

For calendar year 2017, or tax year beginning 07-01-2017, and ending 06-30-2018

Name of foundation COMMUNITY FOUNDATION OF CENTRAL ILLINOIS DEPOSITOR		A Employer identification number 37-1283245	
Number and street (or P O box number if mail is not delivered to street address) 3625 NORTH SHERIDAN		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code PEORIA, IL 61604		B Telephone number (see instructions)	
G Check all that apply <div><input type="checkbox"/> Initial return</div> <div><input type="checkbox"/> Initial return of a former public charity</div> <div><input type="checkbox"/> Final return</div> <div><input type="checkbox"/> Amended return</div> <div><input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Name change</div>		D 1. Foreign organizations, check here 2 Foreign organizations meeting the 85% test, check here and attach computation	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 4,915,555	J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis )	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	4,363,527			
	2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . .				
	3 Interest on savings and temporary cash investments	234	234		
	4 Dividends and interest from securities . . .				
	5a Gross rents . . . . .				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a _____				
	7 Capital gain net income (from Part IV, line 2) . . .				
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .	34,500			
	12 Total. Add lines 1 through 11 . . . . .	4,398,261	234		
	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages . . . . .				
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule) . . . . .				
	b Accounting fees (attach schedule) . . . . .				
	c Other professional fees (attach schedule) . . . . .	34,500			34,500
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . .				
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings . . . . .				
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . .	12,429			12,429
	24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	46,929	0		46,929
	25 Contributions, gifts, grants paid . . . . .	2,858,643			2,858,643
	26 Total expenses and disbursements. Add lines 24 and 25	2,905,572	0		2,905,572
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	1,492,689			
	b Net investment income (if negative, enter -0-)		234		
				0	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)			
		Beginning of year (a) Book Value	End of year (b) Book Value (c) Fair Market Value		
Assets	1	Cash—non-interest-bearing . . . . .			
	2	Savings and temporary cash investments . . . . .			
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable . . . . .			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use . . . . .			
	9	Prepaid expenses and deferred charges . . . . .			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule) . . . . .			
	c	Investments—corporate bonds (attach schedule) . . . . .			
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans . . . . .			
	13	Investments—other (attach schedule) . . . . .			
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____)	3,447,811	4,915,555	4,915,555	
16	<b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	3,447,811	4,915,555	4,915,555	
Liabilities	17	Accounts payable and accrued expenses . . . . .			
	18	Grants payable . . . . .	49,215	24,270	
	19	Deferred revenue . . . . .			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule) . . . . .			
	22	Other liabilities (describe ▶ _____)			
	23	<b>Total liabilities</b> (add lines 17 through 22) . . . . .	49,215	24,270	
Net Assets or Fund Balances	<b>Foundations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>				
	24	Unrestricted . . . . .	7,966	7,966	
	25	Temporarily restricted . . . . .	3,390,630	4,883,319	
	26	Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 31.</b>				
	27	Capital stock, trust principal, or current funds . . . . .			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	<b>Total net assets or fund balances</b> (see instructions) . . . . .	3,398,596	4,891,285	
	31	<b>Total liabilities and net assets/fund balances</b> (see instructions) .	3,447,811	4,915,555	

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	3,398,596
2	Enter amount from Part I, line 27a . . . . .	2	1,492,689
3	Other increases not included in line 2 (itemize) ▶ _____	3	
4	Add lines 1, 2, and 3 . . . . .	4	4,891,285
5	Decreases not included in line 2 (itemize) ▶ _____	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	4,891,285

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

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co )	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
<b>1a</b>			

  

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

  

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

  

<b>2</b> Capital gain net income or (net capital loss) <span style="float: right;">{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }</span>	<b>2</b>	
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	<b>3</b>	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

**1** Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016	2,341,893	2,939,420	0 796719
2015	3,212,499	2,962,286	1 084466
2014	2,747,738	3,493,937	0 78643
2013	4,407,697	3,818,491	1 154303
2012	3,856,661	4,010,708	0 961591
<b>2 Total</b> of line 1, column (d)			<b>2</b> 4 78351
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			<b>3</b> 0 956702
<b>4</b> Enter the net value of noncharitable-use assets for 2017 from Part X, line 5			<b>4</b> 4,118,958
<b>5</b> Multiply line 4 by line 3			<b>5</b> 3,940,615
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			<b>6</b> 2
<b>7</b> Add lines 5 and 6			<b>7</b> 3,940,617
<b>8</b> Enter qualifying distributions from Part XII, line 4			<b>8</b> 2,905,572

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

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

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	<b>1</b>	5
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	0
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	5
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	5
<b>6</b>	Credits/Payments		
<b>a</b>	2017 estimated tax payments and 2016 overpayment credited to 2017	<b>6a</b>	239
<b>b</b>	Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868) . . . . .	<b>6c</b>	
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	
<b>7</b>	Total credits and payments. Add lines 6a through 6d. . . . .	<b>7</b>	239
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	<b>8</b>	
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . . ▶	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . . ▶	<b>10</b>	234
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2018 estimated tax</b> ▶ 234 <b>Refunded</b> ▶	<b>11</b>	

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .	<b>1a</b>	No
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . . If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities	<b>1b</b>	No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<b>1c</b>	No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ _____ (2) On foundation managers ▶ \$ _____		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . If "Yes," attach a detailed description of the activities	<b>2</b>	No
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes . . . . .	<b>3</b>	No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>4a</b>	No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>4b</b>	
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . If "Yes," attach the statement required by General Instruction T	<b>5</b>	No
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .	<b>6</b>	Yes
<b>7</b> 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 . . . . .	<b>7</b>	Yes
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ IL _____		
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation .	<b>8b</b>	Yes
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the taxable year beginning in 2017 (see instructions for Part XIV)? If "Yes," complete Part XIV . . . . .	<b>9</b>	No
<b>10</b> Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses . . . . .	<b>10</b>	No

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

<b>11</b>	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).	<b>11</b>		<b>No</b>
<b>12</b>	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)	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>WWW.COMMUNITYFOUNDATIONCI.ORG</b>	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of <b>MARK ROBERTS</b> Telephone no <b>(309) 674-8730</b>			

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<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>15</b>			
<b>16</b>	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country <b>▶</b>	<b>16</b>	<b>Yes</b>	<b>No</b>

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

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

<b>1a</b>	During the year did the foundation (either directly or indirectly)		<b>Yes</b>	<b>No</b>
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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)? <input type="checkbox"/> <b>1b</b>			
<b>c</b>	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? <input type="checkbox"/> <b>1c</b>			<b>No</b>
<b>2</b>	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))			
<b>a</b>	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years <b>▶ 20____, 20____, 20____, 20____</b>			
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions). <input type="checkbox"/> <b>2b</b>			
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here <b>▶ 20____, 20____, 20____, 20____</b>			
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b>	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, Form 4720, to determine if the foundation had excess business holdings in 2017). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>3b</b>			
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? <b>4a</b>			<b>No</b>
<b>b</b>	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017? <b>4b</b>			<b>No</b>

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

<b>5a</b>	<p>During the year did the foundation pay or incur any amount to</p> <p><b>(1)</b> Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>(2)</b> Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>(3)</b> Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>(4)</b> Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>(5)</b> Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			
<b>b</b>	<p>If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/> </p>	<b>5b</b>		
<b>c</b>	<p>If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i></p>			
<b>6a</b>	<p>Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			
<b>b</b>	<p>Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><i>If "Yes" to 6b, file Form 8870</i></p>	<b>6b</b>		<b>No</b>
<b>7a</b>	<p>At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			
<b>b</b>	<p>If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<b>7b</b>		

Part VIII

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

1

List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				

2

Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
NONE				

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

▶

0

3

Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services. . . . .

▶

Part IX-A

Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions.	
3	

Total. Add lines 1 through 3 . . . . .

▶

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	0
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	0
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	4,181,683
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	4,181,683
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	4,181,683
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	62,725
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4.	<b>5</b>	4,118,958
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	205,948

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

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	205,948
<b>2a</b>	Tax on investment income for 2017 from Part VI, line 5.	<b>2a</b>	5
<b>b</b>	Income tax for 2017 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	5
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	205,943
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	
<b>5</b>	Add lines 3 and 4.	<b>5</b>	205,943
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	205,943

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

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	2,905,572
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	<b>4</b>	2,905,572
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	<b>5</b>	
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	2,905,572

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



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

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
<b>1</b> Distributable amount for 2017 from Part XI, line 7				205,943
<b>2</b> Undistributed income, if any, as of the end of 2017				
<b>a</b> Enter amount for 2016 only. . . . .				
<b>b</b> Total for prior years 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2017				
<b>a</b> From 2012. . . . . 3,656,331				
<b>b</b> From 2013. . . . . 4,216,803				
<b>c</b> From 2014. . . . . 2,573,055				
<b>d</b> From 2015. . . . . 3,064,385				
<b>e</b> From 2016. . . . . 2,194,933				
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	15,705,507			
<b>4</b> Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ 2,905,572				
<b>a</b> Applied to 2016, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .				
<b>d</b> Applied to 2017 distributable amount. . . . .				205,943
<b>e</b> Remaining amount distributed out of corpus	2,699,629			
<b>5</b> Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a) )				
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	18,405,136			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .				
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .				
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .				
<b>e</b> Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .				
<b>f</b> Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018 . . . . .				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .				
<b>8</b> Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions). . . . .	3,656,331			
<b>9</b> <b>Excess distributions carryover to 2018.</b> Subtract lines 7 and 8 from line 6a . . . . .	14,748,805			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2013. . . . . 4,216,803				
<b>b</b> Excess from 2014. . . . . 2,573,055				
<b>c</b> Excess from 2015. . . . . 3,064,385				
<b>d</b> Excess from 2016. . . . . 2,194,933				
<b>e</b> Excess from 2017. . . . . 2,699,629				

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling. . . . . ▶

**b** Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

**2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

	Tax year	Prior 3 years			(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .					
<b>c</b> "Support" alternative test—enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
<b>(3)</b> Largest amount of support from an exempt organization . . . . .					
<b>(4)</b> Gross investment income . . . . .					

**Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)**

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )  
NONE

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest  
NONE

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

**a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed  
MR MARK ROBERTS  
3625 NORTH SHERIDAN  
PEORIA, IL 61604  
(309) 674-8730

**b** The form in which applications should be submitted and information and materials they should include  
REQUEST APPLICATION FORM FROM MARK ROBERTS

**c** Any submission deadlines  
NONE

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors  
MUST BE ORGANIZED EXCLUSIVELY AS AN EXEMPT OPRGANIZATION UNDER SEC 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986

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

<div>Recipient</div> <div>Name and address (home or business)</div>	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> <i>Paid during the year</i> ALL RECIPIENTS ARE 501C3GOV SEE ATTACHED LIST PEORIA, IL 61614			COMM DEVELOPMENT	2,858,643
<b>Total</b> . . . . .			▶ <b>3a</b>	2,858,643
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b> . . . . .			▶ <b>3b</b>	0

## Enter gross amounts unless otherwise indicated

## Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Form **990-PF** (2017)

**Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

<b>1</b> Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		<b>Yes</b>	<b>No</b>
<b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of			
<b>(1)</b> Cash. . . . .	<b>1a(1)</b>		<b>No</b>
<b>(2)</b> Other assets. . . . .	<b>1a(2)</b>		<b>No</b>
<b>b</b> Other transactions			
<b>(1)</b> Sales of assets to a noncharitable exempt organization. . . . .	<b>1b(1)</b>		<b>No</b>
<b>(2)</b> Purchases of assets from a noncharitable exempt organization. . . . .	<b>1b(2)</b>		<b>No</b>
<b>(3)</b> Rental of facilities, equipment, or other assets. . . . .	<b>1b(3)</b>		<b>No</b>
<b>(4)</b> Reimbursement arrangements. . . . .	<b>1b(4)</b>		<b>No</b>
<b>(5)</b> Loans or loan guarantees. . . . .	<b>1b(5)</b>		<b>No</b>
<b>(6)</b> Performance of services or membership or fundraising solicitations. . . . .	<b>1b(6)</b>		<b>No</b>
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .	<b>1c</b>		<b>No</b>
<b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column <b>(b)</b> should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column <b>(d)</b> the value of the goods, other assets, or services received.			

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

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

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	*****	2018-12-13	*****
	Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below (see instr )? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Lori Salmi		2019-01-29		P00712052
	Firm's name ▶ Phillips Salmi Associates LLC				Firm's EIN ▶ 27-2509623
	Firm's address ▶ 112 S Main St Washington, IL 61571				Phone no (309) 444-4909

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
DAVID BAILEY	DIRECTOR 1 00	0	0	0
3625 NORTH SHERIDAN PEORIA, IL 61604				
MARK ROBERTS	EXECUTIVE DIRECTOR 40 00	0	0	0
3625 NORTH SHERIDAN PEORIA, IL 61604				
RAY LEES	DIRECTOR 1 00	0	0	0
3625 NORTH SHERIDAN PEORIA, IL 61604				
DONNA MARCACCI	CHAIRMAN 2 00	0	0	0
3625 NORTH SHERIDAN PEORIA, IL 61604				
ALMA BROWN	DIRECTOR 1 00	0	0	0
3625 NORTH SHERIDAN PEORIA, IL 61604				
RON MILLER	DIRECTOR 1 00	0	0	0
3625 NORTH SHERIDAN PEORIA, IL 61604				
LESLIE MCKNIGHT	DIRECTOR 1 00	0	0	0
3625 NORTH SHERIDAN PEORIA, IL 61604				
DAVID WYNN	SECRETARY 1 00	0	0	0
3625 NORTH SHERIDAN PEORIA, IL 61604				
DONALD SHAFER	TREASURER 1 00	0	0	0
3625 NORTH SHERIDAN PEORIA, IL 61604				
JOHN DISHAROON	VICE CHAIR 1 00	0	0	0
3625 NORTH SHERIDAN PEORIA, IL 61604				
CINDY FISCHER	DIRECTOR 1 00	0	0	0
3625 NORTH SHERIDAN PEORIA, IL 61604				
ERIK CHRISTIAN	DIRECTOR 1 00	0	0	0
3625 NORTH SHERIDAN PEORIA, IL 61604				
DIANNA HUNTER	DIRECTOR 1 00	0	0	0
3625 NORTH SHERIDAN PEORIA, IL 61604				
JULIE SCHIFELING	DIRECTOR 1 00	0	0	0
3625 NORTH SHERIDAN PEORIA, IL 61604				
KEITH YODER	DIRECTOR 1 00	0	0	0
3625 NORTH SHERIDAN PEORIA, IL 61604				

**Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation**

<b>(a)</b> Name and address	Title, and average hours per week <b>(b)</b> devoted to position	<b>(c)</b> Compensation <b>(If not paid, enter -0-)</b>	<b>(d)</b> Contributions to employee benefit plans and deferred compensation	Expense account, <b>(e)</b> other allowances
DON FORREST  3625 NORTH SHERIDAN PEORIA, IL 61604	DIRECTOR 1 00	0	0	0
JEFF LANGE  3625 NORTH SHERIDAN PEORIA, IL 61604	DIRECTOR 1 00	0	0	0

## TY 2017 Other Assets Schedule

**Name:** COMMUNITY FOUNDATION OF CENTRAL ILLINOIS DEPOSITOR

**EIN:** 37-1283245

### Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
ASSETS HELD BY GREATER HORIZONS	3,447,811	4,915,555	4,915,555



**TY 2017 Other Expenses Schedule****Name:** COMMUNITY FOUNDATION OF CENTRAL ILLINOIS DEPOSITOR**EIN:** 37-1283245**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OTHER EXPENSE	12,429	0	0	12,429

**TY 2017 Other Income Schedule****Name:** COMMUNITY FOUNDATION OF CENTRAL ILLINOIS DEPOSITOR**EIN:** 37-1283245**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
OTHER INCOME	0	0	0
MANAGEMENT FEE	34,500	0	0

**TY 2017 Other Professional Fees Schedule****Name:** COMMUNITY FOUNDATION OF CENTRAL ILLINOIS DEPOSITOR**EIN:** 37-1283245

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
DEPOSITORY FEE CHARGED	34,500	0	0	34,500

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93491029003029	
<b>Schedule B</b> (Form 990, 990-EZ, or 990-PF)  Department of the Treasury Internal Revenue Service		<b>Schedule of Contributors</b>  ▶ Attach to Form 990, 990-EZ, or 990-PF ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>			OMB No 1545-0047
					<b>2017</b>
<b>Name of the organization</b> COMMUNITY FOUNDATION OF CENTRAL ILLINOIS DEPOSITOR				<b>Employer identification number</b> 37-1283245	

Organization type (check one)

<b>Filers of:</b>	<b>Section:</b>
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)( ) (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 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 other 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<sup>1</sup>/<sub>3</sub>% 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.
- ☐ 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 the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ 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 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* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . ▶ \$ \_\_\_\_\_

**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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> COMMUNITY FOUNDATION OF CENTRAL ILLINOIS DEPOSITOR	<b>Employer identification number</b> 37-1283245
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**Part I** **Contributors** (See Instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	See Additional Data Table   	\$ 	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	   	\$ 	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	   	\$ 	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	   	\$ 	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	   	\$ 	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	   	\$ 	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	   	\$ 	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	   	\$ 	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )

<b>Name of organization</b> COMMUNITY FOUNDATION OF CENTRAL ILLINOIS DEPOSITOR	<b>Employer identification number</b> 37-1283245
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**Part II** **Noncash Property** (See instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
—	See Additional Data Table	\$ _____	_____
(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
—		\$ _____	_____
(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
—		\$ _____	_____

<b>Name of organization</b> COMMUNITY FOUNDATION OF CENTRAL ILLINOIS DEPOSITOR	<b>Employer identification number</b> 37-1283245
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<b>Part III</b>	<b>Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____</b> Use duplicate copies of Part III if additional space is needed
-----------------	--

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	

Additional Data

Software ID:  
Software Version:  
EIN: 37-1283245  
Name: COMMUNITY FOUNDATION OF CENTRAL ILLINOIS  
DEPOSITOR

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	MR BYRON DEHAAN	\$ 12,199	Person <input checked="" type="checkbox"/>
	6901 GALENA RD APT 107		Payroll <input type="checkbox"/>
	PEORIA, IL61614		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
<u>2</u>	MRS ANNE BODTKE	\$ 6,919	Person <input checked="" type="checkbox"/>
	5200 N KNOXVILLE UNIT 203 S		Payroll <input type="checkbox"/>
	PEORIA, IL61614		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
<u>3</u>	MR MRS LOWELL GRIEVES	\$ 28,850	Person <input checked="" type="checkbox"/>
	26715 E BROWN RD		Payroll <input type="checkbox"/>
	CANTON, IL61520		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
<u>4</u>	MARY HELLER	\$ 8,000	Person <input checked="" type="checkbox"/>
	7622 PATTON LANE		Payroll <input type="checkbox"/>
	PEORIA, IL61614		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution )
<u>5</u>	MR MRS HOMER GURTLE	\$ 9,404	Person <input checked="" type="checkbox"/>
	3415 N SHERIDAN		Payroll <input type="checkbox"/>
	PEORIA, IL61604		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
<u>6</u>	DR MRS JOHN LEYLAND	\$ 14,239	Person <input checked="" type="checkbox"/>
	705 FONDULAC DR		Payroll <input type="checkbox"/>
	EAST PEORIA, IL61611		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )



(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>	LYNN KUNKLE	\$ 19,821	<b>Person</b> <input checked="" type="checkbox"/>
	718 W BROOKFOREST		<b>Payroll</b> <input type="checkbox"/>
	PEORIA, IL61615		<b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
<u>8</u>	MS ROBERTA PARKS	\$ 5,231	<b>Person</b> <input checked="" type="checkbox"/>
	401 WATER STREET 802		<b>Payroll</b> <input type="checkbox"/>
	PEORIA, IL61602		<b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
<u>9</u>	MR MRS TERRY THORSTENSON	\$ 32,826	<b>Person</b> <input checked="" type="checkbox"/>
	8512 N WYNDHILL LN		<b>Payroll</b> <input type="checkbox"/>
	PEORIA, IL61615		<b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
<u>10</u>	MR MRS WILLIAM FISCHER	\$ 13,101	<b>Person</b> <input checked="" type="checkbox"/>
	4017 N GRANDVIEW DRIVE		<b>Payroll</b> <input type="checkbox"/>
	PEORIA, IL61614		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
<u>11</u>	MR MRS TERRY GLYNN	\$ 20,000	<b>Person</b> <input checked="" type="checkbox"/>
	439 EDGEWOOD DRIVE		<b>Payroll</b> <input type="checkbox"/>
	EAST PEORIA, IL61611		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
<u>12</u>	MR MRS KEITH ERICKSON	\$ 49,927	<b>Person</b> <input checked="" type="checkbox"/>
	6901 N GALENA RD		<b>Payroll</b> <input type="checkbox"/>
	PEORIA, IL61614		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>13</u>	DR MRS JOSPEH ZIMMERMAN III	\$ 30,355	<b>Person</b> <input checked="" type="checkbox"/>
	215 W DELWOOD		<b>Payroll</b> <input type="checkbox"/>
	MORTON, IL61550		<b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
<u>14</u>	MR MRS ROBERT GALLAGHER	\$ 49,474	<b>Person</b> <input checked="" type="checkbox"/>
	1230 LINDEN STREET		<b>Payroll</b> <input type="checkbox"/>
	MORTON, IL61550		<b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
<u>15</u>	MR MRS ROBERT MUIR	\$ 21,552	<b>Person</b> <input checked="" type="checkbox"/>
	522 WEDGEWOOD TERRACE		<b>Payroll</b> <input type="checkbox"/>
	METAMORA, IL61548		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
<u>16</u>	MR MRS WILLIAM RINEHART	\$ 5,444	<b>Person</b> <input checked="" type="checkbox"/>
	8111 N CRAB ORCHARD CT		<b>Payroll</b> <input type="checkbox"/>
	PEORIA, IL61615		<b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
<u>17</u>	MR MRS JAMES TARABORI	\$ 17,053	<b>Person</b> <input checked="" type="checkbox"/>
	9218 HOLLOW PINE DR		<b>Payroll</b> <input type="checkbox"/>
	BONITA SPRINGS, FL34135		<b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
<u>18</u>	MR MRS WILLIAM WENDLE	\$ 99,378	<b>Person</b> <input checked="" type="checkbox"/>
	6862 N FOX POINTE		<b>Payroll</b> <input type="checkbox"/>
	PEORIA, IL61614		<b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u>	MR MRS RICHARD MOORE	\$ 50,000	<b>Person</b> <input checked="" type="checkbox"/>
	11713 STRATHMOORE		<b>Payroll</b> <input type="checkbox"/>
	DUNLAP, IL61525		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
<u>20</u>	MR MRS DONALD HOFFORD	\$ 7,000	<b>Person</b> <input checked="" type="checkbox"/>
	5200 N KNOXVILLE 206N		<b>Payroll</b> <input type="checkbox"/>
	PEORIA, IL61614		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
<u>21</u>	MR MRS J DEVIN KEENAN	\$ 17,063	<b>Person</b> <input checked="" type="checkbox"/>
	4435 MIDSHIPMAN CT		<b>Payroll</b> <input type="checkbox"/>
	SOUTHPORT, NC28461		<b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
<u>22</u>	MR MRS WILLIAM ROHNER	\$ 49,947	<b>Person</b> <input checked="" type="checkbox"/>
	400 W THOUSAND OAKS DR		<b>Payroll</b> <input type="checkbox"/>
	PEORIA, IL61615		<b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
<u>23</u>	MR MRS EUGENE PHILLIPS	\$ 11,593	<b>Person</b> <input checked="" type="checkbox"/>
	2801 W REEDY CREEK DR		<b>Payroll</b> <input type="checkbox"/>
	PHOENIX, AZ85086		<b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
<u>24</u>	MARY DILL	\$ 42,831	<b>Person</b> <input checked="" type="checkbox"/>
	2514 W HIDDEN LAKE COURT		<b>Payroll</b> <input type="checkbox"/>
	PEORIA, IL61614		<b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	MR MRS MICHAEL LEALI	\$ 45,706	<b>Person</b> <input checked="" type="checkbox"/>
	7319 N EDGEWILD DRIVE		<b>Payroll</b> <input type="checkbox"/>
	PEORIA, IL61614		<b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
26	MR DAVID ORR	\$ 238,985	<b>Person</b> <input checked="" type="checkbox"/>
	115 N SUNSET ST		<b>Payroll</b> <input type="checkbox"/>
	MARCO ISLAND, FL34145		<b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
27	MR MRS MICHAEL QUINE	\$ 45,420	<b>Person</b> <input checked="" type="checkbox"/>
	12438 NORTH COVE CT		<b>Payroll</b> <input type="checkbox"/>
	DUNLAP, IL61525		<b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
28	MR MRS KEVIN COLGAN	\$ 11,809	<b>Person</b> <input checked="" type="checkbox"/>
	12822 GEORGETOWN RD		<b>Payroll</b> <input type="checkbox"/>
	DUNLAP, IL61525		<b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
29	MS EMILY GILL	\$ 29,296	<b>Person</b> <input checked="" type="checkbox"/>
	6322 N IMPERIAL		<b>Payroll</b> <input type="checkbox"/>
	PEORIA, IL61614		<b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
30	MR MRS BRADLEY BRAKER	\$ 75,885	<b>Person</b> <input checked="" type="checkbox"/>
	34 DIAMOND PT		<b>Payroll</b> <input type="checkbox"/>
	MORTON, IL61550		<b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>31</u>	MR MRS ROGER ARNOLD	\$ 34,957	<b>Person</b> <input checked="" type="checkbox"/>
	70 DIAMOND PT		<b>Payroll</b> <input type="checkbox"/>
	MORTON, IL61550		<b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
<u>32</u>	MR MRS MIKE VANEK	\$ 31,264	<b>Person</b> <input checked="" type="checkbox"/>
	7017 N FOX POINT		<b>Payroll</b> <input type="checkbox"/>
	PEORIA, IL61614		<b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
<u>33</u>	MR MRS ROBERT POMAZAL	\$ 12,000	<b>Person</b> <input checked="" type="checkbox"/>
	4322 TERRACE DRIVE		<b>Payroll</b> <input type="checkbox"/>
	CHILLICOTHE, IL61523		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
<u>34</u>	JAMES CUNNINGHAM	\$ 14,039	<b>Person</b> <input checked="" type="checkbox"/>
	7600 N EDGEWILD DRIVE		<b>Payroll</b> <input type="checkbox"/>
	PEORIA, IL61614		<b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
<u>35</u>	MR TIMOTHY BRAKER	\$ 115,925	<b>Person</b> <input checked="" type="checkbox"/>
	246 WOLF CROSSING DRIVE		<b>Payroll</b> <input type="checkbox"/>
	MORTON, IL61550		<b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
<u>36</u>	MR MRS DALE UNRUH	\$ 35,276	<b>Person</b> <input checked="" type="checkbox"/>
	11008 N ONYX LANE		<b>Payroll</b> <input type="checkbox"/>
	DUNLAP, IL61525		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>37</u>	MR TIMOTHY OHANLON	\$ 6,097	<b>Person</b> <input checked="" type="checkbox"/>
	6304 FAWN RIDGE CT		<b>Payroll</b> <input type="checkbox"/>
	PEORIA, IL61615		<b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
<u>38</u>	MR MRS JAMES BUBERT	\$ 100,000	<b>Person</b> <input checked="" type="checkbox"/>
	2401 W CHANDLER		<b>Payroll</b> <input type="checkbox"/>
	PEORIA, IL61615		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
<u>39</u>	MR MRS CHARLES BUSH	\$ 10,250	<b>Person</b> <input checked="" type="checkbox"/>
	10014 W DEERBROOK TRIAL		<b>Payroll</b> <input type="checkbox"/>
	EDWARDS, IL61528		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
<u>40</u>	MR MRS SCOTT EHRSAM	\$ 13,778	<b>Person</b> <input checked="" type="checkbox"/>
	1500 TIMBER RAIL		<b>Payroll</b> <input type="checkbox"/>
	WASHINGTON, IL61571		<b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
<u>41</u>	MR ROBERT HILL	\$ 90,000	<b>Person</b> <input checked="" type="checkbox"/>
	783 W ANTHONY DR		<b>Payroll</b> <input type="checkbox"/>
	PALATINE, IL60067		<b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
<u>42</u>	DR MRS STEPHEN HIPPLER	\$ 10,082	<b>Person</b> <input checked="" type="checkbox"/>
	320 POTOMAC CT		<b>Payroll</b> <input type="checkbox"/>
	DUNLAP, IL61525		<b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	MR MRS THOMAS HOWARD	\$ 127,120	<b>Person</b> <input checked="" type="checkbox"/>
	2178 TIMBER LODGE LANE		<b>Payroll</b> <input type="checkbox"/>
	SPRING HILL, FL34606		<b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
44	MR MRS FRANK NETTLES	\$ 15,165	<b>Person</b> <input checked="" type="checkbox"/>
	26466 SCHUCK ROAD		<b>Payroll</b> <input type="checkbox"/>
	WASHINGTON, IL61571		<b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
45	MS ANAMARIE NEUMILLER	\$ 65,388	<b>Person</b> <input checked="" type="checkbox"/>
	439 E WOODLAWN PLACE		<b>Payroll</b> <input type="checkbox"/>
	PEORIA, IL61614		<b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
46	MR MRS JAMES PARKER	\$ 117,275	<b>Person</b> <input checked="" type="checkbox"/>
	26 HYDE PARK DR		<b>Payroll</b> <input type="checkbox"/>
	MORTON, IL61550		<b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
47	MR MRS JOHN REEL	\$ 51,101	<b>Person</b> <input checked="" type="checkbox"/>
	158 COUNTY RD 1825 E		<b>Payroll</b> <input type="checkbox"/>
	CARLOCK, IL61725		<b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
48	MR MRS JIM RIEKER	\$ 20,479	<b>Person</b> <input checked="" type="checkbox"/>
	8520 N WYNDHILL LANE		<b>Payroll</b> <input type="checkbox"/>
	PEORIA, IL61615		<b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	MR MRS FREDERICK STUBER	\$ 27,253	<b>Person</b> <input checked="" type="checkbox"/>
	7411 N BRITTANY PARK PLACE		<b>Payroll</b> <input type="checkbox"/>
	PEORIA, IL61614		<b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
50	DR THOMAS WYMAN	\$ 125,305	<b>Person</b> <input checked="" type="checkbox"/>
	5110 N PROSPECT		<b>Payroll</b> <input type="checkbox"/>
	PEORIA, IL61614		<b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
51	MR ELLIOT MURRAY	\$ 14,420	<b>Person</b> <input checked="" type="checkbox"/>
	2724 W RESERVOIR BLVD		<b>Payroll</b> <input type="checkbox"/>
	PEORIA, IL61615		<b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
52	MR MRS ROBERT STEVENSON III	\$ 16,720	<b>Person</b> <input checked="" type="checkbox"/>
	4536 N MILLER AVENUE		<b>Payroll</b> <input type="checkbox"/>
	PEORIA HEIGHTS, IL61616		<b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
53	MR MRS JOHN WAHLFELD	\$ 7,090	<b>Person</b> <input checked="" type="checkbox"/>
	116 E COVENTRY LANE		<b>Payroll</b> <input type="checkbox"/>
	PEORIA, IL61614		<b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
54	DAVID WICKNESS	\$ 15,000	<b>Person</b> <input checked="" type="checkbox"/>
	12622 W CRESCENT DR		<b>Payroll</b> <input type="checkbox"/>
	DUNLAP, IL61525		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )



(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	MR MRS JEROLD WRIGHT	\$ 7,655	<b>Person</b> <input checked="" type="checkbox"/>
	4606 S TRIVOLI ROAD		<b>Payroll</b> <input type="checkbox"/>
	TRIVOLI, IL61569		<b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
56	CAROL MOEHLE	\$ 25,258	<b>Person</b> <input checked="" type="checkbox"/>
	818 WASHINGTON STREET		<b>Payroll</b> <input type="checkbox"/>
	PEKIN, IL61554		<b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
57	MR MRS GEORGE GOULD	\$ 11,953	<b>Person</b> <input checked="" type="checkbox"/>
	8787 NAPLES HERITAGE		<b>Payroll</b> <input type="checkbox"/>
	NAPLES, FL34112		<b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
58	MR MRS GREGORY S FOLLEY	\$ 20,040	<b>Person</b> <input checked="" type="checkbox"/>
	5416 N PROSPECT RD		<b>Payroll</b> <input type="checkbox"/>
	PEORIA, IL61614		<b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
59	MR MRS JAMES S BEARD	\$ 25,115	<b>Person</b> <input checked="" type="checkbox"/>
	15851 WINDRIFT DRIVE		<b>Payroll</b> <input type="checkbox"/>
	JUPITER, FL33477		<b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
60	MR MRS JOHN AMDALL	\$ 17,041	<b>Person</b> <input checked="" type="checkbox"/>
	901 WELLINGTON		<b>Payroll</b> <input type="checkbox"/>
	WASHINGTON, IL61571		<b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>61</u>	MR THOMAS G LUTHY	\$ 10,845	<b>Person</b> <input checked="" type="checkbox"/>
	10939 N SLEEPY HOLLOW		<b>Payroll</b> <input type="checkbox"/>
	PEORIA, IL61615		<b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
<u>62</u>	MR WILLIAM J BRANDON	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/>
	PO BOX 5686		<b>Payroll</b> <input type="checkbox"/>
	PEORIA, IL61601		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
<u>63</u>	PAUL KNOLLMAIER	\$ 27,530	<b>Person</b> <input checked="" type="checkbox"/>
	3801 NE 207TH ST		<b>Payroll</b> <input type="checkbox"/>
	MIAMI, FL33180		<b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
<u>64</u>	MR MRS STEPHEN BROWN	\$ 20,019	<b>Person</b> <input checked="" type="checkbox"/>
	717 SCOTTWOOD DRIVE		<b>Payroll</b> <input type="checkbox"/>
	PEORIA, IL61615		<b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
<u>65</u>	MR MRS EUGENE SWEENEY	\$ 14,594	<b>Person</b> <input checked="" type="checkbox"/>
	16315 W MARTIN ROAD		<b>Payroll</b> <input type="checkbox"/>
	BRIMFIELD, IL61517		<b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
<u>66</u>	MR MRS WALTER HUPE	\$ 22,957	<b>Person</b> <input checked="" type="checkbox"/>
	390 PARK PLACE		<b>Payroll</b> <input type="checkbox"/>
	FORSYTH, IL62535		<b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>67</u>	MR JAY HARMS	\$ 25,008	<b>Person</b> <input checked="" type="checkbox"/>
	354 E ELLER DR		<b>Payroll</b> <input type="checkbox"/>
	EAST PEORIA, IL61611		<b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
<u>68</u>	KAYWIN MARTIN	\$ 375,154	<b>Person</b> <input checked="" type="checkbox"/>
	972 EVERGREEN DRIVE		<b>Payroll</b> <input type="checkbox"/>
	DELRAY BEACH, FL33483		<b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
<u>69</u>	MR PATRICK RHODE	\$ 30,444	<b>Person</b> <input checked="" type="checkbox"/>
	4905 GRANDVIEW DR		<b>Payroll</b> <input type="checkbox"/>
	PEORIA HEIGHTS, IL61616		<b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
<u>70</u>	MARY ALICE STRODEL	\$ 15,229	<b>Person</b> <input checked="" type="checkbox"/>
	3908 N PINEHURST CT		<b>Payroll</b> <input type="checkbox"/>
	PEORIA, IL61614		<b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
<u>71</u>	JAMES KNOT	\$ 20,750	<b>Person</b> <input checked="" type="checkbox"/>
	30650 MARSHALL RIDGE		<b>Payroll</b> <input type="checkbox"/>
	STEAMBOAT SPRINGS, CO80487		<b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
<u>72</u>	VALERIE MOEHLE	\$ 11,723	<b>Person</b> <input checked="" type="checkbox"/>
	800 S EIGHT ST		<b>Payroll</b> <input type="checkbox"/>
	PEKIN, IL61554		<b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>73</u>	MARGARET B JACOB	\$ 60,777	<b>Person</b> <input checked="" type="checkbox"/>
	10917 TRIGGER RD		<b>Payroll</b> <input type="checkbox"/>
	DUNLAP, IL61525		<b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
<u>74</u>	MR MRS JOHN CALDER	\$ 50,127	<b>Person</b> <input checked="" type="checkbox"/>
	749 BLACK PARTRIDGE RD		<b>Payroll</b> <input type="checkbox"/>
	METAMORA, IL61548		<b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
<u>75</u>	NANCY SOMMER	\$ 10,442	<b>Person</b> <input checked="" type="checkbox"/>
	9326 N PICTURE RIDGE RD		<b>Payroll</b> <input type="checkbox"/>
	PEORIA, IL61615		<b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
<u>76</u>	FLOY PETERSON	\$ 31,080	<b>Person</b> <input checked="" type="checkbox"/>
	4108 14TH AVE EAST		<b>Payroll</b> <input type="checkbox"/>
	BRADENTON, FL34208		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
<u>77</u>	ERNEST BLOOD	\$ 5,047	<b>Person</b> <input checked="" type="checkbox"/>
	1345 TIMBER OAK DR		<b>Payroll</b> <input type="checkbox"/>
	METAMORA, IL61548		<b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
<u>78</u>	CHRISTINE BOLLWINKLE	\$ 53,404	<b>Person</b> <input checked="" type="checkbox"/>
	11221 N MEDINA COURT		<b>Payroll</b> <input type="checkbox"/>
	PEORIA, IL61615		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	VICKY BROWN	\$ 41,950	Person <input checked="" type="checkbox"/>
	305 MAPLEWOOD BLVD		Payroll <input type="checkbox"/>
	DUNLAP, IL61525		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution )
80	GAYLE CAUSEY	\$ 125,165	Person <input checked="" type="checkbox"/>
	1010 BROADWAY		Payroll <input type="checkbox"/>
	NORMAL, IL61761		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
81	GARY CHURCH	\$ 12,021	Person <input checked="" type="checkbox"/>
	434 FONDULAC DRIVE		Payroll <input type="checkbox"/>
	EAST PEORIA, IL61611		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
82	PETER DONIS	\$ 63,013	Person <input checked="" type="checkbox"/>
	7610 N EDGEWILD DR		Payroll <input type="checkbox"/>
	PEORIA, IL61614		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
83	BERNARD DRAKE	\$ 5,000	Person <input checked="" type="checkbox"/>
	2431 W IMPERIAL DRIVE		Payroll <input type="checkbox"/>
	PEORIA, IL61614		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution )
84	CHARLES HANSON	\$ 10,086	Person <input checked="" type="checkbox"/>
	1635 DEERFIELD RD		Payroll <input type="checkbox"/>
	PRINCETON, IL61356		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	SUSAN HEUN	\$ 14,988	<b>Person</b> <input checked="" type="checkbox"/>
	138 KINGFISHER CIRCLE		<b>Payroll</b> <input type="checkbox"/>
	POOLER, GA31322		<b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
86	JACKSON NATIONAL LIFE INSURANCE CO	\$ 200,749	<b>Person</b> <input checked="" type="checkbox"/>
	1 CORPORATE WAY		<b>Payroll</b> <input type="checkbox"/>
	LANSING, MI48951		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
87	KENT LYNCH	\$ 16,525	<b>Person</b> <input checked="" type="checkbox"/>
	8906 N FORD RD		<b>Payroll</b> <input type="checkbox"/>
	EDWARDS, IL61528		<b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
88	DINAH MANNLEIN	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/>
	1833 IVY POINTE CT		<b>Payroll</b> <input type="checkbox"/>
	NAPLES, FL34109		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
89	ROBERT J MILLER	\$ 12,000	<b>Person</b> <input checked="" type="checkbox"/>
	11220 N BROOKLYN PLACE		<b>Payroll</b> <input type="checkbox"/>
	DUNLAP, IL61525		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
90	MICHELLE MOESTUE	\$ 5,211	<b>Person</b> <input checked="" type="checkbox"/>
	9B COUNTRY CLUB COURT		<b>Payroll</b> <input type="checkbox"/>
	PEKIN, IL61554		<b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>91</u>	THOMAS RIEKER	\$ 56,673	<b>Person</b> <input checked="" type="checkbox"/>
	6916 N HUNTERS TRACE		<b>Payroll</b> <input type="checkbox"/>
	PEORIA, IL61614		<b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
<u>92</u>	JOHN LINDA SAHN	\$ 8,000	<b>Person</b> <input checked="" type="checkbox"/>
	4943 N GRANDVIEW DRIVE		<b>Payroll</b> <input type="checkbox"/>
	PEORIA HIEGHTS, IL61616		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
<u>93</u>	SAUDER LLC	\$ 390,000	<b>Person</b> <input checked="" type="checkbox"/>
	1473 COUNTY ROAD 1400 NORTH		<b>Payroll</b> <input type="checkbox"/>
	ROANOKE, IL61561		<b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
<u>94</u>	KATHRYN SMART	\$ 135,911	<b>Person</b> <input checked="" type="checkbox"/>
	4600 MOUNT CARMEL WAY		<b>Payroll</b> <input type="checkbox"/>
	PEORIA, IL61615		<b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
<u>95</u>	GARY STELLA	\$ 11,925	<b>Person</b> <input checked="" type="checkbox"/>
	1020 E PARIS AVE		<b>Payroll</b> <input type="checkbox"/>
	PEORIA HEIGHTS, IL61616		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
<u>96</u>	VOYA INSURANCE AND ANNUITY CO	\$ 117,111	<b>Person</b> <input checked="" type="checkbox"/>
	699 WALNUT STREET SUITE 1350		<b>Payroll</b> <input type="checkbox"/>
	DES MOINES, IA50309		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<div>97</div>	STEVE ZIKA	<div>\$ 17,063</div>	<div> <div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input checked="" type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div> </div>
	1002 W WONDERVIEW		
	DUNLAP, IL61525		



Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>1</u>	PUBLICLY TRADED SECURITY	<u>\$ 12,199</u>	<u>2018-01-29</u>
<u>2</u>	PUBLICLY TRADED SECURITY	<u>\$ 6,919</u>	<u>2017-11-17</u>
<u>3</u>	PUBLICLY TRADED SECURITY	<u>\$ 28,850</u>	<u>2018-06-05</u>
<u>5</u>	PUBLICLY TRADED SECURITY	<u>\$ 9,404</u>	<u>2018-06-07</u>
<u>6</u>	PUBLICLY TRADED SECURITY	<u>\$ 7,850</u>	<u>2017-12-27</u>
<u>7</u>	PUBLICLY TRADED SECURITY	<u>\$ 19,821</u>	<u>2017-11-22</u>
<u>8</u>	PUBLICLY TRADED SECURITY	<u>\$ 5,231</u>	<u>2018-02-02</u>
<u>9</u>	PUBLICLY TRADED SECURITY	<u>\$ 32,826</u>	<u>2017-07-12</u>
<u>13</u>	PUBLICLY TRADED SECURITY	<u>\$ 30,355</u>	<u>2018-01-30</u>
<u>14</u>	IRA	<u>\$ 49,474</u>	<u>2018-03-15</u>

Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>16</u>	PUBLICLY TRADED SECURITY	<u>\$ 5,444</u>	<u>2018-03-13</u>
<u>17</u>	PUBLICLY TRADED SECURITY	<u>\$ 17,053</u>	<u>2017-10-25</u>
<u>18</u>	PUBLICLY TRADED SECURITY	<u>\$ 99,378</u>	<u>2017-07-13</u>
<u>21</u>	PUBLICLY TRADED SECURITY	<u>\$ 17,063</u>	<u>2017-08-17</u>
<u>22</u>	PUBLICLY TRADED SECURITY	<u>\$ 49,947</u>	<u>2017-08-29</u>
<u>23</u>	PUBLICLY TRADED SECURITY	<u>\$ 11,593</u>	<u>2017-12-15</u>
<u>24</u>	PUBLICLY TRADED SECURITY	<u>\$ 42,831</u>	<u>2018-02-06</u>
<u>25</u>	PUBLICLY TRADED SECURITY	<u>\$ 45,706</u>	<u>2017-12-20</u>
<u>26</u>	PUBLICLY TRADED SECURITY	<u>\$ 238,985</u>	<u>2017-12-07</u>
<u>27</u>	PUBLICLY TRADED SECURITY	<u>\$ 45,420</u>	<u>2017-12-05</u>

Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>28</u>	PUBLICLY TRADED SECURITY	<u>\$ 11,809</u>	<u>2017-08-31</u>
<u>29</u>	PUBLICLY TRADED SECURITY	<u>\$ 29,296</u>	<u>2017-11-14</u>
<u>30</u>	PUBLICLY TRADED SECURITY	<u>\$ 75,885</u>	<u>2018-06-22</u>
<u>31</u>	PUBLICLY TRADED SECURITY	<u>\$ 34,957</u>	<u>2018-01-22</u>
<u>32</u>	PUBLICLY TRADED SECURITY	<u>\$ 31,264</u>	<u>2017-12-26</u>
<u>34</u>	PUBLICLY TRADED SECURITY	<u>\$ 14,039</u>	<u>2017-12-01</u>
<u>35</u>	PUBLICLY TRADED SECURITY	<u>\$ 115,925</u>	<u>2018-06-19</u>
<u>37</u>	PUBLICLY TRADED SECURITY	<u>\$ 6,097</u>	<u>2017-12-18</u>
<u>40</u>	PUBLICLY TRADED SECURITY	<u>\$ 13,778</u>	<u>2017-11-07</u>
<u>41</u>	PUBLICLY TRADED SECURITY	<u>\$ 90,000</u>	<u>2017-09-14</u>

Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>42</u>	PUBLICLY TRADED SECURITY	<u>\$ 10,082</u>	<u>2017-11-28</u>
<u>43</u>	PUBLICLY TRADED SECURITY	<u>\$ 127,120</u>	<u>2017-10-04</u>
<u>44</u>	PUBLICLY TRADED SECURITY	<u>\$ 15,165</u>	<u>2017-12-20</u>
<u>45</u>	PUBLICLY TRADED SECURITY	<u>\$ 65,388</u>	<u>2018-01-12</u>
<u>46</u>	PUBLICLY TRADED SECURITY	<u>\$ 117,275</u>	<u>2017-10-13</u>
<u>47</u>	PUBLICLY TRADED SECURITY	<u>\$ 51,101</u>	<u>2018-04-20</u>
<u>48</u>	PUBLICLY TRADED SECURITY	<u>\$ 20,479</u>	<u>2018-01-19</u>
<u>50</u>	PUBLICLY TRADED SECURITY	<u>\$ 125,305</u>	<u>2017-12-26</u>
<u>51</u>	PUBLICLY TRADED SECURITY	<u>\$ 14,420</u>	<u>2017-12-11</u>
<u>52</u>	PUBLICLY TRADED SECURITY	<u>\$ 16,720</u>	<u>2017-12-13</u>

Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>53</u>	PUBLICLY TRADED SECURITY	<u>\$ 7,090</u>	<u>2017-12-26</u>
<u>55</u>	PUBLICLY TRADED SECURITY	<u>\$ 7,655</u>	<u>2018-02-13</u>
<u>56</u>	PUBLICLY TRADED SECURITY	<u>\$ 9,873</u>	<u>2017-08-22</u>
<u>57</u>	PUBLICLY TRADED SECURITY	<u>\$ 11,953</u>	<u>2017-12-07</u>
<u>58</u>	PUBLICLY TRADED SECURITY	<u>\$ 20,040</u>	<u>2017-11-29</u>
<u>59</u>	PUBLICLY TRADED SECURITY	<u>\$ 25,115</u>	<u>2017-10-17</u>
<u>60</u>	PUBLICLY TRADED SECURITY	<u>\$ 17,041</u>	<u>2018-01-16</u>
<u>61</u>	PUBLICLY TRADED SECURITY	<u>\$ 10,845</u>	<u>2017-10-10</u>
<u>63</u>	PUBLICLY TRADED SECURITY	<u>\$ 27,530</u>	<u>2017-10-27</u>
<u>64</u>	PUBLICLY TRADED SECURITY	<u>\$ 20,019</u>	<u>2018-05-21</u>

Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>65</u>	PUBLICLY TRADED SECURITY	<u>\$ 14,594</u>	<u>2018-03-28</u>
<u>66</u>	PUBLICLY TRADED SECURITY	<u>\$ 22,957</u>	<u>2017-08-09</u>
<u>67</u>	PUBLICLY TRADED SECURITY	<u>\$ 25,008</u>	<u>2017-12-20</u>
<u>68</u>	REAL ESTATE TO BE SOLD IN SHORT TERM	<u>\$ 365,154</u>	<u>2018-01-12</u>
<u>69</u>	PUBLICLY TRADED SECURITY	<u>\$ 30,444</u>	<u>2018-02-02</u>
<u>70</u>	PUBLICLY TRADED SECURITY	<u>\$ 15,229</u>	<u>2017-10-30</u>
<u>71</u>	PUBLICLY TRADED SECURITY	<u>\$ 20,750</u>	<u>2017-11-21</u>
<u>72</u>	PUBLICLY TRADED SECURITY	<u>\$ 11,723</u>	<u>2017-09-01</u>
<u>73</u>	PUBLICLY TRADED SECURITY	<u>\$ 60,777</u>	<u>2018-01-16</u>
<u>74</u>	PUBLICLY TRADED SECURITY	<u>\$ 50,127</u>	<u>2018-02-14</u>

Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>75</u>	PUBLICLY TRADED SECURITY	<u>\$ 10,442</u>	<u>2018-04-20</u>
<u>77</u>	PUBLICLY TRADED SECURITY	<u>\$ 5,047</u>	<u>2017-07-03</u>
<u>80</u>	PUBLICLY TRADED SECURITY	<u>\$ 125,165</u>	<u>2017-12-21</u>
<u>81</u>	PUBLICLY TRADED SECURITY	<u>\$ 12,021</u>	<u>2017-09-13</u>
<u>82</u>	PUBLICLY TRADED SECURITY	<u>\$ 63,013</u>	<u>2018-01-26</u>
<u>84</u>	PUBLICLY TRADED SECURITY	<u>\$ 10,086</u>	<u>2017-12-28</u>
<u>85</u>	PUBLICLY TRADED SECURITY	<u>\$ 14,988</u>	<u>2018-03-22</u>
<u>87</u>	PUBLICLY TRADED SECURITY	<u>\$ 16,525</u>	<u>2017-12-07</u>
<u>90</u>	PUBLICLY TRADED SECURITY	<u>\$ 5,211</u>	<u>2017-09-13</u>
<u>91</u>	PUBLICLY TRADED SECURITY	<u>\$ 56,673</u>	<u>2017-07-25</u>

Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>93</u>	REAL ESTATE TO BE SOLD IN SHORT TERM	<u>\$ 390,000</u>	<u>2017-08-31</u>
<u>94</u>	PUBLICLY TRADED SECURITY	<u>\$ 135,911</u>	<u>2017-12-27</u>
<u>97</u>	PUBLICLY TRADED SECURITY	<u>\$ 17,063</u>	<u>2018-01-23</u>
<u>49</u>	PUBLICLY TRADED SECURITY	<u>\$ 22,253</u>	<u></u>
<u>1</u>	PUBLICLY TRADED SECURITY	<u>\$ 12,199</u>	<u>2018-01-29</u>
<u>2</u>	PUBLICLY TRADED SECURITY	<u>\$ 6,919</u>	<u>2017-11-17</u>
<u>3</u>	PUBLICLY TRADED SECURITY	<u>\$ 28,850</u>	<u>2018-06-05</u>
<u>5</u>	PUBLICLY TRADED SECURITY	<u>\$ 9,404</u>	<u>2018-06-07</u>
<u>6</u>	PUBLICLY TRADED SECURITY	<u>\$ 7,850</u>	<u>2017-12-27</u>
<u>7</u>	PUBLICLY TRADED SECURITY	<u>\$ 19,821</u>	<u>2017-11-22</u>



Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>8</u>	PUBLICLY TRADED SECURITY	<u>\$ 5,231</u>	<u>2018-02-02</u>
<u>9</u>	PUBLICLY TRADED SECURITY	<u>\$ 32,826</u>	<u>2017-07-12</u>
<u>13</u>	PUBLICLY TRADED SECURITY	<u>\$ 30,355</u>	<u>2018-01-30</u>
<u>14</u>	IRA	<u>\$ 49,474</u>	<u>2018-03-15</u>
<u>16</u>	PUBLICLY TRADED SECURITY	<u>\$ 5,444</u>	<u>2018-03-13</u>
<u>17</u>	PUBLICLY TRADED SECURITY	<u>\$ 17,053</u>	<u>2017-10-25</u>
<u>18</u>	PUBLICLY TRADED SECURITY	<u>\$ 99,378</u>	<u>2017-07-13</u>
<u>21</u>	PUBLICLY TRADED SECURITY	<u>\$ 17,063</u>	<u>2017-08-17</u>
<u>22</u>	PUBLICLY TRADED SECURITY	<u>\$ 49,947</u>	<u>2017-08-29</u>
<u>23</u>	PUBLICLY TRADED SECURITY	<u>\$ 11,593</u>	<u>2017-12-15</u>

Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>24</u>	PUBLICLY TRADED SECURITY	<u>\$ 42,831</u>	<u>2018-02-06</u>
<u>25</u>	PUBLICLY TRADED SECURITY	<u>\$ 45,706</u>	<u>2017-12-20</u>
<u>26</u>	PUBLICLY TRADED SECURITY	<u>\$ 238,985</u>	<u>2017-12-07</u>
<u>27</u>	PUBLICLY TRADED SECURITY	<u>\$ 45,420</u>	<u>2017-12-05</u>
<u>28</u>	PUBLICLY TRADED SECURITY	<u>\$ 11,809</u>	<u>2017-08-31</u>
<u>29</u>	PUBLICLY TRADED SECURITY	<u>\$ 29,296</u>	<u>2017-11-14</u>
<u>30</u>	PUBLICLY TRADED SECURITY	<u>\$ 75,885</u>	<u>2018-06-22</u>
<u>31</u>	PUBLICLY TRADED SECURITY	<u>\$ 34,957</u>	<u>2018-01-22</u>
<u>32</u>	PUBLICLY TRADED SECURITY	<u>\$ 31,264</u>	<u>2017-12-26</u>
<u>34</u>	PUBLICLY TRADED SECURITY	<u>\$ 14,039</u>	<u>2017-12-01</u>

Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>35</u>	PUBLICLY TRADED SECURITY	<u>\$ 115,925</u>	<u>2018-06-19</u>
<u>37</u>	PUBLICLY TRADED SECURITY	<u>\$ 6,097</u>	<u>2017-12-18</u>
<u>40</u>	PUBLICLY TRADED SECURITY	<u>\$ 13,778</u>	<u>2017-11-07</u>
<u>41</u>	PUBLICLY TRADED SECURITY	<u>\$ 90,000</u>	<u>2017-09-14</u>
<u>42</u>	PUBLICLY TRADED SECURITY	<u>\$ 10,082</u>	<u>2017-11-28</u>
<u>43</u>	PUBLICLY TRADED SECURITY	<u>\$ 127,120</u>	<u>2017-10-04</u>
<u>44</u>	PUBLICLY TRADED SECURITY	<u>\$ 15,165</u>	<u>2017-12-20</u>
<u>45</u>	PUBLICLY TRADED SECURITY	<u>\$ 65,388</u>	<u>2018-01-12</u>
<u>46</u>	PUBLICLY TRADED SECURITY	<u>\$ 117,275</u>	<u>2017-10-13</u>
<u>47</u>	PUBLICLY TRADED SECURITY	<u>\$ 51,101</u>	<u>2018-04-20</u>

Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>48</u>	PUBLICLY TRADED SECURITY	<u>\$ 20,479</u>	<u>2018-01-19</u>
<u>50</u>	PUBLICLY TRADED SECURITY	<u>\$ 125,305</u>	<u>2017-12-26</u>
<u>51</u>	PUBLICLY TRADED SECURITY	<u>\$ 14,420</u>	<u>2017-12-11</u>
<u>52</u>	PUBLICLY TRADED SECURITY	<u>\$ 16,720</u>	<u>2017-12-13</u>
<u>53</u>	PUBLICLY TRADED SECURITY	<u>\$ 7,090</u>	<u>2017-12-26</u>
<u>55</u>	PUBLICLY TRADED SECURITY	<u>\$ 7,655</u>	<u>2018-02-13</u>
<u>56</u>	PUBLICLY TRADED SECURITY	<u>\$ 9,873</u>	<u>2017-08-22</u>
<u>57</u>	PUBLICLY TRADED SECURITY	<u>\$ 11,953</u>	<u>2017-12-07</u>
<u>58</u>	PUBLICLY TRADED SECURITY	<u>\$ 20,040</u>	<u>2017-11-29</u>
<u>59</u>	PUBLICLY TRADED SECURITY	<u>\$ 25,115</u>	<u>2017-10-17</u>

Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>60</u>	PUBLICLY TRADED SECURITY	<u>\$ 17,041</u>	<u>2018-01-16</u>
<u>61</u>	PUBLICLY TRADED SECURITY	<u>\$ 10,845</u>	<u>2017-10-10</u>
<u>63</u>	PUBLICLY TRADED SECURITY	<u>\$ 27,530</u>	<u>2017-10-27</u>
<u>64</u>	PUBLICLY TRADED SECURITY	<u>\$ 20,019</u>	<u>2018-05-21</u>
<u>65</u>	PUBLICLY TRADED SECURITY	<u>\$ 14,594</u>	<u>2018-03-28</u>
<u>66</u>	PUBLICLY TRADED SECURITY	<u>\$ 22,957</u>	<u>2017-08-09</u>
<u>67</u>	PUBLICLY TRADED SECURITY	<u>\$ 25,008</u>	<u>2017-12-20</u>
<u>68</u>	REAL ESTATE TO BE SOLD IN SHORT TERM	<u>\$ 365,154</u>	<u>2018-01-12</u>
<u>69</u>	PUBLICLY TRADED SECURITY	<u>\$ 30,444</u>	<u>2018-02-02</u>
<u>70</u>	PUBLICLY TRADED SECURITY	<u>\$ 15,229</u>	<u>2017-10-30</u>

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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>71</u>	PUBLICLY TRADED SECURITY	<u>\$ 20,750</u>	<u>2017-11-21</u>
<u>72</u>	PUBLICLY TRADED SECURITY	<u>\$ 11,723</u>	<u>2017-09-01</u>
<u>73</u>	PUBLICLY TRADED SECURITY	<u>\$ 60,777</u>	<u>2018-01-16</u>
<u>74</u>	PUBLICLY TRADED SECURITY	<u>\$ 50,127</u>	<u>2018-02-14</u>
<u>75</u>	PUBLICLY TRADED SECURITY	<u>\$ 10,442</u>	<u>2018-04-20</u>
<u>77</u>	PUBLICLY TRADED SECURITY	<u>\$ 5,047</u>	<u>2017-07-03</u>
<u>80</u>	PUBLICLY TRADED SECURITY	<u>\$ 125,165</u>	<u>2017-12-21</u>
<u>81</u>	PUBLICLY TRADED SECURITY	<u>\$ 12,021</u>	<u>2017-09-13</u>
<u>82</u>	PUBLICLY TRADED SECURITY	<u>\$ 63,013</u>	<u>2018-01-26</u>
<u>84</u>	PUBLICLY TRADED SECURITY	<u>\$ 10,086</u>	<u>2017-12-28</u>

Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>85</u>	PUBLICLY TRADED SECURITY	<u>\$ 14,988</u>	<u>2018-03-22</u>
<u>87</u>	PUBLICLY TRADED SECURITY	<u>\$ 16,525</u>	<u>2017-12-07</u>
<u>90</u>	PUBLICLY TRADED SECURITY	<u>\$ 5,211</u>	<u>2017-09-13</u>
<u>91</u>	PUBLICLY TRADED SECURITY	<u>\$ 56,673</u>	<u>2017-07-25</u>
<u>93</u>	REAL ESTATE TO BE SOLD IN SHORT TERM	<u>\$ 390,000</u>	<u>2017-08-31</u>
<u>94</u>	PUBLICLY TRADED SECURITY	<u>\$ 135,911</u>	<u>2017-12-27</u>
<u>97</u>	PUBLICLY TRADED SECURITY	<u>\$ 17,063</u>	<u>2018-01-23</u>