 0.00	13,986.	<13986.>	0.
Deborah Daro, Ph.D. Community Memorial Foundation, 15 Spinning Wheel Road, Ste. 326 Hinsdale, IL 60521	Chair/Director 2.00	0.	0.	0.
Jeffrey Simmons 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.

Community Memorial Foundation

36-4012380

Sam Balark 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.
John J. Madden 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.
Allyson Zak 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

349,713.	102762.	10,000.
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Form 990-PF	Grant Application Submission Information Part XV, Lines 2a through 2d	Statement 19
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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

<u>Telephone Number</u>	<u>Name of Grant Program</u>
(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
- 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 5 PM
Board of Directors decision	Mid-June	Early December

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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 for requests of \$25,000 or less, 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.

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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:

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Burr Ridge (60527)	Justice (60458)	Summit (60501)
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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? ☐ Yes ☐ No

Number of Board Members: _____ Are you currently at full board capacity? ☐ Yes ☐ No

Number of Volunteers: _____ Are you currently at full volunteer capacity? ☐ Yes ☐ 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 Statement 20
 Paid During the Year

Recipient Name and Address	Recipient Relationship and Purpose of Grant	Recipient Status	Amount
Access Community Health Network 222 North Canal Street Chicago, IL 60606	None Access to Care	Public charity 509(a)1	56,745.
AgeOptions 1048 W Lake St Ste 300 Oak Park, IL 60301	None Older Adults	Public charity 509(a)1	30,274.
Aging Care Connections 111 West Harris Avenue LaGrange, IL 60525	None Older Adults/Building Organizational Effectiveness	Public charity 509(a)1	87,185.
Arab American Family Services 9044 S Octavia Bridgeview, IL 60455	None Families/Building Organizational Effectiveness	Public charity 509(a)1	33,600.
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 Community Cohesiveness/Building Organizational Effectiveness	Public charity 509(a)1	33,600.
Bridge Communities Inc 505 Crescent Blvd, Ste E Glen Ellyn, IL 60137	None Community Cohesiveness/Building Organizational Effectiveness	Public charity 509(a)1	51,600.
British Home for Retired Men and Women 8700 31st St Brookfield, IL 60513	None Building Organizational Effectiveness	Public charity 509(a)2	7,500.

Community Memorial Foundation

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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 Archdiocese of Chicago 721 North LaSalle St Chicago, IL 60654	None Families	Public charity 509(a)1	65,000.
Catholic Charities of the Diocese of Joliet 203 N Ottawa Street Joliet, IL 60432	None Families/Building Organizational Effectiveness	Public charity 509(a)1	42,500.
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	8,600.
CEP Youth Leadership Inc 4903 South Gilbert Avenue LaGrange, IL 60525	None Building Organizational Effectiveness	Public charity 509(a)1	11,100.
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 Youth/Building Organizational Effectiveness	Public charity 509(a)2	49,600.
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	14,500.
Community Nurse Health Association 23 Calendar Avenue LaGrange, IL 60525	None Access to Care/Building Organizational Effectiveness	Public charity 509(a)1	602,059.
Community Partnership for Older Adults 1453 Mission St, Suite 520 San Francisco, CA 94103	None Older Adults	Public charity 509(a)1	5,000.

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Community Support Services Inc 9021 W Ogden Avenue Brookfield, IL 60513	None Building Organizational Effectiveness	Public charity 509(a)1	12,600.
Congregation of St Joseph 1515 W Ogden Ave LaGrange Park, IL 60526	None Building Organizational Effectiveness	Public charity 509(a)1	7,500.
Divine Infant School 1640 Newcastle Avenue Westchester, IL 60154	None Building Organizational Effectiveness	Public charity 509(a)1	7,500.
Donors Forum of Chicago 208 S LaSalle Suite 1540 Chicago, IL 60604	None Community Cohesiveness	Public charity 509(a)1	8,103.
DuPage Community Clinic 1506 E Roosevelt Road Wheaton, IL 60187	None Health/Building Organizational Effectiveness	Public charity 509(a)1	16,100.
DuPage Federation of Human Services Reform 146 W Roosevelt Road Villa Park, IL 60181	None Building Organizational Effectiveness	Public charity 509(a)1	15,000.
DuPage Health Coalition 511 Thornhill Drive Carol Stream, IL 60188	None Access to Care/Building Organizational Effectiveness	Public charity 509(a)2	358,718.
DuPage PADS Inc 705 W Liberty Drive Wheaton, IL 60187	None Health/Building Organizational Effectiveness	Public charity 509(a)1	32,500.
DuPage Senior Citizen Council 1919 S Highland Ave, Suite 210 Lombard, IL 60148	None Older Adults	Public charity 509(a)1	20,000.
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.

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Family Health Foundation of Illinois Inc 4756 Main St Lisle, IL 60532	None Access to Care	Public charity 509(a)1	10,000.
Family Shelter Service Inc 605 E Roosevelt Road Wheaton, IL 60187	None Families/Building Organizational Effectiveness	Public charity 509(a)1	57,500.
Girl Scouts of Greater Chicago and Northwest Indiana 2400 Ogden Ave Ste 400 Lisle, IL 60532	None Building Organizational Effectiveness	Public charity 509(a)2	7,496.
Grantmakers in Aging Inc 7333 Paragon Rd Ste 220 Centerville, OH 45459	None Older Adults	Public charity 509(a)1	5,000.
Grantmakers in Health 1100 Connecticut Ave NW 12th Floor Washington, DC 20036	None Health	Public charity 509(a)1	3,500.
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 Health/Building Organizational Effectiveness	Public charity 509(a)2	27,500.
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 Families/Building Organizational Effectiveness	Public charity 509(a)1	32,500.
Hull House Association 1030 W Van Buren Chicago, IL 60607	None Youth	Public charity 509(a)1	10,000.

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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 Ste 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 Foundation 5101 Willow Springs Road LaGrange, IL 60525	None Health	Public charity 509(a)1	1,000,000.
Lifelink Corporation/Bensenville Home Society 331 S York Road Bensenville, IL 60106	None Building Organizational Effectiveness	Public charity 509(a)1	7,500.
Literacy Volunteers of DuPage 24W500 Maple Ave Ste 217 Naperville, IL 60540	None Building Organizational Effectiveness	Public charity 509(a)1	7,500.
Love Inc of Western Suburbs Chicago PO Box 50 Clarendon Hills, IL 60514	None General	Public charity 509(a)1	5,000.
Metropolitan Family Services DuPage 222 East Willow Ave Wheaton, IL 60187	None Building Organizational Effectiveness	Public charity 509(a)2	19,500.
NAMI of DuPage County IL 2100 Manchester Rd #B Ste 925 Wheaton, IL 60187	None Mental Health/Building Organizational Effectiveness	Public charity 509(a)1	33,600.
Nazareth Academy 1209 W Ogden Ave LaGrange Park, IL 60526	None Youth/Building Organizational Effectiveness	Public charity 509(a)1	20,500.

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Northern Illinois Food Bank 600 Industrial Drive St Charles, IL 60174	None Health/Building Organizational Effectiveness	Public charity 509(a)1	105,500.
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	20,800.
PAV YMCA Foundation 2947 Oak Park Ave Berwyn, IL 60402	None Building Organizational Effectiveness	Public charity 509(a)1	8,600.
People's Resource Center 201 S Naperville Rd Wheaton, IL 60187	None Health/Building Organizational Effectiveness	Public charity 509(a)1	32,500.
Pillars Community Services 333 N LaGrange Rd Suite One LaGrange Park, IL 60526	None Access to Care/Building Organizational Effectiveness	Public charity 509(a)2	113,923.
Plymouth Place 315 N LaGrange Rd LaGrange Park, IL 60526	None Building Organizational Effectiveness	Public charity 509(a)1	7,500.
Positive Parenting DuPage 105 S Villa Ave Villa Park, IL 60181	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	17,500.
Rush University Medical Center 1700 W Van Buren St Chicago, IL 60612	None Older Adults	Public charity 509(a)1	40,000.

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Samaritan Interfaith Counseling Center Inc 1819 Bay Scott Cr Ste 109 Naperville, IL 60540	None Building Organizational Effectiveness	Public charity 509(a)2	22,500.
Sargent Shriver National Center on Poverty Law 50 E Washington St Suite 500 Chicago, IL 60602	None Access to Care	Public charity 509(a)1	5,000.
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 Families/Building Organizational Effectiveness	Public charity 509(a)2	23,600.
Spectrios Institute for Low Vision 219 East Cole Ave Wheaton, IL 60187	None Health/Building Organizational Effectiveness	Public charity 509(a)1	35,590.
St. Barbara School 8900 Windemere Avenue Brookfield, IL 60513	None Building Organizational Effectiveness	Public charity 509(a)1	7,500.
St. Cletus School 700 W 55th St LaGrange, IL 60525	None Building Organizational Effectiveness	Public charity 509(a)1	7,500.
St. Francis Xavier School 145 N Waiola LaGrange, IL 60525	None Building Organizational Effectiveness	Public charity 509(a)1	7,500.
St. John of the Cross School 708 51st Street Western Springs, IL 60550	None Building Organizational Effectiveness	Public charity 509(a)1	7,500.

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St. Louise de Marillac School 30th and Raymond LaGrange Park, IL 60526	None Building Organizational Effectiveness	Public charity 509(a)1	7,500.
TapFound Inc aka Taproot Foundation 446 Geary St Ste 200 San Francisco, CA 94102	None Building Organizational Effectiveness	Public charity 509(a)1	100,000.
Teen Parent Connection Inc 739 Roosevelt Rd #8 Ste 100 Glen Ellyn, IL 60137	None Families/Building Organizational Effectiveness	Public charity 509(a)1	32,500.
Walk-In Ministry of Hope 1047 Curtiss St Rm 503 Downers Grove, IL 60515	None Families/Building Organizational Effectiveness	Public charity 509(a)1	32,500.
Wellness House 131 N County Line Rd Hinsdale, IL 60521	None Building Organizational Effectiveness	Public charity 509(a)1	11,100.
West Suburban Chamber of Commerce and Industry FDN 9440 Joliet Road Hodgkins, IL 60525	None Youth	Public charity 509(a)1	2,500.
YWCA of Metropolitan Chicago 360 N Michigan Ave Ste 800 Chicago, IL 60601	None Families	Public charity 509(a)1	10,000.

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

3,570,917.

Form 990-PF

Grants and Contributions
Approved for Future Payment

Statement 21

Recipient Name and Address	Recipient Relationship and Purpose of Grant	Recipient Status	Amount
Community House 415 West 8th Street Hinsdale, IL 60521	None Mental Health	Public charity 509(a)2	20,000.
Community Housing Association of DuPage AKA CHAD 35 W St Charles Rd Villa Park, IL 60181	None Families	Public charity 509(a)1	10,000.
Community Nurse Health Association 23 Calendar Avenue LaGrange, IL 60525	None Access to Care	Public charity 509(a)1	15,519.
Community Nurse Health Association 23 Calendar Avenue LaGrange, IL 60525	None Building Organizational Effectiveness	Public charity 509(a)1	10,000.
DuPage Health Coalition 511 Thornhill Drive Carol Stream, IL 60188	None Access to Care	Public charity 509(a)2	46,011.
Family Shelter Service Inc 605 E Roosevelt Road Wheaton, IL 60187	None Building Organizational Effectiveness	Public charity 509(a)1	1,100.
Hamdard Center for Health and Human Services NFP 228 E Lake Street Addison, IL 60101	None Health	Public charity 509(a)2	15,000.
Healthreach Inc 1800 Grand Avenue Waukegan, IL 60085	None Building Organizational Effectiveness	Public charity 509(a)2	1,500.

Community Memorial Foundation

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LaGrange Memorial Hospital Foundation 5101 Willow Springs Road LaGrange, IL 60525	None Health	Public charity 509(a)1	624,141.
People's Resource Center 201 S Naperville Rd Wheaton, IL 60187	None Families	Public charity 509(a)1	25,000.
Peoplecare Inc 60 Akenside Rd Riverside, IL 60546	None General	Public charity 509(a)1	15,000.
TapFound Inc aka Taproot Foundation 446 Geary St Ste 200 San Francisco, CA 94102	None Building Organizational Effectiveness	Public charity 509(a)1	30,000.
Xilin Association 1163 E Ogden Ave Rm 300A Naperville, IL 60563	None General	Public charity 509(a)2	25,000.

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

838,271.

**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 ☒ **X**
- 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.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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.*

Type or print	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	

Enter the Return code for the return that this application is for (file a separate application for each return)

04

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **August 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
► ☒ calendar year **2010** or
► ☐ tax year beginning _____, and ending _____

- 2 If the tax year entered in line 1 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	\$	62,500.
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	3b	\$	12,441.
c	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	50,059.

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 Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2011)

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

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 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			

Enter the Return code for the return that this application is for (file a separate application for each return)

04

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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, 2011**

5 For calendar year **2010**, or other tax year beginning , and ending

6 If the tax year entered in line 5 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	\$	62,500.
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	\$	62,500.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, 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 **John Durkan** Title **C.P.A. - IL**

Date **8/9/11**

Form 8868 (Rev. 1-2011)