#### **50m** 990-PF

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

OMB No 1545-0052 2017

Department of the Treasury

Do not enter social security numbers on this form as it may be made public.

▶Go to www.irs.gov/Form990PF for instructions and the latest information. Open to Public Inspection For calendar year 2017 or tax year beginning and ending Name of foundation A Employer identification number CDM FOUNDATION, INC. 36-3656304 Number and street (or P O box number if mail is not delivered to street address) Room/suite Telephone number (see instructions) P.O. BOX 1655 574-232-8213 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here IN 46634-1655 SOUTH BEND G Check all that apply Initial return Initial return of a former public charity 1 Foreign organizations, check here Amended return Final return 2. Foreign organizations meeting the Address change Name change 85% test, check here and attach computation H Check type of organization | Section 501(c)(3) exempt private foundation If private foundation status was terminated under Section 4947(a)(1) nonexempt charitable trust X Other taxable private foundation section 507(b)(1)(A), check here J Accounting method Cash I Fair market value of all assets at If the foundation is in a 60-month termination under section 507(b)(1)(B), check here end of year (from Part II, col (c), Other (specify) 3,743,657 line 16) ▶ \$ (Part I, column (d) must be on cash basis (d) Disbursements Part I Analysis of Revenue and Expenses (The total of (a) Revenue and (b) Net investment (c) Adjusted net for charitable amounts in columns (b), (c), and (d) may not necessarily equal purposes the amounts in column (a) (see instructions)) (cash basis only) 79,573 Contributions, gifts, grants, etc , received (attach schedule) If the foundation is **not** required to attach Sch B 2 366 366 3 Interest on savings and temporary cash investments 98,210 98,210 4 Dividends and interest from securities Gross rents Net rental income or (loss) b 402,357 Net gain or (loss) from sale of assets not on line 10 796,546 Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) 402,357 Net short-term capital gain R Income modifications 10a Gross sales less returns and allowances Less Cost of goods sold Gross profit or (loss) (attach schedule) Other income (attach schedule) 11 580,506 500,933 Total. Add lines 1 through 11 12 OGDEN, UTO 13 Compensation of officers, directors, trustees, etc Expenses Other employee salaries and wages 14 Pension plans, employee benefits 16a Legal fees (attach schedule) Stmt 1 5,000 5,000 Accounting fees (attach schedule) Operating and Administrative Stmt 2 27,500 27,500 Cher professional fees (attach schedule) 17 Interest Stmt 3 5,000 18<sup>to</sup> Taxes (attach schedule) (see instructions) 19™ Depreciation (attach schedule) and depletion 202 Occupancy 211 Travel, conferences, and meetings Printing and publications Stmt 4 529 Other expenses (att. sch ) Total operating and administrative expenses. 38,029 32,500 Add lines 13 through 23 260,000 260,000 Contributions, gifts, grants paid 32,500 298,029 Total expenses and disbursements. Add lines 24 and 25 260,000 Subtract line 26 from line 12 Excess of revenue over expenses and disbursements 282,477 468,433 Net investment income (if negative, enter -0-)

For Paperwork Reduction Act Notice, see instructions.

Adjusted net income (if negative, enter -0-)

Form 990-PF (2017)

0

	Part II	Balance Sheets Attached schedules and amounts in the description column		Beginning of year	End o	of year
_		Should be for end-or-year amounts only (See instructions )		(a) Book Value	(b) Book Value	(c) Fair Market Value
1	1	Cash – non-interest-bearing		725,185	434,685	434,685
	2	Savings and temporary cash investments				
	3	Accounts receivable ▶				
		Less allowance for doubtful accounts ▶				
	4	Pledges receivable ▶				
		Less allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see				
		instructions)				
	7	Other notes and loans receivable (att. schedule)				
		Less allowance for doubtful accounts ▶	0			
ţ	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
ĕ	10a	Investments – U S and state government obligations (attach schedule)				
	b	Investments – corporate stock (attach schedule) See Stmt 5		1,378,080	1,951,057	3,308,972
	С	Investments – corporate bonds (attach schedule)				
	11	Investments – land, buildings, and equipment basis				
		Less accumulated depreciation (attach sch.)				
	12	Investments – mortgage loans				
	13	Investments – other (attach schedule)				
	14	Land, buildings, and equipment basis				
		Less accumulated depreciation (attach sch.) ▶				
	15	Other assets (describe ▶	)			
	16	Total assets (to be completed by all filers – see the				
4		instructions Also, see page 1, item l)		2,103,265	2,385,742	3,743,657
	17	Accounts payable and accrued expenses				
ß	18	Grants payable				
ţį	19	Deferred revenue				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
_ia	21	Mortgages and other notes payable (attach schedule)				
	22	Other liabilities (describe ▶	)			
$\dashv$	23	Total liabilities (add lines 17 through 22)		0	0	
		Foundations that follow SFAS 117, check here	Ш			
nces		and complete lines 24 through 26 and lines 30 and 31.				
an	24	Unrestricted				
Bal	25	Temporarily restricted				
힏	26	Permanently restricted				
崀		Foundations that do not follow SFAS 117, check here	X			
<u>6</u>		and complete lines 27 through 31.				
Net Assets or Fund Bala	27	Capital stock, trust principal, or current funds	- }	2,103,265	2,385,742	
se	28	Paid-in or capital surplus, or land, bldg , and equipment fund	- }			,
Ä	29	Retained earnings, accumulated income, endowment, or other funds	}			Marie Santa
É	30	Total net assets or fund balances (see instructions)	.	2,103,265	2,385,742	a this is the first of the second
_	31	Total liabilities and net assets/fund balances (see		2 222 225		
Ц	D-4 II	Instructions)		2,103,265	2,385,742	, · · · · · · · · · · · · · · · · · · ·
_	Part II			<del></del>		
1		net assets or fund balances at beginning of year ~ Part II, column (a), line 30	mus	st agree with		0 400 00=
•		f-year figure reported on prior year's return)			1	2,103,265
_		amount from Part I, line 27a			2	282,477
3		ncreases not included in line 2 (itemize) ► nes 1, 2, and 3			3	2 205
		nes 1, 2, and 3 eases not included in line 2 (itemize) ▶			4	2,385,742
		net assets or fund balances at end of year (line 4 minus line 5) – Part II, colu	ma /h	v) tine 30	5	2 305 540
_	I Julai	The source of form balances at end of year (line 4 fillings line 5) - Part II, colu	11111 (E	η, mie 30		2,385,742 Form 990-PF (2017)
						rom 33U-PF (2017)

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P	art IV Capital Gains a	nd Losses for Tax on Investm	ent Inco	<u>me</u>	··			
		the kind(s) of property sold (for example, real estate irehouse, or common stock, 200 shs MLC Co )	,		(b) How acquired P – Purchase D – Donation		ate acquired , day, yr )	(d) Date sold (mo , day, yr )
1a	See Worksheet							
_b								
C	_ <del></del> _							
d								
<u>e</u>			1		L			L
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		(g) Cost or plus expe	other basis nse of sate	_		n or (loss) f) minus (g))
a			<del>                                     </del>			<u> </u>		
b_						_		
_ <u>c</u>			<del>-                                    </del>					· -
<u>d</u>				<u> </u>				
<u>e</u>	Complete only for assets shown	g gain in column (h) and owned by the	l foundation (	n 12/31/6				
	Complete only for assets showin		T TOURISH TO					(h) gain minus less than -0-) <b>or</b>
	(ı) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69			s of col (ı) (ı), ıf any	i		rom col (h))
_			<u> </u>	-				
<u>a</u> b	<del></del>		† ·· <del>·</del>					· ···
_ <u>c</u>								
d						_		
− <del>u</del>			1					
	Capital gain net income or (net c	apital loss)  If gain, also enter ii If (loss), enter -0- ii				2	-	402,357
3	Net short-term capital gain or (lo	ss) as defined in sections 1222(5) and		-				
		, column (c) See instructions If (loss),		٦	ı			
	Part I, line 8					3		-32,132
P	art V Qualification U	nder Section 4940(e) for Redu	ced Tax	on Net	Investment Inco	me		
Wa		nis part blank tion 4942 tax on the distributable amou lify under section 4940(e) Do not comp			pase period?			Yes X No
1	Enter the appropriate amount in	each column for each year, see the ins	tructions be	fore maki	ng any entries			
	(a) Base period years Calendar year (or tax year beginning ir			Net value	(c) of noncharitable-use asset			(d) tribution ratio divided by col (c))
	2016		5,287		3,394,			0.072562
_	2015		1,600		3,402,			0.047500
_	2014		3,350		3,390,			0.054085
	2013		700		3,210,			0.060645
	2012		2,636	_	2,701,	778		0.086105
	Total of line 1, column (d)					_	2	0.320897
3	<u> </u>	5-year base period – divide the total on has been in existence if less than 5 yea		0, or by th	ne		3	0.064179
4	Enter the net value of noncharita	able-use assets for 2017 from Part X, lir	ne 5				4	3,500,954
5	Multiply line 4 by line 3						5	224,688
6	Enter 1% of net investment inco	me (1% of Part I, line 27b)					6	4,684
7	Add lines 5 and 6						7	229,372
8	Enter qualifying distributions from	n Part XII, line 4 in line 7, check the box in Part VI, line 1	b, and com	plete that	part using a 1% tax r	rate Se	8 e the	260,000
_	Part VI instructions							000 DE

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<u>Pa</u>	rt 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  and enter "N/A" on line 1					_
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)					
b		1		4,	684	4
	here ▶ X and enter 1% of Part I, line 27b					
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of					
_	Part I, line 12, col (b)					
2	<u> </u>	2				<u>)</u>
3		3		4,	684	1
4		4			(	<u> </u>
5	·	5		4,	684	1
6	Credits/Payments					
a	2017 estimated tax payments and 2016 overpayment credited to 2017  Example foreign expansions to the withheld at a course.					
b	Exempt foreign organizations – tax withheld at source  Tax paid with application for extension of time to file (Form 8868)					
c d	Tax paid with application for extension of time to file (Form 8868)  Backup withholding erroneously withheld  6d					
7	Total gradula and naverage Add lines Co through Cd	_		^	<b>~</b>	
8		7		9,	694	<u>*</u>
9		8				_
10	· · · · · · · · · · · · · · · · · · ·	9			010	_
11		1		<u> </u>	OT	_
	rt VII-A Statements Regarding Activities	<u> </u>				_
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		$\top$	Yes	No	-
	participate or intervene in any political campaign?		1a	162	X	_
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the		<u>'a</u>	_		-
	Instructions for the definition		1b		X	
	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					
С	Did the foundation file Form 1120-POL for this year?		1c	1	x	
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					-
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					
	on foundation managers  \$					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X	_
	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			Ī		
_	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3_		X	_
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4-	4a		X	_
þ	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b	<u> </u>		_
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X	_
6	If "Yes," attach the statement required by General Instruction T  Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
Ü	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?			v		
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 X	V	7	X		-
8а	Enter the states to which the foundation reports or with which it is registered. See instructions.	. •	77	<u></u>	1 147	7
-	IL		1 1	99	, ,	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			["		
-	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	X		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			4		-
	4942(j)(5) for calendar year 2017 or the taxable year beginning in 2017? See instructions for Part XIV. If "Yes,"				:	١.
	complete Part XIV		9		X	V
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their					-
	names and addresses		10	İ	X	
				<u> </u>	_	-

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_Pa	rt VII-A · Statements Regarding Activities (continued)		1	
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			v
	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	12		x
42	person had advisory privileges? If "Yes," attach statement. See instructions  Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	_
13	Website address ► N/A		1	L
14	The books are in care of ▶ DONALD M. RIGGS  Telephone no ▶ 574-	-232-	-821	.3
17	112 W. JEFFERSON BLVD. SUITE 250			
	Located at ▶ SOUTH BEND IN ZIP+4 ▶ 466	)1		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here			<b>▶</b> [
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country ▶			
Pá	art 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
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?  Yes X No			
	disqualified person?  (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes X No	- 1		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  Yes X 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)?  Yes  X No		1	
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the		1	
	foundation agreed to make a grant to or to employ the official for a period after		1	
	termination of government service, if terminating within 90 days )			
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	1 <u>b</u>	<u> </u>	<u> </u>
	Organizations relying on a current notice regarding disaster assistance, check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		1	
	were not corrected before the first day of the tax year beginning in 2017?	1 1c	<del> </del>	
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))			
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and  6e. Part XIII) for tax year(s) beginning before 2017?  Yes X No		1	
			1	
b	If "Yes," list the years ► 20 , 20 , 20 , 20  Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			
D	(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 )	A   2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			1
	<b>▶</b> 20 , 20 , 20 , 20	12	13.8	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	147	1 1	W W
	at any time during the year?	<b>.</b>	1/	7
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or	17		14
	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		1	
	foundation had excess business holdings in 2017)  N/2		+	1
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	<del> </del>	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 2017?	4b	f	х
	chantable purpose that had not been removed nom jeopardy before the first day of the tax year beginning in 2017?		90-PI	
		rom 3	3U-F1	(2017)

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Pa	rt VII-B · Statements Regarding Activities for Which Form	1720 May Be F	Required (cor	tinued)	· · · · · · · · · · · · · · · · · · ·	
5a	, ,					
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4	,		Yes X No		
	(2) Influence the outcome of any specific public election (see section 4955), or t	o carry on,				
	directly or indirectly, any voter registration drive?			Yes X No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?			Yes X No		
	(4) Provide a grant to an organization other than a charitable, etc., organization	described in		_	[	
	section 4945(d)(4)(A)? See instructions			Yes X 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 X No		
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under	er the exceptions o	lescribed 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 he	ere		▶ 🗀		
С	If the answer is "Yes" to question 5a(4), does the foundation claim exemption fro					
	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		ıv premiums				
	on a personal benefit contract?	, , , , , , , , , , , , , , , , , , , ,		Yes X No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a per	sonal henefit cont	ract?	103 [12] 110	6b	x
-	If "Yes" to 6b, file Form 8870	conar bonem com	i dot		05	
72	At any time during the tax year, was the foundation a party to a prohibited tax sh	elter transaction?		Yes X No		
	If "Yes," did the foundation receive any proceeds or have any net income attribut		ction?	N/A	7b	1
	Information About Officers, Directors, Trustees, Fo					
* 6	and Contractors	undation wan	agers, riigilij	raid Employ	ees,	
1 1	ist all officers, directors, trustees, and foundation managers and their comp	ensation See in	structions			
	and the officers, and officers, and to an addition managers and their comp	Chadion. Gee m.	l detions.	Cal Contributions to	Τ	
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit	(e) Expe	ense account,
	(a) Name and address	devoted to position	enter -0-)	plans and deferred compensation		allowances
	e Statement 6		<del></del>	Compensation	+	
36	e Statement 0					
				<del> </del>	<del> </del>	
			-	<del> </del>	<del></del>	
		<u> </u>			<b></b>	
				<u> </u>		
2	Compensation of five highest-paid employees (other than those included o	n line 1 – see ins	tructions). If no	ne, enter		
	"NONE."					_
		(b) Title, and average		(d) Contributions to		
	(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred		inse account, allowances
		devoted to position		compensation		
NC	NE					
				<u> </u>		
					1	
			<u> </u>	<del></del>	$\vdash$	
				1		

0

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

orm 990-PF (20	O17) CDM FOUNDATION, INC.	36-3656304	Page 7
Part VIII	<ul> <li>Information About Officers, Directors, Trustees, Fo and Contractors (continued)</li> </ul>	oundation Managers, Highly Paid E	mployees,
3 Five high	est-paid independent contractors for professional services. See i	instructions. If none, enter "NONE."	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
Total number of	others receiving over \$50,000 for professional services		
Part IX-A	Summary of Direct Charitable Activities		
	s four largest direct charitable activities during the tax year. Include relevant statistical inform	nation such as the number of	F
	other beneficiaries served, conferences convened, research papers produced, etc		Expenses
1 N/A			
2			
3		· · · · · · · · · · · · · · · · · · ·	
•			
4			
Part IX-B	Summary of Program-Related Investments (see in		г
	argest program-related investments made by the foundation during the tax year on lines 1 an	d 2	Amount
1 N/A			
2			
-			
All other program-	related investments. See instructions		
3			
			1

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Total. Add lines 1 through 3

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260,000

255,316

4,684

3a

3b

4

Suitability test (prior IRS approval required)

Enter 1% of Part I, line 27b See instructions

Cash distribution test (attach the required schedule)

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income

Form 990-PF (2017) CDM FOUNDATION, INC.

· Undistributed Income (see instructions) (a) (c) (d) Distributable amount for 2017 from Part XI. Corpus Years prior to 2016 2016 2017 170,364 2 Undistributed income, if any, as of the end of 2017 a Enter amount for 2016 only b Total for prior years 20 \_\_\_\_ , 20 \_\_\_ Excess distributions carryover, if any, to 2017 102,135 a From 2012 b From 2013 39,349 c From 2014 17,463 2,716 d From 2015 84,005 e From 2016 f Total of lines 3a through e 245,668 Qualifying distributions for 2017 from Part XII, 260,000 line 4 ▶ \$ a Applied to 2016, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) d Applied to 2017 distributable amount 170,364 89,636 e Remaining amount distributed out of corpus Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: 335,304 a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b Taxable amount - see instructions e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount - see instructions f Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions) Excess distributions carryover from 2012 not 102,135 applied on line 5 or line 7 (see instructions) Excess distributions carryover to 2018. 233,169 Subtract lines 7 and 8 from line 6a 10 Analysis of line 9 a Excess from 2013 39,349 17,463 Excess from 2014 2,716 Excess from 2015 84,005 Excess from 2016 89,636 Excess from 2017

Pa	rt XIV Private Operating Fou	undations (see ins	structions and Pai	t VII-A, question 9	9)	
1a	If the foundation has received a ruling or	determination letter th	at it is a private operat	ting		
	foundation, and the ruling is effective for	2017, enter the date o	f the ruling	<b>•</b>		
b	Check box to indicate whether the foundation		_	bed in section 49	942(j)(3) or 4942	2(j)(5)
2a	Enter the lesser of the adjusted net	Tax year	3	Prior 3 years	, , , , , , , , , , , , , , , , , , , ,	
Lu	income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
	investment return from Part X for			(1)	(,	/
	each year listed					
b	85% of line 2a		<u> </u>			
С	Qualifying distributions from Part XII,					
	line 4 for each year listed					<del></del>
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities				/	
е	Qualifying distributions made directly			Í		
	for active conduct of exempt activities					
	Subtract line 2d from line 2c					<del></del>
3	Complete 3a, b, or c for the					
	alternative test relied upon					ļ
а	"Assets" alternative test – enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under			V		
	section 4942(j)(3)(B)(i)					<u></u>
b	"Endowment" alternative test – enter 2/3					
	of minimum investment return shown in					
	Part X, line 6 for each year listed					
С	"Support" alternative test – enter					
	(1) Total support other than gross					!
	investment income (interest,					
	dividends, rents, payments on					
	securities loans (section	<i></i>				
	512(a)(5)), or royalties)					<del></del>
	(2) Support from general public					
	and 5 or more exempt organizations as provided in					
	section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from					
	an exempt organization					 
	(4) Gross investment income		· <u> </u>	<del></del>		
P:	art XV Supplementary Inform	nation (Complete	this part only if	the foundation h	ad \$5 000 or more	in assets at
	any time during the y	_	•	the realitation in	aa 40,000 or more	, iii assets at
1	Information Regarding Foundation Ma					
-	List any managers of the foundation who	_	e than 2% of the total	contributions received	by the foundation	
а	before the close of any tax year (but only				*	
	N/A	, il diey have condibute	co more man \$5,000)	(See Section 507 (d)(2)	' '	
	List any managers of the foundation who	own 10% or more of t	the stock of a corporat	ion (or an equally large	notion of the	<del></del>
D	ownership of a partnership or other entity			· · · · -	portion of the	
	N/A	y) of willon the foundat	ion has a 10 % or grea	ter interest		
_	Information Regarding Contribution, (	Grant Gift Loan Sch	olambin etc. Progr			
2	Check here ► X if the foundation only				lana ant namet	
	unsolicited requests for funds. If the four			-		
	· ·		ants, etc., to individual	is or organizations und	er other conditions,	
	complete items 2a, b, c, and d See insti		£45			<del></del>
а	The name, address, and telephone num	ber or email address o	the person to whom	applications should be	addressed	
	N/A					
	<u></u>	<del></del>	<del></del>			
b	The form in which applications should be	e submitted and inform	ation and materials the	ey should include		
	_N/A	<del></del>				
С	Any submission deadlines					
	N/A					
d	Any restrictions or limitations on awards	, such as by geographi	ical areas, charitable fi	elds, kinds of institution	ns, or other	<u>-</u>
	factors					
	N/A					
DAA		<del></del> _				Form 990-PF (2017

.Supplementary Information (continued) Part XV 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor Paid during the year See Statement 7 260,000 ▶ 3a 260,000 Total b Approved for future payment N/A Total **▶** 3b

	Analysis of Income-Producing Acamounts unless otherwise indicated		t business income	Excluded	by section 512, 513, or 514	(e)
·		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
_	service revenue	<del>                                     </del>		<del></del>		(
		·		+		<del></del>
		·				
d						
f						
g Fees	s and contracts from government agencies					<del></del>
-	ship dues and assessments			1 "1		<del></del>
	on savings and temporary cash investments		· .	14	366	
4 Dividend	ds and interest from securities			14	98,210	
5 Net renta	al income or (loss) from real estate					
a Debi	t-financed property					
<b>b</b> Not	debt-financed property					
6 Net renta	al income or (loss) from personal property					
7 Other in	vestment income					
8 Gain or (	(loss) from sales of assets other than inventory					402,357
	ome or (loss) from special events					
•	rofit or (loss) from sales of inventory	ļ	<del></del>			
	evenue a			_		
	. <u> </u>				<del></del>	
		-		<del></del>		
		·			<del></del>	
e	I Add columns (b), (d), and (e)		· · ·	0	98,576	402,357
	I And Collimns (b) (d) and (e)					
		<u> </u>		<u> </u>		
13 Total. A	dd line 12, columns (b), (d), and (e)	<u> </u>		<u>VI 1</u>	13	500,933
13 Total. A (See worksh	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations )	ccomplishme	ent of Exempt		13	
13 Total. A (See worksh Part XV	add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations ) I-B Relationship of Activities to the A			Purpose	13 <u> </u>	
13 Total. A (See worksh	add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations )    B Relationship of Activities to the A   Explain below how each activity for which incom	e is reported in co	olumn (e) of Part X\	Purpose:	13s	500,933
13 Total. A (See worksh Part XV Line No.	add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations ) I-B Relationship of Activities to the A	e is reported in co	olumn (e) of Part X\	Purpose:	13s	500,933
13 Total. A (See worksh Part XV Line No. ▼	add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations )    B Relationship of Activities to the A   Explain below how each activity for which incom	e is reported in co	olumn (e) of Part X\	Purpose:	13s	500,933
13 Total. A See worksh Part XV Line No. ▼	add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations )    B Relationship of Activities to the A   Explain below how each activity for which incom	e is reported in co	olumn (e) of Part X\	Purpose:	13s	500,933
13 Total. A See worksh Part XV Line No. ▼	add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations )    B Relationship of Activities to the A   Explain below how each activity for which incom	e is reported in co	olumn (e) of Part X\	Purpose:	13s	500,933
13 Total. A See worksh Part XV Line No. ▼	add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations )    B Relationship of Activities to the A   Explain below how each activity for which incom	e is reported in co	olumn (e) of Part X\	Purpose:	13s	500,933
13 Total. A See worksh Part XV Line No. ▼	add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations )    B Relationship of Activities to the A   Explain below how each activity for which incom	e is reported in co	olumn (e) of Part X\	Purpose:	13s	500,933
13 Total. A See worksh Part XV Line No. ▼	add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations )    B Relationship of Activities to the A   Explain below how each activity for which incom	e is reported in co	olumn (e) of Part X\	Purpose:	13s	500,933
13 Total. A See worksh Part XV Line No. ▼	add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations )    B Relationship of Activities to the A   Explain below how each activity for which incom	e is reported in co	olumn (e) of Part X\	Purpose:	13s	500,933
13 Total. A See worksh Part XV Line No. ▼	add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations )    B Relationship of Activities to the A   Explain below how each activity for which incom	e is reported in co	olumn (e) of Part X\	Purpose:	13s	500,933
13 Total. A See worksh Part XV Line No. ▼	add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations )    B Relationship of Activities to the A   Explain below how each activity for which incom	e is reported in co	olumn (e) of Part X\	Purpose:	13s	500,933
13 Total. A (See worksh Part XV Line No. ▼	add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations )    B Relationship of Activities to the A   Explain below how each activity for which incom	e is reported in co	olumn (e) of Part X\	Purpose:	13s	500,933
13 Total. A (See worksh Part XV Line No. ▼	add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations )    B Relationship of Activities to the A   Explain below how each activity for which incom	e is reported in co	olumn (e) of Part X\	Purpose:	13s	500,933
13 Total. A (See worksh Part XV Line No. ▼	add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations )    B Relationship of Activities to the A   Explain below how each activity for which incom	e is reported in co	olumn (e) of Part X\	Purpose:	13s	500,933
13 Total. A (See worksh Part XV Line No. ▼	add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations )    B Relationship of Activities to the A   Explain below how each activity for which incom	e is reported in co	olumn (e) of Part X\	Purpose:	13s	500,933
13 Total. A (See worksh Part XV Line No. ▼	add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations )    B Relationship of Activities to the A   Explain below how each activity for which incom	e is reported in co	olumn (e) of Part X\	Purpose:	13s	500,933
13 Total. A (See worksh Part XV Line No. ▼	add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations )    B Relationship of Activities to the A   Explain below how each activity for which incom	e is reported in co	olumn (e) of Part X\	Purpose:	13s	500,933
13 Total. A (See worksh Part XV Line No. ▼	add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations )    B Relationship of Activities to the A   Explain below how each activity for which incom	e is reported in co	olumn (e) of Part X\	Purpose:	13s	500,933
13 Total. A See worksh Part XV Line No. ▼	add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations )    B Relationship of Activities to the A   Explain below how each activity for which incom	e is reported in co	olumn (e) of Part X\	Purpose:	13s	500,933
13 Total. A (See worksh Part XV Line No. ▼	add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations )    B Relationship of Activities to the A   Explain below how each activity for which incom	e is reported in co	olumn (e) of Part X\	Purpose:	13s	500,933
13 Total. A (See worksh Part XV Line No. ▼	add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations )    B Relationship of Activities to the A   Explain below how each activity for which incom	e is reported in co	olumn (e) of Part X\	Purpose:	13s	500,933
13 Total. A (See worksh Part XV Line No. ▼	add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations )    B Relationship of Activities to the A   Explain below how each activity for which incom	e is reported in co	olumn (e) of Part X\	Purpose:	13s	500,933
13 Total. A See worksh Part XV Line No. ▼	add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations )    B Relationship of Activities to the A   Explain below how each activity for which incom	e is reported in co	olumn (e) of Part X\	Purpose:	13s	500,933
13 Total. A (See worksh Part XV Line No. ▼	add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations )    B Relationship of Activities to the A   Explain below how each activity for which incom	e is reported in co	olumn (e) of Part X\	Purpose:	13s	500,93

orm 990-PF (20	17) CDM FOUND	ATION,	INC.	36-3656304		Pa	ge <b>13</b>
Part XVII	Information Regardate Exempt Organiza		insfers To and Transaction	ons and Relationships With Noncha	ritable		_
1 Did the org			je in any of the following with any	other organization described		Yes	No
in section :	501(c) (other than secti	on 501(c)(3)	organizations) or in section 527,	relating to political			
organizatio	ins?						
a Transfers f	rom the reporting found	ation to a no	ncharitable exempt organization	of		-	
(1) Cash					1a(1)		X
(2) Other	assets				1a(2)	<u> </u>	X
<b>b</b> Other trans							
• •	of assets to a noncharit	•	<u> </u>		1b(1)	ļ	<u>X</u>
` '	ises of assets from a no		· •		1b(2)		X
<b>,</b> , ,	of facilities, equipment,		ets		1b(3)		X
• •	ursement arrangements	<b>;</b>			1b(4)	-	X
• •	or loan guarantees		- firedesiana adjointiana		1b(5)	-	X
• •			r fundraising solicitations		1b(6)	_	X
-	· ·	-	ther assets, or paid employees	umn (b) should always show the fair market	_ 1c_		
				If the foundation received less than fair market			
	=			of the goods, other assets, or services received			
(a) Line no	(b) Amount involved		e of noncharitable exempt organization	(d) Description of transfers, transactions, and si	naring arrangeme	ents	
I/A							
				<del>-</del>			
*							
						-	
			<u> </u>			_	
		<u> </u>					
		<u> </u>					
		<u> </u>					
		<u> </u>		<u> </u>			
	•	•	with, or related to, one or more to 501(c)(3)) or in section 527?	ax-exempt organizations	☐ Y	es X	No
b If "Yes," co	omplete the following so	hedule					
37/3	(a) Name of organization		(b) Type of organization	(c) Description of relationship	<u> </u>		
N/A				<del>                                     </del>		<u>_</u>	
	· · · · · ·						
<u></u> -							
Under p	enalties of perjury, I declare the	nat I have examle	ned this return, including accompanying so	chedules and statements, and to the best of my knowledge ar	d belief, it is true	<del></del>	
Sign	and complete Declaration of	preparer (other t	than taxpayer) is based on all information of	May the	IRS discuss this repreparer shown b		No
Here	/ Inthi	X	10	1/28/2018 Treasurer			
=	- YUKUK	$\mathscr{H} \rightarrow \!$	, Da	Title			

Preparer's signature

Form **990-PF** (2017)

Check f rf self-employed

Date

PTIN

Firm's EIN Phone no

06/28/18

Paid

Preparer

Use Only

Print/Type preparer's name

Firm's name ▶

Firm's address ▶

(12)(13)(14)(15)

CDM 06/28/2018 3 00 PM Capital Gains and Losses for Tax on Investment Income 990,PF 2017 Form For calendar year 2017, or tax year beginning and ending Name **Employer Identification Number** 36-3656304 CDM FOUNDATION, INC. (b) How acquired P-Purchase D-Donation (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 (C) Date acquired (mo , day, yr ) (d) Date sold (mo , day, yr ) D 01/04/93 02/10/17 2,000 Shs BP Amoco (1)01/04/93 2,000 Shs BP Amoco D 08/10/17 (2) P 2,000 Shs CSW Industrials, Inc. 01/06/10 02/10/17 (3)P 01/06/10 11/29/17 3,000 Shs CSW Industrials, Inc. (4)01/16/90 1,000 Shs Exxon Mobile Corp. D 02/10/17 (5) 01/16/90 08/10/17 932 Shs Exxon Mobile Corp. D (6)1,000 Shs Illinois Tool Works, Inc. D 09/27/91 02/10/17 (7)02/08/17 08/10/17 500 Shs International Business M P (8)2,000 Shs Sealed Air Corporation P 02/08/17 05/18/17 (9)(10)(11)(12)(13) (14)(15)(f) Depreciation allowed (or allowable) (h) Gain or (loss)
(e) plus (f) minus (g) (e) Gross sales price (g) Cost or other basis plus expense of sale 37,740 68,767 31,027 (1) 37,740 33,571 71,311 (2) 38,417 33,183 71,600 (3) 144,900 57,536 87,364 (4)82,780 <u>13,147</u> 69,633 (5)73,759 12,252 61,507 (6)8,676 126,880 118,204 (7)88,946 -17,958 70,988 (8) 99,735 85,561 -14,174(9)(10)(11)(12)(13)(14) (15)Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Gains (Col. (h) gain minus col. (k), but not less than -0-) OF Losses (from col. (h)) (i) FMV as of 12/31/69 (k) Excess of col (i) over col (j), if any (j) Adjusted basis as of 12/31/69 31,027 (1) 33,571 (2)33,183 (3) 87,364 (4) 69,633 (5) 61,507 (6) 118,204 (7) -17,958(8) -14,174(9) (10) (11)

### CDM CDM FOUNDATION, INC.

### Federal Statements

36-3656304 FYE: 12/31/2017

Fees
ccounting
16b - A
, Line
Partl
990-PF,
- Form
Statement 1

Charitable Purpose	\$	\$
Adjusted Net		0
	·	<b>‹</b> ›
Net estment	5,000	5,000
Inve	တ	w.
Total	5,000	5,000
		w
Description	OLIVER ESTATE, INC.	Total

## Statement 2 - Form 990-PF, Part I, Line 16c - Other Professional Fees

Description		Total	<u>"</u>	Net vestment	Adjusted Net	Charitable Purpose
OLIVER ESTATE, INC.	ᡐ	27,500	· ΥΥ	27,500	\$	S.
Total	· .	27,500	ςς.	27,500	0	\$

### Statement 3 - Form 990-PF, Part I, Line 18 - Taxes

Charitable Purpose	\$	\$
Adjusted Net		0
¥	ᡐ	ς.
Net ivestment		0
Inve	တ	φ.
Total	5,000	5,000
'	တ	ς.
Description	QTRLY EST. EXCISE TAX INVEST INC	Total

## Statement 4 - Form 990-PF, Part I, Line 23 - Other Expenses

Adjusted Charitable Net Purpose	<b>У</b>			\$ 0 \$
Net Investment	۲ŷ			\$
Total	<b>የ</b> ጉ	115	414	\$ 529
Description		Expenses ILLINOIS CHARITY ANNUAL FILIN	STATIONARY AND POSTAGE	Total

### CDM CDM FOUNDATION, INC.

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1

36-3656304 FYE: 12/31/2017

### Federal Statements

Statement 5 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description	beginning of Year	ן≺נּ	End of Year	Basis of Valuation	Fair Market Value
SHS A T & T	\$ 97,367	<b>‹</b> ›	97	Cost	\$ 116,640 130.800
SHS APPLE, INC CL	04,26		4,26	Cost	52,30
SHS	148,808			Cost	
SHS BP PLC			3,9	Cost	168,120
SHS			94,898	Cost	18,93
SHS	0,69		0,69	Cost	32,40
SHS C	95			Cost	
SHS DISN	1,35		101,357	Cost	107,510
SHS EASTMAN CHEMIC			7,75	Cost	2,64
SHS	50,280			Cost	
EXXON MOBILE C				Cost	167,280
SHS HOME			2,44	Cost	23,19
SHS ILLING	24,797			Cost	
SHS ILLINOIS TOOL			6,53	Cost	3,70
JP MORGAN CHASE & CO			6,19	Cost	06,94
SHS JOHNSON & JOHN			7,62	Cost	98'6
Σ			2,81	Cost	5,54
			2,82	Cost	0,92
SHS PHILIP MORRIS INT'L, INC.	7,16		97,163	Cost	26
PEPSICC	068,890		8,89	Cost	9,80
S PFIZER,	5,16		5,16	Cost	89,76
0,	0,79		0,79	Cost	37,82
			6,70	Cost	1,47
$\circ$			5,40	Cost	7,51
VECTOR GROUP	0,50			Cost	
SHS VECTOR GROUP LTD			140,505	Cost	148,044
SHS WELLS FARGO & COMPANY	77,375		, 3	Cost	1,00
otal	\$ 1,378,080	\$ 1,	951,057		\$ 3,308,972

3:00 PM	
6/28/2018	

### CDM CDM FOUNDATION, INC.

36-3656304 FYE: 12/31/2017

### **Federal Statements**

# Statement 6 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc.

Name and Address		Title	Average Hours	Compensation	Benefits	Expenses
ANNE D. WALLACE		Pres/Dir.	1.00	0	0	0
DONALD M. RIGGS 112 W. JEFFERSON BLVD. SOUTH BEND IN 46601	SUITE 250	Treasurer	3.00	0	0	0
JAMES G. HART 112 W. JEFFERSON BLVD. SOUTH BEND IN 46601	SUITE 250	Director	3.00	0	0	0
WALTER W. BELL		Sec./Dir.	1.00	0	0	0
JOHN V.N. MCCLURE		VP/Dir.	1.00	0	0	0

# Statement 7 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

## Address Name

Address	Relationship	Status	- Purpose	Amount
ALLIANCE FOR THE GREAT LAKES	CHICAGO, IL			
	NONE		CHARITABLE	1,500
APLASTIC ANEMIA AND MDS INT'L FD	FD BETHESDA, MD			
	NONE		CHARITABLE	13,000
APTA	PITTSBURGH, PA			•
	NONE		EDUCATIONAL	1,000
ATWILL MEMORIAL CHAPEL	NORTHPORT, MI			
	NONE		RELIGIOUS	000.6
BALLET VERO BEACH	VERO BEACH, FL			
	NONE		EDUCATIONAL	1,000
BLACK SHEEP CROSSING	NORTHPORT, MI			
	NONE		CHARITABLE	3,000
CHICAGO BOTANIC GARDEN	GLENCOE, IL			
	NONE		CHARITABLE	1,500

2-9

### **Federal Statements**

Name Address Relationship	Address Status	Purpose	Amount
SAN FRANCISCO, NONE		CHARITABLE	2,500
SAN FRANCISCO, NONE	scu, cA	CHARITABLE	1,000
NONE CONCORD, C.		CHARITABLE	1,000
GRAISLARE, IL NONE	<b>-</b>	CHARITABLE	009
NEW YORK, NY NONE	ΛX	CHARTTABLE	1.000
HANOVER, NH	Ŧ		
NONE DAVIDSON, NC	30	EDOCALIONAL	000'7
NONE SAN FRANCISCO	SCO. CB	EDUCATIONAL	4,000
NONE 1 ARE EOBES!	-	EDUCATIONAL	2,000
NONE NONE FOREST,	77	EDUCATIONAL	200
NONE	СA	CHARITABLE	5,200
PRESBYTERIA EVANSTON, IL NONE	I.	BELIGIOUS	2.000
GLEN ARBOR ART ASSOCIATION GLEN ARBOR, MI	MI		
SAN FRA	NCISCO, CA	EDUCATIONAL	200
NONE WITMENTE II	Į <del>.</del>	CHARITABLE	1,000
NONE	<del>-</del>	CHARITABLE	400
THE BLIND WINNETKA, IL NONE	1.	EDUCATIONAL	1,000
CENTER VERO BEACH,	FL	ק ומגפוסגטי.	
CHICAGO, IL	-	Charilable	006,1
		EDUCATIONAL	2,000

### Federal Statements

Name	Address		
Address	Relationship Status	Purpose	Amount
KENILWORTH UNION CHURCH	KENILWORTH, IL	RELIGIOUS	7,000
LAKE FOREST OPEN LANDS ASSOCIATION	LAKE FOR	CHARITABLE	16,000
LEELANAU CONVERVANCY	LELAND, MI NONE CHICACO II	CHARITABLE	11,500
LITTLE TRAVERSE CONSERVAN	· 0.	CHARITABLE	2,000
T.TPOPROTETN A FOIINDATION	RIOS, CA	CHARITABLE	2,000
MCKEE BOTANICAL GABDEN	ACH.	CHARITABLE	13,000
MCLAREN NORTHERN MT HOSPITAI.		CHARITABLE	2,000
MEDIEND	NONE SAN MATEO. CA	CHARITABLE	1,000
MERIT SCHOOL OF MISTC		CHARITABLE	12,200
_ ^	_	EDUCATIONAL	200
ATIVE & HOSPICE	. 3	CHARITABLE	10,000
	NE TRAVERSE C	CHARITABLE	5,000
NORTH POINT RECREATION PROGRAM	IM LN.	CHARITABLE	1,000
NORTHPORT ARTS ASSOCATITON		CHARITABLE	1,000
NORTH SHORE ART LEAGIE	NONE FVANSTON 11.	CHARITABLE	200
NON NORTHSHORE UNIVERSITY HEALTHSYSTEM	E FVANSTON.	EDUCATIONAL	1,000
	· · · · · · · · · · · · · · · · · · ·	CHARITABLE	1,000

### Federal Statements

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Name	Addres	ı	•
Address	Relationship Status	Purpose	Amount
PARCA	BURLINGAME, CA	FDUCATIONAL	1,000
PATHFINDER INTERNATIONAL	MATERTOWN, MA		
PENTNSHILD FAMILY SEBUICE	NONE SAN MATEO. CA	CHARITABLE	2,500
	ONE	EDUCATIONAL	2,000
FLANNED FAKENTHOOD/N. CALIFORNIA	ONE	CHARITABLE	3,500
PORCHLIGHT COUNSELING SERVICE	EVANSTON. IL NONE	EDUCATIONAL	1,000
PRESERVATION FOUNDATION	LIBERTYVILLE, IL	6 H T C K H T	
RAGDALE	NONE LAKE FOREST, IL	Charilable	000 17
משואמשה פווטמנוום	T HOMED	CHARITABLE	200
NI CENCE TITLE THE PROPERTY OF		CHARITABLE	1,500
RUSH UNIVERSITY MEDICAL CENTER	CHICAGO, IL NONE	EDUCATIONAL	1,000
SMITH COLLEGE	NORTH HAMPTON, MA	+ ****	
ST. GERMAIN CHILDREN'S CHARITY	NONE LA JOLLA, CA	EDUCALIONAL	3,500
ST HELENA HOSPITAL FOUNDATION	NONE ST HELENA CA	CHARITABLE	5,200
	NONE THE THE THE THE THE THE THE THE THE TH	CHARITABLE	2,000
	LA, CA	RELIGIOUS	5,200
NHOO	HAKBOK SEKINGS, MI NONE	RELIGIOUS	1,000
THE ART INSTITUTE OF CHICAGO	CHICAGO, IL NONE	FOIICATIONAL	005
THE CAMPING AND EDUCATION FOUNDATIO	DATIO CINCINNATI, OH	TOWN	
N THE CHICAGO COMM - YOUNG LEADERS	NONE (S CHICAGO, IL	EDUCATIONAL	1,000
	ONE	EDUCATIONAL	1,000

### Federal Statements

Name	Address	ress	1	
Address	Relationship	Status	Purpose	Amount
THE HISTORY MUSEUM	SOUTH BEND, IN	N		1
	NONE		EDUCATIONAL	3,000
THE HOTCHKISS SCHOOL	LAKEVILLE, CT	· .		
	NONE		EDUCATIONAL	10,000
THE LAKE COUNTY COMMUNITY FD	WAUKEGAN, IL			
	NONE		CHARITABLE	2,500
THE NOVALIS PROJECT	ASHLAND, OR			
	NONE		EDUCATIONAL	32,200
THE SOURCE	VERO BEACH, FL	Į.		
	NONE		EDUCATIONAL	2,000
UNITED AGAINST POVERTY	ORLANDO, FL			
	NONE		CHARITABLE	2,000
UNITED RELIGIONS INITIATIVE	SAN FRANCISCO, CA	), CA		
	NONE		RELIGIOUS	1,500
UNIVERSITY OF CHICAGO	CHICAGO, IL			
	NONE		EDUCATIONAL	1,500
WILLIAMS COLLEGE	WILLIAMSTOWN, MA	MA		
	NONE		EDUCATIONAL	1,000
YALE ANNUAL FUND - 1944	NEW HAVEN, CT	г.		
	NONE		EDUCATIONAL	2,000
Total				260,000

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. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

2017

Name of the organization

**Employer identification number** 

CDM FOUNDAT	ION, INC.	36-3656304
Organization type (chec	k 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 found	ation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	n
	<b>▼</b> 501(c)(3) taxable private foundation	
	n is covered by the <b>General Rule</b> or a <b>Special Rule</b> . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a	a Special Rule See
General Rule		
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contribution by or property) from any one contributor. Complete Parts I and II. See instructions I contributions.	_
Special Rules		
regulations unde 13, 16a, or 16b, a	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33½% r sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or and that received from any one contributor, during the year, total contributions of 6 of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Co	r 990-EZ), Part II, line f the greater of <b>(1)</b>
contributor, durin	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receing the year, total contributions of more than \$1,000 exclusively for religious, charutional purposes, or for the prevention of cruelty to children or animals. Complete	ritable, scientific,
contributor, durin contributions tota during the year fo General Rule ap	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that recapt the year, contributions exclusively for religious, charitable, etc., purposes, but alled more than \$1,000. If this box is checked, enter here the total contributions the or an exclusively religious, charitable, etc., purpose. Don't complete any of the proplies to this organization because it received nonexclusively religious, charitable or more during the year	no such hat were received arts unless the
990-EZ, or 990-PF), but	n that isn't covered by the General Rule and/or the Special Rules doesn't file Sch it <b>must</b> answer "No" on Part IV, line 2, of its Form 990, or check the box on line I 22, to certify that it doesn't meet the filing requirements of Schedule B (Form 990	H of its Form 990-EZ or on its

Page 2

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization CDM FOUNDATION, INC. Employer identification number 36-3656304

Part f	Contributors (see instructions) Use duplicate copies of F	art i it additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Anne C. McClure Charitable Annuity Trust U/A DTD 2/26/1971 P.O. Box 1655 South Bend IN 46634-1655	\$ 79,573	Person X Payroll - Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)