

## 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

For calendar year 2017 or tax year beginning 2017 30 2018 and ending JUN Name of foundation A Employer identification number CHILDREN'S CARE FOUNDATION 36-6088708 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 307 N. MICHIGAN AVE. 1005 312-201-0540 City or town, state or province, country, and ZIP or foreign postal code C if exemption application is pending, check here CHICAGO, IL60601 G Check all that apply: Initial return Initial return of a former public charity D 1 Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test check here and attach computation Address change Name change H Check type of organization: Section 501(c)(3) exempt private foundation If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J | Accounting method: If the foundation is in a 60-month termination ∪ Other (specify) (from Part II, col (c), line 16) under section 507(b)(1)(B), check here 62,754,076. (Part I, column (d) must be on cash basis ) ▶\$ Part I Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for charitable purposes (cash basis only) expenses per books income ıncome 325,358 N/A Contributions, gifts, grants, etc., received if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments ,182,908. 1,182,908 4 Dividends and interest from securities STATEMENT 5a Gross rents b Net rental income or (loss) 4,137,496 6a Net gain or (loss) from sale of assets not on line 10 RECEIVED b Gross sales price for all assets on line 6a 34,918,951. 4,137,496 280 Capital gain net income (from Part IV, line 2) Net short-term capital gain FEB 2 5 2019 က် Income modifications OGDEN. UT b Less Cost of goods sold c Gross profit or (loss) 11 Other income 8,301 0 STATEMENT 5,654,063 5,320,404 Total Add lines 1 through 11 309,667 304,667. 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees <u>25,800.</u> 25,800. **b** Accounting fees STMT 3 144,343. 144,343 c Other professional fees STMT 17 Interest 72,781 STMT 5 0 . 20,748. 18 Taxes 1,567 0 19 Depreciation and depletion 31,492. 0. 31,492. 20 Occupancy 130 0 1,130. 21 Travel, conferences, and meetings 22 Printing and publications 19,067 19,067. STMT 6 0 23 Other expenses 24 Total operating and administrative 144,343 605,847 402,904. expenses. Add lines 13 through 23 2,391,000. 4,301,000 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 <u>,</u>906,847. 144,343 2,793,904 Subtract line 26 from line 12: 216 747 d. Excops of revenue over expenses and disbursements 5,176,061 b Net investment income (if negative, enter -0-) N/A C Adjusted net income (if negative, enter -0-) 723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions

Form **990-PF** (2017)

$\equiv$		Attached schodules and amounts in the describes	Beginning of year	End o	f vear
Р	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	929,695.	946,298.	946,298.
	3	Accounts receivable		House 1	,
		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			
Assets		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts ▶			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges	14,579.		
4	10a	Investments - U.S. and state government obligations STMT 9	17,846,518.	18,292,757.	18,292,757.
	b	Investments - corporate stock STMT 10	25,537,169.	27,273,644.	27,273,644.
	C	Investments - corporate bonds STMT 11	2,809,707.	2,252,325.	<u>2,252,325.</u>
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 12	6,218,323.	6,948,760.	6,948,760.
	14	Land, buildings, and equipment: basis ► 11,859.			
		Less accumulated depreciation STMT 8 ▶10,048.	3,378.	1,811.	1,811.
	ı	Other assets (describe STATEMENT 13)	6,835,801.	7,038,481.	7,038,481.
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	60,195,170.	62,754,076.	62,754,076.
	ı	Accounts payable and accrued expenses	34,406.	35,488.	
	18	Grants payable	540,000.	2,450,000.	
ies	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
<u>ia</u>	21	Mortgages and other notes payable	100 560	110 020	
_	22	Other liabilities (describe  STATEMENT 14)	108,562.	117,932.	
		<b>7</b> ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	600 060	2 (02 420	1
_	23	Total liabilities (add lines 17 through 22)  Foundations that follow SFAS 117, check here	682,968.	2,603,420.	
		•			
S	0.4	and complete lines 24 through 26, and lines 30 and 31.	45,762,304.	46,379,863.	
Š	24	Unrestricted Temporarily restricted	45,702,304.	40,313,003.	
3ala	25	Permanently restricted	13,749,898.	13,770,793.	1
JQ E	26	Foundations that do not follow SFAS 117, check here	13,143,030.	13,110,133.	
Fur		and complete lines 27 through 31			
ō	27	Capital stock, trust principal, or current funds			
ets	28	Paid-in or capital surplus, or land, bldg, and equipment fund	· · · · · · · · · · · · · · · · · · ·		
Ass	29	Retained earnings, accumulated income, endowment, or other funds			
Net Assets or Fund Balances	30	Total net assets or fund balances	59,512,202.	60,150,656.	
Z		- 470- 110- 00000 OLIBIIS BEISINGS	33,022,204	30,130,0301	
	31	Total liabilities and net assets/fund balances	60,195,170.	62,754,076.	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
	(must agree with end-of-year figure reported on prior year's return)	1	59,512,202.
2	Enter amount from Part I, line 27a	2	747,216.
3	Other increases not included in line 2 (itemize)  SEE STATEMENT 7	3	199,687.
4	Add lines 1, 2, and 3	4	60,459,105.
5	Decreases not included in line 2 (itemize) <b>UNREALIZED LOSS ON INVESTMENTS</b>	5	308,449.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	60,150,656.

_			N'S CARE FOU						<u> 3</u>	<u>6-608</u>	8708	Page 3
F			sses for Tax on In			1763	Llow p	naurod )			<del></del>	
			s) of property sold (for exar or common stock, 200 shs		ite,	10h	- Puro - Don:	nase i '		acquired ay, yr.)	( <b>d)</b> Dat (mo., d	
<u>1a</u>	PUBLICLY TRADE	D SE	CURITIES			ļ						
_ <u>b</u>	<u> </u>											
	<del></del>					-						
<u>d</u>						├						
<u>e</u>			D	4.3.0-	t an athan basis	_			4110	()		
	(e) Gross sales price	(1)	Depreciation allowed (or allowable)	plus e	st or other basis expense of sale			(		ain or (loss s (f) minus	(g))	
_a	34,918,951.			3	<u>0,781,45</u>	5.				<del></del>	<u>4,137</u>	<u>,496.</u>
_ <u>b</u>												
<u>_d</u>												
_ <u>e</u>	<b>\</b>											
_	Complete only for assets showing		· · · · · · · · · · · · · · · · · · ·	the foundation	on 12/31/69.					ol (h) gain		
	(i) FMV as of 12/31/69		(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any					not less tha (from col. (		
a											4,137	<u>,496.</u>
_ <u>b</u>					•							
C												
d												
_ e												
2	Capital gain net income or (net cap	oital loss	if gain, also enter  If (loss), enter -0-	ın Part I, line - ın Part I, line	7 7	}	2				4,137	,496.
3	Net short-term capital gain or (loss	s) as defi										
	If gain, also enter in Part I, line 8, o	•	• • •	u (0).		)						
	If (loss), enter -0- in Part I, line 8	•				ſ	3			N/A		
P	Part V Qualification U	nder S	Section 4940(e) for	Reduced	Tax on Net	Inv	estn	nent Inco	me			
(Fo	or optional use by domestic private	foundati	ons subject to the section 4	1940(a) tax on	net investment in	come	e.)					
If S	section 4940(d)(2) applies, leave th	is part bi	ank.									
Wa	as the foundation liable for the secti	on 4942	tax on the distributable am	ount of any ye	ear in the base per	10d?					Yes	X No
If °	Yes," the foundation doesn't qualify	under s	ection 4940(e). Do not com	nplete this part	t.							
1	Enter the appropriate amount in e	ach colu	mn for each year; see the in	istructions be	fore making any e	ntries	S.					
	(a) Base period years		(b)			(c)				Dietrit	(d) oution ratio	
	Calendar year (or tax year beginnin	ıg ın)	Adjusted qualifying dist	tributions	Net value of no	ncha	rıtable-	use assets		(col (b) div	ided by col.	(c))
	2016		3,11	7,571.		52	,57	3,032.			.0	59300
	2015		3,11	9,722.		52	,39	6,385.			.0	59541
	2014		2,49	5,505.		54	,32	0,378.			.0	45940
	2013		2,40	8,192.		56	,59	2,153.			.0	42553
	2012		2,30	8,459.		49	,82	2,817.			.0	46333
2	Total of line 1, column (d)								2		.2	<u>53667</u>
3	Average distribution ratio for the 5	year ba	se period - divide the total o	on line 2 by 5.0	), or by the numbe	er of	years					
	the foundation has been in existen	ice if less	than 5 years						3		.0	50733
	Fatantha anticological acceptants			line 5								
4	Enter the net value of noncharitable	ie-use as	sets for 2017 from Part X, I	iine 5					4	<u> </u>	<u>5,205</u>	,077.
5	Multiply line 4 by line 3								5		2,800	<u>,719.</u>
6	Enter 1% of net investment incom	e (1% of	Part I, line 27b)						6		_51	<u>,761.</u>
7	Add lines 5 and 6								7		2,852	.480.
8	Enter qualifying distributions from If line 8 is equal to or greater than			1b. and comp	lete that part using	g a 1º	% tax r	rate	8		<u>2,793</u>	,904.
	See the Part VI instructions					J		<del>-</del>				

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Part VI	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 494	0(e), or 49	948 -	see inst	ructio	ons)
1a Exempt	operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.	) T	T			
Date of	ruling or determination letter: (attach copy of letter if necessary-see instructions)	)				_
<b>b</b> Domes	tic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🔲 and enter 1%	} _	1	1	.03,	<u>521.</u>
of Part	I, line 27b					•
c All othe	r domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of Part I, line 12, col. (b	n). J		_		·
2 Tax und	der section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		2			0.
3 Add line	es 1 and 2		3	1	.03,!	521.
4 Subtitle	A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	L	4			0.
5 Tax bas	sed on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	1	.03,	<u>521.</u>
6 Credits	Payments:					1
a 2017 es	stimated tax payments and 2016 overpayment credited to 2017 6a 5	7,279.				į
<b>b</b> Exempt	foreign organizations - tax withheld at source 6b	0.				]
c Tax pai	d with application for extension of time to file (Form 8868)	0.				!
<b>d</b> Backup	withholding erroneously withheld 6d	0.				
7 Total cr	edits and payments. Add lines 6a through 6d		7		57,2	279.
B Enter ar	ny <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached		8			0.
Tax due	If the total of lines 5 and 8 is more than line 7, enter amount owed	▶ [	9		46,	242.
) Overpa	yment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	▶ [	10			
		funded 🕨 🗍	11			
art VII-	A Statements Regarding Activities					
a During	the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate	or intervene i	n		Yes	No
any pol	tical campaign?			18	1	X
<b>b</b> Did it sp	end more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions	for the definit	ion	11	)	X
If the ar	iswer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	d or				
dıstrıbu	ted by the foundation in connection with the activities.			_		1
c Did the	foundation file Form 1120-POL for this year?			10		<u> </u>
d Enter th	e amount (if any) of tax on political expenditures (section 4955) imposed during the year			i	,	1 }
(1) On	the foundation > \$ (2) On foundation managers. > \$	0.				į
e Enter th	e reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foun	idation				1 i
manage	rs. <b>&gt;</b> \$			_	_	_
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					1
Has the	foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of income	orporation, or				
bylaws,	or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
a Did the	foundation have unrelated business gross income of \$1,000 or more during the year?			_ 4a	1	X
b If "Yes,"	has it filed a tax return on Form 990-T for this year?		N/	A 4b		
Was the	re a liquidation, termination, dissolution, or substantial contraction during the year?			_ 5		X
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:					
<ul><li>By lar</li></ul>	guage in the governing instrument, or					'
By sta	ite legislation that effectively amends the governing instrument so that no mandatory directions that conflict v	with the state I	aw	_		
remain	n the governing instrument?			6	_	1
Did the	foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and P	art XV		7	X	
						1
a Enter th	e states to which the foundation reports or with which it is registered. See instructions. 🕨					1
IL						,
<b>b</b> If the an	swer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or design	nate)				!
of each	state as required by General Instruction G? If "No," attach explanation			8b	X	<u> </u>
Is the fo	undation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(	j)(5) for calen	dar		_	.
year 20	17 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV			9		X
Did any	persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and add	resses		10		X
				Form 9	90-PF	(2017)

# Form 990-PF (2017) CHILDREN'S CARE FOUNDA' Part VII-A | Statements Regarding Activities (continued) CHILDREN'S CARE FOUNDATION

	at the A ottoments negationing Activities (continued)			
		L	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)(13)? If "Yes," attach schedule. See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement. See instructions	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► <u>WWW.CHILDRENSCAREFOUNDATION.ORG</u>			
14	The books are in care of ▶ ROXANNE WARBLE Telephone no ▶ 312-20	<u> 1-0</u>	<u>540</u>	
	Located at ►307 N. MICHIGAN AVE., CHICAGO, IL ZIP+4 ►60	601		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			. 🔲
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	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			1
	foreign country			
Pa	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):		-	i
	(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)			į
	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			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
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	1b		X
	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			
	before the first day of the tax year beginning in 2017?	1c		$\bar{\mathbf{x}}$
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			,
	defined in section 4942(j)(3) or 4942(j)(5))			1
a	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?			1
	If "Yes," list the years >		ŀ	
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect			ļ
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			•
	<b>&gt;</b>			,
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			,
	during the year? - Yes X No			•
Ь	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			Í
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2017.)  N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			i
	had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		X

Form **990-PF** (2017)

Part VII-B   Statements Regarding Activities for Which	Form 4/20 May Be I	<b>Required</b> (contin	ued)			
5a During the year, did the foundation pay or incur any amount to:	<u></u>				Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (sectio	n 4945(e))?	Y	es X No			
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indir	• • • • • • • • • • • • • • • • • • • •				
any voter registration drive?			es 🔀 No 📗	ĺ		
(3) Provide a grant to an individual for travel, study, or other similar purposes	3	Y	es 🗓 No 📗			
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section					
4945(d)(4)(A)? See instructions			es X No			;
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or					
the prevention of cruelty to children or animals?			es X No			ĺ
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni		in Regulations				
section 53.4945 or in a current notice regarding disaster assistance? See instr			N/A	5 <b>b</b>		
Organizations relying on a current notice regarding disaster assistance, check						ĺ .
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f				ļ		
expenditure responsibility for the grant?	Ŋ	1/A	es L No			
If "Yes," attach the statement required by Regulations section 53 4945-5(d).						
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		es X No			
a personal benefit contract?		Y6	S LAL NO	٠.	-	'
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p If "Yes" to 6b, file Form 8870	rersonal benefit contract?		-	6Ь		X
7a At any time during the tax year, was the foundation a party to a prohibited tax s	holter transaction?		es X No	İ		
b If "Yes," did the foundation receive any proceeds or have any net income attribu		T	N/A	7b		
Part VIII Information About Officers, Directors, Trust		nagers Highly		70		
Paid Employees, and Contractors	ccs, i candation inc	magers, riigin	,			
1 List all officers, directors, trustees, and foundation managers and t	heir compensation.		-			
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(	e) Exp	ense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	ac	count, allowar	otner
	,					
SEE STATEMENT 15		311,000.	5,000	•		0.
				1		
				1		
				<u> </u>		
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions to	Τ,	e) Exp	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	ac	count,	other
170177	devoted to position		compensation	<del>                                     </del>	allowar	ices
NONE			1			
			<del></del>	┼─		
			1			
		-		+-		
			1			
				+-		
			1			
	,	<del> </del>		+-		
			ı		1	
Total number of other employees paid over \$50,000	-	1				0
			Form	990	)- <b>PF</b> (	<u> </u>
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Part VIII Information About Officers, Directors, Trustees, Foundat Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter	'NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
CHICAGO EQUITY PARTNERS		
180 N. LASALLE ST., CHICAGO, IL 60601	PROFESSIONAL FEE	S 144,343.
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers produced to NO	al information such as the ced, etc.	Expenses
1 NOT APPLICABLE		0.
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lin	ies 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
Total. Add lines 1 through 3	<b>&gt;</b>	0.
		Form <b>990-PF</b> (2017)

Р	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndation	s, see instructions )
<u> </u>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	55,227,924.
	Average of monthly cash balances	1b	815,429.
	Fair market value of all other assets	1c	2,410.
d	Total (add lines 1a, b, and c)	1d	56,045,763.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.	İ	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	56,045,763.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	840,686.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	55,205,077.
6	Minimum investment return Enter 5% of line 5	6	2,760,254.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an	d certai	n
	foreign organizations, check here   and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	2,760,254.
2a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	103,521.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	2,656,733.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	2,656,733.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	2,656,733.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	·	0 500 004
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	2,793,904.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	2 722 224
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	2,793,904.
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	2,793,904.

Form **990-PF** (2017)

4940(e) reduction of tax in those years

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

Part XIII Undistributed Income (see instructions)

			<del>-</del>	<u> </u>
•	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI,		10010 phot to 2010	2010	2011
line 7				2,656,733.
2 Undistributed income, if any, as of the end of 2017	cal # Fortin	791 1		2703077331
a Enter amount for 2016 only			2,307,396.	
b Total for prior years:			2,00,,050.	
		0.		
3 Excess distributions carryover, if any, to 2017:	1 1 1			•
a From 2012		u tatan + mana	11 1 1 1 12 4 2 1 1 1	
<b>b</b> From 2013	o adollovikla i		IRI 11	r th and the
c From 2014			. 1	
d From 2015				
o From 2016	17 1011 17 101 11 4 10 11 11 1110 4	10 ton on s		. ,
f Total of lines 3a through e	0.	t 13 ctor attent awa ) (4)		aanijijadiilistoria
4 Qualifying distributions for 2017 from	ald in merci			oter manifold to
Part XII, line 4: ►\$ 2,793,904.	> 1 ( Ed 1048 - )	1. 14. 3		
a Applied to 2016, but not more than line 2a	, i i ia ii ja		2,307,396.	Connerns our , thank (i) (
<b>b</b> Applied to undistributed income of prior	I sing the right			0.00 (16.4 (0)
years (Election required   sec instructions)	1 4 4	Ů.		
c Treated as distributions out of corpus		1 14111411 1111111111		
(Election required - see instructions) **	173,141.	e aquarementhod the to		ii tar loo ra n
d Applied to 2017 distributable amount	,			313,367.
e Remaining amount distributed out of corpus	0.	active type of a call		
5 Excess distributions carryover applied to 2017	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a) )	T II		A)	305 DDC 1
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	173,141.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable		•		
amount - see instructions		0.		
e Undistributed income for 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				2,343,366.
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)	173,141.			
8 Excess distributions carryover from 2012				,
not applied on line 5 or line 7	0.		moti <sub>le</sub> t	
9 Excess distributions carryover to 2018			ւ <del>իսկորիկ</del> մ	•
Subtract lines 7 and 8 from line 6a	0.	s diaminodalini	P COMMING	
O Analysis of line 9	(AMILIATIO)	siorisalis i decine	1 Unity - i	
a Fxcess from 2013	Odda .	U) casabiba rumanana a	witt	ı.
b Excess from 2014	m r	r tool 1 traffict	•	, "
6 Excess from 2015	1 1 11	те не за этаписным помощим помот		
d Excess from 2016		ļ		
e Excess from 2017				
	** 000 0	TATEMENT 16		Form <b>QQ0-PF</b> (2017)

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723601 01-03-18

Form **990-PF** (2017)

Part XIV Private Operating F	Oundations (see ins	UNDATION	I-A guestion 9)		-6086708 Page 1
1 a If the foundation has received a ruling of	-		171, question of	N/A	<del></del>
•					
foundation, and the ruling is effective for		-	un anation	T4040(4)(2) or [	4042(1)(5)
b Check box to indicate whether the found	<del>_</del>	g touridation described	Prior 3 years	4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
income from Part I or the minimum	(a) 2011	(0) 2010	(6) 2013	(0)2014	(e) Total
investment return from Part X for					
each year listed					/
b 85% of line 2a		·			
c 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			/		
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			<del> /</del>		
alternative test relied upon:			/		
a "Assets" alternative test - enter:			/		
(1) Value of all assets			<del> /</del>		
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
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)				L	
(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					
Part XV   Supplementary Info			if the foundation	on had \$5,000 c	or more in assets
at any time during t	he year-see instr	uctions.)			
1 Information Regarding Foundation	•				
a List any managers of the foundation wh			ributions received by t	he foundation before t	he close of any tax
year (but only if they have contributed n	101e tilali \$5,000). (5ee 5e	ction 507 (u)(2).)			
NONE		· · · · · · · · · · · · · · · · · · ·			
<ul> <li>List any managers of the foundation who other entity) of which the foundation ha</li> </ul>			or an equally large poi	rtion of the ownership	of a partnership or
• • • • • • • • • • • • • • • • • • • •	sa 1070 of groater interes	••			
NONE	O:# 1	Cabalanabin aka Ba			
2 Information Regarding Contribution Check here ► If the foundation of				a ant annual unanlinita	d requests for funds. If
the foundation makes gifts, grants, etc.,	nly makes contributions to	•	•	•	a requests for fulfas. If
					<del></del>
a The name, address, and telephone num		e person to whom applic	ations should be addit	esseu.	
ROBERT CAMPBELL, 312		CHICACO	IL 60601		
307 N. MICHIGAN AVEN				·	
b The form in which applications should be SEE STATEMENT ATTACH		on and materials mey si		<del> </del>	
c Any submission deadlines:					
NOT APPLICABLE					
d Any restrictions or limitations on awards					=
CHARITABLE GRANTS AR		OR THE BENE	FIT OF POO	OK AND NEE	DY CHILDREN IN
METROPOLITAN CHICAGO	AREA.				

CHILDREN'S CARE FOUNDATION Form 990-PF (2017) CHILDREN'S CARE FOUR Part XV Supplementary Information (continued) <u>36-6088708</u>

Year or Approved for Future	Payment	·	
If recipient is an individual,		D	
any foundation manager	status of recipient	contribution	Amount
NONE	PC	GENERAL SUPPORT	•
			15,000.
NONE	PC	GENERAL SUPPORT	
			10,000.
NONE	PC	GENERAL SUPPORT	
			30,000.
NONE	PC	GENERAL SUPPORT	
			5,000,
		,	
NONE	₽C	GENERAL SUPPORT	
			25 000.
NTINUATION SHEE	ET(S)	<b>▶</b> 3a	2,391,000.
NONE	₽C	GENERAL SUPPORT	
			650,000.
NONE	₽C	GENERAL SUPPORT	
			700,000.
NONE	₽C	GENERAL SUPPORT	
			202 222
NTINUATION SHEE	T(S)	<b>▶</b> 3b	880,000. 2,450,000.
	If recipient is an individual, show any relationship to any foundation manager or substantial contributor  NONE   show any relationship to any foundation manager or substantial contributor  NONE  PC   It recipient is an individual, show any relationshy to any relationshy to any relationshy to any relationshy to any relationshy to any relationshy to any recipient   Purpose of grant or contribution		

3 Grants and Contributions Paid During the Y				<del></del>
Recipient	If recipient is an individual, show any relationship to Foundation		Purpose of grant or	A === == 4
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
CHICAGO HOPE ACADEMY	NONE	PC	GENERAL SUPPORT	
2189 W BOWLER ST	[			
CHICAGO, IL 60612				20,00
CHICAGO YOUTH SYMPHONY ORCHESTRAS	NONE	₽C	GENERAL SUPPORT	
410 S MICHIGAN AVE, STE 833 CHICAGO, IL 60605				25,00
CHILDREN'S CLINIC F/K/A OAK PARK RIVER FOREST INFANT WELFARE SOCIET	NONE	₽C	GENERAL SUPPORT	
320 LAKE ST OAK PARK, IL 60302	<u> </u>			50,00
CLUSTER TUTORING	NONE	PC	GENERAL SUPPORT	
5460 WEST AUGUSTA BOULEVARD CHICAGO, IL 60651				20,00
CORAZON A CORAZON	NONE	₽C	GENERAL SUPPORT	
8235 SOUTH SHORE DR, 2ND FL CHICAGO, IL 60617			-	25,00
EXPERIMENTAL STATION	NONE	PC	GENERAL SUPPORT	
6100 S BLACKSTONE AVENUE CHICAGO, IL 60637				25,00
DAVITA GUATANTAN UDALGU GUANDA	MONE	₽C	GENERAL SUPPORT	
FAMILY CHRISTIAN HEALTH CENTER 31 W 155TH ST HARVEY IL 60426	NONE	r C	GENERAL SOFFORT	100,00
FREE SPIRIT MEDIA	NONE	PC	GENERAL SUPPORT	
1327 W WASHINGTON BLVD CHICAGO, IL 60607			-	30,00
HAROLD COLBERT JONES MEMORIAL CENTER 220 E 15TH ST	NONE	PC	GENERAL SUPPORT	
CHICAGO HEIGHTS, IL 60411			-	50,00
HIGHSIGHT	NONE	₽C	GENERAL SUPPORT	
315 W WALTON ST				
CHICAGO IL 60610  Total from continuation sheets	<u> </u>		<u> </u>	36,00 2,306,00



Part XV Supplementary Information		·		
3 Grants and Contributions Paid During the		1		
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		
HOLY FAMILY MINISTRIES	NONE	PC	GENERAL SUPPORT	
3415 W ARTHINGTON				
CHICAGO, IL 60624				100,000.
HOUSE OF THE GOOD SHEPHERD	NONE	ьс	GENERAL SUPPORT	
114 W GRACE ST				
CHICAGO IL 60613	·-			35,000.
LOYOLA MOBILE PEDIATRIC CLINIC	NONE	PC	GENERAL SUPPORT	
2160 SOUTH FIRST AVENUE				
MAYWOOD, IL 60153				325,000.
NORTH LAWNDALE COLLEGE PREPARATORY	NONE	PC	GENERAL SUPPORT	
CHARTER HIGH SCHOOL				
1615 SOUTH CHRISTIANA AVENUE				
CHICAGO, IL 60623				25,000.
NORWEGIAN AMERICAN DENTAL PROGRAM	NONE	PC	GENERAL SUPPORT	
1044 NORTH FRANCISCO AVENUE				
CHICAGO, IL 60622				350,000.
PRIMO CENTER FOR WOMEN AND CHILDREN	NONE	PC .	GENERAL SUPPORT	
6212 SOUTH SANGAMON STREET	NONE		GENERAL SUPPORT	
CHICAGO, IL 60621				50,000.
			***	
	L			
RESTORATION MINISTRIES 253 E 159TH STREET	NONE	PC	GENERAL SUPPORT	
HARVEY IL 60426				30,000.
·				
SAINT BERNARD HOSPITAL AND HEALTH	NONE	PC	GENERAL SUPPORT	
CARE CENTER				
326 w 64TH ST CHICAGO, IL 60621				565,000.
chicago, il vvvzi				303,000.
	_			
SAINT JOSEPH SERVICES	NONE	PC	GENERAL SUPPORT	
1501 N OAKLEY BLVD CHICAGO, IL 60622				25,000.
CALCAGO, ID 00022				23,000.
SOUTH SHORE DRILL TEAM & PERFORMING	NONE	PC	GENERAL SUPPORT	
ARTS ENSEMBLE				
7218 S SOUTH CHICAGO AVE				
CHICAGO IL 60619	1		1	35,000.
Total from continuation sheets		<del></del>		<u> </u>

CHILDREN
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Part XV Supplementary Informatio				
3 Grants and Contributions Paid During the	_ <del>, </del>	.,		
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	- Contribution	
THE LEADERSHOP	NONE	PC	GENERAL SUPPORT	
4903 S. WILLOW SPRINGS ROAD				20.000
LA GRANGE, IL 60525				20,000.
UCP SEGUIN SERVICES OF GREATER	NONE	PC PC	GENERAL SUPPORT	
CHICAGO 3100 S. CENTRAL AVENUE				
CICERO, IL 60804				35,000.
URBAN INITIATIVES	NONE	PC	GENERAL SUPPORT	
650 W LAKE, SUITE 340				
CHICAGO, IL 60661			-	25,000.
WORKING IN THE SCHOOLS	NONE	PC	GENERAL SUPPORT	
27 EAST MONROE, STE 1400 CHICAGO, IL 60603				25,000.
entendo, 11 0000				23,000.
01170100 01111700011	17017		dayana dannan	
CHICAGO SHAKESPEAR THEATER 800 EAST GRAND AVENUE	NONE	₽C	GENERAL SUPPORT	
CHICAGO, IL 60638				50,000.
CORNERSTONE ACADEMY	NONE	PC	GENERAL SUPPORT	
1111 NORTH WELLS STREET				20 000
CHICAGO, IL 60610				20,000.
LYRIC OPERA OF CHICAGO 20 NORTH WACKER	NONE	₽C	GENERAL SUPPORT	
CHICAGO, IL 60606				50,000.
NEW MOUNT CALVARY MISSIONARY BAPTIST	NONE	₽C	GENERAL SUPPORT	
CHURCH	NONE		GENERAL SUFFORT	
1850 W. MARQUETTE ROAD				
CHICAGO, IL 60635				40,000.
			`	
ARAB AMERICAN FAMILY SERVICES	NONE	PC	GENERAL SUPPORT	
9044 SOUTH OCTAVIA AVENUE BRIDGEVIEW, IL 60455				10,000.
ERIKSON INSTITUTE	NONE	PC	GENERAL SUPPORT	
451 NORTH LASALLE STREET		[		
CHICAGO, IL 60654		<u></u>	<u> </u>	50,000.
Total from continuation sheets				L

Part XV Supplementary Information				
3 Grants and Contributions Paid During the		1		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (nome or business)	or substantial contributor	recipient		
INNER-CITY COMPUTER STARS FOUNDATION	NONE	₽C	GENERAL SUPPORT	
415 NORTH DEARBORN, SUITE 300 CHICAGO, IL 60654				10,000
INTONATION 4434 SOUTH LAKE PARK AVENUE	NONE	PC	GENERAL SUPPORT	
CHICAGO, IL 60653				10,000
PROJECT VISION	NONE	₽C	GENERAL SUPPORT	
236 WEST 22ND PLACE, UNIT 1 CHICAGO, IL 60616				10,000
				•
READING IN MOTION 55 EAST WACKER DRIVE	NONE	PC	GENERAL SUPPORT	
CHICAGO, IL 60601				20,000
ROLE MODEL MOVEMENT	NONE	PC	GENERAL SUPPORT	
8035 SOUTH WABASH AVENUE CHICAGO, IL 60619				10,000
,				
				•
			1	

Total from continuation sheets

Part XV Supplementary Informati				88708
3 Grants and Contributions Approved for F		)	<del>-</del>	
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (nome or dusiness)	or substantial contributor	recipient		
CHICAGO HOPE ACADEMY	NONE	PC	GENERAL SUPPORT	
2189 W BOWLER ST CHICAGO, IL 60612				20,000
111 CAGO, 111 00012			-	20,000
CHICAGO SHAKESPEAR THEATER	NONE	₽C	GENERAL SUPPORT	
000 EAST GRAND AVENUE				
CHICAGO, IL 60638				100,000
YRIC OPERA OF CHICAGO	NONE	PC	GENERAL SUPPORT	
O NORTH WACKER	NONE		GENERAL SOFFORT	
CHICAGO, IL 60606				100,000
		1		

Total from continuation sheets

220,000.

# Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelate	Unrelated business income		ed by section 512, 513, or 514	(e)	
1 Program service revenue:	(a) Business code	<b>(b)</b> Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income	
	0000		<del> </del>			
a b	_					
c	-  - <del></del>		+ +		<del></del>	
	- <del>                                    </del>		+		<del></del>	
f	-					
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	1,182,908.		
5 Net rental income or (loss) from real estate:					A manus access	
a Debt-financed property						
b Not debt-financed property						
6 Net rental income or (loss) from personal property						
7 Other investment income						
8 Gain or (loss) from sales of assets other						
than inventory			14	4,137,496.		
9 Net income or (loss) from special events						
O Gross profit or (loss) from sales of inventory						
1 Other revenue:						
a COMMISSION RECAPTURE			01	5,204.		
b FEDERAL EXCISE TAX						
c CREDIT			01	3,084.		
d OTHER REVENUE			01		13.	
e						
2 Subtotal. Add columns (b), (d), and (e)		0	•	5,328,692.	13.	
3 Total. Add line 12, columns (b), (d), and (e)				13	5,328,705.	
See worksheet in line 13 instructions to verify calculations.	1			<del></del>		

(See worksheet in line 13 instructions to verify	calculations.)	

Line No ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).										
11D	REVENUE	GENERATED	FROM	THE	FUNDING	<u>, ADMINIST</u>	RATION	OR	RETURN	OF	GRANTS
									·· ·· · · · · · · · · · · · · · · · ·		
									<u> </u>		
								_			
							. =				

Relationship of Activities to the Accomplishment of Exempt Purposes

Form **990-PF** (2017)

Part XVI-B

Information Regarding Transfers to and Transactions and Relationships With Noncharitable **Exempt Organizations** 

						$\overline{}$		
1	Did the o	organization directly or indir	rectly engage in any of the followin	ig with any other organization	described in section 501(c)		Yes	No
	(other th	an section 501(c)(3) organ	lizations) or in section 527, relating	g to political organizations?				
a	Transfers	s from the reporting founda	ation to a noncharitable exempt or	ganization of				
	(1) Cast	h				1a(1)		X
	(2) Othe	er assets				1a(2)		X
b	Other tra	insactions:						
	(1) Sale	s of assets to a noncharital	ble exempt organization			1b(1)		<u>X</u>
	(2) Puro	chases of assets from a nor	ncharitable exempt organization			1b(2)		X X X X
	(3) Rent	tal of facilities, equipment, (	or other assets			1b(3)		X
	(4) Rein	nbursement arrangements				1b(4)		<u>X</u>
	(5) Loar	ns or loan guarantees				16(5)		X
	(6) Perf	ormance of services or me	mbership or fundraising solicitatio	ins		1b(6)		<u>X</u>
C	Sharing o	of facilities, equipment, mai	iling lists, other assets, or paid em	ployees		1c		<u>X</u>
d	If the ans	swer to any of the above is	"Yes," complete the following sche	dule. Column (b) should alwa	ys show the fair market value of the goods,	other ass	ets,	
	or service	es given by the reporting fo	oundation. If the foundation receive	ed less than fair market value	in any transaction or sharing arrangement,	show in		
	column (	d) the value of the goods, o	other assets, or services received.					
a)∟	іле по	(b) Amount involved	(c) Name of noncharitable	e exempt organization	(d) Description of transfers, transactions and	sharing arr	angeme	nts
			N/A				·	
		-						<del></del>
			<del></del>					
-	-+			- ··				
	$\neg +$							
22	Is the fou	Indation directly or indirect	ly affiliated with, or related to, one	or more tay-exempt organizat	tions described			
Lu			n 501(c)(3)) or in section 527?	of more tax exempt organizat	10113 36361186 <b>3</b>	Yes	X	No
h		complete the following sche			_		1,22	J 140
	11 163, 6	(a) Name of orga		(b) Type of organization	(c) Description of relations	hio		
		N/A		(-) ///	(4)			
		IV / A		-				
			<u> </u>					
		·						
	Unde	er consitues of periury. I declare-	that Thave examined this return, includin	a accompanying schedules and sta	atements, and to the best of my knowledge			
Sid	gn and b	pelief, it is true, correct, and com	nplete Declaration of preparer (other than	n taxpayer) is based on all informati	ion of which preparer has any knowledge Ma	y the IRS durn with the	prepare	er
	re	Jess - a	Milaille	1 02/10/10		wn below? X Yes	See ins	1
_		nature of officer or trustee	Syn was	Dete	Title	Tes	ـــــا	No
	Sig		ma Propararia au	Date				
		Print/Type preparer's na	me Preparer's si	ynature D	Oate Check I If PTIN self- employed			
Pa	id	MEL TOOL T	COMPLICATE LAND		1	1210	0 ( 7	
	eparer	MELISSA E.				1310		
	eparer e Only	Firm's name ► CLI	FTONLARSONALLEN	ггъ	Firm's EIN ► <b>41</b> – <b>0</b>	/467	49	
US	e only		04 00	4400				
			01 W. 22ND ST,		, <u></u> .			
		OA	K BROOK, IL 605	23	Phone no (630)			
					F	orm <b>990</b>	)-PF (	2017)

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

Department of the Treasury

Internal Revenue Service Name of the organization

# Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information.

Employer identification number

CHILDREN'S CARE FOUNDATION 36-6088708 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II

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

is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

the prevention of cruelty to children or animals. Complete Parts I, II, and III

religious, charitable, etc., contributions totaling \$5,000 or more during the year

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box

Employer identification number

# CHILDREN'S CARE FOUNDATION

36-6088708

Part I	Contributors (see instructions) Use duplicate copies of Part I if addition	onal space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AVA W FARWELL TRUST  231 S. LASALLE ST.  CHICAGO, IL 60697	\$\$4,557.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	LYDIA FREDERICK TRUST  50 S. LASALLE ST.  CHICAGO, IL 60675	\$\$,572.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	MARY MEDLOCK TRUST  ONE FIRST NATIONAL PLAZA  CHICAGO, IL 60670	\$ 79,648.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	WILLIAM WATSON TRUST  ONE FIRST NATIONAL PLAZA  CHICAGO, IL 60670	\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	LOUISE MAY WHITEHOUSE TRUST  50 S. LASALLE ST.  CHICAGO, IL 60675	\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	CAROLINE WILLIAMS CHARITABLE TRUST  231 S. LASALLE ST.  CHICAGO, IL 60697	\$\$	Person X Payroll

Name of organization

Employer identification number

26 6000700

CHTPD	REN S CARE FOUNDATION		<u> </u>
Part I	Contributors (see instructions) Use duplicate copies of Part I if addition	nal space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	GEORGE WILLIAMS CHARITABLE TRUST  231 S. LASALLE ST.  CHICAGO, IL 60697	* 7,543.	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
8	HOBART W. WILLIAMS CHARITABLE TRUST  231 S. LASALLE ST.  CHICAGO, IL 60697	\$ 104,581.	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
9	THE CHICAGO COMMUNITY TRUST  111 EAST WACKER DR. #1400  CHICAGO, IL 60601	\$ 12,514.	Person X Payroll
(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 Oncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupate Part II for noncash contributions )

Employer identification number

## CHILDREN'S CARE FOUNDATION

36-6088708

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	<u> </u>
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	<u></u>
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
			200 000 57 000 05: (00.15)

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

						<del></del> -	
FORM 990-PF	DIVIDENDS	AND INTE	REST	FROM SECU	RITIES S	STATEMENT 1	
SOURCE	GROSS AMOUNT	CAPITAI GAINS DIVIDENI	S REVENUE		(B) NET INVEST- MENT INCOME		
BANK OF AMERICA 1	,182,908.	-	0. 1,182,908		. 1,182,908.		
TO PART I, LINE 4 1	,182,908.	:	0.	1,182,908	1,182,908.		
		OTHER 1	INCON		S	TATEMENT 2	
DESCRIPTION			REV		(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	
COMMISSION RECAPTURE FEDERAL EXCISE TAX CR OTHER REVENUE	EDIT			5,204. 3,084. 13.	0. 0. 0.		
TOTAL TO FORM 990-PF,	PART I,	LINE 11 ==		8,301.	0.		
FORM 990-PF		ACCOUNT	ING F	EES	s	TATEMENT 3	
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) ! INVEST- IT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING		25,800.		0.		25,800.	
TO FORM 990-PF, PG 1,	LN 16B	25,800.		0.	-	25,800.	
FORM 990-PF	OT	HER PROFES	SSION	IAL FEES	S	TATEMENT 4	
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) ! INVEST- IT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
INVESTMENT MANAGEMENT INVESTMENT CUSTODIAL		130,186. 14,157.		130,186. 14,157.		0.	
TO FORM 990-PF, PG 1, LN 16C		144,343.		144,343.		0.	

FORM 990-PF	TAX		STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLI PURPOSES	
PAYROLL TAX EXCISE TAXES	20,748. 52,033.				
TO FORM 990-PF, PG 1, LN 18	72,781.	0.		20,748.	
FORM 990-PF	OTHER E	XPENSES		STATEMENT 6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
COMPUTER EXPENSE INSURANCE OFFICE EXPENSE MISCELLANEOUS	1,095. 11,610. 6,326. 36.	0. 0.		1,095. 11,610. 6,326. 36.	
TO FORM 990-PF, PG 1, LN 23	19,067.	0.		19,067.	
FORM 990-PF OTHER INCREAS	ES IN NET ASS	ETS OR FUND B	ALANCES	STATEMENT 7	
DECODEDUTON				3.40TDT	
DESCRIPTION			_	AMOUNT	
DESCRIPTION	AL INTEREST I	N TRUSTS	_	199,687.	
DESCRIPTION  CHANGE IN VALUE OF BENEFICI  TOTAL TO FORM 990-PF, PART		N TRUSTS	- - =		
CHANGE IN VALUE OF BENEFICI TOTAL TO FORM 990-PF, PART	III, LINE 3	N TRUSTS HELD FOR INVE	ESTMENT	199,687.	
CHANGE IN VALUE OF BENEFICI TOTAL TO FORM 990-PF, PART FORM 990-PF DEPRECIATION	OF ASSETS NOT		ESTMENT . BOOK VALUE	199,687.	
CHANGE IN VALUE OF BENEFICI TOTAL TO FORM 990-PF, PART FORM 990-PF DEPRECIATION	OF ASSETS NOT	HELD FOR INVE		199,687.  199,687.  STATEMENT 8  FAIR MARKET VALUE	

FORM 990-PF U.S. AND STATE/	CITY GOVERNMENT	OBLIGATIONS	STATEMENT 9	
DESCRIPTION	U.S. OTHER GOV'T GOV'T	BOOK VALUE	FAIR MARKET VALUE	
BANK OF AMERICA	X	18,292,757.	18,292,757.	
TOTAL U.S. GOVERNMENT OBLIGATIONS	•	18,292,757.	18,292,757.	
TOTAL STATE AND MUNICIPAL GOVERNME	NT OBLIGATIONS			
TOTAL TO FORM 990-PF, PART II, LIN	E 10A	18,292,757.	18,292,757.	
FORM 990-PF CO.	RPORATE STOCK		STATEMENT 10	
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE	
BANK OF AMERICA - SEE PDF ATTACHME	NT	27,273,644.	27,273,644.	
TOTAL TO FORM 990-PF, PART II, LIN	E 10B	27,273,644.	27,273,644.	
FORM 990-PF CO	RPORATE BONDS		STATEMENT 11	
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE	
BANK OF AMERICA - SEE PDF ATTACHMEN	NT	2,252,325.	2,252,325.	
TOTAL TO FORM 990-PF, PART II, LIN	E 10C	2,252,325. 2,252,3		
FORM 990-PF OTH	ER INVESTMENTS		STATEMENT 12	
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE	
EQUITY MUTUAL FUNDS - SEE PDF ATTACHMENT REITS - SEE PDF ATTACHMENT	FMV	80,065. 842,631.	80,065. 842,631.	
EXCHANGE-TRADED FUNDS - SEE PDF ATTACHMENT	FMV	6,026,064.	6,026,064.	
	-	6,948,760. 6,948,760.		
TOTAL TO FORM 990-PF, PART II, LIN	E 13	6,948,760.	6,948,760.	

FORM 990-PF	OTHER ASSETS		STATEMENT 13	
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE	
ACCRUED INVESTMENT INCOME SECURITY DEPOSIT OTHER ASSET BENEFICIAL INTEREST IN TRUSTS	121,100. 2,410. 4,916. 6,707,375.	124,093. 2,410. 4,916. 6,907,062.	· · · · · · · · · · · · · · · · · · ·	
TO FORM 990-PF, PART II, LINE 15	6,835,801.	7,038,481.	7,038,481.	
FORM 990-PF OT	HER LIABILITIES	•	STATEMENT 14	
DESCRIPTION		BOY AMOUNT	EOY AMOUNT	
DEFERRED COMPENSATION PAYABLE DEFERRED EXCISE TAX ACCRUED EXCISE TAX		65,000. 43,562. 0.	70,000. 40,478. 7,454.	
TOTAL TO FORM 990-PF, PART II, LI	108,562. 117,93			

FORM 990-PF

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STATEMENT

307 N. MICHIGAN AVENUE, SUITE 1005 40.00

307 N. MICHIGAN AVENUE, SUITE 1005 1.00

307 N. MICHIGAN AVENUE, SUITE 1005 1.00

			FOUNDATION MANAG			
NAME AND ADDRESS					EMPLOYEE BEN PLAN CONTRIB	
EDWARD X. CLINTON 307 N. MICHIGAN AVENUE, CHICAGO, IL 60601	SUITE	1005	PRESIDENT 1.00		0.	0.
BRUCE E. HUEY 307 N. MICHIGAN AVENUE, CHICAGO, IL 60601	SUITE	1005	VICE PRESIDENT 1.00	0.	0.	0.
GEORGE S. TREES, JR. 307 N. MICHIGAN AVENUE, CHICAGO, IL 60601	SUITE	1005	VICE PRESIDENT		0.	0.
MICHAEL REED 307 N. MICHIGAN AVENUE, CHICAGO, IL 60601	SUITE	1005	SECRETARY/TREAS	URER 0.	0.	0.
HELEN BLOVSKY 307 N. MICHIGAN AVENUE, CHICAGO, IL 60601	SUITE	1005	VICE PRESIDENT 1.00	0.	0.	0.
MR. ROBERT L. CAMPBELL 307 N. MICHIGAN AVENUE, CHICAGO, IL 60601	SUITE	1005	EXEC. DIRECTOR 40.00	169,000.	5,000.	0.

PART VIII - LIST OF OFFICERS, DIRECTORS

VICE PRESIDENT

VICE PRESIDENT

0.

0.

0.

0.

0.

0.

MS. ROXANNE M. WARBLE

CHICAGO, IL 60601

CHICAGO, ID 60601

CHICAGO, ID 60601

PAUL GEAREN

LEO LATZ

VICE PRES./ASSIST. EXEC. D

142,000.

0.

0.

FORM 990-PF

ELECTION UNDER REGULATIONS SECTION 53.4942(A)-3(D)(2) TO TREAT EXCESS QUALIFYING DISTRIBUTIONS AS DISTRIBUTIONS OUT OF CORPUS

STATEMENT 16

FORM 990PF, PART XIII, LINCE 4C, COLUMN A REGULATION REFERENCE 53.4942(A)-3(D)(2)

ELECTION:

PURSUANT TO INCOME TAX REGULATION SECTION 53.4942(A)-3(D)(2), THE FOUNDATION ELECTS TO TREAT QUALIFYING DISTRIBUTIONS FOR 2017 OF \$1/73,141) AS DISTRIBUTIONS OUT OF CORPUS.

ROXANNE WARBLE

ASSISTANT EXECUTIVE DIRECTOR