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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.

2012

Open to public inspection

For calendar year 2012 or tax year beginning

, and ending

Name of foundation

A Employer identification number

Community Memorial Foundation

36-4012380

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

Room/suite

15 Spinning Wheel Road

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 ☐

G Check all that apply:

☐ Initial return☐ Initial return of a former public charity☐ Final return☐ Amended return☐ Address change☐ Name changeD 1. Foreign organizations, check here ☐2. Foreign organizations meeting the 85% test, check here and attach computation ☐

H Check type of organization:

☒ Section 501(c)(3) exempt private foundation☐ Section 4947(a)(1) nonexempt charitable trust☐ Other taxable private foundationE If private foundation status was terminated under section 507(b)(1)(A), check here ☐

I Fair market value of all assets at end of year (from Part II, col. (c), line 16)

J Accounting method:

☐ Cash☒ Accrual☐ Other (specify)F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐

\$ 83,876,342. (Part I, column (d) must be on cash basis.)

## Part I Analysis of Revenue and Expenses

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

(a) Revenue and expenses per books

(b) Net investment income

(c) Adjusted net income

(d) Disbursements for charitable purposes (cash basis only)

Revenue	1 Contributions, gifts, grants, etc., received	305,734.		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	701.	701.		Statement 2
	4 Dividends and interest from securities	1,659,671.	1,664,975.		Statement 3
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	1,424,413.			Statement 1
	b Gross sales price for all assets on line 6a	10,943,406.			
	7 Capital gain net income (from Part IV, line 2)		1,425,360.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less: Cost of goods sold				
	c Gross profit or (loss)				
	11 Other income	<10,351.>	<5,666.>		Statement 4
	12 Total. Add lines 1 through 11	3,380,168.	3,085,370.		
	13 Compensation of officers, directors, trustees, etc.	298,371.	255,160.		241,582.
	14 Other employee salaries and wages	313,936.	5,212.		308,724.
	15 Pension plans, employee benefits	192,340.	7,888.		140,452.
	16a Legal fees Stmt 5	16,960.	1,526.		15,434.
	b Accounting fees Stmt 6	69,680.	9,151.		60,529.
	c Other professional fees Stmt 7	439,305.	300,779.		173,381.
	17 Interest	443.	443.		0.
	18 Taxes Stmt 8	92,715.	43,643.		0.
	19 Depreciation and depletion	10,796.	972.		
	20 Occupancy	60,832.	5,475.		55,357.
	21 Travel, conferences, and meetings	63,842.	1,036.		62,806.
	22 Printing and publications	3,368.	249.		3,119.
	23 Other expenses Stmt 9	64,788.	6,048.		54,381.
	24 Total operating and administrative expenses. Add lines 13 through 23	1,627,376.	637,582.		1,115,765.
	25 Contributions, gifts, grants paid	3,516,534.			3,333,240.
	26 Total expenses and disbursements. Add lines 24 and 25	5,143,910.	637,582.		4,449,005.
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	<1,763,742.>			
	b Net investment income (if negative, enter -0-)		2,447,788.		
	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
<b>Assets</b>	1 Cash - non-interest-bearing		1,075,326.	1,075,326.
	2 Savings and temporary cash investments	2,539,329.	3,061,827.	3,061,827.
	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	19,878.	14,972.	14,972.
	10a Investments - U.S. and state government obligations Stmt 11	1,631,726.	1,340,223.	1,340,223.
	b Investments - corporate stock Stmt 12	49,409,321.	53,423,263.	53,423,263.
	c Investments - corporate bonds Stmt 13	10,024,752.	9,944,983.	9,944,983.
11 Investments - land, buildings, and equipment: basis ▶				
Less: accumulated depreciation ▶				
12 Investments - mortgage loans				
13 Investments - other Stmt 14	14,596,737.	14,101,860.	14,101,860.	
14 Land, buildings, and equipment: basis ▶ 225,342.				
Less: accumulated depreciation Stmt 15 ▶ 172,939.	47,030.	52,403.	52,403.	
15 Other assets (describe ▶ Statement 16)	1,253,124.	861,485.	861,485.	
16 <b>Total assets</b> (to be completed by all filers)	79,521,897.	83,876,342.	83,876,342.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	118,087.	125,508.	
	18 Grants payable	1,681,619.	1,864,913.	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶ Statement 17)	1,175,408.	753,565.	
23 <b>Total liabilities</b> (add lines 17 through 22)	2,975,114.	2,743,986.		
<b>Net Assets or Fund Balances</b>	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. ▶ <input checked="" type="checkbox"/>			
	24 Unrestricted	76,501,013.	81,051,686.	
	25 Temporarily restricted	45,770.	80,670.	
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ▶ <input type="checkbox"/>			
	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 <b>Total net assets or fund balances</b>	76,546,783.	81,132,356.	
	31 <b>Total liabilities and net assets/fund balances</b>	79,521,897.	83,876,342.	

**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	76,546,783.
2 Enter amount from Part I, line 27a	2	<1,763,742.>
3 Other increases not included in line 2 (itemize) ▶ See Statement 10	3	6,349,315.
4 Add lines 1, 2, and 3	4	81,132,356.
5 Decreases not included in line 2 (itemize) ▶	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	81,132,356.

**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 10,943,406.		9,518,046.	1,425,360.		
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			1,425,360.		
2 Capital gain net income or (net capital loss) $\left\{ \begin{array}{l} \text{If gain, also enter in Part I, line 7} \\ \text{If (loss), enter -0- in Part I, line 7} \end{array} \right\}$			2	1,425,360.	
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 the 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))
2011	4,308,923.	81,836,262.	.052653
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
2 Total of line 1, column (d)			2 .294406
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 .058881
4 Enter the net value of noncharitable-use assets for 2012 from Part X, line 5			4 80,458,306.
5 Multiply line 4 by line 3			5 4,737,466.
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 24,478.
7 Add lines 5 and 6			7 4,761,944.
8 Enter qualifying distributions from Part XII, line 4			8 4,449,005.

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)		1	48,956.
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		2	0.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		3	48,956.
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
3 Add lines 1 and 2		5	48,956.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			
5 Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-			
6 Credits/Payments:			
a 2012 estimated tax payments and 2011 overpayment credited to 2012	6a 36,669.	7	87,669.
b Exempt foreign organizations - tax withheld at source	6b	8	
c Tax paid with application for extension of time to file (Form 8868)	6c 51,000.	9	
d Backup withholding erroneously withheld	6d	10	38,713.
7 Total credits and payments. Add lines 6a through 6d		11	0.
8 Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached			
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11 Enter the amount of line 10 to be: Credited to 2013 estimated tax 38,713. Refunded			

**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
2 Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ 0. (2) On foundation managers. \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 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) <u>IL</u>		
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 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

N/A

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**Part VII-A Statements Regarding Activities** (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation 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 2012, 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 18</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 2012?	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 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012? <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 <b>not</b> 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 <b>all</b> 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 <b>any</b> 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 2012 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 2012) 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 2012?	4b	X

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**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

5a During the year did the foundation pay or incur any amount to:

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

N/A

5b

Organizations relying on a current notice regarding disaster assistance check here

☒

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

N/A

☐ Yes ☐ No

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

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

6b

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

7b

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

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 19		496,742.	<96,448.>	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 40.00	106,784.	32,232.	0.
Thomas L. Fuechtmann 105 Lincoln Ave., Riverside, IL 60546	Program Officer 40.00	81,851.	28,018.	0.
Deborah A. Kustra 236 W. Nebraska, Frankfort, IL 60423	Grants Manager 40.00	72,662.	19,141.	0.
Gale A. Christoff - 403 N. Spring Ave., La Grange Park, IL 60526	Office Manager 40.00	52,639.	11,026.	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	82,201.
Geneva Capital Management LTD - 100 E. Wisconsin Ave, Ste 2550, Milwaukee, WI 53202	Investment Manager	58,839.
Varey & Vaccariello CPAs PC - 617 East Golf Road, Suite 107, Arlington Heights, IL 60005	Accounting and Tax Services	51,680.

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 <b>Building Organizational Effectiveness (BOE)</b> Provides local non-profit organizations with continuous learning and improvement opportunities	327,663.
2 <b>Healthcare Access Program (HCA)</b> Addressing healthcare access issues and raising public awareness within the communities it serves	296,501.
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 <b>N/A</b>	
2	
All other program-related investments. See instructions.	
3	
<b>Total.</b> 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.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities	<b>1a</b>	78,081,957.
<b>b</b>	Average of monthly cash balances	<b>1b</b>	3,601,602.
<b>c</b>	Fair market value of all other assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, b, and c)	<b>1d</b>	81,683,559.
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	<b>1e</b>	0.
<b>2</b>	Acquisition indebtedness applicable to line 1 assets	<b>2</b>	0.
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	81,683,559.
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	1,225,253.
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	80,458,306.
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5	<b>6</b>	4,022,915.

**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.)

<b>1</b>	Minimum investment return from Part X, line 6	<b>1</b>	4,022,915.
<b>2a</b>	Tax on investment income for 2012 from Part VI, line 5	<b>2a</b>	48,956.
<b>b</b>	Income tax for 2012. (This does not include the tax from Part VI.)	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b	<b>2c</b>	48,956.
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1	<b>3</b>	3,973,959.
<b>4</b>	Recoveries of amounts treated as qualifying distributions	<b>4</b>	38,338.
<b>5</b>	Add lines 3 and 4	<b>5</b>	4,012,297.
<b>6</b>	Deduction from distributable amount (see instructions)	<b>6</b>	0.
<b>7</b>	<b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XIII, line 1	<b>7</b>	4,012,297.

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	<b>1a</b>	4,449,005.
<b>b</b>	Program-related investments - total from Part IX-B	<b>1b</b>	0.
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required)	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule)	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	4,449,005.
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	<b>5</b>	0.
<b>6</b>	<b>Adjusted qualifying distributions</b> Subtract line 5 from line 4	<b>6</b>	4,449,005.

**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 (2012)

**Part XIII** Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
<b>1</b> Distributable amount for 2012 from Part XI, line 7				4,012,297.
<b>2</b> Undistributed income, if any, as of the end of 2012				
<b>a</b> Enter amount for 2011 only			0.	
<b>b</b> Total for prior years:		0.		
<b>3</b> Excess distributions carryover, if any, to 2012:				
<b>a</b> From 2007	684,742.			
<b>b</b> From 2008	745,603.			
<b>c</b> From 2009	997,501.			
<b>d</b> From 2010	723,352.			
<b>e</b> From 2011				
<b>f</b> Total of lines 3a through e	3,151,198.			
<b>4</b> Qualifying distributions for 2012 from Part XII, line 4: ► \$ 4,449,005.				
<b>a</b> Applied to 2011, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions)		0.		
<b>c</b> Treated as distributions out of corpus (Election required - see instructions)	0.			
<b>d</b> Applied to 2012 distributable amount				4,012,297.
<b>e</b> Remaining amount distributed out of corpus	436,708.			
<b>5</b> Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	3,587,906.			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b		0.		
<b>c</b> 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.		
<b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
<b>e</b> Undistributed income for 2011. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
<b>f</b> Undistributed income for 2012. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2013				0.
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
<b>8</b> Excess distributions carryover from 2007 not applied on line 5 or line 7	684,742.			
<b>9</b> Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a	2,903,164.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2008	745,603.			
<b>b</b> Excess from 2009	997,501.			
<b>c</b> Excess from 2010	723,352.			
<b>d</b> Excess from 2011				
<b>e</b> Excess from 2012	436,708.			



**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				
Advocate Charitable Foundation 205 W Touhy Ave Ste 225 Park Ridge, IL 60068	None	Public charity 509(a)1	Basic Needs/Domestic Violence	15,000.
AgeOptions 1048 W Lake St Ste 300 Oak Park, IL 60301	None	Public charity 509(a)1	Older Adults	5,000.
Aging Care Connections 111 West Harris Avenue LaGrange, IL 60525	None	Public charity 509(a)1	Health/Building Organizational Effectiveness	61,534.
All Our Childrens Advocacy Center 4053 Wolf Road Western Springs, IL 60558	None	Public charity 509(a)1	Building Organizational Effectiveness	20,150.
American Heart Association Greater Midwest Affiliate 208 S LaSalle St Chicago, IL 60604	None	Public charity 509(a)2	Health	4,497.
Total See continuation sheet(s)			▶ 3a	3,333,240.
b Approved for future payment				
Aging Care Connections 111 West Harris Avenue La Grange, IL 60525	None	Public charity 509(a)1	Building Organizational Effectiveness/Responsi	25,269.
All Our Childrens Advocacy Center 4053 Wolf Road Western Springs, IL 60558	None	Public charity 509(a)1	Building Organizational Effectiveness	1,650.
Arab American Family Services 9044 S Octavia Avenue Bridgeview, IL 60455	None	Public charity 509(a)1	Building Organizational Effectiveness/Responsi	12,500.
Total See continuation sheet(s)			▶ 3b	1,728,555.



## Part XVII

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




- |          |  | Yes   | No |
|----------|--|-------|----|
| <b>1</b> | 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?  |       |    |
| <b>a</b> | Transfers from the reporting foundation to a noncharitable exempt organization of:   |       |    |
|          | (1) Cash   | 1a(1) | X  |
|          | (2) Other assets   | 1a(2) | X  |
| <b>b</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  |
| <b>c</b> | Sharing of facilities, equipment, mailing lists, other assets, or paid employees   | 1c    | X  |
| <b>d</b> | If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. |       |    |

[illegible]

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

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

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.

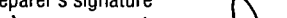
**Sign Here**   

Signature of officer or trustee Date Title

☒ Yes ☐ No

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

☒ Yes ☐ No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Elizabeth A. Vaccariello</b>	Preparer's signature 	Date <b>11/6/2013</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00357347</b>
	Firm's name ▶ <b>Varey &amp; Vaccariello CPAs PC</b>			Firm's EIN ▶ <b>36-3994838</b>	
	Firm's address ▶ <b>617 East Golf Road, Suite 107 Arlington Heights, IL 60005</b>			Phone no. <b>847-228-6977</b>	

**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

**2012**

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) (2012)**

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	Robert D. Dixon 1994 Charitable Remainder Unitrust  15 Spinning Wheel Road, Suite 326  Hinsdale, IL 60521	\$ 305,734.	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.)
		\$	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

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

(a) Description of Property		Manner Acquired	Date Acquired	Date Sold
ABS Offshore SPC Global Portfolio Class R - Long Term Loss				
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss
700,000.	766,876.	0.	0.	<66,876.>

(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
242,189.	337,082.	0.	0.	<94,893.>

(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
1,527,439.	1,176,030.	0.	0.	351,409.

(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	
950,000.	916,794.	0.	0.	33,206.	

(a) Description of Property			Manner Acquired	Date Acquired	Date Sold
Vanguard Dividend Growth Fund - Long Term Gains					
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss	
450,000.	289,176.	0.	0.	160,824.	

(a) Description of Property			Manner Acquired	Date Acquired	Date Sold
DFA Emerging Markets Value - Long Term Gains					
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss	
250,000.	216,786.	0.	0.	33,214.	

(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	
88,395.	88,395.	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
104,367.	133,893.	0.	0.	<29,526.>

(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
1,146,325.	930,808.	0.	0.	215,517.

(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
263,029.	260,627.	0.	0.	2,402.

(a) Description of Property		Manner Acquired	Date Acquired	Date Sold
Fiduciary Manangement - Long Term Gains and Losses				
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss
1,544,731.	1,430,832.	0.	0.	113,899.

(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	
1,589,415.	1,552,461.	0.	0.	36,954.	

(a) Description of Property			Manner Acquired	Date Acquired	Date Sold
Highmark Capital - Long Term Gains and Losses					
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss	
324,640.	319,208.	0.	0.	5,432.	

(a) Description of Property			Manner Acquired	Date Acquired	Date Sold
London Company 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	
66,783.	62,105.	0.	0.	4,678.	

(a) Description of Property			Manner Acquired	Date Acquired	Date Sold
London Company Manangement - Long Term Gains and Losses					
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss	
1,040,878.	658,395.	0.	0.	382,483.	

(a) Description of Property	Manner Acquired	Date Acquired	Date Sold	
Meridian Diversified Fund - Long Term Gains and Losses				
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss
142,700.	120,384.	0.	0.	22,316.

(a) Description of Property	Manner Acquired	Date Acquired	Date Sold	
Protege Partners Fund Ltd - Long Term Gains and Losses				
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss
300,000.	259,141.	0.	0.	40,859.

(a) Description of Property	Manner Acquired	Date Acquired	Date Sold	
Trust Under the Retirement Plans - Short Term Gains and Losses				
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss
0.	0.	0.	0.	0.

(a) Description of Property	Manner Acquired	Date Acquired	Date Sold	
Trust Under the Retirement Plans - Long Term Gains and Losses				
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss
0.	0.	0.	0.	0.

Capital Gains Dividends from Part IV	212,515.
Total to Form 990-PF, Part I, line 6a	1,424,413.

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

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Source	Amount
Inland Bank - Checking	701.
Total to Form 990-PF, Part I, line 3, Column A	701.

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Form 990-PF Dividends and Interest from Securities Statement 3

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Source	Gross Amount	Capital Gains Dividends	Column (A) Amount
Investment Income	1,872,186.	212,515.	1,659,671.
Total to Fm 990-PF, Part I, ln 4	1,872,186.	212,515.	1,659,671.

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Form 990-PF Other Income Statement 4

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Description	(a) Revenue Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income
Metropolitan RE Partners - From K-1	<4,660.>	0.	
Metropolitan RE Partners - From K-1	<17,366.>	<17,366.>	
Metropolitan RE Partners - Non-Deductible Expense	<25.>	0.	
Class Action Income	10,316.	10,316.	
Recapture Services	1,384.	1,384.	
Total to Form 990-PF, Part I, line 11	<10,351.>	<5,666.>	

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Form 990-PF Legal Fees Statement 5

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Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Legal fees - McGuireWoods LLP	16,825.	1,391.		15,434.
Legal fees - Seyfarth & Shaw LLP	135.	135.		0.
To Fm 990-PF, Pg 1, ln 16a	16,960.	1,526.		15,434.

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Form 990-PF	Accounting Fees	Statement	6
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Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Accounting fees - Varey & Vaccariello CPAs PC	51,680.	4,651.		47,029.
Audit fees - Plante & Moran, PLLC	18,000.	4,500.		13,500.
To Form 990-PF, Pg 1, ln 16b	69,680.	9,151.		60,529.

Form 990-PF	Other Professional Fees	Statement	7
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Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Consulting	111,069.	0.		145,924.
Investment management	283,638.	283,638.		0.
Other	25,983.	1,326.		24,657.
Investment custodian fees	15,815.	15,815.		0.
Marketing	2,800.	0.		2,800.
To Form 990-PF, Pg 1, ln 16c	439,305.	300,779.		173,381.

Form 990-PF	Taxes	Statement	8
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Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Section 4940 excise tax	49,072.	0.		0.
Foreign tax withheld on dividends	43,643.	43,643.		0.
To Form 990-PF, Pg 1, ln 18	92,715.	43,643.		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	3,400.	252.		3,148.	
Bank charges	3,323.	3,323.		0.	
Dues and subscriptions	14,120.	0.		9,761.	
Equipment rental and maintenance	5,976.	538.		5,438.	
Insurance - general	5,330.	480.		4,850.	
Licenses and fees	150.	0.		150.	
Postage and shipping	1,347.	67.		1,280.	
Service contracts	5,066.	456.		4,610.	
Supplies	8,784.	381.		8,403.	
Telephone	6,128.	551.		5,577.	
Outside services	11,164.	0.		11,164.	
To Form 990-PF, Pg 1, ln 23	64,788.	6,048.		54,381.	

Form 990-PF	Other Increases in Net Assets or Fund Balances			Statement	10
Description				Amount	
Unrealized gain on investments carried at market value				6,276,081.	
Change in value of trust obligations				34,896.	
Income Modification - Grants Returned				38,338.	
Total to Form 990-PF, Part III, line 3				6,349,315.	

Form 990-PF	U.S. and State/City Government Obligations			Statement	11
Description	U.S. Gov't	Other Gov't	Book Value	Fair Market Value	
See Attachment A	X		1,239,088.	1,239,088.	
See Attachment B		X	101,135.	101,135.	
Total U.S. Government Obligations			1,239,088.	1,239,088.	
Total State and Municipal Government Obligations			101,135.	101,135.	
Total to Form 990-PF, Part II, line 10a			1,340,223.	1,340,223.	

**INVESTMENTS - US GOVERNMENT OBLIGATIONS**  
**(Page 2, Part II, Line 10a)**

<u>Description</u>	<u>12/31/12 Book Value and Market Value</u>
FEDERAL HOME LN MTG CORP PARTN GOLD GROUP #G01827 4.500% DTD 05/01/2005 DUE 06/01/2035	58,697
FEDERAL HOME LN MTG CORP PARTN GOLD GROUP #G06361 4.000% DTD 03/01/2011 DUE 03/01/2041	95,267
FEDERAL HOME LN MTG CORP PARTN GOLD GROUP #G13652 4.500% DTD 08/01/2009 DUE 09/01/2024	63,811
FEDERAL HOME LN MTG CORP PARTN GOLD GROUP #J15482 4.000% DTD 05/01/2011 DUE 05/01/2026	33,712
FEDERAL NATL MTG ASSN GTD PASSTHRU CTF POOL #AH6826 4.000% DTD 03/01/2011 DUE 03/01/2026 IPD24	79,302
FEDERAL NATL MTG ASSN GTD PASSTHRU CTF POOL #AL0147 4.000% DTD 03/01/2011 DUE 04/01/2041 IPD24	97,470
FEDERAL NATL MTG ASSN GTD PASSTHRU CTF POOL #AA9347 5.000% DTD 08/01/2009 DUE 08/01/2039 IPD24	70,982
FEDERAL NATL MTG ASSN GTD PASSTHRU CTF POOL #AB1776 3.500% DTD 10/01/2010 DUE 11/01/2025 IPD24	87,039
FEDERAL NATL MTG ASSN GTD PASSTHRU CTF POOL #AE0815 4.000% DTD 01/01/2011 DUE 01/01/2020 IPD24	61,537
FEDERAL NATL MTG ASSN GTD PASSTHRU CTF POOL #AE3066 3.500% DTD 09/01/2010 DUE 09/01/2025 IPD24	50,396
FEDERAL NATL MTG ASSN GTD PASSTHRU CTF POOL #AE7728 4.500% DTD 11/01/2010 DUE 11/01/2040 IPD24	89,457
SLM STUDENT LN TR SER 2011 2 CL A 1 FLTG RATE DTD 05/26/2011 DUE 11/25/2027	62,183
US TREASURY BOND 3.75% DTD 08/15/2011 DUE 08/15/2041	58,774
US TREASURY NOTE 2.75% DTD 02/15/2009 DUE 02/15/2019	110,743
US TREASURY NOTE 0.875% DTD 02/29/2012 DUE 02/28/2017	50,665
US TREASURY NOTE 0.125% DTD 07/31/2012 DUE 07/31/2014	24,962
US TREASURY NOTE 0.50% DTD 07/31/2012 DUE 07/31/2017	34,795
US TREASURY NOTE 1.625% DTD 08/15/2012 DUE 08/15/2022	109,296
<b>TOTALS</b>	<b>\$ 1,239,088</b>

**INVESTMENTS - STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS**  
(Page 2, Part II, Line 10a)

<u>Description</u>	12/31/12 Book Value and Market Value
CALIFORNIA ST GO BDS TAXABLE 6 20% DTD 10/15/2009 DUE 10/01/2019	60,943
UNIVERSITY CALIF REVS FOR PREV GEN REV BDS 2010V TAXABLE 1 988% DTD 12/14/2010 DUE 05/15/2050	40,192
<b>TOTALS</b>	<b>\$ 101,135</b>

Form 990-PF	Corporate Stock	Statement 12
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Description	Book Value	Fair Market Value
See Attachment C	53,423,263.	53,423,263.
Total to Form 990-PF, Part II, line 10b	53,423,263.	53,423,263.

Form 990-PF	Corporate Bonds	Statement 13
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Description	Book Value	Fair Market Value
See Attachment D	9,944,983.	9,944,983.
Total to Form 990-PF, Part II, line 10c	9,944,983.	9,944,983.

Form 990-PF	Other Investments	Statement 14
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Description	Valuation Method	Book Value	Fair Market Value
See Attachment E	FMV	14,101,860.	14,101,860.
Total to Form 990-PF, Part II, line 13		14,101,860.	14,101,860.

Form 990-PF	Depreciation of Assets Not Held for Investment	Statement 15
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Description	Cost or Other Basis	Accumulated Depreciation	Book Value
Office equipment and furniture	106,515.	73,234.	33,281.
Computers	77,566.	59,413.	18,153.
Software	29,928.	29,928.	0.
Leasehold improvements	11,333.	10,364.	969.
Total To Fm 990-PF, Part II, ln 14	225,342.	172,939.	52,403.

**INVESTMENTS - CORPORATE STOCK**

(Page 2, Part II, Line 10b)

<u>Description</u>	<u>12/31/12 Book Value and Market Value</u>
3M CO COM	227,483
ACCENTURE PLC CLASS A ORDINARY SHARES	177,888
ADVENT SOFTWARE INC COM	75,065
AFFILIATED MANAGERS GROUP INC COM	126,376
ALBEMARLE CORP COM	188,783
ALEXANDER & BALDWIN INC NEW COM	103,911
ALIGN TECHNOLOGY INC COM	54,390
ALLEGHANY CORP DEL COM	68,426
AMERICAN EAGLE OUTFITTERS INC NEW COM	88,131
AMERICAN EXPRESS CO COM	126,456
AMERISOURCEBERGEN CORP COM	146,812
AMETEK INC NEW COM	168,051
AMPHENOL CORP CL A	196,364
ANSYS INC COM	166,599
ATWOOD OCEANICS INC COM	151,107
ATWOOD OCEANICS INC COM	181,283
AUTOMATIC DATA PROCESSING INC COM	120,976
BANCFIRST CORP COM	101,664
BANK NEW YORK MELLON CORP COM	237,725
BARD C R INC COM	66,268
BARRETT BILL CORP COM	48,033
BENCHMARK ELECTRS INC COM	99,720
BERKSHIRE HATHAWAY INC DEL CL B NEW	215,280
BIO-REFERENCE LABS INC COM	154,601
C H ROBINSON WORLDWIDE INC COM NEW	105,261
CABELAS INC COM	208,625
CALGON CARBON CORP COM	133,292
CATAMARAN CORP COM	121,377
CERNER CORP COM	208,889
CHART INDUSTRIES INC	193,398
CHIPOTLE MEXICAN GRILL INC CL A	103,814
CHURCH & DWIGHT INC COM	202,762
CINTAS CORP COM	119,632
CITRIX SYS INC COM	143,052
CLEAN HBRS INC COM	103,144
COACH INC COM	87,817
COGNIZANT TECH SOLUTIONS CRP COM	207,609
COHEN & STEERS INTERNATIONAL REALTY FUND CLASS I #1396	2,280,567
COINSTAR INC COM	130,025
COLUMBIA SPORTSWEAR CO COM	84,842
COMERICA INC COM	135,771
CONCHO RES INC COM	123,660
COPART INC COM	136,585
CORRECTIONS CORP AMER NEW COM NEW	182,245
COVIDIEN PLC SHS	158,785
DANONE SPONSORED ADR	18,423
DENTSPLY INTL INC NEW COM	82,785

**INVESTMENTS - CORPORATE STOCK**

(Page 2, Part II, Line 10b)

<b>Description</b>	<b>12/31/12 Book Value and Market Value</b>
DEVON ENERGY CORP NEW COM	149,615
DFA EMERGING MARKETS VALUE FUND #95	2,157,834
DICKS SPORTING GOODS INC OC-COM	191,149
EAST WEST BANCORP INC COM	99,714
EATON VANCE CORP COM NON VTG	212,885
EDWARDS LIFESCIENCES CORP COM	137,239
ENDURANCE SPECIALTY HOLDINGS	91,287
ENERGIZER HLDGS INC COM	82,619
EXPEDITORS INTL WASH INC COM	132,493
F5 NETWORKS INC COM	117,843
FACTSET RESH SYS INC COM	132,090
FASTENAL CO COM	194,064
FIRST INDL RLTY TR INC COM	90,844
FISERV INC COM	154,899
FMC TECHNOLOGIES INC COM	142,624
FORWARD AIR CORPORATION COM	161,046
FUEL SYS SOLUTIONS INC COM	50,017
GENESEE & WYOMING INC CL A	138,846
GLAXOSMITHKLINE PLC SPONSORED ADR	129,323
HANCOCK HLDG CO COM	92,652
HARMONIC INC COM	69,966
HATTERAS FINL CORP COM	80,186
HECLA MNG CO COM	65,879
IDEX CORP COM	118,000
IDEXX LABORATORIES INC COM	123,424
IHS INC COM CL A	193,920
ILLINOIS TOOL WKS INC COM	173,309
IMPAX LABORATORIES INC COM	71,715
INGERSOLL RAND PLC SHS	118,701
INTERCONTINENTALEXCHANGE INC COM	126,286
INTERDIGITAL INC PA COM	65,744
INTUIT COM	162,963
ITRON INC COM	84,645
IXIA COM	93,390
KAMAN CORP COM	117,061
KIMBERLY CLARK CORP COM	162,528
KRATON PERFORMANCE POLYMERS COM	92,804
LINCOLN ELEC HLDGS INC COM	101,595
LINDSAY CORPORATION	192,288
LKQ CORP COM	206,421
MADDEN STEVEN LTD COM	84,540
MANNING & NAPIER FUND INC - OVERSEAS SERIES FUND #121	3,152,528
MARTIN MARIETTA MATERIALS COM	74,575
MATSON INC COM	152,547
MBIA INC COM	88,579
MCCORMICK & CO INC COM NON VTG	100,441
MERIT MEDICAL SYSTEMS INC COM	109,115
MICREL INC COM	100,681

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

<b>Description</b>	<b>12/31/12 Book Value and Market Value</b>
MICROS SYS INC COM	148,328
MICROSOFT CORP COM	103,500
MONSANTO CO NEW COM	101,749
MONTPELIER RE HOLDINGS LTD COM	135,971
MYRIAD GENETICS INC COM	92,650
NAVIGATORS GROUP INC COM	158,317
NESTLE S A SPONSORED ADR REPSTG REG SH	126,968
NEWMARKET CORP COM	227,327
NU SKIN ENTERPRISES INC CL A	133,047
O REILLY AUTOMOTIVE INC NEW COM	202,536
OASIS PETE INC NEW COM	162,180
OIL STATES INTERNATIONAL INC COM	136,999
OLD DOMINION FGHT LINES INC COM	209,314
OMNICOM GROUP INC COM	144,884
OMNIVISION TECHNOLOGIES INC COM	57,728
PACCAR INC COM	93,811
PANERA BREAD CO CL A	220,774
PAREXEL INTL CORP COM	73,354
PAREXEL INTL CORP COM	62,139
PERRIGO COMPANY COM	155,213
PIMCO COMMODITY REALRETURN STRATEGY FUND INST #45	1,632,902
POLARIS INDS INC COM	154,415
PORTFOLIO RECOVERY ASSOCS INC COM	224,406
PRESTIGE BRANDS HLDGS INC COM	132,198
PRICESMART INC COM	184,930
RANGE RESOURCES CORP COM	102,727
RED HAT INC COM	141,138
RITCHIE BROS. AUCTIONEERS COM	83,769
ROPER INDS INC NEW COM	192,972
SALLY BEAUTY HLDGS INC COM	106,065
SCHLUMBERGER LTD COM	109,145
SCHNITZER STEEL INDS INC CL A	60,660
SEMTECH CORP COM	170,805
SERVICE CORP INTL COM	176,671
SIGMA ALDRICH CORP COM	133,548
SIGNATURE BK NEW YORK NY COM	187,125
SMUCKER J M CO COM NEW	170,496
STERICYCLE INC COM	181,056
STURM RUGER & CO INC COM	65,285
SUN HYDRAULICS CORP COM	101,712
SUPERIOR ENERGY SVCS INC COM	68,376
SYNAPTICS INC COM	143,856
SYSCO CORP COM	193,126
TE CONNECTIVITY LTD REG SHS	180,032
TEJON RANCH CO COM	90,418
TEMPLETON FOREIGN EQUITY SERIES- PRIMARY SHARES #454	7,812,135
TENET HEALTHCARE CORP COM NEW	157,025
TERADATA CORP DEL COM	122,852



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

<u>Description</u>	<u>12/31/12 Book Value and Market Value</u>
THORATEC CORP COM NEW	71,288
TIME WARNER INC COM NEW	132,728
TORO CO COM	214,900
TRACTOR SUPPLY CO COM	201,903
TREDEGAR CORP COM	84,171
TRIMBLE NAV LTD COM	182,508
TTM TECHNOLOGIES INC COM	90,062
ULTA SALON COSMETICS & FRAGRANCE INC COM	84,209
UNDER ARMOUR INC CL A	96,963
UNITED NAT FOODS INC COM	182,206
VALUECLICK INC COM	152,698
VANGUARD DIVIDEND GROWTH FUND #57	12,461,580
VANGUARD TOTAL INTERNATIONAL STOCK INDEX FUND SIGNAL #1	3,244,735
VARIAN MED SYS INC COM	192,106
VCA ANTECH INC COM	86,305
WABTEC CORP COM	83,513
WAL MART STORES INC COM	158,635
WHITE MOUNTAINS INSURANCE GP	109,695
WILLIS GROUP HOLDINGS PLC	82,987
WMS INDS INC COM	50,750
WORLD FUEL SERVICES CORP COM	126,021
<b>TOTALS</b>	<b>\$ 53,423,263</b>

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

<u>Description</u>	<u>12/31/12 Book Value and Market Value</u>
ISHARES TR BARCLAYS TIPS BD FD	3,074,223
PIMCO TOTAL RETURN FUND INST #35	4,045,185
AEP TEXAS CTR FDG SER 2012 3 CL A 1 0 88% DTD 03/14/2012 DUE 12/01/2018	67,023
AT&T INC NT 4 45% DTD 04/29/2011 DUE 05/15/2021	57,743
ALLY MASTER OWNER TR 2011-1 ASSET BACKED CTF CL A 2 2 15% DTD 01/20/2011 DUE 01/15/2016	50,817
AMERICAN INTL GROUP INC SR NT 4 25% DTD 09/13/2011 DUE 09/15/2014	52,670
AMGEN INC SR NT 3 875% DTD 11/10/2011 DUE 11/15/2021	32,945
ANHEUSER BUSCH INBEV WORLDWIDE GTD SR NT 2 50% DTD 07/16/2012 DUE 07/15/2022	40,250
BB&T CORPORATION SR NT C 2 15% DTD 03/22/2012 DUE 03/22/2017	51,714
BANK AMER FDG CORP 5.65% DTD 05/02/2008 DUE 05/01/2018	58,172
BERKSHIRE HATHAWAY FIN CORP GTD SR NT 5.40% DTD 11/15/2008 DUE 05/15/2018	60,144
BMW VEH OWN TR SER 2010 A CL A 4 2.10% DTD 04/21/2010 DUE 10/25/2016	100,857
BOSTON PPTYS LTD PARTNERSHIP SR NT 4 125% DTD 11/18/2010 DUE 05/15/2021	54,341
BURLINGTON NORTHN SANTA FE CP SR DEB 3 45% DTD 08/22/2011 DUE 09/15/2021	53,811
CVS CAREMARK CORPORATION SR NT 2 75% DTD 11/29/2012 DUE 12/01/2022	55,205
CAPITAL ONE FINL CORP SR NT 4.75% DTD 07/19/2011 DUE 07/15/2021	57,658
CITIGROUP INC SR NT 4.75% DTD 05/19/2010 DUE 05/19/2015	53,902
CLOROX CO DEL SR NT 3 05% DTD 09/13/2012 DUE 09/15/2022	51,552
CONTINENTAL AIRLN PT TR SER 2010 1 CL A 4 75% DTD 12/02/2010 DUE 01/12/2021	51,892
DELTA AIRLINES PT SER 2011 1A CL A 5 30% DTD 04/05/2011 DUE 04/15/2019	23,848
DOW CHEM CO NT 4 25% DTD 11/09/2010 DUE 11/15/2020	55,585
EXELON GENERATION CO LLC 6.20% DTD 09/28/2007 DUE 10/01/2017	59,046
GENERAL ELEC CO NT 2.70% DTD 10/09/2012 DUE 10/09/2022	20,386
GENERAL ELEC CAP CORP MEDIUM TERM NTS TRANCHE # TR 00861 2 30% DTD 04/27/2012 DUE 04/27/2017	77,766

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

<u>Description</u>	<u>12/31/12 Book Value and Market Value</u>
GEORGIA PAC CORP SR NT 8 00% DTD 12/11/2003 DUE 01/15/2024	69,908
GILEAD SCIENCES INC SR NT 4 40% DTD 12/13/2011 DUE 12/01/2021	17,099
HEWLETT PACKARD CO GLBL NT 4.375% DTD 09/19/2011 DUE 09/15/2021	49,566
JPMORGAN CHASE & CO SR NT 4.25% DTD 10/21/2010 DUE 10/15/2020	55,607
KINDER MORGAN ENERGY PARTNERS L P SR NT 3.95% DTD 03/14/2012 DUE 09/01/2022	53,463
L 3 COMMUNICATIONS CORP SR NT 3.95% DTD 11/22/2011 DUE 11/15/2016	54,064
LABORATORY CORP AMER HLDGS SR NT 4 625% DTD 11/19/2010 DUE 11/15/2020	55,669
MSN 41079 & 41084 LTD SECD NT 1.631% DTD 12/21/2012 DUE 12/14/2024	45,000
MAGELLAN MIDSTREAM HLDGS L P 4 25% DTD 08/11/2010 DUE 02/01/2021	55,223
NASDAQ OMX GROUP INC SR NT 5 25% DTD 12/21/2010 DUE 01/16/2018	27,322
NOMURA ASSET SECS CO SER 1998 D6 CL A 3 FLTG RATE DTD 03/30/1998 DUE 03/15/2030	14,474
ORACLE CORP SR NT 1.20% DTD 10/25/2012 DUE 10/15/2017	40,119
PETROHAWK ENERGY CORP SR NT 7 875% DTD 12/01/2008 DUE 06/01/2015	52,207
SEMPRA ENERGY 6.15% DTD 06/12/2008 DUE 06/15/2018	61,341
SEQUOIA MTG TR 2012-2 MTG PASS THRU CTF CL A-2 3 50% DTD 03/01/2012 DUE 04/25/2042	78,491
STAPLES INC SR NT 9.75% DTD 01/15/2009 DUE 01/15/2014	54,360
TCI COMMUNICATIONS INC SR NT 7.125% DTD 02/24/1998 DUE 02/15/2028	52,812
TIME WARNER ENTMT CO DEB 8 375% DTD 09/15/1993 DUE 03/15/2023	70,669
U S BANCORP MTNS BK ENT SR NT 2 20% DTD 11/03/2011 DUE 11/15/2016	52,096
UNITED TECHNOLOGIES CORP NT 3.10% DTD 06/01/2012 DUE 06/01/2022	21,180
VERIZON COMMUNICATIONS INC NT 3 50% DTD 11/03/2011 DUE 11/01/2021	54,701
VERIZON WIRELESS CAP LLC SR NT 5.55% DTD 08/01/2009 DUE 02/01/2014	52,487
WALGREEN CO SR NT 3 10% DTD 09/13/2012 DUE 09/15/2022	50,434
WELLS FARGO & CO NEW SR UNSECD NT 5.625% DTD 12/10/2007 DUE 12/11/2017	59,635

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

<u>Description</u>	<u>12/31/12 Book Value and Market Value</u>
WORLD OMNI AUTO TR SER 2011 A CL A 4 1.91% DTD 03/10/2011 DUE 04/15/2016	101,870
XEROX CORP SR NT 2.95% DTD 03/15/2012 DUE 03/15/2017	51,301
BANK NOVA SCOTIA B C SR NT 1 375% DTD 12/18/2012 DUE 12/18/2017	50,070
HYDRO QUEBEC GLBL NT 1 375% DTD 06/19/2012 DUE 06/19/2017	25,335
PETROBRAS INTL FIN CO GTD 3 875% DTD 01/27/2011 DUE 01/27/2016	52,750
QUEBEC PROV CDA GLBL NT S QK 2 75% DTD 08/25/2011 DUE 08/25/2021	52,231
RIO TINTO FIN USA LTD 6 50% DTD 06/27/2008 DUE 07/15/2018	31,203
ROYAL BK OF CDA BD CDS FR 0 80% DTD 10/30/2012 DUE 10/30/2015	24,971
SANOFI S A NT 1 20% DTD 09/30/2011 DUE 09/30/2014	50,590
<b>TOTALS</b>	<b>\$ 9,944,983</b>

<u>Description</u>	12/31/12 Book Value and Market Value
ABS OFFSHORE SPC CLASS R GLOBAL PORTFOLIO	3,877,841
MERIDIAN FUNDS	494,150
METROPOLITAN REAL ESTATE PARTNERS III-A LP	1,355,889
PRIME PROPERTY FUND LLC	4,158,416
PROTÉGÉ PARTNERS FUNDS	4,215,564
TOTALS	\$ 14,101,860

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Form 990-PF	Other Assets	Statement 16
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Description	Beginning of Yr Book Value	End of Year Book Value	Fair Market Value
Accrued Income	41,543.	38,537.	38,537.
Assets Whose Use is Limited	739,967.	470,384.	470,384.
Investments - Non-Qualified Plans	470,614.	351,564.	351,564.
Refundable Unrelated Business Income Tax	1,000.	1,000.	1,000.
To Form 990-PF, Part II, line 15	1,253,124.	861,485.	861,485.

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Form 990-PF	Other Liabilities	Statement 17
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Description	BOY Amount	EOY Amount
Annuity Obligations - Trusts	694,079.	389,714.
Deferred Compensation - Trust	470,614.	351,564.
Section 4940 Excise Tax Payable	10,715.	12,287.
Total to Form 990-PF, Part II, line 22	1,175,408.	753,565.

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Form 990-PF	Name of Foreign Country in Which Organization has Financial Interest	Statement 18
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Name of Country

Netherlands  
Ireland  
Bermuda

Form 990-PF      Part VIII - List of Officers, Directors      Statement 19  
 Trustees and Foundation Managers

Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Expense Contrib Account
Greg DiDomenico Community Memorial Foundation, 15 Spinning Wheel Road, Ste. 326 Hinsdale, IL 60521	President/CEO 40.00	211,970.	39,708. 10,000.
Greg DiDomenico - Deferred Comp	0.00	<10,300.>	10,300. 0.
James Durkan Community Memorial Foundation, 15 Spinning Wheel Road, Ste. 326 Hinsdale, IL 60521	Former President 40.00	86,401.	62,215. 0.
James Durkan - Deferred Compensation	0.00	<22,500.>	22,500. 0.
James Durkan - Deferred Exec Comp	0.00	186,652.	<186,652.> 0.
James Durkan - Deferred Comp Payout	0.00	30,187.	<30,187.> 0.
Irene Frye - Deferred Comp Payout	Former Vice President 0.00	14,332.	<14,332.> 0.
Jeffrey Simmons Community Memorial Foundation, 15 Spinning Wheel Road, Ste. 326 Hinsdale, IL 60521	Chair/Director 2.00	0.	0. 0.
John J. Madden Community Memorial Foundation, 15 Spinning Wheel Road, Ste. 326 Hinsdale, IL 60521	Vice Chair/Treasurer/Dir 2.00	0.	0. 0.

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

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

496,742.	<96,448.>	10,000.
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Form 990-PF	Grant Application Submission Information	Statement 20
	Part XV, Lines 2a through 2d	

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Name and Address of Person to Whom Applications Should be Submitted

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

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Telephone Number

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Name of Grant Program

(630) 654-4729

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

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Email Address

dkustra@cmfdn.org

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Form and Content of Applications

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See Attached Listing of Policies, Requirements and Restrictions

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Any Submission Deadlines

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March 31 and September 30

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Restrictions and Limitations on Awards

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See Attached Listing of Policies, Requirements and Restrictions

## Community Memorial Foundation

**Part IV** Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	ABS Offshore SPC Global Portfolio Class R - Long			
b	Geneva Capital Management - Short Term Gains and			
c	Geneva Capital Management - Long Term Gains and L			
d	PIMCO Total Return Fund - Long Term Gains			
e	Vanguard Dividend Growth Fund - Long Term Gains			
f	DFA Emerging Markets Value - Long Term Gains			
g	Prime Property Fund LLC - ROC			
h	CS McKee Management - Short Term Gains and Losses			
i	CS McKee Management - Long Term Gains and Losses			
j	Fiduciary Manangement - Short Term Gains and Loss			
k	Fiduciary Manangement - Long Term Gains and Losse			
l	Highmark Capital - Short Term Gains and Losses			
m	Highmark Capital - Long Term Gains and Losses			
n	London Company Manangement - Short Term Gains and			
o	London Company Manangement - Long Term Gains and			

(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	700,000.	766,876.	<66,876.>
b	242,189.	337,082.	<94,893.>
c	1,527,439.	1,176,030.	351,409.
d	950,000.	916,794.	33,206.
e	450,000.	289,176.	160,824.
f	250,000.	216,786.	33,214.
g	88,395.	88,395.	0.
h	104,367.	133,893.	<29,526.>
i	1,146,325.	930,808.	215,517.
j	263,029.	260,627.	2,402.
k	1,544,731.	1,430,832.	113,899.
l	1,589,415.	1,552,461.	36,954.
m	324,640.	319,208.	5,432.
n	66,783.	62,105.	4,678.
o	1,040,878.	658,395.	382,483.

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			<66,876.>
b			<94,893.>
c			351,409.
d			33,206.
e			160,824.
f			33,214.
g			0.
h			<29,526.>
i			215,517.
j			2,402.
k			113,899.
l			36,954.
m			5,432.
n			4,678.
o			382,483.

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	Meridian Diversified Fund - Long Term Gains and L			
b	Protege Partners Fund Ltd - Long Term Gains and L			
c	Trust Under the Retirement Plans - Short Term Gai			
d	Trust Under the Retirement Plans - Long Term Gain			
e	Capital Gains Dividends			
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	142,700.	120,384.	22,316.
b	300,000.	259,141.	40,859.
c		<305.>	305.
d		<642.>	642.
e	212,515.		212,515.
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

(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			22,316.
b			40,859.
c			305.
d			642.
e			212,515.
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	1,425,360.
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 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
Arab American Family Services 9044 S Octavia Avenue Bridgeview, IL 60455	None	Public charity 509(a)1	Health/Building Organizational Effectiveness/Access to Care	26,700.
Beds Inc 150 S Ashland Ave LaGrange, IL 60525	None	Public charity 509(a)1	Building Organizational Effectiveness/Basic Needs	24,250.
Bettys Love Alzheimers Charities PO Box 312 La Grange, IL 60525	None	Public charity 509(a)1	Building Organizational Effectiveness	15,000.
BoardSource 750 9th Street NW, Suite 650 Washington, DC 20001	None	Public charity 509(a)1	Building Organizational Effectiveness	5,900.
Bridge Communities Inc 505 Crescent Blvd, Ste E Glen Ellyn, IL 60137	None	Public charity 509(a)1	Building Organizational Effectiveness/Basic Needs	19,400.
Catholic Charities Archdiocese of Chicago 721 North LaSalle St Chicago, IL 60654	None	Public charity 509(a)2	Basic Needs	40,000.
Catholic Charities of the Diocese of Joliet 203 N Ottawa Street Joliet, IL 60432	None	Public charity 509(a)1	Basic Needs/Building Organizational Effectiveness	24,150.
Community House 415 West 8th Street Hinsdale, IL 60521	None	Public charity 509(a)2	Basic Needs/Building Organizational Effectiveness	34,400.
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	10,000.
Community Nurse Health Association 23 Calendar Avenue La Grange, IL 60525	None	Public charity 509(a)1	Access to Care/Building Organizational Effectiveness	640,141.
<b>Total from continuation sheets</b>				<b>3,227,059.</b>

**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
Community Support Services Inc 9021 W Ogden Avenue Brookfield, IL 60513	None	Public charity 509(a)1	Basic Needs/Building Organizational Effectiveness	29,400.
Donors Forum 208 S LaSalle Suite 1540 Chicago, IL 60604	None	Public charity 509(a)1	Health	7,024.
DuPage Community Clinic 1506 E Roosevelt Road Wheaton, IL 60187	None	Public charity 509(a)1	Building Organizational Effectiveness	2,900.
DuPage Federation of Human Services Reform 146 W Roosevelt Road Villa Park, IL 60181	None	Public charity 509(a)1	Building Organizational Effectiveness	25,000.
DuPage Health Coalition (Access DuPage) 511 Thornhill Drive Carol Stream, IL 60188	None	Public charity 509(a)2	Access to Care/Building Organizational Effectiveness	289,086.
DuPage PADS Inc 601 W Liberty Drive Wheaton, IL 60187	None	Public charity 509(a)1	Building Organizational Effectiveness/Basic Needs	25,750.
DuPage Senior Citizen Council 1919 S Highland Ave, Suite 210 Lombard, IL 60148	None	Public charity 509(a)1	Basic Needs	25,000.
Easter Seals DuPage and the Fox Valley Region 830 S Addison Ave Villa Park, IL 60181	None	Public charity 509(a)2	Building Organizational Effectiveness	4,150.
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.
Family Focus Inc 310 South Peria, Suite 301 Chicago, IL 60607	None	Public charity 509(a)1	Basic Needs	15,000.
<b>Total from continuation sheets</b>				

**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
Family Health Foundation of Illinois Inc 4756 Main St Lisle, IL 60532	None	Public charity 509(a)1	Building Organizational Effectiveness	2,500.
Family Shelter Service Inc 605 E Roosevelt Road Wheaton, IL 60187	None	Public charity 509(a)1	Building Organizational Effectiveness/Basic Needs	23,400.
Greater Chicago Food Depository 4100 W Ann Lurie Place Chicago, IL 60632	None	Public charity 509(a)1	Basic Needs/Food	10,000.
Hamdard Center for Health and Human Services NFP 228 E Lake Street Addison, IL 60101	None	Public charity 509(a)2	Basic Needs	16,140.
Helping Hand Center 9649 W 55th Street Countryside, IL 60525	None	Public charity 509(a)1	Basic Needs/Building Organizational Effectiveness	40,150.
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.
Illinois Association of Free and Charitable Clinics 902 Franklin Avenue Normal, IL 61761	None	Public charity 509(a)1	Access to Care	20,000.
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	2,500.
LaGrange Memorial Hospital Foundation 5101 Willow Springs Road La Grange, IL 60525	None	Public charity 509(a)1	Health/Building Organizational Effectiveness	1,004,150.
Leadershop, The 4903 South Gilbert Avenue La Grange, IL 60525	None	Public charity 509(a)1	Building Organizational Effectiveness	31,100.
<b>Total from continuation sheets</b>				

**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
Literacy Volunteers of DuPage 24W500 Maple Ave Ste 217 Naperville, IL 60540	None	Public charity 509(a)1	Basic Needs/Building Organizational Effectiveness	14,150.
Love Inc of Western Suburbs Chicago PO Box 50 Clarendon Hills, IL 60514	None	Public charity 509(a)1	Basic Needs	20,000.
Metropolitan Family Services DuPage 222 East Willow Ave Wheaton, IL 60187	None	Public charity 509(a)2	Building Organizational Effectiveness	2,900.
Mujeres Latinas En Accion Inc 2124 West 21st Place Chicago, IL 60608	None	Public charity 509(a)1	Basic Needs/Domestic Violence	30,000.
NAMI Metro Suburban Inc 816 Harrison Street Oak Park, IL 60304	None	Public charity 509(a)1	Access to Care	20,000.
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	25,250.
Nazareth Academy 1209 W Ogden Ave LaGrange Park, IL 60526	None	Public charity 509(a)1	Youth/Building Organizational Effectiveness	1,500.
Northern Illinois Food Bank 273 Dearbord Court Geneva, IL 60134	None	Public charity 509(a)1	Basic Needs/Food	45,000.
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	20,750.
PAV YMCA Foundation 2947 Oak Park Ave Berwyn, IL 60402	None	Public charity 509(a)1	Building Organizational Effectiveness	250.
<b>Total from continuation sheets</b>				

**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
People's Resource Center 201 S Naperville Rd Wheaton, IL 60187	None	Public charity 509(a)1	Basic Needs/Building Organizational Effectiveness	39,400.
Pillars Community Services 333 N LaGrange Rd Suite One LaGrange Park, IL 60526	None	Public charity 509(a)2	Access to Care/Basic Needs/Building Organizational Effectiveness	206,883.
Plymouth Place Inc 315 N LaGrange Rd LaGrange Park, IL 60526	None	Public charity 509(a)1	Building Organizational Effectiveness	750.
Ray Graham Association for People with Disabilities 901 Warrenville Road, Suite 500 Lisle, IL 60532	None	Public charity 509(a)2	Building Organizational Effectiveness	750.
Robert Crown Center for Health Education 21 Salt Creek Lane Hinsdale, IL 60521	None	Public charity 509(a)1	Building Organizational Effectiveness	6,275.
Rush University Medical Center 1700 W Van Buren St Chicago, IL 60612	None	Public charity 509(a)1	Access to Care	50,000.
Samaritan Interfaith Counseling Center Inc 1819 Bay Scott Cr Ste 109 Naperville, IL 60540	None	Public charity 509(a)2	Mental Health	10,000.
Seguin Service Inc 3100 S Central Ave Cicero, IL 60804	None	Public charity 509(a)1	Basic Needs/Building Organizational Effectiveness	33,260.
Sharing Connections Inc 5111 Chase Ave Downers Grove, IL 60515	None	Public charity 509(a)2	Building Organizational Effectiveness/Basic Needs	19,400.
Suburban Primary Health Care Council 2225 Enterprise Dr Rm 2507 Westchester, IL 60154	None	Public charity 509(a)1	Access to Care	31,050.
<b>Total from continuation sheets</b>				



**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
Taproots Inc aka Taproot Foundation 2718 W Adams St 2nd Floor Chicago, IL 60612	None	Public charity 509(a)1	Building Organizational Effectiveness	32,650.
Teen Parent Connection Inc 739 Roosevelt Rd #8 Ste 100 Glen Ellyn, IL 60137	None	Public charity 509(a)1	Basic Needs/Building Organizational Effectiveness	16,000.
Walk-In Ministry of Hope 1047 Curtiss St Rm 503 Downers Grove, IL 60515	None	Public charity 509(a)1	Basic Needs	25,000.
Way Back Inn 1915 W. Roosevelt Road Broadview, IL 60155	None	Public charity 509(a)1	Health	25,000.
Wellness House 131 N County Line Rd Hinsdale, IL 60521	None	Public charity 509(a)1	Building Organizational Effectiveness	4,400.
West Suburban Community Pantry Inc 6809 Hobson Valley Dr, Suite 118 Woodridge, IL 60517	None	Public charity 509(a)1	Basic Needs	10,000.
West Suburban Senior Services 439 Bohland Ave Bellwood, IL 60104	None	Public charity 509(a)1	Basic Needs	27,500.
Xilin Association 1163 E Ogden Ave Rm 300A Naperville, IL 60563	None	Public charity 509(a)2	Basic Needs/Access to Health Care/Building Organizational Effectiveness	35,750.
YWCA of Metropolitan Chicago 1 N Lasalle Street, Suite 1150 Chicago, IL 60602	None	Public charity 509(a)2	Basic Needs	25,000.
<b>Total from continuation sheets</b>				

**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
Beds Inc 150 S Ashland Ave LaGrange, IL 60525	None	Public charity 509(a)1	Building Organizational Effectiveness	24,000.
BoardSource 750 9th Street NW, Suite 650 Washington, DC 20001	None	Public charity 509(a)1	Building Organizational Effectiveness	6,875.
Bridge Communities Inc 505 Crescent Blvd, Ste E Glen Ellyn, IL 60137	None	Public charity 509(a)1	Building Organizational Effectiveness	1,650.
Catholic Charities Archdiocese of Chicago 721 North LaSalle St Chicago, IL 60654	None	Public charity 509(a)2	Basic Needs	20,000.
Catholic Charities of the Diocese of Joliet 203 N Ottawa Street Joliet, IL 60432	None	Public charity 509(a)1	Building Organizational Effectiveness	1,650.
Community House 415 West 8th Street Hinsdale, IL 60521	None	Public charity 509(a)2	Building Organizational Effectiveness	1,650.
Community Housing Association of DuPage AKA CHAD 531 E Roosevelt Road, Suite 200 Wheaton, IL 60187	None	Public charity 509(a)1	Families	5,000.
Community Nurse Health Association 23 Calendar Avenue La Grange, IL 60525	None	Public charity 509(a)1	Access to Care/Building Organizational Effectiveness	503,188.
Community Support Services Inc 9021 W Ogden Avenue Brookfield, IL 60513	None	Public charity 509(a)1	Building Organizational Effectiveness	1,650.
DuPage Health Coalition (Access DuPage) 511 Thornhill Drive Carol Stream, IL 60188	None	Public charity 509(a)2	Access to Care	392,408.
<b>Total from continuation sheets</b>				<b>1,689,136.</b>

**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
Easter Seals DuPage and the Fox Valley Region 830 S Addison Ave Villa Park, IL 60181	None	Public charity 509(a)2	Building Organizational Effectiveness	1,650.
Family Shelter Service Inc 605 E Roosevelt Road Wheaton, IL 60187	None	Public charity 509(a)1	Building Organizational Effectiveness	20,650.
Helping Hand Center 9649 W 55th Street Countryside, IL 60525	None	Public charity 509(a)1	Basic Needs/Building Organizational Effectiveness	36,650.
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	3,300.
LaGrange Memorial Hospital Foundation 5101 Willow Springs Road La Grange, IL 60525	None	Public charity 509(a)1	Health	426,309.
Literacy Volunteers of DuPage 24W500 Maple Ave Ste 217 Naperville, IL 60540	None	Public charity 509(a)1	Building Organizational Effectiveness	1,650.
Northern Illinois Food Bank 273 Dearbord Court Geneva, IL 60134	None	Public charity 509(a)1	Basic Needs	20,000.
Pillars Community Services 333 N LaGrange Rd, Suite One LaGrange Park, IL 60526	None	Public charity 509(a)2	Access to Care	166,506.
Samaritan Interfaith Counseling Center Inc 1819 Bay Scott Cr Ste 109 Naperville, IL 60540	None	Public charity 509(a)2	Building Organizational Effectiveness	10,000.
Sharing Connections Inc 5111 Chase Ave Downers Grove, IL 60515	None	Public charity 509(a)2	Building Organizational Effectiveness	1,650.
<b>Total from continuation sheets</b>				

## 3 Grants and Contributions Approved for Future Payment (Continuation)

**Total from continuation sheets**

# **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:

	<b><u>Spring Cycle</u></b>	<b><u>Fall Cycle</u></b>
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](mailto: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**

The Foundation, together with the community, will transform the region into the healthiest in the country.

### **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

<b>REVIEW CRITERIA</b>
------------------------

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.

<b>ORGANIZATION:</b>
----------------------

**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:
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**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.**

--

<b>CERTIFICATION</b>
----------------------

**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 Program<sup>1</sup>, 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.

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<sup>1</sup> 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/pdf/G3658\\_1.PDF](http://www1.uwex.edu/ces/pubs/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/>.

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Prepared by Jon Korfmacher, Ph.D. (Erikson Institute) for Community Memorial Foundation.

**Include definitions of goals, outputs, outcomes, strategies, etc.**

Logic Model Table

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

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
<b>REVENUE</b>			
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			
<b>TOTAL REVENUE</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

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

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

Email Address

dkustra@cmfdn.org

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:

	<b><u>Spring Cycle</u></b>	<b><u>Fall Cycle</u></b>
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:**

The Foundation, together with the community, will transform the region into the healthiest in the country

**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*

<b>GEOGRAPHIC FOCUS</b>
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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**

- 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

<b>REVIEW CRITERIA</b>
------------------------

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

<b>ORGANIZATION:</b>
----------------------

**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
<b>REVENUE</b>			
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			
<b>TOTAL REVENUE</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

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



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

Email Address

dkustra@cmfdn.org

Form and Content of Applications

See Attached Listing of Policies, Requirements and Restrictions

Any Submission Deadlines

None

Restrictions and Limitations on Awards

See Attached Listing of Policies, Requirements and Restrictions

**Community Memorial Foundation**  
**Capacity Building Grant Application**

Date of Request: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Executive Director: \_\_\_\_\_

Contact Person & Title: \_\_\_\_\_

Area Code & Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

Has the organization ever received funding from Community Memorial Foundation? ☐ Yes ☐ No

If yes, when: \_\_\_\_\_

Funded Project(s): \_\_\_\_\_

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

*Please answer each of the following in one paragraph:*

Describe the mission of the organization:

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

**Community Memorial Foundation  
Capacity Building Grant Application**

page two

Name of Organization: \_\_\_\_\_

Request Category (*check one*):

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

*Please answer the following questions in two pages or less:*

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

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

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

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

*Please provide the following:*

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

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

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

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

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

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

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

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

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

Consultant Selected: \_\_\_\_\_

Why did you select this consultant?

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

a) \_\_\_\_\_  
b) \_\_\_\_\_  
c) \_\_\_\_\_

Proposed Date to Begin Capacity Building Project: \_\_\_\_\_  
Proposed Completion Date: \_\_\_\_\_

*Summary of Work Agreement or Contract:*

Specific services to be completed by the consultant:

Specific services to be completed by the organization:

Reporting requirements:

Expected end results:

**Community Memorial Foundation  
Report for General Grants**

Please check one:      ☐ *Interim Grant Report*                      ☐ *Final Grant Report*

Please check one:      ☐ *Program Support Grant*                      ☐ *General Operating Support Grant*

Grant # \_\_\_\_\_ Grant Amount: \$ \_\_\_\_\_

Period Covered by Grant: \_\_\_\_\_

Report Due Date: \_\_\_\_\_

Period Covered by Report\*: \_\_\_\_\_

\* (Generally, an *Interim Report* will cover the *first half* of the grant period, and a *Final Report* will cover the *entire* grant period).

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Executive Director: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Report Prepared by: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

If Program Support Grant, name of program: \_\_\_\_\_

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***For Foundation Use Only:***

Date Report Received: \_\_\_\_\_ Staff Person Assigned: \_\_\_\_\_

Payment Due:      ☐ Yes      ☐ No      If yes, amount due: \$ \_\_\_\_\_

Payment Authorized: ☐ Yes      ☐ No      If yes, amount authorized: \$ \_\_\_\_\_  
(If no, why not?)

## Community Memorial Foundation Interim Grant Report Outline for Program Support

Please respond to the following questions for program support grants. We ask that you limit the narrative report to three (3) pages (financial information may constitute the fourth page), and follow the outline described below. *It may be helpful to use your Logic Model materials as a guide.*

### Narrative Section

#### 1. Program Goal and Outcome Objectives

- State the Program Goal and accompanying Outcome Objectives as they are listed in the Memorandum of Agreement, Section 1. **Indicate “on target” or “not on target” for each outcome.** (If the original Memorandum of Agreement was amended due to revised Outcome Objectives, explain how this may have affected the program).

#### 2. Outcomes

- Summarize the program’s major activities and outcomes to date, referring to original goal and objectives.
- Are program components in place to achieve projected goals and objectives?
- Address unanticipated outcomes.
- What, if any, of the stated outcome objectives may not be met? Why?
- Describe barriers to program implementation.
- Describe any variations to the original timeline, staffing, numbers served, etc.
- Describe the demographics of people served from Community Memorial Foundation target communities.
- Using the table below, enter the unduplicated number of people served from each community from the beginning date of this grant:

	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)

**3. Program Monitoring**

- How are you measuring program outcomes, e.g. measurement tools, evaluation tools, tracking instruments?

**4. Sustainability**

- Describe progress made to date to ensure that the program will have continuing support once the CMF grant period is over.

**Financial Section**

**5. Financial Information**

- Attach a comparative program budget that includes three columns:  
Column 1      Total program budget as originally submitted  
Column 2      Budget items requested from Community Memorial Foundation  
Column 3      Amounts expended to date
- Describe any budget changes or other financial adaptations required by unforeseen situations.
- List other funding sources (over \$1,000), amounts raised, and dates received.



## Community Memorial Foundation Final Grant Report Outline for Program Support

Please respond to the following questions for program support grants. We ask that you limit the narrative report to four (4) pages (financial information may constitute the fifth page), and follow the outline described below. *It may be helpful to use your Logic Model materials as a guide.*

### Narrative Section

#### 1. Program Goal and Outcome Objectives

- State the Program Goal and accompanying Outcome Objectives as they are listed in the Memorandum of Agreement, Section 1. **Indicate “met” or “not met” for each outcome.**
- If Program Goal and Outcome Objectives have changed from those in the Memorandum of Agreement, explain why. How did this affect the program?

#### 2. Outcomes

- Summarize the program’s major activities and outcomes, referring to original goal and objectives.
- Address unanticipated outcomes.
- What, if any, of the stated outcome objectives were not met? Why?
- Describe any variations to the original timeline, staffing, numbers served, etc.
- What do you consider the most notable program accomplishment?
- What other organizations have you worked with in implementing the program?
- Describe the demographics of people served from Community Memorial Foundation target communities.
- Using the table below, enter the unduplicated number of people served from each community for the entire grant period:

	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)

**3. Program Monitoring**

- How is the program making a difference in the health of the target population?
- How did you measure program outcomes, e.g. evaluation tools, tracking instruments?
- Do you feel these reflect the program's impact?
- What have you learned from the evaluation process?

**4. Challenges/Opportunities**

- Describe barriers to program implementation, both anticipated and unanticipated.
- What do you consider the most important concern currently facing the program?
- Describe any external factors that may influence or challenge the program's success, positively or negatively.
- Describe opportunities that may have presented themselves as a result of the program.

**5. Lessons Learned During the Grant Period**

- During the planning and development period (including agency collaborations, if applicable)
- During the implementation period
- During evaluation activities

**6. Sustainability**

- Describe plans for expansion, modification or replication of the program.
- Describe progress made to date to ensure that the program will have continuing support once the CMF grant period is over.

**Financial Section**

**7. Financial Information**

- Attach a comparative program budget that includes three columns:  
Column 1      Total program budget as originally submitted  
Column 2      Budget items requested from Community Memorial Foundation  
Column 3      Amounts expended to date
- Describe any budget changes or other financial adaptations required by unforeseen situations.
- 
- List other funding sources (over \$1,000), amounts raised, and dates received. If you did not receive funding over \$1,000, please state that.

## Community Memorial Foundation Grant Report Outline for General Operating Support

Please respond to the following questions for general operating support grants. We ask that you limit the narrative report to two (2) pages (financial information may constitute the third page), and follow the outline described below.

### **Narrative Section**

1. Summarize your organization's major activities.
2. Describe the demographics of people served from Community Memorial Foundation target communities.
3. Using the table below, enter the unduplicated number of people served from each community for the entire grant period:

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

4. Describe how the operating dollars assisted your organization in fulfilling its mission.
5. Describe how your organization has contributed to the overall health improvement of your target population.
6. How was health improvement measured? Do you feel these measurements reflect your organization's impact?
7. Describe the sources of revenue that the operating dollars replaced, or, if new revenue, describe how it was applied to the organization.

8. If applicable, describe how the general operating dollars helped to leverage additional dollars for your organization.
9. If applicable, describe how the general operating dollars will be replaced.

**Financial Section**

1. Attach an organizational budget for the period of the general operating support grant.

**2012 FORM 990PF**  
**COMMUNITY MEMORIAL FOUNDATION**  
**CERTIFICATE OF FIRST AMENDED AND RESTATED BYLAWS**

I, the undersigned Secretary of Community Memorial Foundation, an Illinois not-for-profit corporation (the "Corporation"), do hereby certify that the First Amended and Restated Bylaws attached to this certification are the current First Amended and Restated Bylaws in effect for Community Memorial Foundation.

IN WITNESS WHEREOF, I have hereunto subscribed my name of the said Foundation, this 6th day of November, 2013.

A handwritten signature in cursive script, reading "Beth Prohaska", written over a horizontal line.

Beth Prohaska  
Board Secretary

**FIRST AMENDED AND RESTATED BYLAWS  
OF  
COMMUNITY MEMORIAL FOUNDATION**

**ARTICLE I**

**NAME, PURPOSE, OFFICES, AND REGISTERED AGENT**

**1.1     Name.** The name of the corporation, as incorporated and existing under and by virtue of the Illinois General Not for Profit Corporation Act of 1986, as amended (the "Act"), shall be Community Memorial Foundation (the "Foundation").

**1.2     Purpose.** The Foundation is organized exclusively for charitable, educational, scientific, or literary purposes within the meaning of Section 501(c) (3) of the Internal Revenue Code of 1986, as amended from time to time (the "Code").

**1.3     Principal Office.** The Foundation shall have and continuously maintain a principal office at such location in the State of Illinois as the Board of Directors shall determine from time to time. The Foundation's principal office is currently located at 15 Spinning Wheel Road, Suite 326, Hinsdale, Illinois 60521.

**1.4     Registered Office and Agent.** The Foundation shall have and continuously maintain a registered office and agent in the State of Illinois in accordance with the requirements of the Act. The registered office may, but need not, be identical with the principal office of the Foundation.

**ARTICLE II**

**MEMBERS**

The Foundation shall have no members of any class or kind. Any provision of the Act requiring notice to, the presence of, or the vote, consent, or other action by members shall be satisfied by notice to, the presence of, or the vote, consent, or other action of the directors of the Foundation.

**ARTICLE III**

**DIRECTORS**

**3.1     General Powers.** Except as otherwise expressly provided by law, the property and affairs of the Foundation shall be managed by or under the direction of its Board of Directors, which shall be the governing body of the Foundation. The Board of Directors may exercise all of the powers, rights, and privileges of the Foundation, whether expressed or implied in the Foundation's Articles of Incorporation, as amended from time to time (the "Articles of Incorporation"), or conferred by the Act or otherwise, and may do all acts and things that may be done by the Foundation. Each director shall be entitled to one full vote on each matter.

**3.2     Number and Qualifications.** The Foundation's Board of Directors shall be composed of no fewer than nine and no more than thirteen directors, as determined from time to time by a duly adopted resolution of the Board of Directors. The number of directors may be decreased (but in no event to less than

three) or may be increased to any number, in either case by the affirmative vote of a majority of the directors then in office. No decrease in the number of directors shall have the effect of shortening the term of an incumbent director. An individual need not be a resident of Illinois or a citizen of the United States to hold the position of director. In addition to the directors the number of which shall be determined from time to time by a duly adopted resolution of the Board pursuant to the first sentence of this section, the President of the Foundation shall be a member, *ex officio*, with non-voting capacity, of the Board of Directors.

**3.3     Resignation and Removal.** Any director may resign by written notice delivered to the Board of Directors, or to the President or Secretary of the Foundation. A resignation is effective when the notice is delivered, unless the notice specifies a future date. The pending vacancy may be filled pursuant to Section 3.11 of these Bylaws before the effective date of a resignation. Any director may be removed, with or without cause, by the affirmative vote of a majority of the directors then in office. Prior to a removal vote, the director who is the subject of such a vote, shall have the opportunity to address the board and respond accordingly.

**3.4     Classes, Elections, and Terms of Office.** Election of Board members shall occur at each annual meeting of the Board of Directors. Newly elected directors shall hold office for three years, or if later, until his or her successor has been elected and has qualified. No director shall serve more than three consecutive, three year terms.

**3.5     Annual Meeting of Directors.** An annual meeting of the Board of Directors shall be held during the last calendar quarter of each year at the time and place, within or outside of the State of Illinois, set forth in a resolution that is duly adopted by the Board of Directors and without notice other than such resolution. Failure to hold an annual meeting at the designated time and place shall not cause a forfeiture or dissolution of the Foundation.

**3.6     Regular and Special Meetings of Directors.** The Board shall hold at least five regular meetings a year, but may meet more frequently if circumstances require. The Board of Directors may provide, by resolution, the time and place, within or outside of the State of Illinois, for the holding of regular meetings. Special meetings of the Board of Directors may be called at any time by or at the request of the Chair, the President or any two directors. Special meetings shall be held at the time and place, within or outside of the State of Illinois, designated by the person or persons calling the meeting.

**3.7     Notice.** Written notice of the time and place any regular or special meeting of the Board of Directors shall be given at least five days previous thereto, by personal delivery, U.S. mail, email, board portal or facsimile, to each director at such address or facsimile number or email address as he or she may have advised the Secretary of the Foundation to use for such purpose, except that no special meeting of the Board of Directors may remove a director unless written notice of the proposed removal is given to all directors at least twenty days prior to such meeting. If delivered, such notice shall be deemed to have been given when delivered. If mailed, such notice shall be deemed to have been given two business days after deposit in the U.S. mail so addressed, with postage thereon prepaid. If given by facsimile or email, such notice shall be deemed to have been given when transmitted. A written waiver of notice that is signed, whether before or after the time stated therein, by a director entitled to such notice shall be deemed to be equivalent to the giving of such notice. Attendance at any meeting shall constitute waiver of notice thereof, unless the person attends the meeting for the express purpose of objecting to the transaction of affairs of the Foundation at the meeting because the meeting is not lawfully called or convened. Neither the affairs to be conducted at, nor the purpose of, any regular meeting of the Board of Directors need be specified in the written notice or waiver of notice of such meeting. In the case of a special meeting or when otherwise required by law or these Bylaws, including in the case of the removal of a director, the purpose of the meeting shall be identified in the written notice or waiver of notice.

**3.8     Quorum.** If the number of directors is no greater than five, the attendance of two directors shall constitute a quorum for the transaction of the Foundation's affairs at any meeting of the Board of Directors, unless a greater number is required by law, the Articles of Incorporation, or these Bylaws. If the

number of directors is greater than five, one-third of the number of directors elected pursuant to these Bylaws shall constitute a quorum for the transaction of the Foundation's affairs at any meeting of the Board of Directors, unless a greater number is required by law, the Articles of Incorporation, or these Bylaws. If less than a quorum of directors is present at any meeting, a majority of the directors present may adjourn the meeting from time to time without notice other than an announcement of such adjournment at the meeting.

**3.9 Informal Action by Directors.** Unless otherwise restricted by the Articles of Incorporation or these Bylaws, any action required to be taken, or which may be taken, at a meeting of the Board of Directors may be exercised without a meeting if a written consent, setting forth such action is signed by all of the directors entitled to vote with respect to the subject matter thereof. Any such consent may be signed in counterparts with the same force and effect as if all directors had signed the same copy. For purposes of this Article, an electronic signature is sufficient. A signed copy of any such written consent shall be delivered to the Secretary of the Foundation to be filed in the corporate records. The action taken shall be effective when all the directors have signed the consent, unless the consent specifies a different effective date. Any such consent signed by all of the directors shall have the same effect as a unanimous vote.

**3.10 Manner of Acting.** The affirmative votes of a majority of the directors present at a meeting of the Board of Directors at which a quorum is present shall be the act of the Board of Directors, unless the affirmative vote of a greater number is required by law or these Bylaws. No director may act by proxy on any matter.

**3.11 Vacancies.** A vacancy in the Board of Directors occurring by reason of death, resignation, or removal of a director, or a vacancy occurring because of an increase in the required number of directors, shall be filled by vote of the Board of Directors at any regular or special meeting duly convened, or by action of the remaining directors taken pursuant to Section 108.45 of the Act and Section 3.8 of these Bylaws in lieu of such meeting. A director elected to fill a vacancy shall serve for the unexpired term of his or her predecessor in office, or if none, as provided in Section 3.4 of these Bylaws.

**3.12 Reimbursement and Compensation.** The directors shall receive no compensation for their services as directors. Directors shall be entitled to reimbursement for out-of-pocket expenses that are reasonably incurred in the discharge of their duties as directors.

**3.13 Organization.** At meetings of the Board of Directors, the Secretary of the Board, or in the absence of the Secretary, a person appointed by the chair of the meeting, shall act as secretary of the meeting. The chair of the meeting shall have the right to decide, without appeal, the order of business for such meeting and all procedural matters, including the right to limit discussion that is unreasonably cumulative, prolonged, or irrelevant.

**3.14 Presumption of Assent.** A director who is present at a meeting of the Board of Directors at which action on any matter is taken shall be presumed conclusively to have assented to the action taken, unless his or her dissent is entered in the minutes of the meeting or unless he or she files his or her written dissent to such action with the person acting as the secretary of the meeting before the adjournment thereof, or forwards such dissent by registered or certified mail to the Secretary of the Foundation immediately after the adjournment of the meeting. Such right to dissent shall not apply to a director who voted in favor of such action.

**3.15 Mode of Meetings.** Unless specifically prohibited by the Articles of Incorporation or these Bylaws, directors and members of any committee designated by the Board of Directors may participate in and act at any meeting thereof through use of a conference telephone or similar communications equipment by means of which all persons participating in the meeting can hear each other. Participation in a meeting by such means shall constitute attendance and presence in person at the meeting of the person or persons so participating for all purposes, including fulfilling the requirements of Sections 3.8 and 3.10 of these Bylaws.



## ARTICLE IV

### OFFICERS

**4.1 Designation and Qualifications.** The officers of the Foundation shall be a Chair, Vice Chair, a President, a Treasurer, a Secretary, and such other officers as may be elected by the Board of Directors. The Board of Directors shall elect such officers to serve until the next annual meeting of the Board of Directors, or if later, until their respective successors have been elected and have qualified. Any two or more offices may be held by the same person. Officers whose authority and duties are not prescribed in these Bylaws shall have the authority and perform the duties prescribed from time to time by the Board of Directors.

**4.2 Term of Office, Resignation, and Removal.** Officers of the Foundation shall serve until their respective successors have been elected and have qualified; provided, however, that the term of any officer may be terminated sooner by death, resignation, or removal. Any officer may be removed by the Board of Directors at any time, with or without cause, by a majority of the directors present at a meeting of the Board of Directors at which a quorum is present. Any such removal shall be without prejudice to the contract rights, if any, of the person so removed, but election to office shall not of itself create any contract rights.

**4.3 Vacancies.** A vacancy in any office, however arising, if filled, shall be filled for the unexpired portion of the term in the same manner as provided for election to the office.

**4.4 Control by Board of Directors.** The powers and duties of the officers of the Foundation as prescribed by this Article and elsewhere in these Bylaws are subject to alteration or suspension from time to time by the Board of Directors, in either general or specific instances or for specific purposes, all as set forth in a resolution of the Board of Directors effecting such alteration or suspension.

**4.5 Chair.** The Chair shall preside at all meetings of the Board of Directors and shall perform such other duties and shall have such other powers as may be assigned by the Board of Directors. In the absence of the Chair at a meeting, the Vice Chair shall preside at that meeting.

**4.6 Vice Chair.** (moved Article from 4.9 to 4.6 to follow Chair) The Vice Chair shall preside at all meetings of the Board of Directors from which the Chair shall be absent and shall perform such other duties and have such other powers as may be assigned by the Board of Directors. In the absence of both the Chair and Vice Chair at a meeting, the Board shall appoint another member of the Board of Directors to preside at that meeting.

**4.7 President.** The President shall be the principal executive officer of the Foundation, and subject to the direction and control of the Board of Directors, shall have general charge of the affairs of the Foundation. In general, the powers and duties of the President shall be those that ordinarily are exercised and performed by the chief executive officer of a for-profit corporation, and such other powers and duties as may be assigned to the President by the Board of Directors. Without limiting the generality of the foregoing by this specification, the President shall ensure that the resolutions and directions of the Board of Directors are carried into effect. Except in those instances in which the authority to execute is expressly delegated to another officer or agent of the Foundation, or a different mode of execution is expressly prescribed by the Board of Directors or these Bylaws, the President may execute for the Foundation such documents as needed for the conduct of the Foundation's affairs in the ordinary course, as well as all contracts, checks, and other documents that the Board of Directors have authorized to be executed, and he or she may accomplish such execution without a seal of the Foundation, either individually or with the Secretary or any other officer thereunto authorized by the Board of Directors, according to the requirements of the form of the document.

**4.8     Treasurer.** The Treasurer shall be the principal accounting and financial officer of the Foundation, and in general, the powers and duties of the Treasurer shall be those that ordinarily are incidental to the office of treasurer of a for-profit corporation, and such other powers and duties as may be assigned to the Treasurer by the Board of Directors or the President. Without limiting the generality of the foregoing by this specification, the Treasurer shall (i) be responsible for the collection, receipt, custody, and disbursement of all corporate funds and securities; (ii) deposit all moneys and other valuable effects in the name and to the credit of the Foundation in such banks and other depositories as may be designated by the Board of Directors or by an officer of the Foundation pursuant to delegation of such authority by the Board of Directors; (iii) be responsible for carrying out the policies of the Foundation relating to the approval, grant, or extension of credit by the Foundation, and for the procurement and maintenance of adequate insurance for the Foundation; (iv) have charge of and be responsible for the maintenance of adequate books of account for the Foundation; and (v) render such reports with respect to accounting and financial matters to the President and the Board of Directors at such intervals as they may require.

**4.9     Secretary.** In general, the powers and duties of the Secretary shall be those that ordinarily are incidental to the office of secretary of a for-profit corporation, and such other powers and duties as may be assigned to the Secretary by the Board of Directors or the President. Without limiting the generality of the foregoing by this specification, the Secretary shall (i) attend all meetings of the Board of Directors, record the minutes of those meetings in one or more books provided for that purpose, and include in such books the actions by written consent of the Board of Directors; (ii) ensure that all notices are duly given in accordance with the provisions of these Bylaws or as required by law; (iii) be the custodian of the corporate records and certify the Bylaws, resolutions of the Board of Directors and any committees of the Board of Directors, and other documents of the Foundation as being true and correct copies thereof; (iv) keep a register of the post office address, telephone number, facsimile number and email address, if any, of each director and officer, which information shall be furnished to the Secretary by each director and officer; (v) sign with the President, or any other officer thereunto authorized by the Board of Directors, all contracts and other documents that the Board of Directors have authorized, and he or she may sign with such other officers as aforesaid, without prior authorization of the Board of Directors, such contracts and other documents as the conduct of the Foundation's affairs in its ordinary course requires, in each case according to the requirements of the form of the document, except when a different mode of execution is expressly prescribed by the Board of Directors or these Bylaws; and (vi) keep and file all reports, statements, and other documents required by law, except when that duty is expressly imposed on another officer or agent.

## ARTICLE V

### STANDING AND SPECIAL COMMITTEES

**5.1     Executive Committee.** The Board of Directors hereby reserves the right to create by resolution an Executive Committee of the Board of Directors. The Executive Committee shall be composed of such members as the Board of Directors in its discretion determines. The Executive Committee may be authorized to act with all the powers of the Foundation in conducting the ordinary affairs of the Foundation, except those powers and acts that are prohibited by Section 108.40(c) of the Act.

**5.2     Formation.** The Board of Directors may create by resolution one or more additional standing or special committees, each of which shall consist of such persons as the Board of Directors designates. Each committee shall have as a member at least one director of the Foundation. The President of the Foundation shall be a member, *ex officio*, with non-voting capacity, of all standing and special committees **except for the Audit Committee.**

**5.3     Powers.** Each committee created under Section 5.2 of this Article shall have the powers specified in the corporate resolution creating such committee and those not restricted by law.

**5.4 Tenure.** Members of committees appointed pursuant to this Article shall serve for one year and until their respective successors have been appointed, unless prior thereto the committee is dissolved by resolution of the Board of Directors, or a member's service is sooner terminated by resignation, inability or unwillingness to serve, death, or removal by the Board of Directors.

**5.5 Meetings.** The Board of Directors shall elect one member of each committee as its chair. The chair shall preside at meetings of the committee. In the absence of the chair, a majority of the committee members present shall appoint one of their number as temporary chair. Written notice of the time and place of committee meetings shall be given to committee members at least two days in advance of the meeting, but such notice may be waived in writing or by attendance at the meeting.

**5.6 Quorum.** Unless otherwise provided by the Board of Directors, a majority of the committee members appointed shall constitute a quorum. If a quorum is not present at a meeting, a majority of the committee members present may adjourn the meeting from time to time, without further notice.

**5.7 Manner of Acting.** The act of a majority of the committee members present at a meeting at which a quorum exists shall be the act of the committee. Any action which may be taken at a meeting of a committee may be taken without a meeting if a written consent setting forth such action is signed by all of the committee members. Any such consent may be signed in counterparts with the same force and effect as if all committee members had signed the same copy. A signed copy of any such written consent shall be delivered to the Secretary of the Foundation to be filed in the corporate records. The action taken shall be effective when all the members of the committee have signed the consent, unless the consent specifies a different effective date.

**5.8 Vacancies.** A vacancy in the membership of any committee may be filled in the same manner prescribed for the initial appointment of committee members.

## ARTICLE VI

**6.1 Advisory Groups.** There are hereby created Advisory Groups consisting of such individuals as the Board of Directors may from time to time elect, who shall serve for such term or terms as the Board of Directors shall specify and shall carry out such duties as the Board of Directors shall specify.

**6.2 Function.** The Advisory Groups may not act on behalf of the Foundation or bind it to any actions, but may make recommendations to the Board of Directors or to the officers of the Foundation.

**6.3 Chair.** The Board of Directors shall elect one member of the Advisory Groups as its chair. The chair shall preside at meetings of the Council.

**6.4 Vacancies and Removal.** Vacancies in the membership of the Advisory Groups shall be filled by the Board of Directors. The Board of Directors at any time may remove a member of the Advisory Groups with or without cause.

**6.5 Meetings.** The Board of Directors shall specify regular meeting dates for the Advisory Groups.

## ARTICLE VII

### INDEMNIFICATION

#### 7.1 Indemnification of Directors and Officers.

(a) To the maximum extent permitted by the Act or any other applicable law that may be in effect from time to time, the Foundation shall indemnify any person who was or is a party, or is threatened to be made a party, to any threatened, pending, or completed action, suit, or proceeding, whether civil, criminal, administrative, or investigative (other than an action by or in the right of the Foundation), by reason of the fact that he or she is or was a director, officer, employee, or agent of the Foundation, or who is or was serving at the request of the Foundation as a director, officer, employee, or agent of another corporation, partnership, joint venture, trust, or other enterprise, against expenses (including attorneys' fees), judgments, fines, and amounts paid in settlement actually and reasonably incurred by such person in connection with such action, suit, or proceeding, if such person acted in good faith and in a manner he or she reasonably believed to be in, or not opposed to, the best interests of the Foundation, and with respect to any criminal action or proceeding, had no reasonable cause to believe his or her conduct was unlawful. The termination of any action, suit, or proceeding by judgment, order, settlement, or conviction, and upon a plea of nolo contendere or its equivalent, shall not, of itself, create a presumption that the person did not act in good faith and in a manner which he or she reasonably believed to be in or not opposed to the best interests of the Foundation, or with respect to any criminal action or proceeding, that the person had reasonable cause to believe that his or her conduct was unlawful.

(b) To the maximum extent permitted by the Act or any other applicable law that may be in effect from time to time, the Foundation shall indemnify any person who was or is a party, or is threatened to be made a party, to any threatened, pending, or completed action or suit by or in the right of the Foundation to procure a judgment in its favor by reason of the fact that such person is or was a director, officer, employee, or agent of the Foundation, or is or was serving at the request of the Foundation as a director, officer, employee, or agent of another corporation, partnership, joint venture, trust, or other enterprise, against expenses (including attorneys' fees) actually and reasonably incurred by such person in connection with the defense or settlement of such action or suit, if such person acted in good faith and in a manner he or she reasonably believed to be in, or not opposed to, the best interests of the Foundation, provided that no indemnification shall be made in respect of any claim, issue, or matter as to which such person shall have been adjudged to be liable for negligence or misconduct in the performance of his or her duty to the Foundation, unless and only to the extent that the court in which such action or suit was brought shall determine upon application that despite the adjudication of liability, but in view of all the circumstances of the case, such person is fairly and reasonably entitled to indemnity for such expenses as the court shall deem proper.

(c) To the extent that a director, officer, employee, or agent of the Foundation has been successful, on the merits or otherwise, in the defense of any action, suit, or proceeding referred to in paragraph (a) or (b) of this Section, or in defense of any claim, issue, or matter therein, such person shall be indemnified against expenses (including attorneys' fees) actually and reasonably incurred by such person in connection therewith.

(d) Any indemnification under paragraph (a) or (b) of this Section (unless ordered by a court) shall be made by the Foundation only as authorized in the specific case, upon a determination that indemnification of the director, officer, employee, or agent is proper in the circumstances because he or she has met the applicable standard of conduct set forth in said paragraph (a) or (b), as the case may be. Such determination shall be made (i) by the Board of Directors by a majority vote of a quorum consisting of directors who were not parties to such action, suit, or proceeding; or (ii) if such a quorum is not obtainable, or even if obtainable, if a quorum of disinterested directors so directs, by independent legal counsel in a written opinion.

**7.2 Contract with Foundation.** The provisions of this Article shall be deemed to be a contract between the Foundation and each director or officer who serves in any capacity at any time while this Article is in effect, and any repeal or modification of this Article shall not affect any right or obligation hereunder with respect to any state of facts then or theretofore existing, or any action, suit, or proceeding theretofore or thereafter brought or threatened based in whole or in part upon any such state of facts.

**7.3 Payment of Expenses in Advance.** Expenses incurred in defending a civil or criminal action, suit, or proceeding may be paid by the Foundation in advance of the final disposition of such action, suit, or proceeding, as authorized by the Board of Directors in the specific case, upon receipt of an undertaking by or on behalf of the director, officer, employee, or agent to repay such amount, unless it ultimately is determined that such director, officer, employee, or agent is entitled to be indemnified by the Foundation as authorized by this Article.

**7.4 Other Rights of Indemnification.** The indemnification provided or permitted by this Article (i) shall not be deemed to be exclusive of any other right to which such person seeking indemnification may be entitled under these Bylaws, by an agreement or vote of disinterested directors, or otherwise, both as to action in his or her official capacity and as to action in another capacity while holding such office; (ii) shall continue as to a person who has ceased to be a director, officer, employee, or agent of the Foundation; and (iii) shall inure to the benefit of the heirs, executors, and administrators of such person.

**7.5 Insurance Against Liability.** The Foundation may purchase and maintain insurance on behalf of any person who is or was a director, officer, employee, or agent of the Foundation, or who is or was serving at the request of the Foundation as a director, officer, employee, or agent of another corporation, partnership, joint venture, trust, or other enterprise, against any liability asserted against such person and incurred by such person in any such capacity, or arising out of such person's status as such, whether or not the Foundation would have the power to indemnify such person against such liability under the provisions of this Article.

**7.6 Definitions.** For purposes of this Article:

(a) References to "the Foundation" shall include, in addition to the Foundation itself, any merging corporation (including any corporation having merged with a merging corporation) absorbed in a merger which corporation, if its separate existence had continued, would have had the power and authority to indemnify its directors, officers, employees, and agents, so that any person who was a director, officer, employee, or agent of such merging corporation, or was serving at the request of such merging corporation as a director, officer, employee, or agent of another corporation, partnership, joint venture, trust, or other enterprise, shall stand in the same position under the provisions of this Article with respect to the surviving corporation as such person would have with respect to such merging corporation if its separate existence had continued.

(b) References to "other enterprises" shall include employee benefit plans.

(c) References to "fines" shall include excise taxes assessed on a person with respect to an employee benefit plan.

(d) References to "serving at the request of the Foundation" shall include any service as a director, officer, employee, or agent of the Foundation that imposes duties on, or involves services by, such director, officer, employee, or agent with respect to an employee benefit plan, or its participants or beneficiaries.

(e) A person who acted in good faith and in a manner he or she reasonably believed to be in the best interests of the participants and beneficiaries of an employee benefit plan shall be deemed to have acted in a manner "not opposed to the best interests of the Foundation" as referred to in this Article.

## ARTICLE VIII

### FEDERAL TAX PROVISIONS

**8.1 Private Inurement Prohibited.** The Foundation intends to qualify as an organization described in Section 501(c) (3) of the Code. No part of the net earnings of the Foundation shall inure to the benefit of, or be distributable to, any of its directors or officers, or other private persons, except that the Foundation shall be authorized to make payments and distributions in furtherance of the purposes set forth in the Foundation's Articles of Incorporation and these Bylaws.

**8.2 Legislative and Political Activities Prohibited.** No substantial part of the activities of the Foundation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Foundation shall not participate in or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office.

**8.3 Prohibited Activities Generally.** Notwithstanding any other provision of these Bylaws, the Foundation shall not carry on any activity that is not permitted to be carried on (i) by a corporation that is described in, and exempt from federal income tax under, Section 501(c) (3) of the Code; or (ii) by a corporation, contributions to which are deductible under Section 170(c) (2) of the Code.

**8.4 Private Foundation Prohibited Activities.** Notwithstanding any other provision of these Bylaws, at any time when the Foundation is a private foundation within the meaning of Section 509(a) of the Code, the officers and directors of the Foundation shall not, in the management, investment, and distribution of the Foundation's assets, (i) engage in any act of self-dealing as defined in Section 4941(d) of the Code, (ii) retain excess business holdings as defined in Section 4943(c) of the Code, (iii) acquire or retain any investment that would subject the Foundation to tax under Section 4944 of the Code, or (iv) make any taxable expenditure as defined in Section 4945(d) of the Code, and to the extent required, the Foundation shall distribute its assets at such time or times and in such manner as not to subject the Foundation to tax under Section 4942 of the Code.

**8.5 Distribution of Assets upon Dissolution.** Upon the dissolution of the Foundation, after paying or making provision for the payment of its liabilities, the Foundation shall distribute its assets exclusively for one or more exempt purposes within the meaning of Section 501(c)(3) of the Code, or to the federal government, or a state or local government, for a public purpose. Any such assets that are not so disposed of shall be distributed exclusively for such purposes, or to such one or more organizations that are organized and operated exclusively for such purposes, by a court of competent jurisdiction in the county in which the principal office of the Foundation is located, as such court shall determine.

## ARTICLE IX

### MISCELLANEOUS

**9.1 Loans.** No loans shall be contracted on behalf of the Foundation, and no evidence of indebtedness shall be issued in its name.

**9.2. Leases.** The Foundation shall have the power, as either lessor or lessee, to lease equipment needed to conduct the affairs of the Foundation, and to lease land or buildings. Any such lease shall be in writing.

**9.3     Contracts.** The Board of Directors may authorize any one or more officers or agents of the Foundation to enter into any contract, or to execute and deliver any instrument, in the name and on behalf of the Foundation, and such authority may be general or confined to specific instances; provided, however, that this Section shall not limit the powers of office granted under Article IV of these By-Laws.

**9.4     Checks, Drafts, and Orders.** All checks, drafts, and other orders for the payment of money by the Foundation shall be signed by the Treasurer, or such one or more other officers or agents of the Foundation as are designated by the Board of Directors to sign such orders, in such manner as provided from time to time by resolution of the Board of Directors or as determined by such one or more officers of the Foundation as are designated by the Board of Directors to make such determination.

**9.5     Deposits.** All funds of the Foundation that are not otherwise employed shall be deposited from time to time to the credit of the Foundation in such banks, trust companies, and other depositaries as the Board of Directors or such one or more officers of the Foundation as are designated by the Board of Directors, shall select.

**9.6     Books, Records, and Minutes.** The Foundation shall keep correct and complete books and records of accounts, and minutes of the proceedings of its Board of Directors and all committees having any of the authority of the Board of Directors. All such books, records, and minutes shall be kept at the principal office of the Foundation, and may be inspected by any director entitled to vote, or that director's agent or attorney, for any proper purpose at any reasonable time.

**9.7     Gifts.** The Board of Directors, President, and Treasurer, and any standing or special committee designated by the Board of Directors to have such authority, may accept on behalf of the Foundation any contribution, gift, bequest, or devise for the general purposes or for any special purpose of the Foundation, pursuant to guidelines established by the Board of Directors.

**9.8     Fiscal Year.** For accounting and related purposes, the fiscal year of the Foundation shall begin on the first day of January and end on the last day of December of each year.

**9.9     Amendment of Bylaws.** These Bylaws may be altered, amended, or repealed, and new Bylaws may be adopted, by the Board of Directors, at any time or from time to time, by the vote of a majority of the directors of the Foundation then in office.

# 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](http://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. <b>Community Memorial Foundation</b>	Employer identification number (EIN) or <b>36-4012380</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>15 Spinning Wheel Road, No. 326</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Hinsdale, IL 60521</b>	

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

### Community Memorial Foundation

- The books are in the care of ► **15 Spinning Wheel Rd, Ste. 326 - 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, 2013**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
► ☒ calendar year **2012** 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	\$	<b>87,669.</b>
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	\$	<b>36,669.</b>
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	\$	<b>51,000.</b>

**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. 1-2013)



- 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).

Enter filer's identifying number, see instructions	
<b>Type or print</b> Name of exempt organization or other filer, see instructions <b>Community Memorial Foundation</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>15 Spinning Wheel Road, No. 326</b> City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Hinsdale, IL 60521</b>	Employer identification number (EIN) or <b>36-4012380</b> Social security number (SSN)

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

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

**Community Memorial Foundation**

- The books are in the care of **15 Spinning Wheel Rd, Ste. 326 - 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, 2013.**

**5** For calendar year **2012**, 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

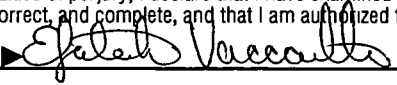
**7** State in detail why you need the extension

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

<b>8a</b> 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.	<b>8a</b>	\$	<b>87,669.</b>
<b>b</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.	<b>8b</b>	\$	<b>87,669.</b>
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	<b>0.</b>

**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 **7/29/2013**

Form 8868 (Rev. 1-2013)