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## Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

2013

Department of the Treasury  
Internal Revenue ServiceDo not enter Social Security numbers on this form as it may be made public.  
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Open to Public Inspection

For calendar year 2013 or tax year beginning

, and ending

Name of foundation <b>Community Memorial Foundation</b>		A Employer identification number <b>36-4012380</b>
Number and street (or P O box number if mail is not delivered to street address) <b>15 Spinning Wheel Road</b>	Room/suite <b>326</b>	B Telephone number <b>(630) 654-4729</b>
City or town, state or province, country, and ZIP or foreign postal code <b>Hinsdale, IL 60521</b>		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col (c), line 16) <b>\$ 93,924,311.</b>	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	817,250.		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				
	4 Dividends and interest from securities	1,260,557.	1,266,707.		Statement 2
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	8,257,293.			Statement 1
	b Gross sales price for all assets on line 6a	30,619,723.			
	7 Capital gain net income (from Part IV, line 2)		8,263,631.		
	8 Net short-term capital gain				
Operating and Administrative Expenses	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss)				
	11 Other income	266.	<3,429.>		Statement 3
	12 Total. Add lines 1 through 11	10,335,366.	9,526,909.		
	13 Compensation of officers, directors, trustees, etc	232,385.	97,104.		174,289.
	14 Other employee salaries and wages	328,089.	5,496.		322,593.
	15 Pension plans, employee benefits	127,341.	10,193.		117,148.
	16a Legal fees Stmt 4	10,768.	969.		9,799.
b Accounting fees Stmt 5	66,075.	8,827.		57,248.	
c Other professional fees Stmt 6	424,977.	321,075.		103,902.	
17 Interest	5.	5.		0.	
18 Taxes Stmt 7	215,451.	34,752.		0.	
19 Depreciation and depletion	9,885.	890.			
20 Occupancy	56,320.	5,069.		51,251.	
21 Travel, conferences, and meetings	79,270.	956.		78,314.	
22 Printing and publications	2,589.	233.		2,356.	
23 Other expenses Stmt 8	70,570.	6,410.		62,300.	
24 Total operating and administrative expenses. Add lines 13 through 23	1,623,725.	491,979.		979,200.	
25 Contributions, gifts, grants paid	2,380,957.			3,277,117.	
26 Total expenses and disbursements. Add lines 24 and 25	4,004,682.	491,979.		4,256,317.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	6,330,684.				
b Net investment income (if negative, enter -0-)		9,034,930.			
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.	1,027,455.	1,027,455.	
	2	Savings and temporary cash investments	3,061,827.	10,602,479.	10,602,479.	
	3	Accounts receivable ▶				
		Less: allowance for doubtful accounts ▶				
	4	Pledges receivable ▶ 800,000.				
		Less: allowance for doubtful accounts ▶		800,000.	800,000.	
	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	14,972.	19,974.	19,974.	
	10a	Investments - U.S. and state government obligations Stmt 10	1,340,223.	2,346,999.	2,346,999.	
	b	Investments - corporate stock Stmt 11	53,423,263.	57,195,071.	57,195,071.	
	c	Investments - corporate bonds Stmt 12	9,944,983.	3,279,235.	3,279,235.	
	11	Investments - land, buildings, and equipment basis ▶				
		Less: accumulated depreciation ▶				
<b>Liabilities</b>	12	Investments - mortgage loans				
	13	Investments - other Stmt 13	14,101,860.	17,676,554.	17,676,554.	
	14	Land, buildings, and equipment basis ▶ 225,419.				
		Less: accumulated depreciation Stmt 14 ▶ 178,866.	52,403.	46,553.	46,553.	
	15	Other assets (describe ▶ Statement 15)	861,485.	929,991.	929,991.	
	16	<b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item 1)	83,876,342.	93,924,311.	93,924,311.	
	17	Accounts payable and accrued expenses	125,508.	106,336.		
	18	Grants payable	1,864,913.	968,753.		
	19	Deferred revenue				
	20	Loans from officers, directors, trustees, and other disqualified persons				
<b>Net Assets or Fund Balances</b>	21	Mortgages and other notes payable				
	22	Other liabilities (describe ▶ Statement 16)	753,565.	842,990.		
	23	<b>Total liabilities</b> (add lines 17 through 22)	2,743,986.	1,918,079.		
		<b>Foundations that follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>				
	24	Unrestricted	81,051,686.	91,899,856.		
	25	Temporarily restricted	80,670.	106,376.		
	26	Permanently restricted				
		<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 27 through 31.</b>				
	27	Capital stock, trust principal, or current funds				
	28	Paid-in or capital surplus, or land, bldg., and equipment fund				
<b>Net Assets or Fund Balances</b>	29	Retained earnings, accumulated income, endowment, or other funds				
	30	<b>Total net assets or fund balances</b>	81,132,356.	92,006,232.		
	31	<b>Total liabilities and net assets/fund balances</b>	83,876,342.	93,924,311.		

**Part III Analysis of Changes in Net Assets or Fund Balances**

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	81,132,356.
2	Enter amount from Part I, line 27a	2	6,330,684.
3	Other increases not included in line 2 (itemize) ▶ See Statement 9	3	4,543,192.
4	Add lines 1, 2, and 3	4	92,006,232.
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	92,006,232.

**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 30,619,723.		22,356,092.	8,263,631.

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

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			
b			
c			
d			
e			8,263,631.

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	8,263,631.
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))
2012	4,449,005.	80,458,306.	.055296
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

2 Total of line 1, column (d)	2	.293182
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	.058636
4 Enter the net value of noncharitable-use assets for 2013 from Part X, line 5	4	86,675,204.
5 Multiply line 4 by line 3	5	5,082,287.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	90,349.
7 Add lines 5 and 6	7	5,172,636.
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.	8	4,256,317.

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

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b		1	180,699.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0.
3 Add lines 1 and 2		3	180,699.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	180,699.
6 Credits/Payments:			
a 2013 estimated tax payments and 2012 overpayment credited to 2013	6a	135,713.	
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c	62,000.	
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7	197,713.	
8 Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	14.	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	17,000.	
11 Enter the amount of line 10 to be: Credited to 2014 estimated tax <input type="checkbox"/> 17,000. Refunded <input type="checkbox"/>	11	0.	

**Part VII-A Statements Regarding Activities**

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ 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?	X	
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 2013 or the taxable year beginning in 2013 (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

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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 2013, 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 17</u>	16	X	Yes No

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

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

		Yes	No
1a	During the year did the foundation (either directly or indirectly):		
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6)	Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see 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 2013?	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 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013? <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 all years listed, answer "No" and attach statement - see instructions.) N/A	2b	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► _____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2013 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 2013.) 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 2013?	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?

X

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

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

☐ Yes ☒ No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7b

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Statement 18		271,393.	<2,876.	>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	110,759.	33,581.	0.
Thomas L. Fuechtmann 105 Lincoln Ave., Riverside, IL 60546	Program Officer 40.00	84,887.	29,617.	0.
Deborah A. Kustra 236 W. Nebraska, Frankfort, IL 60423	Grants Manager 40.00	76,142.	15,995.	0.
Gale A. Christoff - 403 N. Spring Ave., La Grange Park, IL 60526	Office Manager 40.00	56,301.	12,017.	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	104,000.
Geneva Capital Management LTD - 100 E. Wisconsin Ave, Ste 2550, Milwaukee, WI 53202	Investment Manager	62,663.

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	293,402.
2 <b>Healthcare Access Program (HCA)</b> Addressing healthcare access issues and raising public awareness within the communities it serves	254,695.
3	
4	

**Part IX-B** Summary of Program-Related Investments

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

	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
<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)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	82,006,064.
b	Average of monthly cash balances	1b	5,989,067.
c	Fair market value of all other assets	1c	
d	<b>Total</b> (add lines 1a, b, and c)	1d	87,995,131.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	87,995,131.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,319,927.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	5	86,675,204.
6	<b>Minimum investment return.</b> Enter 5% of line 5	6	4,333,760.

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

1	Minimum investment return from Part X, line 6	1	4,333,760.
2a	Tax on investment income for 2013 from Part VI, line 5	2a	180,699.
b	Income tax for 2013. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	180,699.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	4,153,061.
4	Recoveries of amounts treated as qualifying distributions	4	5,401.
5	Add lines 3 and 4	5	4,158,462.
6	Deduction from distributable amount (see instructions)	6	0.
7	<b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	4,158,462.

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

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	4,256,317.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	4,256,317.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	0.
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	6	4,256,317.

**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.

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

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
<b>1</b> Distributable amount for 2013 from Part XI, line 7				4,158,462.
<b>2</b> Undistributed income, if any, as of the end of 2013				
<b>a</b> Enter amount for 2012 only			0.	
<b>b</b> Total for prior years:		0.		
<b>3</b> Excess distributions carryover, if any, to 2013:				
<b>a</b> From 2008	745,603.			
<b>b</b> From 2009	997,501.			
<b>c</b> From 2010	723,352.			
<b>d</b> From 2011				
<b>e</b> From 2012	436,708.			
<b>f</b> Total of lines 3a through e	2,903,164.			
<b>4</b> Qualifying distributions for 2013 from Part XII, line 4: ▶ \$ 4,256,317.				
<b>a</b> Applied to 2012, 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 2013 distributable amount				4,158,462.
<b>e</b> Remaining amount distributed out of corpus	97,855.			
<b>5</b> Excess distributions carryover applied to 2013 (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	3,001,019.			
<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 2012. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
<b>f</b> Undistributed income for 2013. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2014				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 2008 not applied on line 5 or line 7	745,603.			
<b>9</b> Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a	2,255,416.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2009	997,501.			
<b>b</b> Excess from 2010	723,352.			
<b>c</b> Excess from 2011				
<b>d</b> Excess from 2012	436,708.			
<b>e</b> Excess from 2013	97,855.			



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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
Aging Care Connections 111 West Harris Avenue LaGrange, IL 60525	None	PC	Responsive/Building Organizational Effectiveness	48,019.
Alivio Medical Center 966 West 21st Chicago, IL 60608	None	PC	Building Organizational Effectiveness	1,000.
All Our Childrens Advocacy Center 4053 Wolf Road Western Springs, IL 60558	None	PC	Responsive/Building Organizational Effectiveness	20,350.
Alliance to End Homelessness 4415 Harrison St, Ste 228 Hillside, IL 60162	None	PC	Responsive	12,000.
Arab American Family Services 9044 S Octavia Avenue Bridgeview, IL 60455	None	PC	Responsive/Building Organizational Effectiveness	16,750.
Total			See continuation sheet(s) ▶ 3a	3,277,117.
b Approved for future payment				
Aging Care Connections 111 West Harris Avenue La Grange, IL 60525	None	PC	Responsive	22,500.
Bridge Communities Inc 505 Crescent Blvd, Ste E Glen Ellyn, IL 60137	None	PC	Building Organizational Effectiveness	325.
Catholic Charities of the Diocese of Joliet 203 N Ottawa Street Joliet, IL 60432	None	PC	Building Organizational Effectiveness	700.
Total			See continuation sheet(s) ▶ 3b	774,546.





## Community Memorial Foundation

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

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

(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	1,012,096.	982,171.	29,925.
b	5,208,994.	3,090,681.	2,118,313.
c	1,154,901.	1,033,173.	121,728.
d	9,659,795.	6,901,859.	2,757,936.
e	668,098.	653,762.	14,336.
f	5,065,708.	3,484,818.	1,580,890.
g	54,145.	49,959.	4,186.
h	1,596,486.	1,091,307.	505,179.
i	846,941.	863,401.	<16,460.>
j	3,801,952.	3,421,416.	380,536.
k	928,092.	677,903.	250,189.
l	139,864.	111,980.	27,884.
m		<37.>	37.
n		<6,301.>	6,301.
o	482,651.		482,651.

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			29,925.
b			2,118,313.
c			121,728.
d			2,757,936.
e			14,336.
f			1,580,890.
g			4,186.
h			505,179.
i			<16,460.>
j			380,536.
k			250,189.
l			27,884.
m			37.
n			6,301.
o			482,651.

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	8,263,631.
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
Beds Inc PO Box 2035 LaGrange, IL 60525	None	PC	Responsive/Building Organizational Effectiveness	69,000.
BoardSource 750 9th Street NW, Suite 650 Washington, DC 20001	None	PC	Building Organizational Effectiveness	17,442.
Bridge Communities Inc 505 Crescent Blvd Glen Ellyn, IL 60137	None	PC	Responsive/Building Organizational Effectiveness	19,150.
Bridgespan 2 Copley Pl, Ste 3700B Boston, MA 02116	None	PC	Building Organizational Effectiveness	15,000.
Catholic Charities Archdiocese of Chicago 721 North LaSalle St Chicago, IL 60654	None	PC	Responsive	55,000.
Catholic Charities of the Diocese of Joliet 203 N Ottawa Street Joliet, IL 60432	None	PC	Building Organizational Effectiveness	3,900.
Center for Coordinating Action for CHRH AKA Almost Home Kids 78721 State Route 53 Naperville, IL 60540	None	PC	Responsive	20,000.
Center for Creative Leadership PO Box 26300 Greensboro, NC 27438	None	PC	Building Organizational Effectiveness	68,246.
Collaborative Underserved Relief & Education Fdn 2434 Wolf Rd Westchester, IL 60154	None	PC	Access to Care	25,000.
Community House 415 West 8th Street Hinsdale, IL 60521	None	PC	Responsive/Building Organizational Effectiveness	23,225.
<b>Total from continuation sheets</b>				<b>3,178,998.</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 Housing Association of DuPage AKA CHAD 531 E Roosevelt Road, Suite 200 Wheaton, IL 60187	None	PC	Responsive/Building Organizational Effectiveness	11,500.
Community Nurse Health Association 23 Calendar Avenue La Grange, IL 60525	None	PC	Access to Care/Responsive	470,262.
Community Support Services Inc 9021 W Ogden Avenue Brookfield, IL 60513	None	PC	Responsive/Building Organizational Effectiveness	27,775.
CompassPoint 500 12th St, Ste 320 Oakland, CA 94607	None	PC	Building Organizational Effectiveness	4,000.
Donors Forum 208 S LaSalle Suite 1540 Chicago, IL 60604	None	PC	Building Organizational Effectiveness	6,780.
DuPage Federation of Human Services Reform 146 W Roosevelt Road Villa Park, IL 60181	None	PC	Building Organizational Effectiveness	10,000.
DuPage Health Coalition (Access DuPage) 511 Thornhill Drive Carol Stream, IL 60188	None	PC	Access to Care/Building Organizational Effectiveness	383,622.
DuPage PADS Inc 601 W Liberty Drive Wheaton, IL 60187	None	PC	Responsive/Building Organizational Effectiveness	25,250.
Easter Seals DuPage and the Fox Valley Region 830 S Addison Ave Villa Park, IL 60181	None	PC	Building Organizational Effectiveness	5,250.
Family Focus Inc 310 South Peoria, Suite 301 Chicago, IL 60607	None	PC	Responsive/Building Organizational Effectiveness	16,000.
Total from continuation sheets				

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Family Shelter Service Inc 605 E Roosevelt Road Wheaton, IL 60187	None	PC	Responsive/Building Organizational Effectiveness	59,825.
Giving DuPage 421 N County Farm Rd Wheaton, IL 60187	None	PC	Building Organizational Effectiveness	1,598.
Greater Chicago Food Depository 4100 W Ann Lurie Place Chicago, IL 60632	None	PC	Responsive	20,000.
Greater LaGrange YMCA 1100 E 31st St LaGrange Park, IL 60526	None	PC	Building Organizational Effectiveness	2,500.
Helping Hand Center 9649 W 55th Street Countryside, IL 60525	None	PC	Responsive/Building Organizational Effectiveness	37,850.
Hinsdale Community Service (HCS Family Services) 19 E Chicago Ave 2nd FL Hinsdale, IL 60521	None	PC	Responsive/Building Organizational Effectiveness	19,150.
Illinois Coalition for Immigrant and Refugee Rights 55 E Jackson Blvd, Suite 2075 Chicago, IL 60604	None	PC	Building Organizational Effectiveness	6,788.
Illumident, Inc 6809 W 115th Pl Worth, IL 60482	None	PC	Responsive	5,000.
LaGrange Memorial Hospital Foundation 5101 Willow Springs Road La Grange, IL 60525	None	PC	Responsive	1,000,000.
Leadershop, The 4903 South Gilbert Avenue La Grange, IL 60525	None	PC	Responsive/Building Organizational Effectiveness	37,250.
Total from continuation sheets				

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Life Span 70 E Lake St, Ste 700 Chicago, IL 60601	None	PC	Responsive	10,000.
Literacy Volunteers of DuPage 24W500 Maple Ave Ste 217 Naperville, IL 60540	None	PC	Responsive/Building Organizational Effectiveness	11,650.
Lyons Township High School #204 100 S Brainard Ave LaGrange, IL 60525	None	NC - Government Agency	Responsive	1,500.
MCHC-Chicago Hospital Council 222 S Riverside Plaza 19th Floor Chicago, IL 60606	None	PC	Responsive	30,000.
Mercy Housing Lakefront 120 S Lasalle St, Ste 1850 Chicago, IL 60603	None	PC	Responsive	20,000.
Metropolitan Asian Family Services 7541 N Western Ave Chicago, IL 60645	None	PC	Responsive	15,000.
Metropolitan Family Services DuPage 222 East Willow Ave Wheaton, IL 60187	None	PC	Responsive	10,000.
Mujeres Latinas En Accion Inc 2124 West 21st Place Chicago, IL 60608	None	PC	Responsive/Building Organizational Effectiveness	31,000.
NAMI Metro Suburban Inc 816 Harrison Street Oak Park, IL 60304	None	PC	Responsive/Building Organizational Effectiveness	25,000.
NAMI of DuPage County IL 2100 Manchester Rd #B Ste 925 Wheaton, IL 60187	None	PC	Responsive/Building Organizational Effectiveness	35,250.
Total from continuation sheets				

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
North Park University 3225 W Foster Ave Chicago, IL 60625	None	PC	Building Organizational Effectiveness	2,180.
Northern Illinois Food Bank 273 Dearbord Court Geneva, IL 60134	None	PC	Responsive/Building Organizational Effectiveness	64,000.
Oak Park and River Forest Infant Welfare Society AKA The Children's Clinic 320 Lake Street Oak Park, IL 60302	None	PC	Responsive/Building Organizational Effectiveness	23,400.
PAV YMCA Foundation 2947 Oak Park Ave Berwyn, IL 60402	None	PC	Building Organizational Effectiveness	250.
People's Resource Center 201 S Naperville Rd Wheaton, IL 60187	None	PC	Responsive/Building Organizational Effectiveness	24,000.
Pillars Community Services 333 N LaGrange Rd Suite One LaGrange Park, IL 60526	None	PC	Access to Care/Responsive/Buildi Organizational Effectiveness	141,238.
Plymouth Place Inc 315 N LaGrange Rd LaGrange Park, IL 60526	None	PC	Building Organizational Effectiveness	250.
Robert Crown Center for Health Education 21 Salt Creek Lane Hinsdale, IL 60521	None	PC	Building Organizational Effectiveness	250.
Rush University Medical Center 1700 W Van Buren St Chicago, IL 60612	None	PC	Access to Care	25,000.
Samaritan Interfaith Counseling Center Inc 1819 Bay Scott Cr Ste 109 Naperville, IL 60540	None	PC	Responsive/Building Organizational Effectiveness	29,150.
Total from continuation sheets				

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Seguin Service Inc 3100 S Central Ave Cicero, IL 60804	None	PC	Responsive	15,000.
Sharing Connections Inc 5111 Chase Ave Downers Grove, IL 60515	None	PC	Responsive/Building Organizational Effectiveness	22,182.
Suburban Primary Health Care Council 2225 Enterprise Dr Rm 2507 Westchester, IL 60154	None	PC	Access to Care/Responsive	87,050.
Teen Parent Connection Inc 475 Taft Ave Glen Ellyn, IL 60137	None	PC	Responsive/Building Organizational Effectiveness	35,750.
United Church of Christ 700 Prospect Ave Cleveland, OH 44115	None	PC	Responsive	12,500.
Way Back Inn 1915 W. Roosevelt Road Broadview, IL 60155	None	PC	Building Organizational Effectiveness	3,435.
Wellness House 131 N County Line Rd Hinsdale, IL 60521	None	PC	Building Organizational Effectiveness	4,850.
Xilin Association 1163 E Ogden Ave Rm 300A Naperville, IL 60563	None	PC	Responsive/Building Organizational Effectiveness	20,250.
YWCA of Metropolitan Chicago 1 N LaSalle Street, Suite 1150 Chicago, IL 60602	None	PC	Responsive	12,500.
Total from continuation sheets				

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Center for Creative Leadership PO Box 26300 Greensboro, NC 27438	None	PC	Building Organizational Effectiveness	63,504.
Community House 415 West 8th Street Hinsdale, IL 60521	None	PC	Responsive/Building Organizational Effectiveness	15,400.
Community Housing Association of DuPage AKA CHAD 531 E Roosevelt Road, Suite 200 Wheaton, IL 60187	None	PC	Building Organizational Effectiveness	3,300.
Community Nurse Health Association 23 Calendar Avenue La Grange, IL 60525	None	PC	Access to Care/Responsive	350,464.
Community Support Services Inc 9021 Ogden Avenue Brookfield, IL 60513	None	PC	Building Organizational Effectiveness	175.
DuPage Health Coalition (Access DuPage) 511 Thornhill Drive Carol Stream, IL 60188	None	PC	Access to Care/Building Organizational Effectiveness	74,588.
Family Health Foundation of Illinois Inc 4756 Main St Lisle, IL 60532	None	PC	Access to Care	25,000.
Family Shelter Service Inc 605 E Roosevelt Road Wheaton, IL 60187	None	PC	Building Organizational Effectiveness	375.
Greater LaGrange YMCA 1100 E 31st St Lagrange Park, IL 60526	None	PC	Building Organizational Effectiveness	1,650.
Health & Disability Advocates 205 W Randolph St, Ste 510 Chicago, IL 60606	None	PC	Access to Care	20,000.
<b>Total from continuation sheets</b>				<b>751,021.</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
Helping Hand Center 9649 W 55th Street Countryside, IL 60525	None	PC	Building Organizational Effectiveness	850.
Hinsdale Community Service (HCS Family Services) 19 E Chicago Ave 2nd FL Hinsdale, IL 60521	None	PC	Building Organizational Effectiveness	1,650.
Illinois Coalition for Immigrant and Refugee Rights 55 E Jackson Blvd, Suite 2075 Chicago, IL 60604	None	PC	Building Organizational Effectiveness	400.
Love Inc of Western Suburbs Chicago PO Box 50 Clarendon Hills, IL 60514	None	PC	Basic Needs	10,000.
Mercy Housing Lakefront 120 S Lasalle St, Ste 1850 Chicago, IL 60603	None	PC	Responsive	15,000.
Metropolitan Family Services DuPage 222 East Willow Ave Wheaton, IL 60187	None	PC	Responsive	10,000.
NAMI Metro Suburban Inc 816 Harrison Street Oak Park, IL 60304	None	PC	Building Organizational Effectiveness	1,800.
Northern Illinois Food Bank 273 Dearborn Court Geneva, IL 60134	None	PC	Basic Needs	25,000.
Oak Park and River Forest Infant Welfare Society AKA The Children's Clinic 320 Lake Street Oak Park, IL 60302	None	PC	Building Organizational Effectiveness	1,650.
People's Resource Center 201 S Naperville Rd Wheaton, IL 60187	None	PC	Responsive	10,000.
Total from continuation sheets				

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Pillars Community Services 333 N LaGrange Rd, Suite One LaGrange Park, IL 60526	None	PC	Access to Care/Building Organizational Effectiveness	81,200.
Rush University Medical Center 1700 W Van Buren St Chicago, IL 60612	None	PC	Access to Care	25,000.
Samaritan Interfaith Counseling Center Inc 1819 Bay Scott Cr Ste 109 Naperville, IL 60540	None	PC	Building Organizational Effectiveness	1,650.
Seguin Service Inc 3100 S Central Ave Cicero, IL 60804	None	PC	Responsive	10,000.
Way Back Inn Inc 1915 W. Roosevelt Road Broadview, IL 60155	None	PC	Building Organizational Effectiveness	2,365.
Total from continuation sheets				

**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.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and  
its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

Name of the organization

Community Memorial Foundation

Employer identification number

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 foundationCheck 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 its Form 990-PF, Part I, line 2, 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) (2013)

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	Estate of Evelyn L. Kilker 620 West Burlington Ave LaGrange, IL 60525	\$ 800,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
2	Lyons Township Mental Health Commission 6404 Joliet Road Countryside, IL 60525	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
3	Rotary Club of La Grange PO Box 372 LaGrange, IL 60525	\$ 8,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization

Employer identification number

Community Memorial Foundation

36-4012380

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

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	
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
1,012,096.	982,171.	0.	0.	29,925.

(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
5,208,994.	3,090,681.	0.	0.	2,118,313.

(a) Description of Property			Manner Acquired	Date Acquired	Date Sold
BMO Custody - Short Term Gains and Losses					
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss	
1,154,901.	1,033,173.	0.	0.	121,728.	

(a) Description of Property			Manner Acquired	Date Acquired	Date Sold
BMO Custody - Long Term Gains and Losses					
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss	
9,659,795.	6,901,859.	0.	0.	2,757,936.	

(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	
668,098.	653,762.	0.	0.	14,336.	

(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	
5,065,708.	3,484,818.	0.	0.	1,580,890.	

(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	
54,145.	49,959.	0.	0.		4,186.

(a) Description of Property			Manner Acquired	Date Acquired	Date Sold
Fiduciary Management - Long Term Gains and Losses					
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss	
1,596,486.	1,091,307.	0.	0.	505,179.	

(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	
846,941.	863,401.	0.	0.	<16,460.>	

(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	
3,801,952.	3,421,416.	0.	0.	380,536.	

(a) Description of Property			Manner Acquired	Date Acquired	Date Sold
London Company Management - Long Term Gains and Losses					
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss	
928,092.	677,903.	0.	0.	250,189.	

(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	
139,864.	111,980.	0.	0.	27,884.	

(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	482,651.
Total to Form 990-PF, Part I, line 6a	8,257,293.

Form 990-PF	Dividends and Interest from Securities				Statement 2
Source	Gross Amount	Capital Gains Dividends	(a) Revenue Per Books	(b) Net Investment Income	(c) Adjusted Net Income
Investment Income	1,743,208.	482,651.	1,260,557.	1,260,557.	
To Part I, line 4	1,743,208.	482,651.	1,260,557.	1,260,557.	

Form 990-PF	Other Income			Statement 3
Description	(a) Revenue Per Books	(b) Net Investment Income	(c) Adjusted Net Income	
Metropolitan RE Partners - From K-1	3,722.	0.		
Metropolitan RE Partners - From K-1	<10,089.>	<10,089.>		
Metropolitan RE Partners - Non-Deductible Expense	<27.>	0.		
Class Action Income	2,030.	2,030.		
Recapture Services	4,630.	4,630.		
Total to Form 990-PF, Part I, line 11	266.	<3,429.>		

Form 990-PF	Legal Fees			Statement 4
Description	(a) Expenses Per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Legal fees - McGuireWoods LLP	10,768.	969.		9,799.
To Fm 990-PF, Pg 1, ln 16a	10,768.	969.		9,799.

Form 990-PF	Accounting Fees			Statement	5
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes	
Accounting fees - Varey & Vaccariello CPAs PC	48,075.	4,327.		43,748.	
Audit fees - Plante & Moran, PLLC	18,000.	4,500.		13,500.	
To Form 990-PF, Pg 1, ln 16b	66,075.	8,827.		57,248.	

Form 990-PF	Other Professional Fees			Statement	6
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes	
Consulting	56,101.	0.		56,101.	
Investment management	300,803.	300,803.		0.	
Other	47,464.	3,524.		43,940.	
Investment custodian fees	16,748.	16,748.		0.	
Marketing	3,861.	0.		3,861.	
To Form 990-PF, Pg 1, ln 16c	424,977.	321,075.		103,902.	

Form 990-PF	Taxes			Statement	7
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes	
Section 4940 excise tax	180,699.	0.		0.	
Foreign tax withheld on dividends	34,752.	34,752.		0.	
To Form 990-PF, Pg 1, ln 18	215,451.	34,752.		0.	

Form 990-PF	Other Expenses			Statement	8
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes	
Advertising	1,145.	49.		1,096.	
Bank charges	3,380.	3,380.		0.	
Dues and subscriptions	10,355.	0.		8,495.	
Equipment rental and maintenance	6,813.	613.		6,200.	
Insurance - general	5,388.	485.		4,903.	
Licenses and fees	149.	0.		149.	
Postage and shipping	800.	38.		762.	
Service contracts	6,852.	617.		6,235.	
Supplies	13,998.	449.		13,549.	
Telephone	8,654.	779.		7,875.	
Outside services	13,036.	0.		13,036.	
To Form 990-PF, Pg 1, ln 23	70,570.	6,410.		62,300.	

Form 990-PF	Other Increases in Net Assets or Fund Balances			Statement	9
Description	Amount				
Unrealized gain on investments carried at market value	4,513,129.				
Change in value of trust obligations	24,662.				
Income Modification - Grants Returned	5,401.				
Total to Form 990-PF, Part III, line 3	4,543,192.				

Form 990-PF	U.S. and State/City Government Obligations			Statement	10
Description	U.S. Gov't	Other Gov't	Book Value	Fair Market Value	
See Attachment A	X		2,205,219.	2,205,219.	
See Attachment B		X	141,780.	141,780.	
Total U.S. Government Obligations			2,205,219.	2,205,219.	
Total State and Municipal Government Obligations			141,780.	141,780.	
Total to Form 990-PF, Part II, line 10a			2,346,999.	2,346,999.	

**INVESTMENTS - US GOVERNMENT OBLIGATIONS**

(Page 2, Part II, Line 10a)

<u>Description</u>	<u>12/31/13 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 IPD14	36,132
FEDERAL HOME LN MTG CORP PARTN GOLD GROUP #G06361 4.000% DTD 03/01/2011 DUE 03/01/2041 IPD14	78,032
FEDERAL HOME LN MTG CORP PARTN GOLD GROUP #G13652 4.500% DTD 08/01/2009 DUE 09/01/2024 IPD14	42,091
FEDERAL HOME LN MTG CORP PARTN GOLD GROUP #J15482 4.000% DTD 05/01/2011 DUE 05/01/2026 IPD14	22,378
FEDERAL NATL MTG ASSN GTD PASSTHRU CTF POOL #AH6826 4.000% DTD 03/01/2011 DUE 03/01/2026 IPD24	58,494
FEDERAL NATL MTG ASSN GTD PASSTHRU CTF POOL #AL0147 4.000% DTD 03/01/2011 DUE 04/01/2041 IPD24	78,902
FEDERAL HOME LN MTG CORP MULTICLASS MTG PARTN CTFS GTD SER 2611 CL HD 5 00% DTD 05/01/2003 DUE	24,498
FEDERAL NATL MTG ASSN GTD PASSTHRU CTF POOL #AA9347 5 000% DTD 08/01/2009 DUE 08/01/2039 IPD24	51,687
FEDERAL NATL MTG ASSN GTD PASSTHRU CTF POOL #AB1776 3.500% DTD 10/01/2010 DUE 11/01/2025 IPD24	64,271
FEDERAL NATL MTG ASSN GTD PASSTHRU CTF POOL #AE0815 4.000% DTD 01/01/2011 DUE 01/01/2020 IPD24	37,528
FEDERAL NATL MTG ASSN GTD PASSTHRU CTF POOL #AE3066 3.500% DTD 09/01/2010 DUE 09/01/2025 IPD24	34,625
FEDERAL NATL MTG ASSN GTD PASSTHRU CTF POOL #AE7728 4.500% DTD 11/01/2010 DUE 11/01/2040 IPD24	71,733
SLM STUDENT LN TR SER 2011 2 CL A 1 FLTG RATE DTD 05/26/2011 DUE 11/25/2027	53,561
US TREASURY BOND 3.75% DTD 08/15/2011 DUE 08/15/2041	48,758
US TREASURY NOTE 2 75% DTD 02/15/2009 DUE 02/15/2019	104,805
US TREASURY NOTE 0 125% DTD 07/31/2012 DUE 07/31/2014	25,005
US TREASURY NOTE 0 50% DTD 07/31/2012 DUE 07/31/2017	195,828
US TREASURY NOTE 1.625% DTD 08/15/2012 DUE 08/15/2022	99,955
US TREASURY NOTE 2.00% DTD 02/15/2013 DUE 02/15/2023	92,782
US TREASURY NOTE 1 00% DTD 05/31/2013 DUE 05/31/2018	557,603
US TREASURY NOTE 1 375% DTD 05/31/2013 DUE 05/31/2020	426,551
<b>TOTALS</b>	<b>\$ 2,205,219</b>

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

<b><u>Description</u></b>	<b><u>12/31/13 Book Value and Market Value</u></b>
CALIFORNIA ST GO BDS TAXABLE 6.20% DTD 10/15/2009 DUE 10/01/2019 CALLABLE	58,275
METROPOLITAN WTR DIST SOUTH N C WTR REV BDS 2010A TAXABLE 6.947% DTD 12/22/2010 DUE 07/01/2040 CALLABLE	83,505
<b>TOTALS</b>	<b>\$ 141,780</b>

Form 990-PF	Corporate Stock	Statement	11
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Description	Book Value	Fair Market Value
See Attachment C	57,195,071.	57,195,071.
Total to Form 990-PF, Part II, line 10b	57,195,071.	57,195,071.

Form 990-PF	Corporate Bonds	Statement	12
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Description	Book Value	Fair Market Value
See Attachment D	3,279,235.	3,279,235.
Total to Form 990-PF, Part II, line 10c	3,279,235.	3,279,235.

Form 990-PF	Other Investments	Statement	13
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Description	Valuation Method	Book Value	Fair Market Value
See Attachment E	FMV	17,676,554.	17,676,554.
Total to Form 990-PF, Part II, line 13		17,676,554.	17,676,554.

Form 990-PF	Depreciation of Assets Not Held for Investment	Statement	14
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Description	Cost or Other Basis	Accumulated Depreciation	Book Value
Office equipment and furniture	106,515.	77,566.	28,949.
Computers	77,566.	63,257.	14,309.
Software	30,005.	26,710.	3,295.
Leasehold improvements	11,333.	11,333.	0.
Total To Fm 990-PF, Part II, ln 14	225,419.	178,866.	46,553.

**INVESTMENTS - CORPORATE STOCK**

**(Page 2, Part II, Line 10b)**

<b><u>Description</u></b>	<b><u>12/31/13 Book Value and Market Value</u></b>
3M CO COM	287,513
ACCENTURE PLC CLASS A ORDINARY	246,660
ADVENT SOFTWARE INC COM	122,716
AFFILIATED MANAGERS GROUP INC COM	164,829
ALBEMARLE CORP COM	258,378
ALEXANDER & BALDWIN INC NEW COM	147,641
ALIGN TECHNOLOGY INC COM	122,851
ALLIANT TECHSYSTEMS INC COM	170,352
AMERICAN EAGLE OUTFITTERS INC NEW	61,877
AMERICAN EXPRESS CO COM	204,143
AMERISOURCEBERGEN CORP COM	184,564
AMETEK INC NEW COM	153,270
AMPHENOL CORP CL A	156,154
ANSYS INC COM	141,613
ATWOOD OCEANICS INC COM	211,371
BANK NEW YORK MELLON CORP COM	256,809
BARD C R INC COM	91,749
BEACON ROOFING SUPPLY INC COM	77,902
BERKSHIRE HATHAWAY INC DEL CL B NEW	243,048
BROWN & BROWN INC COM	58,228
CABELAS INC COM	333,100
CATAMARAN CORP COM	80,401
CERNER CORP COM	170,509
CHART INDUSTRIES INC	95,449
CHIPOTLE MEXICAN GRILL INC CL A	145,982
CHURCH & DWIGHT INC COM	116,388
CINTAS CORP COM	165,362
CITRIX SYS INC COM	61,922
COGNIZANT TECH SOLUTIONS CRP COM	186,813
COLUMBIA SPORTSWEAR CO COM	125,213
COMERICA INC COM	200,857
COMMVAULT SYS INC COM	75,835
CONCHO RES INC COM	129,600
COPART INC COM	117,023
CORRECTIONS CORP AMER NEW COM NEW	185,268
COSTAR GROUP INC COM	111,671
COVIDIEN PLC SHS	228,135
DANONE SPONSORED ADR	174,830
DECKERS OUTDOOR CORP	224,241
DEVON ENERGY CORP NEW COM	219,639
DFA EMERGING MARKETS VALUE PORTFOLIO	2,075,757
DICKS SPORTING GOODS INC OC-COM	147,167
DSW INC CL A	125,028
EAST WEST BANCORP INC COM	141,209
EATON VANCE CORP COM NON VTG	286,008
EXPEDITORS INTL WASH INC COM	164,831
FACTSET RESH SYS INC COM	55,702

**INVESTMENTS - CORPORATE STOCK**

(Page 2, Part II, Line 10b)

<u>Description</u>	<u>12/31/13 Book Value and Market Value</u>
FASTENAL CO COM	85,946
FIRST INDL RLTY TR INC COM	183,923
FISERV INC COM	152,113
GENESEE & WYOMING INC CL A	96,434
GLAXOSMITHKLINE PLC SPONSORED ADR	98,772
HAIN CELESTIAL GROUP INC COM	78,525
HUNT J B TRANS SVCS INC COM	106,674
IDEX CORP COM	127,687
IHS INC COM CL A	134,782
ILLINOIS TOOL WKS INC COM	258,545
INTERCONTINENTALEXCHANGE GROUP INC	151,146
INTUIT COM	136,765
KAMAN CORP COM	68,097
LKQ CORP COM	210,988
MANNING & NAPIER FUND INC - OVERSEAS	3,763,474
MARTIN MARIETTA MATERIALS COM	79,053
MATSON INC COM	101,045
MBIA INC COM	134,731
MICREL INC COM	59,891
MICROS SYS INC COM	131,607
MICROSOFT CORP COM	139,352
MIDDLEBY CORP COM	79,588
MONTPELIER RE HOLDINGS LTD COM	146,519
MRC GLOBAL INC COM	198,270
NESTLE S A SPONSORED ADR REPSTG REG	176,218
NEWMARKET CORP COM	289,708
O REILLY AUTOMOTIVE INC NEW COM	167,323
OASIS PETE INC NEW COM	103,757
OCEANEERING INTL INC COM	65,234
OLD DOMINION FGHT LINES INC COM	323,740
OLIN CORP COM PAR \$1	232,848
PACCAR INC COM	143,487
PALL CORP COM	89,703
PANERA BREAD CO CL A	101,597
PAREXEL INTL CORP COM	96,008
PERRIGO CO PCL SHS	151,618
PIMCO COMMODITY REALRETURN STRATEGY	2,095,735
PIMCO TOTAL RETURN FUND INST #35	5,919,465
POLARIS INDS INC COM	195,303
POTASH CORP SASK INC COM	287,576
PRICESMART INC COM	277,527
RANGE RESOURCES CORP COM	111,795
RAYMOND JAMES FINL INC COM	42,587
RED HAT INC COM	129,060
RITCHIE BROS. AUCTIONEERS COM	65,580
ROPER INDS INC NEW COM	99,711
SCHLUMBERGER LTD COM	216,264
SERVICE CORP INTL COM	231,937

**INVESTMENTS - CORPORATE STOCK**

(Page 2, Part II, Line 10b)

<u>Description</u>	<u>12/31/13 Book Value and Market Value</u>
SIGMA ALDRICH CORP COM	90,156
SIGNATURE BK NEW YORK NY COM	150,818
SIRONA DENTAL SYSTEMS INC COM	87,188
SMUCKER J M CO COM NEW	109,526
STERICYCLE INC COM	129,413
STURM RUGER & CO INC COM	186,014
TE CONNECTIVITY LTD REG SHS	148,797
TEJON RANCH CO COM	118,367
TEJON RANCH CO WT	2,613
TEMPLETON FOREIGN EQUITY SERIES-	8,333,880
TEMPUR SEALY INTERNATIONAL INC.	215,948
TENET HEALTHCARE CORP COM NEW	203,692
TIME WARNER INC COM NEW	132,468
TRACTOR SUPPLY CO COM	203,958
TREDEGAR CORP COM	118,755
TRIMBLE NAV LTD COM	138,765
TYLER TECHNOLOGIES INC COM	83,134
ULTA SALON COSMETICS & FRAGRANCE INC	72,969
UNDER ARMOUR INC CL A	169,449
UNILEVER PLC SPONSORED ADR NEW	126,690
UNITEDHEALTH GROUP INC COM	122,363
VALUECLICK INC COM	89,015
VANGUARD DIVIDEND GROWTH FUND #57	9,045,406
VANGUARD TOTAL INTERNATIONAL STOCK	3,735,846
VANGUARD TOTAL STOCK MARKET INDEX FD	4,732,764
VARIAN MED SYS INC COM	139,842
WABTEC CORP COM	153,145
WAL MART STORES INC COM	188,855
WHITE MOUNTAINS INSURANCE GP	128,455
WILLIS GROUP HOLDINGS PLC	114,266
WORLD FUEL SERVICES CORP COM	79,198
<b>TOTALS</b>	<b>\$ 57,195,071</b>

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

<b><u>Description</u></b>	<b><u>12/31/13 Book Value and Market Value</u></b>
AEP TEXAS CTR FDG SER 2012 3 CL A 1 0 88% DTD 03/14/2012 DUE 12/01/2018	52,281
ALLY MASTER OWNER TR 2011-1 ASSET BACKED CTF CL A 2 2 15% DTD 01/20/2011 DUE 01/15/2016	50,030
AMERICAN INTL GROUP INC SR NT 4.25% DTD 09/13/2011 DUE 09/15/2014 CALLABLE	51,250
ANHEUSER BUSCH INBEV WORLDWIDE GTD SR NT 2.50% DTD 07/16/2012 DUE 07/15/2022 CALLABLE	36,999
AT&T INC GLBL NT 3.00% DTD 02/13/2012 DUE 02/15/2022 CALLABLE	47,108
BANK AMER CORP SR FLT NT VAR RATE DTD 10/22/2013 DUE 01/15/2019 NON-CALLABLE	25,195
BANK AMER FDG CORP 5.65% DTD 05/02/2008 DUE 05/01/2018	56,914
BANK MONTREAL QUE SR NT 2.375% DTD 09/30/2013 DUE 01/25/2019	69,797
BANK NEW YORK INC MEDIUM TERM SR NTS 1 35% DTD 03/06/2013 DUE 03/06/2018 CALLABLE	73,422
BB&T CORPORATION SR NT C 2 15% DTD 03/22/2012 DUE 03/22/2017 CALLABLE	101,105
BERKSHIRE HATHAWAY FIN CORP GTD SR NT 5 40% DTD 11/15/2008 DUE 05/15/2018 CALLABLE	57,512
BERKSHIRE HATHAWAY INC DEL SR NT 3 00% DTD 02/11/2013 DUE 02/11/2023 CALLABLE	47,219
BOSTON PPTYS LTD PARTNERSHIP SR NT 4.125% DTD 11/18/2010 DUE 05/15/2021 CALLABLE	51,080
BP CAP MKTS P L C NT 2 241% DTD 09/26/2013 DUE 09/26/2018	50,145
BURLINGTON NORTHN SANTA FE CP SR DEB 3.45% DTD 08/22/2011 DUE 09/15/2021 CALLABLE	49,379
CAPITAL ONE FINL CORP SR NT 4.75% DTD 07/19/2011 DUE 07/15/2021 NON-CALLABLE	53,168
CITIGROUP INC FR 3 875% DTD 10/25/2013 DUE 10/25/2023 NON-CALLABLE	63,899
CLOROX CO DEL SR NT 3.05% DTD 09/13/2012 DUE 09/15/2022 CALLABLE	46,868
CONTINENTAL AIRLN PT TR SER 2010 1 CL A 4.75% DTD 12/02/2010 DUE 01/12/2021	71,089
CVS CAREMARK CORPORATION SR NT 2.75% DTD 11/29/2012 DUE 12/01/2022 CALLABLE	50,763
DELTA AIRLINES PT SER 2011 1A CL A 5.30% DTD 04/05/2011 DUE 04/15/2019	20,785
DOW CHEM CO NT 4 25% DTD 11/09/2010 DUE 11/15/2020 CALLABLE	53,257
ERP OPER LTD PARTNERSHIP NT 4.625% DTD 12/12/2011 DUE 12/15/2021 CALLABLE	15,814

**INVESTMENTS - CORPORATE BONDS**

(Page 2, Part II, Line 10c)

<b>Description</b>	<b>12/31/13 Book Value and Market Value</b>
FORD MOTOR CREDIT CO LLC NT 5.75% DTD 02/07/2011 DUE 02/01/2021 NON-CALLABLE	61,615
GENERAL ELEC CAP CORP MEDIUM TERM NTS TRANCHE # TR 00861 2 30% DTD 04/27/2012 DUE 04/27/2017	77,090
GEORGIA PAC CORP SR NT 8.00% DTD 12/11/2003 DUE 01/15/2024 CALLABLE	90,093
HEWLETT PACKARD CO GLBL NT 4 375% DTD 09/19/2011 DUE 09/15/2021 CALLABLE	50,912
INTERNATIONAL BUSINESS MACHS NT 3.375% DTD 08/01/2013 DUE 08/01/2023 CALLABLE	48,715
JP MORGAN CHASE CMBS SER 2013 C16 CL A 1 1 223% DTD 11/01/2013 DUE 12/17/2046 IPD16	64,062
JPMBB COML MTG SECS TR 2013-C17 COML MTG PASSTHRU CTF CL A-1 1 2473% DTD 12/01/2013 DUE 01/15/2047 IPD14	49,798
JPMORGAN CHASE & CO SR NT 4.25% DTD 10/21/2010 DUE 10/15/2020 NON-CALLABLE	53,002
KE EXPT LEASING 2011 II LLC FLT NT VAR RATE DTD 06/07/2013 DUE 05/19/2024 NON-CALLABLE	81,650
KINDER MORGAN ENERGY PARTNERS L P SR NT 3.95% DTD 03/14/2012 DUE 09/01/2022 CALLABLE	48,723
KROGER CO SR NT 3 40% DTD 04/16/2012 DUE 04/15/2022 CALLABLE	58,199
L 3 COMMUNICATIONS CORP SR NT 3.95% DTD 11/22/2011 DUE 11/15/2016 CALLABLE	53,055
LABORATORY CORP AMER HLDGS SR NT 4.625% DTD 11/19/2010 DUE 11/15/2020 CALLABLE	52,299
MACYS RETAIL HLDGS INC SR NT 4.375% DTD 09/06/2013 DUE 09/01/2023 CALLABLE	60,225
MAGELLAN MIDSTREAM HLDGS L P 4 25% DTD 08/11/2010 DUE 02/01/2021 CALLABLE	51,774
MERCK & CO INC NEW NT 1.30% DTD 05/20/2013 DUE 05/18/2018	48,630
MS BOFA ML TRUST SER 2013 C11 CL A 1 1.308% DTD 08/01/2013 DUE 08/17/2046 IPD16	104,890
MSN 41079 & 41084 LTD SECD NT 1 631% DTD 12/21/2012 DUE 12/14/2024	39,173
NASDAQ OMX GROUP INC SR NT 5.25% DTD 12/21/2010 DUE 01/16/2018 CALLABLE	27,058
ORACLE CORP SR NT 1.20% DTD 10/25/2012 DUE 10/15/2017 NON-CALLABLE	39,362
PETROBRAS INTL FIN CO GTD 3.875% DTD 01/27/2011 DUE 01/27/2016 CALLABLE	51,473
PETROHAWK ENERGY CORP SR NT 7.875% DTD 12/01/2008 DUE 06/01/2015 CALLABLE	51,313
QUEBEC PROV CDA GLBL NT S QK 2.75% DTD 08/25/2011 DUE 08/25/2021 NON-CALLABLE	48,238

**FROM 990-PF**  
**Attachment D**

**INVESTMENTS - CORPORATE BONDS**

(Page 2, Part II, Line 10c)

<u>Description</u>	<u>12/31/13 Book Value and Market Value</u>
RIO TINTO FIN USA LTD 6.50% DTD 06/27/2008 DUE 07/15/2018 CALLABLE	29,512
SEQUOIA MTG TR 2012-2 MTG PASS THRU CTF CL A-2 3 50% DTD 03/01/2012 DUE 04/25/2042 IPD24	39,697
TCI COMMUNICATIONS INC SR NT 7.125% DTD 02/24/1998 DUE 02/15/2028	49,194
TIME WARNER ENTMT CO DEB 8.375% DTD 09/15/1993 DUE 03/15/2023	57,509
U S BANCORP MTNS BK ENT SR NT 2.20% DTD 11/03/2011 DUE 11/15/2016 CALLABLE	51,635
UNILEVER CAP CORP GTD SR NT 2.20% DTD 09/06/2013 DUE 03/06/2019	39,949
UNITED TECHNOLOGIES CORP NT 3 10% DTD 06/01/2012 DUE 06/01/2022 CALLABLE	19,555
US AWYS 2013-1 PASS THRU TRS PASS THRU CTF CL A 3 95% DTD 04/24/2013 DUE 11/15/2025	38,900
VERIZON COMMUNICATIONS INC NT 3 50% DTD 11/03/2011 DUE 11/01/2021 CALLABLE	49,640
VERIZON COMMUNICATIONS INC NT 5.15% DTD 09/18/2013 DUE 09/15/2023	21,474
VERIZON COMMUNICATIONS INC NT 6.55% DTD 09/18/2013 DUE 09/15/2043	17,549
WALGREEN CO SR NT 3.10% DTD 09/13/2012 DUE 09/15/2022 CALLABLE	46,875
WARNER CHILCOTT CORP SR NT 7.75% DTD 09/15/2011 DUE 09/15/2018 CALLABLE	59,538
WELLS FARGO & CO NEW MEDIUM TERM SR NTS TRANCHE # SR 00127 1.50% DTD 12/26/2012 DUE 01/16/2018	14,903
WELLS FARGO & CO NEW SR UNSECD NT 5.625% DTD 12/10/2007 DUE 12/11/2017	59,602
WESTPAC BKG CORP SR NT 2 25% DTD 07/30/2013 DUE 07/30/2018 NON-CALLABLE	25,090
WORLD OMNI AUTO TR SER 2011 A CL A 4 1.91% DTD 03/10/2011 DUE 04/15/2016	100,855
XEROX CORP SR NT 2 95% DTD 03/15/2012 DUE 03/15/2017 CALLABLE	51,330
<b>TOTALS</b>	<b>\$ 3,279,235</b>

**(Page 2, Part II, Line 13)**

**TOTALS**

Form 990-PF	Other Assets	Statement	15
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Description	Beginning of Yr Book Value	End of Year Book Value	Fair Market Value
Accrued Income	38,537.	24,611.	24,611.
Assets Whose Use is Limited	470,384.	510,195.	510,195.
Investments - Non-Qualified Plans	351,564.	394,185.	394,185.
Refundable Unrelated Business Income Tax	1,000.	1,000.	1,000.
To Form 990-PF, Part II, line 15	861,485.	929,991.	929,991.

Form 990-PF	Other Liabilities	Statement	16
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Description	BOY Amount	EOY Amount
Annuity Obligations - Trusts	389,714.	403,819.
Deferred Compensation - Trust	351,564.	394,185.
Section 4940 Excise Tax Payable	12,287.	44,986.
Total to Form 990-PF, Part II, line 22	753,565.	842,990.

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

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Form 990-PF      Part VIII - List of Officers, Directors      Statement 18  
Trustees and Foundation Managers

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Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	Expense Account
Greg DiDomenico Community Memorial Foundation, 15 Spinning Wheel Road, Ste. 326 Hinsdale, IL 60521	President/CEO 40.00	232,385.	36,132.	10,000.
Greg DiDomenico - Deferred Comp	0.00	<14,300.>	14,300.	0.
James Durkan - Deferred Comp Payout	Former President 0.00	35,202.	<35,202.>	0.
Irene Frye - Deferred Comp Payout	Former Vice President 0.00	18,106.	<18,106.>	0.
Jeffrey Simmons Community Memorial Foundation, 15 Spinning Wheel Road, Ste. 326 Hinsdale, IL 60521	Chair/Director 2.00	0.	0.	0.
Beth C. Prohaska Community Memorial Foundation, 15 Spinning Wheel Road, Ste. 326 Hinsdale, IL 60521	Vice Chair/Treasurer/Dir 2.00	0.	0.	0.
Neil James Community Memorial Foundation, 15 Spinning Wheel Road, Ste. 326 Hinsdale, IL 60521	Secretary/Director 2.00	0.	0.	0.
Michael Bruni Community Memorial Foundation, 15 Spinning Wheel Road, Ste. 326 Hinsdale, IL 60521	Director 1.00	0.	0.	0.
Deborah Daro, Ph.D. Community Memorial Foundation, 15 Spinning Wheel Road, Ste. 326 Hinsdale, IL 60521	Director 1.00	0.	0.	0.

Community Memorial Foundation36-4012380

Gustavo Espinosa Community Memorial Foundation, 15 Spinning Wheel Road, Ste. 326 Hinsdale, IL 60521	Director 1.00	0.	0.	0.
Grace Hou Community Memorial Foundation, 15 Spinning Wheel Road, Ste. 326 Hinsdale, IL 60521	Director 1.00	0.	0.	0.
Anthony Perry, M.D. Community Memorial Foundation, 15 Spinning Wheel Road, Ste. 326 Hinsdale, IL 60521	Director 1.00	0.	0.	0.
Honorable Patrick Rogers Community Memorial Foundation, 15 Spinning Wheel Road, Ste. 326 Hinsdale, IL 60521	Director 1.00	0.	0.	0.
Ruby Roy, M.D. Community Memorial Foundation, 15 Spinning Wheel Road, Ste. 326 Hinsdale, IL 60521	Director 1.00	0.	0.	0.
Richard Shanley Community Memorial Foundation, 15 Spinning Wheel Road, Ste. 326 Hinsdale, IL 60521	Director 1.00	0.	0.	0.

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

<u>271,393.</u>	<u>&lt;2,876.&gt;</u>	<u>10,000.</u>
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Form 990-PF

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

Statement 19

Name and Address of Person to Whom Applications Should be Submitted

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

Telephone NumberName of Grant Program

(630) 654-4729

Responsive Grants - Program Support of more than  
\$25,000Email 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 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)	Hinsdale (60521-22)	Oak Brook (60523)
Broadview (60153)	Hodgkins (60525)	Riverside (60546)
Brookfield (60513)	Indian Head Park (60525)	Stickney (60402)
Burr Ridge (60527)	Justice (60458)	Summit (60501)
Clarendon Hills (60514)	La Grange (60525)	Westchester (60154)
Countryside (60525)	La Grange Park (60526)	Western Springs (60558)
Darien (60561)	Lyons (60534)	Westmont (60559)
Downers Grove (60515-17)	McCook (60525)	Willow Springs (60480)
Hickory Hills (60457)	North Riverside (60546)	Willowbrook (60521)

## **RESPONSIVE GRANTS POLICIES AND GUIDELINES**

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

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

## **CMF DOES NOT FUND:**

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

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

## **REVIEW CRITERIA**

Funding requests are reviewed according to the following criteria:

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

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

**PROPOSAL CHECKLIST**

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

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

**ORGANIZATION:**

**One (1) Copy of Each:**

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

**Supporting Materials - One (1) Copy of Each:**

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

## COVER SHEET

### DESCRIPTION OF REQUEST

Grant Amount Requested: \$ \_\_\_\_\_

Name of Project: \_\_\_\_\_

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

### GENERAL INFORMATION

Mission Statement: \_\_\_\_\_

Current Programs: \_\_\_\_\_

Geographic Area Served: \_\_\_\_\_

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

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

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

**CONTACT INFORMATION**

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

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

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

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

Fax: \_\_\_\_\_

Website: \_\_\_\_\_

Executive Director:

Direct Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Contact Person/Project Director:

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

E-mail: \_\_\_\_\_

**FUNDING INFORMATION**

Fiscal year begins: \_\_\_\_\_

Fiscal year ends: \_\_\_\_\_

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:
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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.



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

**BUDGET NARRATIVE**

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

--

**CERTIFICATION**

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

Signature of Executive Director: \_\_\_\_\_

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

## LOGIC MODEL

*What is a logic model?*

As noted by the University of Wisconsin Extension 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/>.

---

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			
ient 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*

**GEOGRAPHIC FOCUS**

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

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

## **RESPONSIVE GRANTS POLICIES AND GUIDELINES**

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

## **CMF DOES NOT FUND:**

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

- Endowments
- Cost of in-patient care

## **REVIEW CRITERIA**

Funding requests are reviewed according to the following criteria:

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

# COMMUNITY MEMORIAL FOUNDATION

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

### PROPOSAL CHECKLIST

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

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

#### ORGANIZATION:

##### One (1) Copy of Each:

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

##### Supporting Materials - One (1) copy of each:

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

## COVER SHEET

### **DESCRIPTION OF REQUEST**

Grant Amount Requested: \$ \_\_\_\_\_

Type of Funding Sought: \_\_\_\_\_

Name of Program, if applicable: \_\_\_\_\_

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

### **GENERAL INFORMATION**

Mission Statement: \_\_\_\_\_

Current Programs: \_\_\_\_\_

Geographic Area Served: \_\_\_\_\_

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

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

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

**CONTACT INFORMATION**

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

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

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

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

Fax: \_\_\_\_\_

Website: \_\_\_\_\_

Executive Director:

Direct Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Contact Person/Project Director:

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

E-mail: \_\_\_\_\_

**FUNDING INFORMATION**

Fiscal year begins: \_\_\_\_\_

Fiscal year ends: \_\_\_\_\_

FEIN #: \_\_\_\_\_

Total annual ORGANIZATION budget: \$ \_\_\_\_\_

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

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

Fiscal Agent: \_\_\_\_\_

FEIN #: \_\_\_\_\_

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

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

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

### **PROPOSAL NARRATIVE OUTLINE**

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

**Describe what you propose to do.**

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

**Describe what changes or improvement you expect to achieve.**

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

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

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

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

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

**BUDGET NARRATIVE**

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

**CERTIFICATION**

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

Signature of Executive Director: \_\_\_\_\_

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

# COMMUNITY MEMORIAL FOUNDATION

## PROGRAM BUDGET

Organization Name:

Program Name:

Budget Period:

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

	Program Budget	Other Sources	Budget Items Requested from CMF
<b>REVENUE</b>			
Government Funding			
Federal			
State			
Local			
Corporate and/or Foundation			
Grants – Please list below			
In-Kind Support			
Individual Donors			
ent 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? ☐ Yes ☐ No

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

Number of Volunteers: \_\_\_\_\_ Are you currently at full volunteer capacity? ☐ Yes ☐ No

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

Describe the mission of the organization:

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

**Community Memorial Foundation  
Capacity Building Grant Application**

page two

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

Request Category (*check one*):

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

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

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

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

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

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

*Please provide the following:*

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

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

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

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

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

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

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

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

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

Capacity Building Project: \_\_\_\_\_

Request Amount: \$ \_\_\_\_\_

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

Why did you select this consultant?

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

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

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

Proposed Completion Date: \_\_\_\_\_

*Summary of Work Agreement or Contract:*

Specific services to be completed by the consultant:

Specific services to be completed by the organization:

Reporting requirements:

Expected end results:

**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:

	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)

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.

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

OMB No 1545-1709

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

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

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit [www.irs.gov/efile](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	Name of exempt organization or other filer, see instructions	Enter filer's identifying number
	<b>Community Memorial Foundation</b>	Employer identification number (EIN) or <b>36-4012380</b>
File by the due date for filing your return See instructions	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)

**0 4**

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 (other than individual)	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

- I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **August 15, 2014**, to file the exempt organization return for the organization named above The extension is for the organization's return for:  
► ☒ calendar year **2013** or  
► ☐ tax year beginning , and ending

- If the tax year entered in line 1 is for less than 12 months, check reason. ☐ Initial return ☐ Final return  
☐ Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions.	<b>3a</b>	\$ <b>197,713.</b>
<b>b</b> If this application is for Forms 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.	<b>3b</b>	\$ <b>135,713.</b>
<b>c</b> 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	<b>3c</b>	\$ <b>62,000.</b>

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

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

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

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

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	<b>Community Memorial Foundation</b>	<b>36-4012380</b>
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	<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>	

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 (other than individual)	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, 2014**

5 For calendar year **2013**, or other tax year beginning , and ending

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return

☐ Change in accounting period

7 State in detail why you need the extension

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

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	<b>197,713.</b>
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	<b>197,713.</b>
c <b>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.	8c	\$	<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 **C. P. A. - IL** Title **C.P.A. - IL**

Date **8/12/14**

Form 8868 (Rev. 1-2014)