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

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

2011

For calendar year 2011 or tax year beginning

, and ending

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"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <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		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 79,521,897.	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	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)
Revenue	1 Contributions, gifts, grants, etc., received	22,500.		N/A	
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	3,794.	3,794.		Statement 2
	4 Dividends and interest from securities	1,618,692.	1,624,612.		Statement 3
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	2,768,234.			Statement 1
	b Gross sales price for all assets on line 6a 22,939,576.				
	7 Capital gain net income (from Part IV, line 2)		2,781,608.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss)					
11 Other income	<11,477.>	12,691.		Statement 4	
12 Total. Add lines 1 through 11	4,401,743.	4,422,705.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	381,462.	74,257.		311,045.
	14 Other employee salaries and wages	284,569.	4,960.		279,609.
	15 Pension plans, employee benefits	207,262.	9,532.		147,730.
	16a Legal fees	20,794.	1,872.		18,922.
	b Accounting fees	60,790.	8,191.		52,599.
	Other professional fees	503,078.	329,649.		138,574.
	17 Interest	259.	259.		0.
	18 Taxes	126,434.	47,719.		0.
	19 Depreciation and depletion	13,123.	1,181.		
	20 Occupancy	59,593.	5,363.		54,230.
	21 Travel, conferences, and meetings	70,879.	1,004.		69,875.
	22 Printing and publications	1,437.	129.		1,308.
	23 Other expenses	51,302.	2,864.		48,438.
	24 Total operating and administrative expenses. Add lines 13 through 23	1,780,982.	486,980.		1,122,330.
	25 Contributions, gifts, grants paid	2,954,573.			3,186,593.
26 Total expenses and disbursements. Add lines 24 and 25	4,735,555.	486,980.		4,308,923.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	<333,812.>				
b Net investment income (if negative, enter -0-)		3,935,725.			
c Adjusted net income (if negative, enter -0-)			N/A		

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only		Beginning of year	End of year	
				(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash - non-interest-bearing				
	2	Savings and temporary cash investments		2,133,992.	2,539,329.	2,539,329.
	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		18,087.	19,878.	19,878.
	10a	Investments - U.S. and state government obligations Stmt 12		0.	1,631,726.	1,631,726.
	b	Investments - corporate stock Stmt 13		48,287,206.	49,409,321.	49,409,321.
	c	Investments - corporate bonds Stmt 14		11,408,187.	10,024,752.	10,024,752.
11	Investments - land, buildings, and equipment: basis ▶					
	Less: accumulated depreciation ▶					
12	Investments - mortgage loans					
13	Investments - other Stmt 15		20,980,044.	14,596,737.	14,596,737.	
14	Land, buildings, and equipment: basis ▶ 209,173.					
	Less: accumulated depreciation Stmt 16 ▶ 162,143.		56,083.	47,030.	47,030.	
15	Other assets (describe ▶ Statement 17)		1,776,793.	1,253,124.	1,253,124.	
16	Total assets (to be completed by all filers)		84,660,392.	79,521,897.	79,521,897.	
Liabilities	17	Accounts payable and accrued expenses		84,739.	118,087.	
	18	Grants payable		1,913,638.	1,681,619.	
	19	Deferred revenue				
	20	Loans from officers, directors, trustees, and other disqualified persons				
	21	Mortgages and other notes payable				
	22	Other liabilities (describe ▶ Statement 18)		1,202,625.	1,175,408.	
23	Total liabilities (add lines 17 through 22)		3,201,002.	2,975,114.		
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		81,418,602.	76,501,013.	
	25	Temporarily restricted		40,788.	45,770.	
	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		81,459,390.	76,546,783.		
31	Total liabilities and net assets/fund balances		84,660,392.	79,521,897.		

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	81,459,390.
2	Enter amount from Part I, line 27a	2	<333,812.>
3	Other increases not included in line 2 (itemize) ▶ See Statement 10	3	12,674.
4	Add lines 1, 2, and 3	4	81,138,252.
5	Decreases not included in line 2 (itemize) ▶ See Statement 11	5	4,591,469.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	76,546,783.

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 22,939,576.		20,157,968.	2,781,608.

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			2,781,608.

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	2,781,608.
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))
2010	4,568,452.	76,628,777.	.059618
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

2 Total of line 1, column (d)	2	.299246
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	.059849
4 Enter the net value of noncharitable-use assets for 2011 from Part X, line 5	4	81,836,262.
5 Multiply line 4 by line 3	5	4,897,818.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	39,357.
7 Add lines 5 and 6	7	4,937,175.
8 Enter qualifying distributions from Part XII, line 4	8	4,308,923.

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 type="checkbox"/> and enter 1% of Part I, line 27b		1	78,715.
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	78,715.
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	78,715.
6 Credits/Payments:			
a 2011 estimated tax payments and 2010 overpayment credited to 2011	6a	68,000.	
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c	44,500.	
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7	112,500.	
8 Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	116.	
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	33,669.	
11 Enter the amount of line 10 to be: Credited to 2012 estimated tax <input type="checkbox"/> 33,669. Refunded <input type="checkbox"/>	11	0.	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities		X
1c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ 0. (2) On foundation managers. <input 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 type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV.	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> IL		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

N/A

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 make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	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. 326, 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 2011, 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 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 19</u>	16	X	

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 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 2011?	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 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► _____, _____, _____, _____		
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 2011 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 2011.) 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 2011?	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

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.

☐ Yes ☒ No

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

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 20		385,302.	141,606.	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	91,787.	28,374.	0.
Thomas L. Fuechtmann 105 Lincoln Ave., Riverside, IL 60546	Program Officer 40.00	74,915.	25,304.	0.
Deborah A. Kustra 236 W. Nebraska, Frankfort, IL 60423	Grants Manager 40.00	71,206.	17,313.	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.
BoardSource - 750 9th Street, NW, Suite 650, Washington, DC 20001	Program Consultant	68,631.
Geneva Capital Management LTD - 100 E. Wisconsin Ave, Ste 2550, Milwaukee, WI 53202	Investment Manager	65,645.

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 (BOE) Provides local non-profit organizations with continuous learning and improvement opportunities	391,590.
2 Healthcare Access Program (HCA) Addressing healthcare access issues and raising public awareness within the communities it serves	323,521.
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	79,383,832.
b	Average of monthly cash balances	1b	3,698,668.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	83,082,500.
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	83,082,500.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,246,238.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	81,836,262.
6	Minimum investment return. Enter 5% of line 5	6	4,091,813.

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	4,091,813.
2a	Tax on investment income for 2011 from Part VI, line 5	2a	78,715.
b	Income tax for 2011. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	78,715.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	4,013,098.
4	Recoveries of amounts treated as qualifying distributions	4	507,744.
5	Add lines 3 and 4	5	4,520,842.
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	4,520,842.

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	4,308,923.
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	4,308,923.
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	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	4,308,923.

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 (2011)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI, line 7				4,520,842.
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2011:				
a From 2006	85,529.			
b From 2007	811,132.			
c From 2008	745,603.			
d From 2009	997,501.			
e From 2010	723,352.			
f Total of lines 3a through e	3,363,117.			
4 Qualifying distributions for 2011 from Part XII, line 4: ▶ \$ 4,308,923.				
a Applied to 2010, 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 2011 distributable amount				4,308,923.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a).)	211,919.			211,919.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	3,151,198.			
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 2010. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2011. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2012				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 2006 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a	3,151,198.			
10 Analysis of line 9:				
a Excess from 2007	684,742.			
b Excess from 2008	745,603.			
c Excess from 2009	997,501.			
d Excess from 2010	723,352.			
e Excess from 2011				

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 2011, 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 XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
Aging Care Connections 111 West Harris Avenue LaGrange, IL 60525	None	Public charity 509(a)1	Health/Building Organizational Effectiveness	40,265.
Alivio Medical Center 966 West 21st Chicago, IL 60608	None	Public charity 509(a)1	Building Organizational Effectiveness	25,000.
Arab American Family Services 9044 S Octavia Avenue Bridgeview, IL 60455	None	Public charity 509(a)1	Health/Building Organizational Effectiveness/Access to Care	55,650.
Beds Inc 150 S Ashland Ave LaGrange, IL 60525	None	Public charity 509(a)1	Building Organizational Effectiveness/Basic Needs	50,750.
Bettys Love Alzheimers Charities PO Box 312 La Grange, IL 60525	None	Public charity 509(a)1	Health	12,500.
Total			See continuation sheet(s)	3a 3,186,593.
b Approved for future payment				
Advocate Charitable Foundation 205 W Touhy Ave Ste 225 Park Ridge, IL 60068	None	Public charity 509(a)1	Basic Needs/Domestic Violence	30,000.
Aging Care Connections 111 West Harris Avenue La Grange, IL 60525	None	Public charity 509(a)1	Building Organizational Effectiveness/Responsi	34,515.
Arab American Family Services 9044 S Octavia Avenue Bridgeview, IL 60455	None	Public charity 509(a)1	Building Organizational Effectiveness/Responsi	27,900.
Total			See continuation sheet(s)	3b 987,111.

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) 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

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

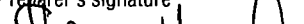
and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here 
 11/11/12
 
 President / CEO

Signature of officer or trustee _____ Date _____ Title _____

I am not a preparer. This return with the preparer shown below (see instr.)? ☒ Yes ☐ No

May the IRS discuss this return with the preparer shown below (see instr.)?

Paid Preparer Use Only	Print/Type preparer's name Elizabeth A. Vaccariello	Preparer's signature 	Date 4/9/12	Check <input type="checkbox"/> if self-employed	PTIN P00357347
	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	

Form **990-PF** (2011)

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

2011

Name of the organization

Employer identification number

Community Memorial Foundation

36-4012380

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☐ 501(c)() (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☒ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

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

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization	Employer identification number
Community Memorial Foundation	36-4012380

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Grantmakers in Health 1100 Connecticut Avenue, NW Washington, DC 20036	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
2	Chicago Community Foundation 111 East Wacker Drive, Suite 1400 Chicago, IL 60601	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

Community Memorial Foundation

36-4012380

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Bridge Communities Inc 505 Crescent Blvd, Ste E Glen Ellyn, IL 60137	None	Public charity 509(a)1	Building Organizational Effectiveness/Basic Needs	25,750.
Campaign for Better Health Care 44 E Main Ste 414 Champaign, IL 61820	None	Public charity 509(a)2	Building Organizational Effectiveness	12,250.
Catholic Charities Archdiocese of Chicago 721 North LaSalle St Chicago, IL 60654	None	Public charity 509(a)1	Basic Needs	40,000.
Community House 415 West 8th Street Hinsdale, IL 60521	None	Public charity 509(a)2	Basic Needs/Access to Care/Building Organizational Effectiveness	20,750.
Community Housing Association of DuPage AKA CHAD 531 E Roosevelt Road, Suite 200 Wheaton, IL 60187	None	Public charity 509(a)1	Basic Needs/Housing	35,000.
Community Nurse Health Association 23 Calendar Avenue La Grange, IL 60525	None	Public charity 509(a)1	Access to Care/Building Organizational Effectiveness	463,427.
Community Support Services Inc 9021 W Ogden Avenue Brookfield, IL 60513	None	Public charity 509(a)1	Building Organizational Effectiveness	750.
Donors Forum 208 S LaSalle Suite 1540 Chicago, IL 60604	None	Public charity 509(a)1	Health	8,723.
DuPage Community Clinic 1506 E Roosevelt Road Wheaton, IL 60187	None	Public charity 509(a)1	Building Organizational Effectiveness	3,650.
DuPage Health Coalition (Access DuPage) 511 Thornhill Drive Carol Stream, IL 60188	None	Public charity 509(a)2	Access to Care/Building Organizational Effectiveness	425,100.
Total from continuation sheets				3,002,428.

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
DuPage PADS Inc 601 W Liberty Drive Wheaton, IL 60187	None	Public charity 509(a)1	Building Organizational Effectiveness/Basic Needs	26,100.
DuPage Senior Citizen Council 1919 S Highland Ave, Suite 210 Lombard, IL 60148	None	Public charity 509(a)1	Basic Needs	25,000.
Family Shelter Service Inc 605 E Roosevelt Road Wheaton, IL 60187	None	Public charity 509(a)1	Building Organizational Effectiveness/Basic Needs	26,850.
Grantmakers in Health 1100 Connecticut Ave NW 12th Floor Washington, DC 20036	None	Public charity 509(a)1	Health	3,500.
Greater Chicago Food Depository 4100 W Ann Lurie Place Chicago, IL 60632	None	Public charity 509(a)1	Basic Needs/Food	2,585.
Hamdard Center for Health and Human Services NFP 228 E Lake Street Addison, IL 60101	None	Public charity 509(a)2	Mental Health/Building Organizational Effectiveness	31,100.
Healthreach Inc 1800 Grand Avenue Waukegan, IL 60085	None	Public charity 509(a)2	Responsive	1,500.
Helping Hand Center 9649 W 55th Street Countryside, IL 60525	None	Public charity 509(a)1	Disabilities	15,000.
Hinsdale Community Service (HCS Family Services) 19 E Chicago Ave 2nd FL Hinsdale, IL 60521	None	Public charity 509(a)1	Basic Needs	25,000.
Hull House Association 1030 W Van Buren Chicago, IL 60607	None	Public charity 509(a)1	Basic Needs/Domestic Violence	10,000.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Illinois Coalition for Immigrant and Refugee Rights 55 E Jackson Blvd, Suite 2075 Chicago, IL 60604	None	Public charity 509(a)1	Building Organizational Effectiveness	25,000.
LaGrange Memorial Hospital Foundation 5101 Willow Springs Road La Grange, IL 60525	None	Public charity 509(a)1	Health	1,000,000.
Leadershop, The 4903 South Gilbert Avenue La Grange, IL 60525	None	Public charity 509(a)1	Building Organizational Effectiveness	8,650.
Literacy Volunteers of DuPage 24W500 Maple Ave Ste 217 Naperville, IL 60540	None	Public charity 509(a)1	Basic Needs	10,000.
Love Inc of Western Suburbs Chicago PO Box 50 Clarendon Hills, IL 60514	None	Public charity 509(a)1	Basic Needs	5,000.
Lyons Township High School #204 100 S Brainard Ave LaGrange, IL 60525	None	Government Agency	Access to Care	1,500.
Metropolitan Family Services DuPage 222 East Willow Ave Wheaton, IL 60187	None	Public charity 509(a)2	Building Organizational Effectiveness/Mental Health	27,900.
Midwest Heart Foundation 1919 S Highland Ave, Suite 201B Lombard, IL 60148	None	Public charity 509(a)2	Health	10,503.
Mujeres Latinas En Accion Inc 2124 West 21st Place Chicago, IL 60608	None	Public charity 509(a)1	Basic Needs/Domestic Violence	25,000.
NAMI of DuPage County IL 2100 Manchester Rd #B Ste 925 Wheaton, IL 60187	None	Public charity 509(a)1	Mental Health/Building Organizational Effectiveness	15,750.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Northern Illinois Food Bank 273 Dearbord Court Geneva, IL 60134	None	Public charity 509(a)1	Basic Needs/Food	75,000.
Oak Park and River Forest Infant Welfare Society AKA The Children's Clinic 320 Lake Street Oak Park, IL 60302	None	Public charity 509(a)2	Building Organizational Effectiveness/Basic Needs/Access to Care	21,100.
PAV YMCA Foundation 2947 Oak Park Ave Berwyn, IL 60402	None	Public charity 509(a)1	Building Organizational Effectiveness	750.
People's Resource Center 201 S Naperville Rd Wheaton, IL 60187	None	Public charity 509(a)1	Basic Needs/Building Organizational Effectiveness	67,900.
Peoplecare Inc 60 Akenside Rd Riverside, IL 60546	None	Public charity 509(a)1	Basic Needs/Barriers to Health Care Access	15,000.
Pillars Community Services 333 N LaGrange Rd Suite One LaGrange Park, IL 60526	None	Public charity 509(a)2	Access to Care/Basic Needs	138,315.
Plymouth Place Inc 315 N LaGrange Rd LaGrange Park, IL 60526	None	Public charity 509(a)1	Building Organizational Effectiveness	1,100.
Ray Graham Association for People with Disabilities 901 Warrenville Road, Suite 500 Lisle, IL 60532	None	Public charity 509(a)2	Building Organizational Effectiveness	1,100.
Robert Crown Center for Health Education 21 Salt Creek Lane Hinsdale, IL 60521	None	Public charity 509(a)1	Building Organizational Effectiveness	4,000.
Saint Xavier University 3700 West 103rd Street Chicago, IL 60655	None	Public charity 509(a)1	Access to Care	25,000.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Samaritan Interfaith Counseling Center Inc 1819 Bay Scott Cr Ste 109 Naperville, IL 60540	None	Public charity 509(a)2	Mental Health	25,000.
Seguin Service Inc 3100 S Central Ave Cicero, IL 60804	None	Public charity 509(a)1	Basic Needs	24,225.
Sharing Connections Inc 5111 Chase Ave Downers Grove, IL 60515	None	Public charity 509(a)2	Building Organizational Effectiveness/Basic Needs	15,750.
Suburban Primary Health Care Council 2225 Enterprise Dr Rm 2507 Westchester, IL 60154	None	Public charity 509(a)1	Access to Care	120,000.
TapFound Inc aka Taproot Foundation 446 Geary St Ste 200 San Francisco, CA 94102	None	Public charity 509(a)1	Building Organizational Effectiveness	60,000.
Teen Parent Connection Inc 739 Roosevelt Rd #8 Ste 100 Glen Ellyn, IL 60137	None	Public charity 509(a)1	Health	25,000.
Walk-In Ministry of Hope 1047 Curtiss St Rm 503 Downers Grove, IL 60515	None	Public charity 509(a)1	Basic Needs	25,000.
Wellness House 131 N County Line Rd Hinsdale, IL 60521	None	Public charity 509(a)1	Building Organizational Effectiveness	10,750.
Xilin Association 1163 E Ogden Ave Rm 300A Naperville, IL 60563	None	Public charity 509(a)2	Basic Needs/Access to Health Care	16,100.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Approved for Future Payment (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Catholic Charities Archdiocese of Chicago 721 North LaSalle St Chicago, IL 60654	None	Public charity 509(a)1	Basic Needs/Food	20,000.
Community Nurse Health Association 23 Calendar Avenue La Grange, IL 60525	None	Public charity 509(a)1	Access to Care/Building Organizational Effectiveness	294,548.
DuPage Community Clinic 1506 E Roosevelt Road Wheaton, IL 60187	None	Public charity 509(a)1	Building Organizational Effectiveness	2,900.
DuPage Health Coalition (Access DuPage) 511 Thornhill Drive Carol Stream, IL 60188	None	Public charity 509(a)2	Access to Care	6,247.
Easter Seals Metropolitan Chicago Inc 1939 West 13th Street, Suite 300 Chicago, IL 60608	None	Public charity 509(a)1	Basic Needs/Access to Health Care	10,000.
Illinois Association of Free and Charitable Clinics 902 Franklin Avenue Normal, IL 61761	None	Public charity 509(a)1	Access to Care	10,000.
LaGrange Memorial Hospital Foundation 5101 Willow Springs Road La Grange, IL 60525	None	Public charity 509(a)1	Health	451,850.
Leadership, The 4903 South Gilbert Avenue La Grange, IL 60525	None	Public charity 509(a)1	Building Organizational Effectiveness	2,900.
Metropolitan Family Services DuPage 222 East Willow Ave Wheaton, IL 60187	None	Public charity 509(a)2	Building Organizational Effectiveness	2,900.
Midwest Heart Foundation 1919 S Highland Ave, Suite 201B Lombard, IL 60148	None	Public charity 509(a)2	Health	4,497.
Total from continuation sheets				894,696.

Part XV Supplementary Information**3 Grants and Contributions Approved for Future Payment (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
People's Resource Center 201 S Naperville Rd Wheaton, IL 60187	None	Public charity 509(a)1	Building Organizational Effectiveness	2,900.
Pillars Community Services 333 N LaGrange Rd, Suite One LaGrange Park, IL 60526	None	Public charity 509(a)2	Access to Care	28,054.
Robert Crown Center for Health Education 21 Salt Creek Lane Hinsdale, IL 60521	None	Public charity 509(a)1	Building Organizational Effectiveness	2,900.
TapFound Inc aka Taproot Foundation 446 Geary St Ste 200 San Francisco, CA 94102	None	Public charity 509(a)1	Building Organizational Effectiveness	30,000.
Way Back Inn Inc 1915 W. Roosevelt Road Broadview, IL 60155	None	Public charity 509(a)1	Health	25,000.
Total from continuation sheets				

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			
b	Geneva Capital Management - Long Term Gains and L			
c	PIMCO Total Return Fund - Long Term Gains			
d	Prime Property Fund LLC - ROC			
e	CS McKee Management - Short Term Gains and Losses			
f	CS McKee Management - Long Term Gains and Losses			
g	Fiduciary Manangement - Short Term Gains and Loss			
h	Fiduciary Manangement - Long Term Gains and Losse			
i	Highmark Capital - Short Term Gains and Losses			
j	London Company Manangement - Short Term Gains and			
k	London Company Manangement - Long Term Gains and			
l	Meridian Diversified Fund - Long Term Gains and L			
m	International Alpha Select - Long Term Gains			
n	CS McKee Management - ROC			
o	Fiduciary Manangement - ROC			

(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	749,110.	879,235.	<130,125.>
b	3,286,468.	2,543,674.	742,794.
c	4,500,000.	4,319,758.	180,242.
d	48,915.	48,915.	0.
e	290,220.	220,058.	70,162.
f	1,471,001.	1,298,152.	172,849.
g	204,265.	158,239.	46,026.
h	1,114,412.	801,113.	313,299.
i	951,089.	949,171.	1,918.
j	387,863.	458,636.	<70,773.>
k	2,798,901.	2,325,960.	472,941.
l	203,962.	184,081.	19,881.
m	6,662,036.	5,982,722.	679,314.
n	148.	148.	0.
o	1,138.	1,138.	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			<130,125.>
b			742,794.
c			180,242.
d			0.
e			70,162.
f			172,849.
g			46,026.
h			313,299.
i			1,918.
j			<70,773.>
k			472,941.
l			19,881.
m			679,314.
n			0.
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	London Company Manangement - ROC			
b	Trust Under the Retirement Plans - Short Term Gain			
c	Trust Under the Retirement Plans - Long Term Gain			
d	Capital Gains Dividends			
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	342.	342.	0.
b		<268.>	268.
c		<13,106.>	13,106.
d	269,706.		269,706.
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			0.
b			268.
c			13,106.
d			269,706.
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	2,781,608.
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				
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss
749,110.	879,235.	0.	0.	<130,125.>

(a) Description of Property	Manner Acquired	Date Acquired	Date Sold	
Geneva Capital Management - Long Term Gains and Losses				
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss
3,286,468.	2,543,674.	0.	0.	742,794.

(a) Description of Property	Manner Acquired	Date Acquired	Date Sold	
PIMCO Total Return Fund - Long Term Gains				
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss
4,500,000.	4,319,758.	0.	0.	180,242.

(a) Description of Property			Manner Acquired	Date Acquired	Date Sold
Prime Property Fund LLC - ROC					
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss	
48,915.	48,915.	0.	0.	0.	

(a) Description of Property			Manner Acquired	Date Acquired	Date Sold
CS McKee Management - Short Term Gains and Losses					
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss	
290,220.	220,058.	0.	0.	70,162.	

(a) Description of Property			Manner Acquired	Date Acquired	Date Sold
CS McKee Management - Long Term Gains and Losses					
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss	
1,471,001.	1,298,152.	0.	0.	172,849.	

(a) Description of Property			Manner Acquired	Date Acquired	Date Sold
Fiduciary Manangement - Short Term Gains and Losses					
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss	
204,265.	158,239.	0.	0.	46,026.	

(a) Description of Property			Manner Acquired	Date Acquired	Date Sold
Fiduciary Management - Long Term Gains and Losses					
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss	
1,114,412.	801,113.	0.	0.	313,299.	

(a) Description of Property			Manner Acquired	Date Acquired	Date Sold
Highmark Capital - Short Term Gains and Losses					
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss	
951,089.	949,171.	0.	0.	1,918.	

(a) Description of Property			Manner Acquired	Date Acquired	Date Sold
London Company Management - Short Term Gains and Losses					
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss	
387,863.	458,636.	0.	0.	<70,773.>	

(a) Description of Property			Manner Acquired	Date Acquired	Date Sold
London Company Management - Long Term Gains and Losses					
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss	
2,798,901.	2,325,960.	0.	0.	472,941.	

(a) Description of Property	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	Manner Acquired	Date Acquired	Date Sold
Meridian Diversified Fund - Long Term Gains and Losses						
	203,962.	184,081.	0.		0.	19,881.

(a) Description of Property	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	Manner Acquired	Date Acquired	Date Sold
International Alpha Select - Long Term Gains						
	6,662,036.	5,982,722.	0.		0.	679,314.

(a) Description of Property	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	Manner Acquired	Date Acquired	Date Sold
CS McKee Management - ROC						
	148.	148.	0.		0.	0.

(a) Description of Property	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	Manner Acquired	Date Acquired	Date Sold
Fiduciary Manangement - ROC						
	1,138.	1,138.	0.		0.	0.

(a) Description of Property			Manner Acquired	Date Acquired	Date Sold
London Company Manangement - ROC					
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss	
342.	342.	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.	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.	0.

Capital Gains Dividends from Part IV 269,706.

Total to Form 990-PF, Part I, line 6a 2,768,234.

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

Source	Amount
Inland Bank - Checking	3,794.
Total to Form 990-PF, Part I, line 3, Column A	3,794.

Form 990-PF Dividends and Interest from Securities Statement 3

Source	Gross Amount	Capital Gains Dividends	Column (A) Amount
Investment Income	1,888,398.	269,706.	1,618,692.
Total to Form 990-PF, Part I, line 4	1,888,398.	269,706.	1,618,692.

Form 990-PF Other Income Statement 4

Description	(a) Revenue Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income
Metropolitan RE Partners - From K-1	<24,139.>	0.	
Metropolitan RE Partners - From K-1	<4,012.>	<4,012.>	
Metropolitan RE Partners - Non-Deductible Expense	<29.>	0.	
Class Action Income	12,592.	12,592.	
Recapture Services	2,111.	2,111.	
International Alpha Select - From K-1	2,000.	2,000.	
Total to Form 990-PF, Part I, line 11	<11,477.>	12,691.	

Form 990-PF	Legal Fees			Statement 5
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Legal fees - McGuireWoods LLP	16,288.	1,466.		14,822.
Legal fees - Seyfarth & Shaw LLP	4,506.	406.		4,100.
To Fm 990-PF, Pg 1, ln 16a	20,794.	1,872.		18,922.

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	43,790.	3,941.		39,849.
Audit fees - Blackman Kallick Bartelstein LLP	17,000.	4,250.		12,750.
To Form 990-PF, Pg 1, ln 16b	60,790.	8,191.		52,599.

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	132,852.	0.		97,997.
Investment management	313,559.	313,559.		0.
Other	40,925.	848.		40,077.
Investment custodian fees	15,242.	15,242.		0.
Marketing	500.	0.		500.
To Form 990-PF, Pg 1, ln 16c	503,078.	329,649.		138,574.

Form 990-PF

Taxes

Statement

8

Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Section 4940 excise tax	78,715.	0.		0.
Foreign tax withheld on dividends	47,719.	47,719.		0.
To Form 990-PF, Pg 1, ln 18	126,434.	47,719.		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	4,790.	378.		4,412.
Bank charges	63.	63.		0.
Dues and subscriptions	5,863.	0.		5,863.
Equipment rental and maintenance	5,294.	476.		4,818.
Insurance - general	5,607.	505.		5,102.
Licenses and fees	90.	0.		90.
Postage and shipping	1,199.	60.		1,139.
Service contracts	4,568.	411.		4,157.
Supplies	9,969.	453.		9,516.
Telephone	5,754.	518.		5,236.
Outside services	8,105.	0.		8,105.
To Form 990-PF, Pg 1, ln 23	51,302.	2,864.		48,438.

Form 990-PF

Other Increases in Net Assets or Fund Balances

Statement

10

Description	Amount
Change in value of trust obligations	4,930.
Income Modification - Grants Returned	7,744.
Total to Form 990-PF, Part III, line 3	12,674.

Form 990-PF	Other Decreases in Net Assets or Fund Balances	Statement 11
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Description	Amount
Unrealized loss on investments carried at market value	4,591,469.
Total to Form 990-PF, Part III, line 5	4,591,469.

Form 990-PF	U.S. and State/City Government Obligations	Statement 12
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Description	U.S. Gov't	Other Gov't	Book Value	Fair Market Value
See Attachment A	X		1,534,090.	1,534,090.
See Attachment B		X	97,636.	97,636.
Total U.S. Government Obligations			1,534,090.	1,534,090.
Total State and Municipal Government Obligations			97,636.	97,636.
Total to Form 990-PF, Part II, line 10a			1,631,726.	1,631,726.

Form 990-PF	Corporate Stock	Statement 13
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Description	Book Value	Fair Market Value
See Attachment C	49,409,321.	49,409,321.
Total to Form 990-PF, Part II, line 10b	49,409,321.	49,409,321.

Form 990-PF	Corporate Bonds	Statement 14
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Description	Book Value	Fair Market Value
See Attachment D	10,024,752.	10,024,752.
Total to Form 990-PF, Part II, line 10c	10,024,752.	10,024,752.

INVESTMENTS - US GOVERNMENT OBLIGATIONS

(Page 2, Part II, Line 10a)

Description	12/31/11 Book Value and Market Value
FEDERAL HOME LN MTG CORP PARTN GOLD GROUP #G01827 4.500% DTD 05/01/2005 DUE 06/01/2035	105,425
FEDERAL HOME LN MTG CORP PARTN GOLD GROUP #G06361 4.000% DTD 03/01/2011 DUE 03/01/2041	100,306
FEDERAL HOME LN MTG CORP PARTN GOLD GROUP #G13652 4.500% DTD 08/01/2009 DUE 09/01/2024	103,923
FEDERAL NATL MTG ASSN GTD PASSTHRU CTF POOL #AH6826 4.000% DTD 03/01/2011 DUE 03/01/2026	97,099
FEDERAL NATL MTG ASSN GTD PASSTHRU CTF POOL #AL0147 4.000% DTD 03/01/2011 DUE 04/01/2041	102,438
FEDERAL NATL MTG ASSN GTD PASSTHRU CTF POOL #AA9347 5.000% DTD 08/01/2009 DUE 08/01/2039	94,955
FEDERAL NATL MTG ASSN GTD PASSTHRU CTF POOL #AB1776 3.500% DTD 10/01/2010 DUE 11/01/2025	114,811
FEDERAL NATL MTG ASSN GTD PASSTHRU CTF POOL #AE0815 4.000% DTD 01/01/2011 DUE 01/01/2020	93,821
FEDERAL NATL MTG ASSN GTD PASSTHRU CTF POOL #AE7728 4.500% DTD 11/01/2010 DUE 11/01/2040	100,815
US TREASURY BOND 3.75% DTD 08/15/2011 DUE 08/15/2041	117,625
US TREASURY NOTE 2.75% DTD 02/15/2009 DUE 02/15/2019	219,078
US TREASURY NOTE 1.50% DTD 06/30/2011 DUE 06/30/2016	206,860
US TREASURY NOTE 2.125% DTD 08/15/2011 DUE 08/15/2021	76,934
TOTALS	\$ 1,534,090

INVESTMENTS - STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS

(Page 2, Part II, Line 10a)

<u>Description</u>	<u>12/31/11 Book Value and Market Value</u>
CALIFORNIA ST GO BDS TAXABLE 6 20% DTD 10/15/2009 DUE 10/01/2019 CALLABLE	56,991
UNIVERSITY CALIF REVS FOR PREV GEN REV BDS 2010V TAXABLE 1 988% DTD 12/14/2010 DUE 05/15/2050 PUTABLE	40,645
TOTALS	\$ 97,636

INVESTMENTS - CORPORATE STOCK

(Page 2, Part II, Line 10b)

Description	12/31/11 Book Value and Market Value
3M CO COM	243,147
ACCENTURE PLC CLASS A ORDINARY SHRS	172,997
ADVENT SOFTWARE INC COM	96,441
AFFILIATED MANAGERS GROUP INC COM	115,620
ALBEMARLE CORP COM	202,743
ALEXANDER & BALDWIN INC COM	162,872
ALLEGHANY CORP DEL COM	66,758
ALLSCRIPTS-MISYS HEALTHCARE SOLUTIONS INC	180,688
AMERICAN EAGLE OUTFITTERS INC NEW	73,163
AMERICAN EXPRESS CO COM	134,434
AMERISOURCEBERGEN CORP COM	161,776
AMETEK INC NEW COM	129,542
AMPHENOL CORP CL A	142,525
ANSYS INC COM	180,432
ATWOOD OCEANICS INC COM	143,244
ATWOOD OCEANICS INC COM	176,349
AUTOMATIC DATA PROCESSING INC COM	144,477
BANCFIRST CORP COM	52,556
BANK NEW YORK MELLON CORP COM	175,208
BARD C R INC COM	81,653
BARRETT BILL CORP COM	98,803
BENCHMARK ELECTRS INC COM	80,820
BERKSHIRE HATHAWAY INC DEL CL B NEW	185,028
C H ROBINSON WORLDWIDE INC COM NEW	120,371
CABELAS INC COM	190,142
CALGON CARBON CORP COM	161,813
CARBO CERAMICS INC COM	113,464
CERNER CORP COM	202,738
CHART INDUSTRIES INC	216,280
CHIPOTLE MEXICAN GRILL INC CL A	179,002
CHURCH & DWIGHT INC COM	179,150
CINTAS CORP COM	129,667
CITRIX SYS INC COM	136,924
COACH INC COM	163,587
COGNIZANT TECH SOLUTIONS CRP COM	157,238
COHEN & STEERS INTERNATIONAL REALTY FUND CLASS I #1396	1,689,623
COINSTAR INC COM	114,100
COMERICA INC COM	147,060
CONCHO RES INC COM	150,469
COPART INC COM	147,022
CORRECTIONS CORP AMER NEW COM NEW	121,955
COVIDIEN PLC SHS	139,531
DECKERS OUTDOOR CORP	64,612
DENTSPLY INTL INC NEW COM	75,753
DEVON ENERGY CORP NEW COM	178,250
DFA EMERGING MARKETS VALUE FUND #95	2,023,473
DIAGEO PLC SPONSORED ADR NEW	155,171

INVESTMENTS - CORPORATE STOCK

(Page 2, Part II, Line 10b)

Description	12/31/11 Book Value and Market Value
DICKS SPORTING GOODS INC OC-COM	184,400
EAST WEST BANCORP INC COM	94,701
EATON VANCE CORP COM NON VTG	189,309
ENERGIZER HLDGS INC COM	90,264
EXPEDITORS INTL WASH INC COM	114,893
F5 NETWORKS INC COM	98,161
FACTSET RESH SYS INC COM	135,284
FASTENAL CO COM	242,254
FIRST INDL RLTY TR INC COM	74,955
FISERV INC COM	91,634
FMC TECHNOLOGIES INC COM	156,951
FORWARD AIR CORPORATION COM	147,430
FUEL SYS SOLUTIONS INC COM	69,258
GENESEE & WYOMING INC CL A	114,496
GENTEX CORP COM	114,513
GLAXOSMITHKLINE PLC SPONSORED ADR	174,535
HANCOCK HLDG CO COM	93,352
HARMONIC INC COM	84,672
HASBRO INC COM	30,838
HATTERAS FINL CORP COM	96,752
HECLA MNG CO COM	64,852
IDEX CORP COM	85,910
IDEXX LABORATORIES INC COM	166,618
IHS INC COM CL A	180,074
ILLINOIS TOOL WKS INC COM	140,130
INGERSOLL RAND PLC SHS	94,457
INTERCONTINENTALEXCHANGE INC COM	127,783
INTERDIGITAL INC PA COM	87,140
INTUIT COM	188,798
INVESTMENT TECHNOLOGY GROUP INC NEW	56,212
ITRON INC COM	67,963
KAMAN CORP COM	96,631
KIMBERLY CLARK CORP COM	176,544
KINDER MORGAN MANAGEMENT LLC SHS	149,060
KNOLL INC	42,263
LAKELAND FINL CORP COM	98,306
LAYNE CHRISTENSEN CO COM	101,640
LINCOLN ELEC HLDGS INC COM	120,098
LINDSAY CORPORATION	93,313
LKQ CORP COM	183,939
MANNING & NAPIER FUND INC - OVERSEAS SERIES FUND #121	2,643,033
MARTIN MARIETTA MATERIALS COM	67,266
MBIA INC COM	147,738
MERIT MEDICAL SYSTEMS INC COM	115,737
MICREL INC COM	119,328
MICROS SYS INC COM	168,387
MICROSOFT CORP COM	129,800
MONSANTO CO NEW COM	91,091

INVESTMENTS - CORPORATE STOCK

(Page 2, Part II, Line 10b)

Description	12/31/11 Book Value and Market Value
MONTPELIER RE HOLDINGS LTD COM	119,884
MVC CAP INC COM	62,586
NAVIGATORS GROUP INC COM	104,896
NESTLE S A SPONSORED ADR REPSTG REG	181,906
NEWMARKET CORP COM	214,157
NU SKIN ENTERPRISES INC CL A	205,111
O REILLY AUTOMOTIVE INC NEW COM	230,656
OIL STATES INTERNATIONAL INC COM	151,594
OLD DOMINION FGHT LINES INC COM	188,910
OMNICOM GROUP INC COM	163,832
OMNIVISION TECHNOLOGIES INC COM	62,399
OWENS & MINOR INC NEW COM	42,130
PANERA BREAD CO CL A	226,320
PAREXEL INTL CORP COM	163,846
PERRIGO COMPANY COM	72,975
PIMCO COMMODITY REALRETURN STRATEGY FD INSTL #45	1,550,499
PORTFOLIO RECOVERY ASSOCS INC COM	101,280
PRESTIGE BRANDS HLDGS INC COM	98,049
PRICESMART INC COM	214,546
RANGE RESOURCES CORP COM	128,526
RED HAT INC COM	82,167
RIVERBED TECHNOLOGY INC COM	86,832
ROPER INDS INC NEW COM	195,023
SALLY BEAUTY HLDGS INC COM	221,865
SCHLUMBERGER LTD COM	95,634
SCHNITZER STEEL INDS INC CL A	93,016
SEMTECH CORP COM	158,848
SERVICE CORP INTL COM	152,529
SIGMA ALDRICH CORP COM	117,425
SIGNATURE BK NEW YORK NY COM	131,978
SMUCKER J M CO COM NEW	120,773
STAPLES INC COM	180,917
STERICYCLE INC COM	177,658
STERIS CORP COM	113,316
STURM RUGER & CO INC COM	93,554
SUN HYDRAULICS CORP COM	112,464
SUPERIOR ENERGY SVCS INC COM	99,540
SXC HEALTH SOLUTIONS CORP COM	158,709
SYNAPTICS INC COM	144,720
SYSCO CORP COM	225,841
TE CONNECTIVITY LTD REG SHS	157,131
TEJON RANCH CO COM	89,572
TEMPLETON INSTL FDS INC FGN EQUITY SER #454	6,589,858
TENET HEALTHCARE CORP COM	111,372
TERADATA CORP DEL COM	99,688
THORATEC CORP COM NEW	107,392
TIME WARNER INC COM NEW	168,954
TORO CO COM	163,782

INVESTMENTS - CORPORATE STOCK

(Page 2, Part II, Line 10b)

<u>Description</u>	<u>12/31/11 Book Value and Market Value</u>
TRACTOR SUPPLY CO COM	207,644
TREDEGAR CORP COM	146,608
TRIMBLE NAV LTD COM	148,211
TTM TECHNOLOGIES INC COM	115,080
UDR INC COM	95,681
UNITED NAT FOODS INC COM	152,038
UNITED PARCEL SVC INC CL B	203,102
URBAN OUTFITTERS INC COM	91,499
VALUECLICK INC COM	143,466
VANGUARD DIVIDEND GROWTH FUND #57	11,691,382
VANGUARD TOTAL INTERNATIONAL STOCK INDEX FUND	2,744,787
VARIAN MED SYS INC COM	144,329
WAL MART STORES INC COM	225,594
WHITE MOUNTAINS INSURANCE GP	109,737
WHITING PETE CORP NEW COM	99,917
WILLIS GROUP HOLDINGS PLC	120,280
WMS INDS INC COM	73,872
TOTALS	\$ 49,409,321

INVESTMENTS - CORPORATE BONDS

(Page 2, Part II, Line 10c)

Description	12/31/11 Book Value and Market Value
ISHARES TR BARCLAYS TIPS BD FD	2,954,707
PIMCO FDS TOTAL RETURN FD INST #35	4,550,866
AT&T INC NT 4.45% DTD 04/29/2011 DUE 05/15/2021 CALLABLE	54,923
ALLY MASTER OWNER TR 2011-1 ASSET BACKED CTF CL A 2 2.15% DTD 01/20/2011 DUE 01/15/2016	50,537
AMERICAN INTL GROUP INC SR NT 4.25% DTD 09/13/2011 DUE 09/15/2014 CALLABLE	48,556
AMGEN INC SR NT 3.875% DTD 11/10/2011 DUE 11/15/2021 CALLABLE	50,455
BB&T CAP TR II GTD TR PFD SECS 6.75% DTD 06/07/2006 DUE 06/07/2036 CALLABLE	24,809
BB&T CORPORATION SR NT A 3 20% DTD 03/07/2011 DUE 03/15/2016 CALLABLE	41,697
BANK AMER FDG CORP 5.65% DTD 05/02/2008 DUE 05/01/2018	47,638
BERKSHIRE HATHAWAY FIN CORP GTD SR NT 5 40% DTD 11/15/2008 DUE 05/15/2018 CALLABLE	58,311
BMW VEH OWN TR SER 2010 A CL A 4 2.10% DTD 04/21/2010 DUE 10/25/2016	101,659
BOSTON PPTYS LTD PARTNERSHIP SR NT 4.125% DTD 11/18/2010 DUE 05/15/2021 CALLABLE	50,315
BROADCOM CORP SR NT 2.70% DTD 11/09/2011 DUE 11/01/2018	50,551
BURLINGTON NORTHN SANTA FE CP SR DEB 3.45% DTD 08/22/2011 DUE 09/15/2021 CALLABLE	51,535
CAPITAL ONE FINL CORP SR NT 4 75% DTD 07/19/2011 DUE 07/15/2021 NON-CALLABLE	51,456
CITIGROUP INC SR NT 4 75% DTD 05/19/2010 DUE 05/19/2015 NON-CALLABLE	50,638
COMCAST CORP NEW NT 5 70% DTD 06/18/2009 DUE 07/01/2019	58,005
CONTINENTAL AIRLN PT TR SER 2010 1 CL A 4 75% DTD 12/02/2010 DUE 01/12/2021	50,750
DELTA AIRLINES PT SER 2011 1A CL A 5 30% DTD 04/05/2011 DUE 04/15/2019	50,500
DISNEY WALT CO MTNS GLBL NT 2.75% DTD 08/22/2011 DUE 08/16/2021 CALLABLE	50,920
DOW CHEM CO NT 4 25% DTD 11/09/2010 DUE 11/15/2020 CALLABLE	51,972
ECOLAB INC NT 4.35% DTD 12/08/2011 DUE 12/08/2021 CALLABLE	26,697
ENTERPRISE PRODS OPER LLC GTD SR NT 4.05% DTD 08/24/2011 DUE 02/15/2022 CALLABLE	25,471
EXELON GENERATION CO LLC 6.20% DTD 09/28/2007 DUE 10/01/2017 CALLABLE	57,417
GENERAL ELEC CAP CORP MTN NT 3.35% DTD 10/17/2011 DUE 10/17/2016 NON-CALLABLE	52,070

FROM 990-PF
Attachment D

INVESTMENTS - CORPORATE BONDS

(Page 2, Part II, Line 10c)

<u>Description</u>	<u>12/31/11 Book Value and Market Value</u>
GILEAD SCIENCES INC SR NT 4 40% DTD 12/13/2011 DUE 12/01/2021 CALLABLE	15,880
HEWLETT PACKARD CO GLBL NT 4 375% DTD 09/19/2011 DUE 09/15/2021 CALLABLE	51,602
JPMORGAN CHASE & CO SR NT 4.25% DTD 10/21/2010 DUE 10/15/2020 NON-CALLABLE	50,351
L 3 COMMUNICATIONS CORP SR NT 3.95% DTD 11/22/2011 DUE 11/15/2016 CALLABLE	50,466
LABORATORY CORP AMER HLDGS SR NT 4 625% DTD 11/19/2010 DUE 11/15/2020 CALLABLE	52,796
MAGELLAN MIDSTREAM HLDGS L P 4 25% DTD 08/11/2010 DUE 02/01/2021 CALLABLE	52,405
OCCIDENTAL PETE CORP SR NT 1.75% DTD 08/18/2011 DUE 02/15/2017 CALLABLE	50,643
PETROHAWK ENERGY CORP SR NT 7.875% DTD 12/01/2008 DUE 06/01/2015 CALLABLE	53,250
PROCTER & GAMBLE CO NT 1.45% DTD 08/15/2011 DUE 08/15/2016 CALLABLE	50,587
SEARIVER MARITIME FINL HLDGS INC GTD DEFD INT DEB ZERO CPN DTD 09/01/1982 DUE 09/01/2012 CALLABLE	49,644
SEMPRA ENERGY 6 15% DTD 06/12/2008 DUE 06/15/2018 CALLABLE	58,935
STAPLES INC SR NT 9 75% DTD 01/15/2009 DUE 01/15/2014 CALLABLE	57,174
TIME WARNER ENTMT CO DEB 8 375% DTD 09/15/1993 DUE 03/15/2023	65,120
U S BANCORP MTNS BK ENT SR NT 2 20% DTD 11/03/2011 DUE 11/15/2016 CALLABLE	50,480
VERIZON COMMUNICATIONS INC NT 3 50% DTD 11/03/2011 DUE 11/01/2021 CALLABLE	52,056
VERIZON WIRELESS CAP LLC SR NT 5.55% DTD 08/01/2009 DUE 02/01/2014 CALLABLE	54,323
WELLS FARGO & CO NEW SR UNSECD NT 5 625% DTD 12/10/2007 DUE 12/11/2017	56,977
WILLIAMS PARTNERS L P SR NT 4.125% DTD 11/09/2010 DUE 11/15/2020 CALLABLE	51,314
WORLD OMNI AUTO TR SER 2011 A CL A 4 1 91% DTD 03/10/2011 DUE 04/15/2016	101,728
PETROBRAS INTL FIN CO GTD 3.875% DTD 01/27/2011 DUE 01/27/2016 CALLABLE	51,510
QUEBEC PROV CDA GLBL NT S QK 2 75% DTD 08/25/2011 DUE 08/25/2021 NON-CALLABLE	49,944
RIO TINTO FIN USA LTD 6 50% DTD 06/27/2008 DUE 07/15/2018 CALLABLE	60,265
SANOFI S A NT 1 20% DTD 09/30/2011 DUE 09/30/2014	50,388
TELEFONICA EMISIONES S A U GTD SR NT 3.992% DTD 02/16/2011 DUE 02/16/2016 CALLABLE	48,075

FROM 990-PF
Attachment D

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

<u>Description</u>	<u>12/31/11 Book Value and Market Value</u>
TEVA PHARMACEUTICAL FIN IV B V SR NT 3.65% DTD 11/10/2011 DUE 11/10/2021 CALLABLE	50,857
TRANSOCEAN INC SR NT 5.05% DTD 12/05/2011 DUE 12/15/2016 CALLABLE	25,527
TOTALS	\$ 10,024,752

Form 990-PF	Other Investments	Statement 15
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Description	Valuation Method	Book Value	Fair Market Value
See Attachment E	FMV	14,596,737.	14,596,737.
Total to Form 990-PF, Part II, line 13		14,596,737.	14,596,737.

Form 990-PF	Depreciation of Assets Not Held for Investment	Statement 16
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Description	Cost or Other Basis	Accumulated Depreciation	Book Value
Office equipment and furniture	104,512.	68,776.	35,736.
Computers	63,400.	56,949.	6,451.
Software	29,928.	29,928.	0.
Leasehold improvements	11,333.	6,490.	4,843.
Total To Fm 990-PF, Part II, ln 14	209,173.	162,143.	47,030.

Form 990-PF	Other Assets	Statement 17
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Description	Beginning of Yr Book Value	End of Year Book Value	Fair Market Value
Accrued Income	39,901.	41,543.	41,543.
Assets Whose Use is Limited	799,361.	739,967.	739,967.
Program Related Investments	500,000.	0.	0.
Investments - Non-Qualified Plans	437,531.	470,614.	470,614.
Refundable Unrelated Business Income Tax	0.	1,000.	1,000.
To Form 990-PF, Part II, line 15	1,776,793.	1,253,124.	1,253,124.

Form 990-PF	Other Liabilities	Statement 18
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Description	BOY Amount	EOY Amount
Annuity Obligations - Trusts	758,573.	694,079.
Deferred Compensation - Trust	437,531.	470,614.
Section 4940 Excise Tax Payable	6,521.	10,715.
Total to Form 990-PF, Part II, line 22	1,202,625.	1,175,408.

Form 990-PF	Name of Foreign Country in Which Organization has Financial Interest	Statement 19
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Name of Country

Netherlands
Ireland
Bermuda

Form 990-PF Part VIII - List of Officers, Directors Statement 20
Trustees and Foundation Managers

Name and Address	Title and Avrg Hrs/Wk	Compensation	Employee Ben Plan Contrib	Expense Account
James Durkan Community Memorial Foundation, 15 Spinning Wheel Road, Ste. 326 Hinsdale, IL 60521	President/Director 40.00	207,902.	83,725.	10,000.
James Durkan - Deferred Compensation	0.00	<22,000.>	22,000.	0.
James Durkan - Deferred Exec Comp	0.00	19,999.	0.	0.
Greg DiDomenico Community Memorial Foundation, 15 Spinning Wheel Road, Ste. 326 Hinsdale, IL 60521	Vice President 40.00	173,560.	41,722.	0.
Greg DiDomenico - Deferred Comp	0.00	<7,800.>	7,800.	0.
Irene Frye - Deferred Comp Payout	Former Vice President 0.00	13,641.	<13641.>	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/Director 2.00	0.	0.	0.
John J. Madden Community Memorial Foundation, 15 Spinning Wheel Road, Ste. 326 Hinsdale, IL 60521	Treasurer/Director 2.00	0.	0.	0.

Beth C. Prohaska Community Memorial Foundation, 15 Spinning Wheel Road, Ste. 326 Hinsdale, IL 60521	Secretary/Director 2.00	0.	0.	0.
Sam Balark Community Memorial Foundation, 15 Spinning Wheel Road, Ste. 326 Hinsdale, IL 60521	Director 1.00	0.	0.	0.
Grace Hou Community Memorial Foundation, 15 Spinning Wheel Road, Ste. 326 Hinsdale, IL 60521	Director 1.00	0.	0.	0.
Anthony Perry, M.D. Community Memorial Foundation, 15 Spinning Wheel Road, Ste. 326 Hinsdale, IL 60521	Director 1.00	0.	0.	0.
Maria del Socorro Pesqueira Community Memorial Foundation, 15 Spinning Wheel Road, Ste. 326 Hinsdale, IL 60521	Director 1.00	0.	0.	0.
Honorable Patrick Rogers Community Memorial Foundation, 15 Spinning Wheel Road, Ste. 326 Hinsdale, IL 60521	Director 1.00	0.	0.	0.
Ruby Roy, M.D. 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

385,302.

141606.

10,000.

Form 990-PF

Grant Application Submission Information
Part XV, Lines 2a through 2d

Statement 21

Name and Address of Person to Whom Applications Should be Submitted

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

Telephone NumberName of Grant Program

(630) 654-4729

Responsive Grants - Program Support of more than
\$25,000Form 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)
Broadview (60153)
Brookfield (60513)
Burr Ridge (60527)
Clarendon Hills (60514)
Countryside (60525)
Darien (60561)
Downers Grove (60515-17)
Hickory Hills (60457)

Hinsdale (60521-22)
Hodgkins (60525)
Indian Head Park (60525)
Justice (60458)
La Grange (60525)
La Grange Park (60526)
Lyons (60534)
McCook (60525)
North Riverside (60546)

Oak Brook (60523)
Riverside (60546)
Stickney (60402)
Summit (60501)
Westchester (60154)
Western Springs (60558)
Westmont (60559)
Willow Springs (60480)
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:

FEIN #:

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 : _____

LOGIC MODEL

What is a logic model?

As noted by the University of Wisconsin Extension Program¹, in its simplest form, a logic model explains:

- The resources that go into a program.
- The activities the program undertakes.
- The changes or benefits that result.

The logic model describes the **sequence of events** thought to bring about benefits or change over time, showing the chain of reasoning. It shows the connection of interdependent parts that together make up the whole.

It is used for planning, as a framework to bridge the gap between where you are and where you want to be. It provides a structure for clearly understanding the situation that drives the need for an initiative, the desired end state and how investments are linked to activities for targeted people in order to achieve the desired results.

It is used for program management, since it displays the connections between resources, activities and outcomes. During the course of implementation, a logic model is used to explain, track and monitor operations, processes and functions.

It is used for evaluation, and is really the first step in evaluation. It helps determine when and what to evaluate so that evaluation resources are used effectively and efficiently. Through evaluation, we test and verify the reality of the program theory – how we believe the program will work. A logic model helps us focus on appropriate process and outcome measures.

And it is a key to communication. A simple, clear graphic representation helps communicate about your program, whether it be with/to program staff, those funding the programs, or other key stakeholders.

¹ Taylor-Powell, E., Steele, S., & Douglass, M. (1996). *Planning a program evaluation*. Retrieved November 2003, from University of Wisconsin-Extension-Cooperative Extension, Program Development and Evaluation Unit Web site: http://www1.uwex.edu/ces/pubs/pdfs/pdf/G3658_1.PDF. © 1996 Board of Regents of the University of Wisconsin System, d/b/a Division of Cooperative Extension of the University of Wisconsin.

DEFINITIONS OF LOGIC MODEL TERMS

Inputs are what you provide for the program to happen, such as staff, funding, volunteer resources, equipment, or other elements.

Outputs are what you do (e.g., provide weekly home visits, provide biweekly parent education classes, provide screenings and referrals to families in need of services) to whom (the participants).

Outcomes are what you hope to have happen. Typically, programs think in terms of shorter-term and longer-term outcomes (you may, in fact, find it easier to only fill out two columns and skip the "medium-term" outcomes). Short-term outcomes are what you immediately expect to happen as a result of your services, such as parents learning better ways to take care of themselves during pregnancy, or showing increased feelings of support. Longer-term outcomes are where you hope these shorter-term outcomes take families, such as showing decreased rates of negative birth outcomes, improved parent-infant bonding, reduced rates of children needing early intervention services.

Assumptions are elements that need to be in place for the program to be successful. These could include staff factors (ability to hire bilingual staff, for example) or client factors (parents are able to attend education groups, for example).

External factors exist in the environment or community that influence the program's success, both positively and negatively. This might include cultural factors, shifting demographics, political factors, changing priorities in the community, etc. For example, home visiting programs can be impacted by changes in welfare requirements that make it so low-income families have to work and (therefore) be out of the house more.

For more information about these terms and elements of this type of logic model, refer to the Logic Model on-line training module, developed by UW-Extension, at <http://www1.uwex.edu/ces/lmcourse/>.

Prepared by Jon Korfmacher, Ph.D. (Erikson Institute) for Community Memorial Foundation.
Include definitions of goals, outputs, outcomes, strategies, etc.

Logic Model Table

Inputs		Outputs		Outcomes		
What we invest	Activities (What we do)	Participation (Who we Reach)	Short Term	Medium Term	Long Term	
Assumptions <i>(What is necessary for this to happen?)</i>			External Factors <i>(What is going on in the community that may influence outcomes?)</i>			

*Note: Developed from UW-Extension: Enhancing Program Performance with Logic Models
(<http://www.uwex.edu/ces/pdande/evaluation/evallogicmodel.html>)*

COMMUNITY MEMORIAL FOUNDATION

PROGRAM BUDGET

Organization Name:

Program Name:

Budget Period:

List funding from other private or public sources which has been received or is under consideration for this project.

	Program Budget	Other Sources	Budget Items Requested from CMF
REVENUE			
Government Funding			
Federal			
State			
Local			
Corporate and/or Foundation			
Grants – Please list below			
In-Kind Support			
Individual Donors			
Client Revenue			
Other Revenue – Please list below			
TOTAL REVENUE	\$0.00	\$0.00	\$0.00

EXPENSES			
Staff Salaries			
Employee Benefits			
Consultant Fees			
Facility/Occupancy			
Staff Training			
Telephone/Fax			
Equipment			
Postage/Delivery			
Travel			
Printing/Copying			
Materials/Supplies			
Other Expenses			
Total Expenses	\$0.00	\$0.00	\$0.00
Net Revenue	\$0.00	\$0.00	\$0.00

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

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 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.

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

- 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: _____

FEIN #: _____

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 : _____

COMMUNITY MEMORIAL FOUNDATION

PROGRAM BUDGET

Organization Name:

Program Name:

Budget Period:

List funding from other private or public sources which has been received or is under consideration for this project.

	Program Budget	Other Sources	Budget Items Requested from CMF
REVENUE			
Government Funding			
Federal			
State			
Local			
Corporate and/or Foundation			
Grants – Please list below			
In-Kind Support			
Individual Donors			
Client Revenue			
Other Revenue – Please list below			
TOTAL REVENUE	\$0.00	\$0.00	\$0.00

EXPENSES			
Staff Salaries			
Employee Benefits			
Consultant Fees			
Facility/Occupancy			
Staff Training			
Telephone/Fax			
Equipment			
Postage/Delivery			
Travel			
Printing/Copying			
Materials/Supplies			
Other Expenses			
Total Expenses	\$0.00	\$0.00	\$0.00
Net Revenue	\$0.00	\$0.00	\$0.00

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:

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

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

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

Part II: Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the due date for filing your return. See instructions.	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	Community Memorial Foundation	<input checked="" type="checkbox"/> 36-4012380
	Number, street, and room or suite no. If a P.O. box, see instructions	Social security number (SSN)
	15 Spinning Wheel Road, No. 326	<input type="checkbox"/>
	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)

0 4

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	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.

Community Memorial Foundation

- 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, 2012.**

5 For calendar year **2011**, 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	\$	112,500.
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	\$	112,500.
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 must be completed for Part II only.

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  Title **C.P.A. - IL**

Date **8/10/2012**

Form 8868 (Rev. 1-2012)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **File a separate application for each return.**

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

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

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 File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. Community Memorial Foundation	Employer identification number (EIN) or <input checked="" type="checkbox"/> 36-4012380
	Number, street, and room or suite no. If a P.O. box, see instructions. 15 Spinning Wheel Road, No. 326	Social security number (SSN) <input type="checkbox"/>
	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	01	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

Community Memorial Foundation

- 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, 2012**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☒ calendar year **2011** 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	\$	112,500.
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	\$	68,000.
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	\$	44,500.

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

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

Form **8868** (Rev. 1-2012)