Department of the Treasury Internal Revenue Service



## Extended to November 15, 2018 Return of Private Foundation

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

	2017 or tax year be	<del></del>		, and ending		
Name of foundat	on				A Employer identification	on number
Communi	ty Memori	al Foundat	ion		36-401238	0
		all is not delivered to stree	•	Room/suite	B Telephone number	
3 15 Spin	ning Whee	1 Road		326	(630)654-	4729
		y, and ZIP or foreign	postal code		C If exemption application is	
- ·	e, IL 60					,
		itial return	Initial return of a fo	rmer public charity	D 1. Foreign organizatio	ns, check here
G Check all that		nal return	Amended return			,
	= =	idress change	Name change		Foreign organizations is check here and attach	meeting the 85% test,
■ Check type of			xempt private foundation		1	
		· ~	Other taxable private founda	ution UY	E If private foundation s under section 507(b)(	1
1 (12)	e of all assets at end		ing method: Cash	X Accrual	) ' '	
(from Part II, co	t (c) line 16)	·   —	ther (specify)	Accidat	F If the foundation is in under section 507(b)(	
S CHOILLE	95 969		mn (d) must be on cash basi	s.)	under section sor(b)(	I)(D), Clicck liefe
	is of Revenue and E				(a) Advested not	(d) Disbursements
(The tot	al of amounts in columns rily equal the amounts in	(b), (c), and (d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
			· · · · · · · · · · · · · · · · · · ·		N/A	(cash basis only)
	utions, gifts, grants, e				N/A	<del>                                     </del>
	I tile toutloadon is to in savings and temporary estments			<del> </del>		
C3'		1 011	2,062,250.	2,067,747.		Statement 2
1	ds and interest from	securities & M	2,002,230.	2,001,141.		Statement 2
' 5a Gross r		-				<del> </del>
-	I income or (loss)		0 126 555			Statement 1
o ba Net gain	or (loss) from sale of assets price for all		9,126,555.		-	Statement 1
D assets o	line 6a <u>40</u>	,813,359.	<u> </u>	0 140 725		
ت ن ۳	ain net income (from Pari		FIVELLO	9,140,725.		
8 Net Silc	rt-term capital gain	RE				
Gross sa	modifications les less returns	L_F	V 1 4 2018 19	···		
10a and allow						
	st of goods sold	<u> </u>	-31 111			
	rofit or (loss)	150	GDEN, UI	0.601		
11 Other in		<u> </u>		2,691.		Statement 3
	dd lines 1 through 1	1	11,203,265.	11,211,163.		100 705
13 Compen	sation of officers, director	rs, trustees, etc	239,512.	89,781.		198,795.
	nployee salaries and	•	434,983.	54,415.		376,668.
ω l	plans, employee be	_	209,523.	20,563.		146,460.
16a Legal fo		Stmt 4	5,529.	692.		4,837.
b Account	•	Stmt 5	68,745.	11,385.		57,360.
, 道 c Other p	ofessional fees	Stmt 6	536,243.	375,736.		160,507.
i <u>§</u> 17 Interes		<b>.</b>	3,315.	3,315.		0.
18 Taxes		Stmt 7	256,966.	45,321.	-	0.
! <u>.</u> ⊑  `	ation and depletion		11,873.	1,544.		P4 0=1
E 20 Occupa			58,688.	7,630.		51,058.
21 Travel, 22 Printing 23 Other e 24 Total o expens	conferences, and me	etings	68,625.	1,469.		67,156.
22 Printing	and publications		5,563.	593.		4,970.
23 Other e	penses	Stmt 8	94,637.	16,485.		78,152.
ੇ ਛ 24 Totalo	erating and admini	strative				
	es. Add lines 13 thro	ugh 23	1,994,202.	628,929.		1,145,963.
25 Contrib	utions, gifts, grants p	aid	2,500,538.			3,111,038.
26 Total e	penses and disburs	ements.				•
Add lin	s 24 and 25		4,494,740.	628,929.		4,257,001.
	t line 26 from line 12	<u> </u>				
	revenue over expenses		6,708,525.			<u> </u>
	estment income (if ne			10,582,234.		
D Netinv			_			
	d net income (if negat	tive, enter -0-)		1 Gul	N/A	

94,630,662. Form **990-PF** (2017)

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

Form **990-PF** (2017)

4,257,001.

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 Enter qualifying distributions-from Part XII, line 4

	990-PF (2017) Community Memorial Foundation rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4		4012380 - see instru		Page 4	
	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	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1	21	1,6	45.	
	of Part I, line 27b				Ī	
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	<u></u>		0.	
3	Add lines 1 and 2	3	21	1,6	<u>45.</u>	
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	21	1,6	<u>45.</u>	
6	Credits/Payments:	1 1				
a	2017 estimated tax payments and 2016 overpayment credited to 2017  6a 163,665.		•			
	Exempt foreign organizations - tax withheld at source 6b 0.		•	-		
	Tax paid with application for extension of time to file (Form 8868)  6c 100,000.				<i>'</i>	
	Backup withholding erroneously withheld 6d 0.					
7	Total credits and payments. Add lines 6a through 6d	7	26	<u>3,6</u>		
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached	8			0.	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		2 0	20	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  Enter the amount of line 10 to be: Credited to 2018 estimated tax   52,020   Refunded	10		2,0	0.	
11 Da	Enter the amount of line 10 to be: Credited to 2018 estimated tax ► 52,020. Refunded ►  rt VII-A   Statements Regarding Activities	11			<u> </u>	
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın		Yes	No	
Ia	any political campaign?		1a		X	
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the defin	ition	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.					
C	Did the foundation file Form 1120-POL for this year?		1c		X	
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. $\triangleright$ \$ 0. (2) On foundation managers. $\triangleright$ \$ 0.					
е	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?		2		X	
	If "Yes," attach a detailed description of the activities.		4		.	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	r				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		<u>X</u>	
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a	X		
	If "Yes," has it filed a tax return on Form 990-T for this year?		4b	X		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	••	. 5		X	
_	If "Yes," attach the statement required by General Instruction T.				1	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or     Protects legislation that effectively amonds the governing instrument so that no mandatory directions that conflict with the state.	law				
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state remain in the governing instrument?</li> </ul>	ια₩	6	$\overline{\mathbf{x}}$		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV		7	X		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If Tes, complete Farth, co. (c), and Farthy		<b>-</b>	-43	Ī	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			, ,	.	
va	IL		<del></del>	,		
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		<del></del>		_	
_	of each state as required by General Instruction G? If "No," attach explanation		8b	X		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale	ndar				1
-	year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," 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		X	•
			Form <b>990</b>	)-PF	(2017)	

Pa	irt VII-A   Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(1,3)? If "Yes," attach schedule. See instructions	11		<u> </u>
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		<u> X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► www.cmfdn.org			
14	The books are in care of ► Community Memorial Foundation Telephone no. ► (630)		-47	<u> 29</u>
	Located at ► 15 Spinning Wheel Rd, Ste. 326, Hinsdale, IL ZIP+4 ►60	1521		$\overline{}$
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	37	<b>,</b> ,▶	· 🔲
	and enter the amount of tax-exempt interest received or accrued during the year		/A Yes	Na
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,	$\overline{}$		NO
	securities, or other financial account in a foreign country?	16	Х	1
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country   See Statement 17	l.	,	
Pa	art VII-B   Statements Regarding Activities for Which Form 4720 May Be Required	γ.		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	Т	Yes	No
1.	During the year, did the foundation (either directly or indirectly):			
10	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No	,		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	.		
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?   X Yes No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available	•		٤
	for the benefit or use of a disqualified person)?	.		l
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	rf 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.)	.		
t	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	1b	Х	
	Organizations relying on a current notice regarding disaster assistance, check here			
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			لــــا
	before the first day of the tax year beginning in 2017?	1c		. X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			ŀ
	defined in section 4942(j)(3) or 4942(j)(5)):			
a	that 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
	If "Yes," list the years \( \bigs			
٠	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		
,	to the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			. 1
32	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			}
	during the year?			
t	If "Yes," did it have excess business holdings in 2017 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,		<u> </u>	
	Form 4720, to determine if the foundation had excess business holdings in 2017.) N/A	3ь		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
t	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			لــيــا
	had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b_		X
	Fo	rm <b>99</b> 0	-PF	(2017)

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

Total. Add lines 1 through 3

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P	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		·
·	Average monthly fair market value of securities	1a	87,430,776.
	Average of monthly cash balances	1b	4,736,795.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	92,167,571.
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	92,167,571.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,382,514.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	90,785,057.
6	Minimum investment return Enter 5% of line 5	6	4,539,253.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an	d certain	
	foreign organizations, check here  and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	4,539,253.
2a	Tax on investment income for 2017 from Part VI, line 5 211,645.		
b	Income tax for 2017. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	211,645.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	4,327,608.
4	Recoveries of amounts treated as qualifying distributions	4	13,882.
5	Add lines 3 and 4	5	4,341,490.
6	Deduction from distributable amount (see instructions)	6	0.
<u>7_</u>	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	4,341,490.
P	art XII Qualifying Distributions (see instructions)	<del></del> -	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		4 055 001
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	4,257,001.
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	<u>.</u>
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
þ	Cash distribution test (attach the required schedule)	3b	4 055 004
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	4,257,001.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		•
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	4,257,001.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies fo	or the section
	4940(e) reduction of tax in those years.		

Part XIII Undistributed Income (see	e instructions)			
	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				4,341,490.
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only			0.	
b Total for prior years:				
,,		0.		
3 Excess distributions carryover, if any, to 2017:				
a From 2012 436,708.				
b From 2013 97,855.				
<b>c</b> From 2014				
d From 2015				
e From 2016 235,543.				
f Total of lines 3a through e	770,106.			
4 Qualifying distributions for 2017 from				· · -
Part XII, line 4: ►\$ 4,257,001.				
a Applied to 2016, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			•
d Applied to 2017 distributable amount				4,257,001.
e Remaining amount distributed out of corpus	0.			•
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a).)	84,489.			84,489.
6 Enter the net total of each column as indicated below:				
·	685,617.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract	003,017.			
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2016. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2017. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2018		_		0.
7 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)	0.			<u> </u>
8 Excess distributions carryover from 2012				
not applied on line 5 or line 7	352,219.			<u></u>
9 Excess distributions carryover to 2018.				
Subtract lines 7 and 8 from line 6a	333,398.			
10 Analysis of line 9:				
a Excess from 2013 97,855.				
b Excess from 2014	ļ			
c Excess from 2015				
d Excess from 2016 235 543				

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e Excess from 2017

		<u>Foundation</u>			<u>012380                                    </u>
Part XIV Private Operating Fou		<del></del>	I-A, question 9)	N/A	···
1 a If the foundation has received a ruling or d	etermination letter that	t it is a private operating			
foundation, and the ruling is effective for 2	017, enter the date of t	the ruling	<b>▶</b> <u> </u>		
b Check box to indicate whether the foundati	on is a private operatir	ng foundation described		4942(j)(3)_or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
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>b</b> 85% of line 2a	. <del></del>				
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of		İ			
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)		/	1		
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:	_				
(1) Total support other than gross		/			
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)				1	
(2) Support from general public					
and 5 or more exempt	/				
organizations as provided in section 4942(j)(3)(B)(ii)					
(3) Largest amount of support from					
an exempt organization	2				
(4) Gross investment income					
Part XV Supplementary Inforr	nation (Comple	te this part only	if the foundation	had \$5,000 or n	nore in assets
at any time during the				•	
1 Information Regarding Foundation	Managers:				
a List any managers of the foundation who h	_	than 2% of the total con-	tributions received by the	foundation before the c	lose of any tax
year (but only if they have contributed mor			·		•
None					
b List any managers of the foundation who	own 10% or more of th	e stock of a corporation	(or an equally large porti	on of the ownership of a	partnership or
other entity) of which the foundation has a			. , , , , , , , , , , , , , , , , , , ,	,	
None					
2 Information Regarding Contribution	n. Grant. Gift. Loan	Scholarship, etc., P	rograms		
Check here ▶ ☐ If the foundation only				not accept unsolicited rei	quests for funds. If
the foundation makes gifts, grants, etc., to					•
a The name, address, and telephone numbe	r or email address of th	he person to whom appli	cations should be addres	sed:	
See Statement 20					
<b>b</b> The form in which applications should be	submitted and informa	tion and materials they s	hould include:		
c Any submission deadlines:					
d Any restrictions or limitations on awards,	such as hy gengraphic	al areas charitable fields	kinds of institutions or	other factors:	
u Any restrictions of inflitations on awards, s	such as by geographic	ai ai cas, ciiai iladie ileios	, หมานอ บา เมอเมเนเบเเอ, ปา	ULIIGI TAULUIS.	

Fortin 990-PF (2017) Community Me	emorial Found	dation		36-4	1012380 Page 12
Part XVI-A Analysis of Income-Pro	oducing Activities				
Enter gross amounts unless otherwise indicated.	Unrelated bu	siness income		ed by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a					
b					
c	i I				
e	1 1				
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	2,062,250.	
5 Net rental income or (loss) from real estate:	<u> </u>		1		
a Debt-financed property					
b Not debt-financed property	-		+		
6 Net rental income or (loss) from personal					
property 7 Other investment income	523000	11,823.	14	2,691.	<54.
8 Gain or (loss) from sales of assets other	323000	11,023.	<u> </u>	2,031.	
than inventory		-	18	9,126,555.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a			$\vdash$		****
b					
d					
d e					
12 Subtotal. Add columns (b), (d), and (e)		11,823.		11,191,496.	<54.
13 Total. Add line 12, columns (b), (d), and (e)				13	11,203,265.
(See worksheet in line 13 instructions to verify calculation	ons.)				
Part XVI-B Relationship of Activit	ies to the Accomp	olishment of Ex	xempt	Purposes	
Line No. Explain below how each activity for whice the foundation's exempt purposes (other			A contribu	uted importantly to the accom	plishment of
N/A					
					<del></del> -
				······································	
				<del>-</del>	

nere	attend a some	11///8	_ Presi	<u>dent</u>	_ ILXL Yes        No∣
	Signature of officer or trustee	Date /	Title		
Paid Prepai Use O		Preparer's signature  Comparer's signature	Date 11/6/2018	self- employed	PTIN P00357347 5-3994838
	Firm's address ► 2205 Poir Elgin, I	nt Boulevard, Suite L 60123	210	Phone no. 84'	7-228-6977
					Form <b>990-PF</b> (2017)

Sign

May the IRS discuss thi return with the preparer shown below? See instr

Capital Gains and L	osses for Tax on Investment Income							
	nd describe the kind(s) of property sol brick warehouse; or common stock, 2		(b) How acqu P - Purchas D - Donatio	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)			
1a Geneva Capita	l Management - Sh	ort Term Gains a		<del>"   </del>				
	l Management - Lo				<del></del>			
	Short Term Gains							
	Long Term Gains	·						
	angement - Short		oss					
	angement - Long T			-	- "			
	rt Term Gains and			-				
	h Mesirow - Long Term Gains and Losses							
	Manangement - S		and					
	Manangement - L							
	ort Term Gains an		-					
	ng Term Gains and							
	rs Institutional		m G P	Various	Various			
	rsified Fund - Lo	·			Various			
	ne Retirement Pla							
	(f) Depreciation allowed	(g) Cost or other basis		(h) Gain or (loss)	<del> </del>			
(e) Gross sales price	(or allowable)	plus expense of sale	•	e) plus (f) minus (g)				
a 68,381	•	71,492.			<3,111.>			
b 1,846,470		1,093,059.			753,411.			
c 119,585		107,355.			12,230.			
d 8,012,412		5,088,009.		2.	924,403.			
e 124,434		115,671.			8,763.			
f 1,345,607		1,016,229.			329,378.			
g 21,085		21,085.			0.			
h 581,877		583,739.			<1,862.>			
584,785		637,003.			<52,218.>			
3,924,755		2,855,412.		1.	069,343.			
k 3,569,585		3,474,525.			95,060.			
5,165,890		2,464,438.		2	701,452.			
m 2,102,814		2,117,733.			<14,919.>			
n 36,479		41,054.			<4,575.>			
0		<703.	>		703.			
Complete only for assets show	ring gain in column (h) and owned by			Losses (from col. (h))				
	(j) Adjusted basis	(k) Excess of col. (ı)	Gains (exce	ess of col. (h) gain ove				
(i) F.M.V. as of 12/31/69	as of 12/31/69	over col. (j), if any	b	ut not less than "-0-")				
a	1				<3,111.>			
b					753,411.			
C					12,230.			
d				2.	924,403.			
e			-		8,763.			
f					329,378.			
9					0.			
h					<1,862.>			
1					<52,218.>			
<u>-</u>				1	069,343.			
k				<u>- ,</u>	95,060.			
1				2	701,452.			
m	+			۵,	<14,919.>			
n					$\frac{14,515.}{4,575.}$			
	<del> </del>				703.			
0	I	<u> </u>			703+			
2 Capital gain net income or (net	capital loss) { If gain, also enter	r in Part I, line 7 )-" in Part I, line 7	2		<u></u>			
3 Net short-term canital dain or ()	oss) as defined in sections 1222(5) ar	, i						
If gain, also enter in Part I, line if (loss), enter "-0-" in Part I, line	3, column (c).	}	3					

Part IV   Capital Gains and Loss	ses for Tax on Investment Income		To a second		
2-story brid	describe the kind(s) of property sol ck warehouse; or common stock, 2	00 shs. MLC Co.	D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
		ns - Long Term Ga	in		
Capital Gains I	)ividends				
c					
d					
9					
<u> </u>					
]					
1					
<u> </u>					
<u></u>					
<u> </u>					
<u> </u>					
<u>n</u>	<del> </del>				
1				<u> </u>	
0				L_	
(e) Gross sales price	(f) Depreciation allowed	(g) Cost or other basis	(h	) Gain or (loss) plus (f) minus (g)	
. , ,	(or allowable)	plus expense of sale	(6)	Jius (I) IIIIIIus (y)	40 468
		<13,467.>			13,467
1,309,200.				1,	309,200
		<u> </u>			
					<del></del>
		<u> </u>			
	<del></del>				
	<u> </u>				
	<u> </u>				
		Ab a face data a an 40/04/00			
Complete only for assets showing	g gain in column (h) and owned by		(I) Los	sses (from col. (h)) of col. (h) gain ovei	r col (k)
(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	but r	not less than "-0-")	
					13,467
				1,	309,200
			<del></del>		
	· · · · · ·		<del></del>		<del>.</del>
·					···
		<u> </u>			
	<del>, -</del>	ļ			
		<del> </del>			
	<del></del>				
Capital gain net income or (net cap	ortal loss) { If gain, also ente If (loss), enter "-	er in Part I, line 7 0-" in Part I, line 7	2	9,	140,725
Net short-term capital gain or (loss	s) as defined in sections 1222(5) a	<b>~</b>			
If gain, also enter in Part I, line 8, 6	Jointiff (C).	r I	,	N/A	

Part XV Supplementary Informatio  3 Grants and Contributions Paid During the			· · · · · · · · · · · · · · · · · · ·	
Recipient	If recipient is an individual,	<u> </u>		
Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
•				
Aging Care Connections	None	PC	Aging Well	
111 West Harris Avenue			Neighborhood Program	
La Grange, IL 60525				55,000
Aging Care Connections	None	PC	Aging Well	
111 West Harris Avenue			Neighborhood Program	50,00
La Grange, IL 60525				50,000
Alivio Medical Center 966 West 21st	None	PC	Addressing New Realities	
Chicago IL 60608			Realities	10,000
snieago, 12 vovo				
alimin Wedinel Gantes	Vana	PC	Alivio's Oral Health	
Alivio Medical Center 966 West 21st	None	FC	Service Expansion	
Chicago IL 60608			Program	75,00
All Our Children's Advocacy Center	None	PC	All Our Children's	
4053 Wolf Road	None	[	Advocacy Center	
Western Springs, IL 60558			_	25,000
All Our Childrens Advocacy Center	None	PC	Management Association	
4053 Wolf Road			Sponsored Membership	
Western Springs IL 60558	-			450
Alliance to End Homelessness	None	PC	Management Association	
4415 Harrison Street, Ste 228			Sponsored Membership	
Hillside, IL 60162				450
Alliance to End Homelessness	None	PC	Executive Coaching	
4415 Harrison Street, Ste 228				2,95
Hillside, IL 60162				2,330
		na	Defeator Person With Land	
Arab American Family Services 9044 S Octavia Avenue	None	PC	Safety From Violence	
Bridgeview IL 60455		<u> </u>		40,00
Arab American Family Services	None	PC	Management Association	
9044 S Octavia Avenue			Sponsored Membership	
Bridgeview, IL 60455				45
Total from continuation sheets				3,037,72

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual. Recipient show any relationship to Foundation Purpose of grant or Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor Arab American Family Services None ÞС Board Governance 9044 S Octavia Avenue 10,000. Bridgeview IL 60455 ÞС Advancing Inclusion Aspire None 1815 S Wolf Road rogether 10,000. Hillside IL 60162 None PC Vocational Counseling Aspire For Aspire Career 1815 S Wolf Road Academy/Life On My Own Hillside, IL 60162 26,000. Programs ÞС Beds, Inc. None Homelessness PO Box 2035 Prevention & Housing 40,000. La Grange IL 60525 Services PC La Grange PSH Beds, Inc. None PO Box 2035 Development 200,000. La Grange IL 60525 PC Practices Of High BoardSource None 750 9TH Street NW, Ste 650 Performing Boards: What The Best Boards Washington, DC 20001 6,000. Do Well Bridge Communities, Inc. None ÞС Children's Services Program 505 Crescent Blvd Glen Ellyn, IL 60137 40 000. Catholic Charities of the Archdiocese ÞС St. Blase Service None Center of Chicago 721 North LaSalle St 30,000, Chicago, IL 60654 Catholic Charities, Diocese of Joliet None ÞС Emergency Services And 203 N Ottawa Street Homeless Prevention 10,000. Joliet IL 60432 Program Center for Creative Leadership None PC Leading Effectively PO Box 26300-One Leadership Place 10,620. Greensboro, NC 27438 Total from continuation sheets

**Supplementary Information** Part XV Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount contribution status of any foundation manager Name and address (home or business) recipient or substantial contributor Center for Creative Leadership None þс Operational Expenses for Ladder to PO Box 26300-One Leadership Place Leadership Program 5,093, Greensboro, NC 27438 Center for Independence Through None ÞС Intensive Motor Training Program for Conductive Education Inc 100 W Plainfield, Suite 100 Children with Physical 10,000, Countryside, IL 60525 Disabilities None PC Chicago Dental Society Chicago Dental Society Foundation 401 N Michigan Ave, Ste 200 Foundation Clinic 25,000. Chicago, IL 60611 Community House None ÞC Intensive Outpatient 415 West 8th Street Psychotherapy Program 50,000, Hinsdale, IL 60521 Expanded Services ÞС Community House None Management Association 415 West 8th Street Sponsored Membership 450. Hinsdale IL 60521 ÞC Nursing Services for Community Support Services, Inc. None 9021 Ogden Avenue People with I/DD 35,000. Brookfield, IL 60513 ÞС New Information Community Support Services, Inc. None Technology System 9021 Ogden Avenue Impacting All Areas Of Brookfield, IL 60513 15,000, ÞC Land of Smiles Oral Delta Dental of Illinois Foundation None Health Education 111 Shuman Blvd 7,530, Naperville, IL 60563 DuPage Federation of Human Services None ÞС Succession Planning & Leadership Development Reform 146 W Roosevelt Road 5,450. Villa Park IL 60181 DuPage Federation of Human Services None ÞС 1 in 4: Bringing Mental Illness Out of Reform the Shadows 146 W Roosevelt Road 25,000. Villa Park, IL 60181 Total from continuation sheets

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to **Amount** status of contribution any foundation manager Name and address (home or business) or substantial contributor recipient DuPage Health Coalition (Access None ÞC Southeast DuPage DuPage) Health Access Initiatives - Silver 511 Thornhill Drive 50,000. Carol Stream IL 60188 Access DuPage Health Coalition (Access None PC Strategic Development Planning For DuPage DuPage) Health Coalition 511 Thornhill Drive Sustainability 8,000. Carol Stream IL 60188 ÞС Dupage Health Coalition (Access None Southeast Suburban DuPage Health Access DuPage) Initiatives 511 Thornhill Drive 35,000. Carol Stream IL 60188 DuPage PADS Inc None ₽C Management Association Sponsored Membership 705 W Liberty Drive <u>450.</u> Wheaton, IL 60187 ÞС Board And Staff DuPage PADS Inc None 705 W Liberty Drive Retreat With Gail 8,000. Wheaton, IL 60187 Perrv ÞС Interim Overnight DuPage PADS Inc None Housing And Client 705 W Liberty Drive Wheaton, IL 60187 Service Center 25,000. DuPage Senior Citizens Council None ÞС General Operating Support 1990 Springer Dr 10,000, Lombard, IL 60148 PC Case Management For Easter Seals DuPage and the Fox None Children With Complex Valley Region 830 S Addision Ave Challenges 12,500, Villa Park IL 60181 Easter Seals DuPage and the Fox None ÞС Build Excellence In Governance Valley Region 830 S Addision Ave 8,650. Villa Park IL 60181 Easter Seals DuPage and the Fox None PC Management Association Sponsored Membership Valley Region 830 S Addision Ave 450. Villa Park, IL 60181 Total from continuation sheets

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Y	ear (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	00110110011011	
•				
was only along #112 and a	7			
EverThrive Illinois 1256 W. Chicago Avenue	None	PC	Expanding Capacity Through Strategic Fund	
Chicago IL 60642			Development	10,000.
Family Focus Inc	None	PC	Healthy Families	
310 South Peoria, Ste 301 Chicago, IL 60607		1	DuPage	15,000.
Chicago, in 60007				13,000.
Family Shelter Service Inc	None	PC	Management Association	
605 E Roosevelt Road			Sponsored Membership	
Wheaton, IL 60187				450,
Family Shelter Service Inc	None	₽C	KPI And Dashboard	
605 E Roosevelt Road			Development	
Wheaton, IL 60187				10,000.
Family Chalten Convice Inc	None	PC	Safe Home Life Skills	
Family Shelter Service Inc 605 E Roosevelt Road	None		Program	
Wheaton IL 60187			11091000	50,000.
				•
Forefront fka Donors Forum of Chicago	None	PC	Mission Sustainability Initiative	
208 S LaSalle, Suite 1540 Chicago IL 60604			iniciacive	25,000.
onroago, 12 woor				
Forefront fka Donors Forum of Chicago	None	₽C	2017 Leadership Fund	
208 S LaSalle, Suite 1540				7 504
Chicago, IL 60604				7,584,
Giant Steps Illinois, Inc.	None	PC	Management Association	
2500 Cabot Drive			Sponsored Membership	
Lisle, IL 60532	<u> </u>	<del>- </del>		450,
Grantmakers For Effective	None	₽C	GEO Learning	
Organizations	HOHE		Conference	
1725 Desales Street NW, Ste 404				
Washington, DC 20036				20,000.
	_			
Greater Chicago Food Depository	None	PC	Mobile Pantry	
4100 Ann Lurie Pl Chicago IL 60632			Distributions in the Township of Lyons	22,500.
Total from continuation sheets				

Part XV Supplementary Information 3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual,	<u>T</u>		<del></del>
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
	Of Substantial Contributor	roupion		
Healthcare Alternative Systems Inc	None	PC	Management Association	
2755 W Armitage Ave	none .		Sponsored Membership	
Chicago, IL 60647			•	450
Healthcare Alternative Systems Inc	None	PC	H.A.S. Fiscal	
2755 W Armitage Ave			Management Training	
Chicago, IL 60647			Program	10,000
Walaina Ward Comban	Vana	nc	E	
Helping Hand Center 9649 W 55th Street	None	PC	Executive Coaching	
Countryside IL 60525				5,800
Helping Hand Center	None	PC	Management Association	
9649 W 55th Street			Sponsored Membership	
Countryside IL 60525				450
Helping Hand Center	None	PC	Helping Hand Strategic	
9649 W 55th Street	None		Planning Process	
Countryside IL 60525			-	15,000
Helping Hand Center	None	PC	Helping Hand Board	
9649 W 55th Street			Development Services	
Countryside IL 60525				10,000
Hope For The Day	None	₽C	PEERvention Initiative	
PO Box 13015	None		FEBRUENCION INICIACIVE	
Chicago, IL 60613				15,000
Hope's Front Door	None	₽C	General Operating	
1047 Curtiss St, Ste 610			Support	10,000
Downers Grove, IL 60515		<del>                                     </del>		10,000
Interfaith Community Partners	None	PC	General Operating	
111 West Harris Avenue			Support	
Chicago, IL 60525				10,000
Interfaith Community Partners	None	PC	Executive Coaching	
1515 W Ogden Ave, Ste 536				5,800
La Grange Park, IL 60526  Total from continuation sheets	l <u>-</u>			5,800

Rart XV Supplementary Informatio				
3 Grants and Contributions Paid During the	<del></del>	т —		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
,				
Life Matters Media	None	PC	Life Matters Media	
517 N Racine Ave			Infrastructure	
Chicago, IL 60642			Development And	10 000
			Optimization	10,000.
			Distant Countries for	
Life Span	None	PC	Direct Services for	
70 E Lake St, Ste 700			Victims of Domestic	25 000
Chicago, IL 60601		<del>                                     </del>	Violence	25,000,
Literacy Volunteers of America -	None	PC	Executive Coaching -	
DuPage			Year 2	
24W500 Maple Ave, Ste 217				
Naperville IL 60540				2,950.
Literacy Volunteers of America -	None	PC	Alleviating Inadequate	
DuPage			Health Literacy In	
24W500 Maple Ave, Ste 217			DuPage County	
Naperville, IL 60540		<del>                                     </del>		10,000
Literacy Volunteers of America -	None	PC	Management Association	
DuPage			of Illinois Membership	
24W500 Maple Ave, Ste 217				450,
Naperville, IL 60540			<del>-</del>	430.
Love Inc of Western Suburbs Chicago	None	PC	The LOVE Help Program	
PO Box 50				
Clarendon Hills IL 60514				13,000.
			Q	
Meals On Wheels Foundation Of Northern Illinois	None	PC	Community Support	
3239 Grove Avenue, Ste 202		-		
Berwyn IL 60402				10,000,
Mercy Housing Lakefront	None	PC	MHL Countryside	
120 S Lasalle St, Ste 1850			Apartments Health and	
Chicago, IL 60603			Wellness Program	20,000.
Maharatikan Rasilia Gasali	V	DG	Mahmanalihan Romin	
Metropolitan Family Services DuPage	None	PC	Metropolitan Family	
222 East Willow Ave			Services DuPage Electronic Health	
Wheaton, IL 60187			Records Program	25,000.
				20,000,
Metropolitan Family Services DuPage	None	PC	Executive Coaching	
222 East Willow Ave				5,800.
Wheaton, IL 60187  Total from continuation sheets				3,000.

Community Memorial Foundation 36-4012380

Part XV Supplementary Informat  3 Grants and Contributions Paid During th				
Recipient	If recipient is an individual,			
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<del></del>	Of Substantial Contributor	recipient		
•				
Metropolitan Family Services	None	PC	Behavioral Health	
One North Dearborn, 10th Flr			Services In Southwest	
Chicago, IL 60602			Cook County	25,000
Metropolitan Family Services	None	PC	MFS Southwest Board	
One North Dearborn, 10th Flr			Recruitment Plan	7 500
Chicago, IL 60602				7,500
Midwest Health Foundation	None	so I	Telepsych Pilot	
120 North Oak Street			Program	
Hinsdale, IL 60521				100,000
Muderes Latinas En Accion Inc	None	PC	Domestic Violence and	
2124 West 21st Place			Sexual Assault	
Chicago, IL 60608			Programs - North	
			Riverside	45,000
NAMI Metro Suburban Inc	None	PC	Mental Health First	
816 Harrison Street			Aid	
Oak Park, IL 60304	-			32,500
war was a Cabardan Ta		ng.	Mental Health First	
NAMI Metro Suburban Inc 816 Harrison Street	None	PC	Aid	
Oak Park, IL 60304			niu	75,000
NAMI Metro Suburban Inc	None	PC	The Community Wellness	
816 Harrison Street			Center and Living Room	
Oak Park, IL 60304			-	135,000
NAMI Metro Suburban Inc	None	PC	Management Association	
816 Harrison Street			Sponsored Membership	AEO
Oak Park, IL 60304		-		450
NAMI Metro Suburban Inc	None	PC	Mental Health	
816 Harrison Street			Education School	
Oak Park, IL 60304			Programs	30,000
NAMI Metro Suburban Inc	None	PC	The Living Room	
816 Harrison Street				
Oak Park, IL 60304				225,000
Total from continuation sheets				

Rart XV Supplementary Informatio	n			
3 Grants and Contributions Paid During the		,		
Recipient Name and address (home as business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
NAMI of DuPage County IL	None	PC	Peer Support	
2100 Manchester Rd, #B Ste 925			Specialists for At	
Wheaton, IL 60187			Risk Populations	20,000,
NAMI of DuPage County IL	None	PC	Management Association	
2100 Manchester Rd, #B Ste 925			Sponsored Membership	
Wheaton, IL 60187				450.
NAMI of DuPage County IL	None	₽C	Wraparound Services	
2100 Manchester Rd, #B Ste 925			For At Risk	
Wheaton, IL 60187		ļ	Populations	40,000,
NAMI of DuPage County IL	None	PC PC	Creating High	
2100 Manchester Rd, #B Ste 925		1	Performance Boards	
Wheaton, IL 60187			Through Training,	
			Coaching and	
		<u> </u>	Collaboration	9,084.
National Foundaton of Dentistry for	None	PC	Illinois Donated	
the Handicapped			Dental Services (DDS)	
PO Box 211			Program	
Northbrook, IL 60065				21,800.
	V		Durd Daniel arrest	
Nazareth Academy	None	PC	Fund Development	
1209 W Ogden Ave				10 000
La Grange Park, IL 60526	-		-	10,000.
Northern Illinois Food Bank	None	PC	Ensuring Access To	
273 Dearborn Court	None		Nutritious Food	
Geneva IL 60134			Nuclicious 1000	24,000.
Oak Park and River Forest Infant	None	PC	Management Association	
Welfare Society			Sponsored Membership	
320 Lake Street				
Oak Park, IL 60302		ļ <u>.</u>		450.
Oak Park and River Forest Infant	None	PC	Integrating Behavorial	
Welfare Society			Health Screening Into	
320 Lake Street			Preventive Dental Care	
Oak Park, IL 60302	<u> </u>	<del> </del>	<del></del>	11,361.
Oak Park and River Forest Infant	None	PC	Executive Coaching	
	HOHE		DARGUETVE COACHING	
Welfare Society 320 Lake Street				
Oak Park IL 60302				5,800.
Total from continuation sheets	<del></del>		1	3,000.

Community Memorial Foundation

3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual,			<del></del>
Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		<del></del>
Only Doub and Disser Househ Infant	Yana		Garage Communication	
Oak Park and River Forest Infant	None	PC	General Operating	
Welfare Society 320 Lake Street			Support	
Oak Park IL 60302				10,000
Odn Tarn, 12 00002				
Oak Park and River Forest Infant	PC	PC	General Operating	
Welfare Society			Support	
320 Lake Street				
Oak Park, IL 60302				25,000
PAV YMCA Foundation	None	₽C	Management Association	
2947 Oak Park Ave			Sponsored Membership	
Berwyn IL 60402				450
		}		
Devilate Devices Control			P1-'- P	
People's Resource Center	None	PC	People's Recource	
201 S Naperville Rd			Center Southeast	35 000
Wheaton, IL 60187	None	PC	(PRC-SE) Advancement of	35,000
Pillars Community Health fka Community Nurse Health Association	None	FC	Integrated Primary and	
23 Calendar Avenue			Behavioral Health Care	
La Grange, IL 60525			For Low-Income	
na Grange, 15 00323			Patients	201,304
Pillars Community Health fka	None	PC	Access to Integrated	
Community Nurse Health Association			Primary, Oral and	
23 Calendar Avenue			Behavioral Health Care	
La Grange, IL 60525			for Low-Income	
			Patients	126,000
Pillars Community Health fka	None	PC	Management Association	
Community Nurse Health Association			Sponsored Membership	
23 Calendar Avenue				
La Grange, IL 60525		1		450
Pillars Community Health fka	None	PC	Change And Boundary	
Community Nurse Health Association			Spanning Leadership	
23 Calendar Avenue			For Community Nurse	
La Grange, IL 60526			Health Center And	
	<del>- [</del>	<u> </u>	Pillars	10,000
Pillars Community Services	None	₽C	Change And Boundary	
333 N LaGrange Rd, Suite One			Spanning Leadership	
La Grange Park, IL 60526			For Pillars And	
			Community Nurse Health	10 000
			Center	10,000
Pillars Community Services	None	PC	Pillars Community	
333 N LaGrange Rd, Suite One		[ -	Healthcare Network of	
La Grange Park, IL 60526			the Western Suburbs	74,000
Total from continuation sheets				•

Supplementary Information Part XV Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount contribution status of any foundation manager Name and address (home or business) recipient or substantial contributor Plymouth Place Inc None ÞС Management Association Sponsored Membership 315 N LaGrange Rd 450. La Grange Park, IL 60526 ÞС Ray Graham Association for People None Management Association with Disabilities Sponsored Membership 901 Warrenville Road, Suite 500 450. Lisle IL 60532 PC Ray Graham Association for People PC The Medical with Disabilities Coordinator Role Will Ensure The Best 901 Warrenville Road, Suite 500 Lisle, IL 60532 Possible Care For The People Served 24,000 ÞС Executive Coaching Robert Crown Center for Health None Education 21 Salt Creek Lane 5.800. Hinsdale, IL 60521 Robert Crown Center for Health None ÞС General Operating Education Support 21 Salt Creek Lane 10,000, Hinsdale, IL 60521 Robert Crown Center for Health None ÞС Creating High Education Performance Boards Through Training, 21 Salt Creek Lane Hinsdale, IL 60521 Coaching & Collaboration 10,000. Rush University Medical Center PC ÞС The Road Home 1700 West Van Buren Street, Room 250 5,000. Chicago, IL 60612 Samaritan Interfaith Counseling None PC Mental Health Access Center Inc Program 1819 Bay Scott Cr, Ste 109 25,000. Naperville IL 60540 Samaritan Interfaith Counseling None ÞС Cultivating A Strategic And Center Inc 1819 Bay Scott Cr. Ste 109 Effective Board 10,000. Naperville, IL 60540 PC Supervision Training Sargent Shriver National Center on None Project Poverty Law 67 East Madison St., Ste 2000 10,000. Chicago, IL 60603 Total from continuation sheets

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor Sargent Shriver National Center on HelpHub: Training and Techinical Assistance Poverty Law Center To Improve 67 East Madison St., Ste 2000 Health Care Coverage, Chicago, IL 60603 25,000. Coordination Access & Senior Home Sharing Inc None ÞС Executive Coaching -Year 2 711 E Roosevelt Rd Wheaton, IL 60187 2,950. Senior Home Sharing Inc None ÞС Creating High 711 E Roosevelt Rd Performing Boards Through Training, Wheaton, IL 60187 Coaching and Collaboration 10,000. PC Suburban Primary Health Care Council None Access to Care 2225 Enterprise Dr. Ste 2507 10,000. Westchester, IL 60154 Suburban Primary Health Care Council None ÞС Access To Care Program 2225 Enterprise Dr. Ste 2507 40,000. Westchester IL 60154 None ÞС Leading Staff Through TASC Inc. Change, Positively 700 S. Clinton Street Changing Our Chicago, IL 60607 Communities 10,000. ÞС Teen Parent Connection Inc None Evaluation Consulting 475 Taft Ave For Counseling Program Presidential Glen Ellyn, IL 60137 5,000, Discretionary Grant Teen Parent Connection Inc None ÞС Management Association Sponsored Membership 475 Taft Ave Glen Ellyn, IL 60137 450. PC Pathways to Prevention Teen Parent Connection Inc None 475 Taft Ave 40,000, Glen Ellyn IL 60137 PC None Mentoring Program The LeaderShop 4903 S Gilbert Avenue La Grange, IL 60525 25,000. Total from continuation sheets

Part XV Supplementary Information 3 Grants and Contributions Paid During the Y				
Recipient	If recipient is an individual,	Foundation	Purpose of grant or	<del></del>
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	contribution	Amount
	Of Gastanias Galleria			
The LeaderShop	None	PC	Management Association	
4903 S Willow Springs Rd			Sponsored Membership	
La Grange, IL 60525				450
The National Academies of Sciences,	None	PC	Integrating Social	
Engineering & Medicine		1	Needs Into The	
500 Fifth Street NW, Keck 1057 Office			Delivery Of Health	
of Contracts and Grants Washington,			Care To Improve The	10 000
DC 20001			Nations Health	10,000
The Thresholds	None	PC	Executive Coaching	
4101 N Ravenswood	None	<u> </u>	Executive codening	
Chicago, IL 60613				5,800.
Way Back Inn Inc	None	PC	Management Association	
104 Oak Street			Sponsored Membership	
Maywood, IL 60153		+		450
Way Back Inn Inc	None	PC	Fund Development	
104 Oak Street				
Maywood IL 60153				10,000.
Wallaces Haves	Vana	PC	Management Association	
Wellness House 131 N County Line Rd	None	FC	Sponsored Membership	
Hinsdale, IL 60521			pponsorou nonzoromp	450.
Wellness House	None	PC	Fund Development For	
131 N County Line Rd	None		Growth And	
Hinsdale, IL 60521			Sustainability	10,000
				•
Wellness House	None	PC	Cancer Care	
131 N County Line Rd			Collaborations	
Hinsdale, IL 60521				20,000
West Suburban Community Pantry	PC	PC	Executive Coaching	
6809 Hobson Valley Dr, Ste 118				
Woodridge, IL 60517		<u> </u>		5,800,
Xilin Association	None	PC	Serving the	
1163 E Ogden Ave			Underserved Asian	
Naperville, IL 60563			Seniors in the CMF	
		1	Area	25,000
Total from continuation sheets	· · · · · · · · · · · · · · · · · · ·			

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Foundation Purpose of grant or show any relationship to **Amount** status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor Xilin Association None PC Executive Coaching -Year 2 1163 E Ogden Ave Naperville\_IL 60563 2,950. PC Executive Coaching -YWCA Metropolitan Chicago None Year 2 1 N Lasalle Street, Suite 1150 Chicago IL 60602 2,950. ÞС Womens Health Exhange YWCA Metropolitan Chicago None 1 N Lasalle Street, Suite 1150 Willowbrook 20,000, Chicago IL 60602 Education Program **Total from continuation sheets** 

3 Grants and Contributions Approved for Fu	ture Payment (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
•				-
Mercy Housing Lakefront	None	PC	MHL Countryside	
120 S Lasalle St, Ste 1850	None		Apartments Health And	
Chicago, IL 60603			Wellness Program	5,000
Pillars Community Health fka	None	PC	Access To Integrated	
Community Nurse Health Association			Primary, Oral And	
333 N La Grange Rd, Suite One			Behavioral Health Care	
La Grange, IL 60526			For Low Income	
			Patients	155,000
The LeaderShop	None	PC	Expanding Our Base	
4903 S Willow Springs Rd				
La Grange, IL 60525				10,000
·				
				٠
				P
Total from continuation sheets		<u> </u>		_170_000

		Communi	<u>ty Memori</u>	<u>al Founda</u>	ation	<u> 36-4012380</u>	
Part XV	Supplementary	Information					
3a Grants a	nd Contributions Pa	id During the Year	Continuation of	Purpose of Gran	nt or Contribution		
Name of	Recipient	- Sargent	Shriver	National	Center o	n Poverty Law	
<u>HelpHub</u>	: Training	and Techi	nical Ass	istance (	Center To	Improve Health	
Care_Co	verage, Coo	ordination	, Access	& Outcome	es		
					· · · · · · · · · · · · · · · · · · ·		
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Form 99	00-PF	Gain or (Loss)	from Sale	of A	Assets	Sta	tement 1
Descrip	(a) otion of Propert	. ·		_	Manner equired	Date Acquired	Date Sold
Geneva and Los		ment - Short Ter	rm Gains				•
	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense Sale	of	(e) Depred	c. Gain	(f) or Loss
	68,381.	71,492.	,	0.		0.	<3,111.
Geneva		-y  nent - Long Term	n Gains	_	Manner Equired	Date Acquired	Date Sold
and Los	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense Sale	of	(e) Depred	c. Gain	(f) or Loss
	1,846,470	1,093,059		0.		0.	753,411.
Descrip	(a) otion of Propert	: <b>у</b>		_	Manner cquired	Date Acquired	Date Sold
BMO Cus	stody - Short Te	erm Gains and Lo	sses				
	(b)	(c)	(d) Expense	of	(e)		(f)
	Gross Sales Price	Cost or Other Basis	Sale	OI	Depre	c. Gain	or Loss

Form 990-PF	Legal	Fees	S:	tatement 4
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Legal fees - McGuireWoods	5,529.	692.		4,837.
To Fm 990-PF, Pg 1, ln 16a =	5,529.	692.		4,837.
Form 990-PF	Accounti	ng Fees	S	tatement 5
Description	(a) Expenses Per Books		(c) Adjusted Net Income	(d) Charitable Purposes
Accounting fees - Varey & Vaccariello CPAs PC Audit fees - Plante & Moran, PLLC	48,345. 20,400.			42,060. 15,300.
To Form 990-PF, Pg 1, ln 16b	68,745.	11,385.		57,360.
Form 990-PF (	Other Profes	sional Fees	S	tatement 6
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Consulting Investment management Other Investment custodian fees Marketing	93,379. 356,084. 53,904. 14,347. 18,529.	0. 356,084. 5,305. 14,347. 0.		93,379. 0. 48,599. 0. 18,529.
To Form 990-PF, Pg 1, ln 16c	536,243.	375,736.		160,507.

Form 990-PF	Tax	es	Statement 7		
	(a) Expenses	(b) Net Invest-	(c) Adjusted	(d) Charitable	
Description	Per Books	ment Income	Net Income	Purposes	
Section 4940 excise tax Foreign tax withheld on	211,645.	0.		0.	
dividends	45,321.	45,321.		0.	
To Form 990-PF, Pg 1, ln 18 =	256,966.	45,321.		0.	
Form 990-PF	Other E	xpenses	S	Statement 8	
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes	
—————					
Bank charges Dues and subscriptions Equipment rental and	10,587. 9,169.	10,587. 0.		0. 9,169.	
maintenance	8,764.	1,139.		7,625.	
Insurance - general	4,426.			3,851.	
Licenses and fees	2,469.			2,469.	
Postage and shipping	1,267.			1,208.	
Service contracts	21,037.			18,302.	
Supplies	13,040.			12,572.	
Telephone	5,271.	685.		4,586.	
Outside services	16,782.			16,782.	
Advertising	1,825.	237.		1,588.	
To Form 990-PF, Pg 1, ln 23	94,637.	16,485.		78,152.	
	in Not Ass	ets or Fund Ba	lances S	Statement 9	
Form 990-PF Other Increases	) TII MEC VOO				
Form 990-PF Other Increases					
				Amount	
Description		t market value			
Description  Unrealized gain on investment	cs carried a	t market value		754,666.	
Form 990-PF Other Increases  Description  Unrealized gain on investment Change in value of trust obli Income Modification - Grants	s carried a	t market value		Amount 754,666. 26,461. 13,882.	

Form 990-PF U.S. and St	ate/City Gov	ernment	Obligations	Statement 1
Description	U.S. Gov't	Other Gov't	Book Value	Fair Market Value
See Attachment A See Attachment B	x	x	2,471,205. 255,471.	2,471,205 255,471
Total U.S. Government Obligati	ons.	-	2,471,205.	2,471,205
Total State and Municipal Gove	ernment Oblig	rations	255,471.	255,471
Total to Form 990-PF, Part II,	line 10a	=	2,726,676.	2,726,676
Form 990-PF	Corporate	Stock		Statement 1
Description			Book Value	Fair Market Value
See Attachment C		•	51,694,332.	51,694,332
Total to Form 990-PF, Part II,	line 10b	=	51,694,332.	51,694,332
Form 990-PF	Corporate	Bonds		Statement 1
Description			Book Value	Fair Market Value
See Attachment D		-	3,717,494.	3,717,494
Total to Form 990-PF, Part II,	line 10c	=	3,717,494.	3,717,494
Form 990-PF	Other Inves	stments		Statement 1
Description		ation hod	Book Value	Fair Market Value
See Attachment E	FM	īV .	32,085,339.	32,085,339
Total to Form 990-PF, Part II,	line 13	-	32,085,339.	32,085,339
		=		

Form 990-PF Depreciation of Asse	ets Not Held for	Investment	Statement 14			
Description	Cost or Other Basis	Accumulated Depreciation	Book Value			
Office equipment and furniture Computers Software Leasehold improvements	106,515. 48,801. 31,307. 11,333.	94,897. 36,953. 30,892. 11,333.	11,618. 11,848. 415.			
Total To Fm 990-PF, Part II, ln 1	197,956.	174,075.	23,881.			
Form 990-PF	Other Assets		Statement 15			
Description	Beginning of Yr Book Value	End of Year Book Value	Fair Market Value			
Accrued Income Assets Whose Use is Limited Investments - Non-Qualified Plans Refundable Unrelated Business	24,051. 460,107. 402,451.	16,149. 501,747. 445,797.	16,149. 501,747. 445,797.			
Income Tax Refundable Section 4940 Excise	1,000. 83,665.	1,000.	1,000.			
Tax To Form 990-PF, Part II, line 15	971,274.					
Form 990-PF Otl	ner Liabilities		Statement 16			
Description		BOY Amount	EOY Amount			
Annuity Obligations - Trusts Deferred Compensation - Trust Section 4940 Excise Tax Payable	330,859. 402,451. 0.	346,039. 445,797. 47,980.				
Total to Form 990-PF, Part II, lin	733,310.	839,816.				

Form 990-PF Name of Forei Organization h	State	ement 17		
Name of Country				
Cayman Islands Canada				
Form 990-PF Part VIII - List Trustees and	of Officers, Di Foundation Manag		State	ement 18
Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	
Greg DiDomenico Community Memorial Foundation, 15 Spinning Wheel Road, Ste. 326 Hinsdale, IL 60521	President/CEO	239,512.	46,470.	10,000.
Greg DiDomenico - Deferred Comp	0.00	<23,400.	> 65,900.	0.
James Durkan - Deferred Comp Payout	Former Presider		<51,001.	· 0.
Irene Frye - Deferred Comp Payout	Former Vice Pre		<21,463.	<b>)</b>
Michael Bruni Community Memorial Foundation, 15 Spinning Wheel Road, Ste. 326 Hinsdale, IL 60521	Chair/Director	0.	0.	0.
Neil James Community Memorial Foundation, 15 Spinning Wheel Road, Ste. 326 Hinsdale, IL 60521	Vice Chair/Dir 2.00	0.	0.	0.
Richard Shanley Community Memorial Foundation, 15 Spinning Wheel Road, Ste. 326 Hinsdale, IL 60521	Treasurer/Direc	etor 0.	0.	0.

Community Memorial Foundation			36	-4012380
Susan Christoph	Secretary/Dire			
Community Memorial Foundation, 15 Spinning Wheel Road, Ste. 326 Hinsdale, IL 60521	2.00	0.	0.	0.
Sylvia Aldrete	Director			
Community Memorial Foundation, 15 Spinning Wheel Road, Ste. 326 Hinsdale, IL 60521	1.00	0.	0.	0.
Gustavo Espinosa	Director			
Community Memorial Foundation, 15 Spinning Wheel Road, Ste. 326 Hinsdale, IL 60521	1.00	0.	0.	0.
Honorable Mark Lopez	Director			
Community Memorial Foundation, 15 Spinning Wheel Road, Ste. 326 Hinsdale, IL 60521	1.00	0.	0.	0.
Anthony Perry, M.D.	Director			
Community Memorial Foundation, 15 Spinning Wheel Road, Ste. 326 Hinsdale, IL 60521	1.00	0.	0.	0.
Ruby Roy, M.D.	Director			
Community Memorial Foundation, 15 Spinning Wheel Road, Ste. 326 Hinsdale, IL 60521	1.00	0.	0.	0.
Bradley Bloom	Director		·	
Community Memorial Foundation, 15 Spinning Wheel Road, Ste. 326 Hinsdale, IL 60521	1.00	0.	0.	0.
Keith Watson	Director			
Community Memorial Foundation, 15 Spinning Wheel Road, Ste. 326 Hinsdale, IL 60521	1.00	0.	0.	0.
Totals included on 990-PF, Page 6,	Part VIII	288,576.	39,906.	10,000.

Form 990-PF Summary of Direct Charitable Activities Statement 19

Activity One

Regional Health and Human Services Agenda (RHA)
The integrated agenda identifies health and human services priorities for the 27 CMF communities and highlights corresponding indicators to track progress over a ten-year time frame

Expenses

To Form 990-PF, Part IX-A, line 1

Form 990-PF Grant Application Submission Information Statement 20
Part XV, Lines 2a through 2d

Name and Address of Person to Whom Applications Should be Submitted

www.cmfdn.org - All applicants must complete their applications online

Telephone Number Name of Grant Program

(630) 654-4729 Responsive Grants

Email Address

www.cmfdn.org

Form and Content of Applications

Grants awarded through the Responsive Grants Program support and complement CMF's Mission and Vision. Nonprofits will complete and submit their applications and grant reports online. If you are unsure if your grant proposal meets CMF's criteria, please call 630-654-4729 to discuss your proposal before submitting the application.

Any Submission Deadlines

March 15 and September 15

Restrictions and Limitations on Awards

CMF awards grants to 501 (c)(3) nonprofits delivering services within the 27 CMF communities. Responsive grants are allocated for program services as well as for general operating support. Before completing an application, it is important that you review CMF's Policies and Guidelines, Geographic Focus (27 target communities), and Current Priority Areas which can be found on our website.

(a) Description of Prop	perty				anner quire		ate uired	Date S	old
Trust Under the Ret Gains and Losses	irement Plan	s - Lon	g Ter	m					
(b) Gross Sales Pric	(c) Cost ce Other B	or	Expe	d) nse of ale		e) orec.	Cai	(f) n or Los	c
- Sales File					——				
	0.	0.		0.		0.			0.
Capital Gains Divid	lends from Pa	rt IV						1,309,2	00.
Total to Form 990-F	PF, Part I, l	ine 6a						9,126,5	55.
Form 990-PF	Dividends	and Int	erest	from Se	curit	ies	St	atement	2
Source	Gross Amount	Capit Gain Divide	s	(a) Revenu Per Boo		(b) Net Inv	rest-	(c) Adjust Net Inc	
Investment Income	3,371,450.	1,309,	200.	2,062,2	50.	2,062,	250.		
To Part I, line 4	3,371,450.	1,309,	200.	2,062,2	50.	2,062,	250.	-	
Form 990-PF		Other	Inco	me			St	atement	3
Description				(a) venue Books		(b) : Inves		(c) Adjuste Net Inco	
Metropolitan RE Par Metropolitan RE Par Metropolitan RE Par Mon-Deductible Expe Class Action Income Recapture Services NHIT: Core Fixed In From K-1 Oaktree Mezzanine Income	rtners - From rtners - ense e ncome Trust - Fund - From K Fund -	n K-1		11,823 1,311 <49 60 359 <1,298 2,259		3 <1,2	0. 311. 0. 60. 359.		
Non-Deductible Expe		: 11			·-> -		0.		
Total to Form 990-I	rr, Part I, I	ine II		14,460	•	2,6	591.		