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Form 990-PF

Department of the Treasury
Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1545-0052

2020

Open to Public Inspection

For calendar year 2020, or tax year beginning 01-01-2020, and ending 12-31-2020

Name of foundation
COMMUNITY MEMORIAL FOUNDATION

Number and street (or P.O. box number if mail is not delivered to street address)
15 SPINNING WHEEL ROAD NO 326

City or town, state or province, country, and ZIP or foreign postal code
HINSDALE, IL 60521

G Check all that apply:

☐ Initial return

☐ Initial return of a former public charity

☐ Final return

☐ Amended return

☐ Address change

☐ Name change

H Check type of organization:

☒ Section 501(c)(3) exempt private foundation

☐ Section 4947(a)(1) nonexempt charitable trust

☐ Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 100,177,206

J Accounting method:

☐ Cash

☒ Accrual

☐ Other (specify) (Part I, column (d) must be on cash basis.)

A Employer identification number
36-4012380

B Telephone number (see instructions)
(630) 654-4729

C If exemption application is pending, check here

D 1. Foreign organizations, check here.....

2. Foreign organizations meeting the 85% test, check here and attach computation ...

E If private foundation status was terminated under section 507(b)(1)(A), check here

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)	33,079		
	2 Check if the foundation is not required to attach Sch. B			
	3 Interest on savings and temporary cash investments		504,188	
	4 Dividends and interest from securities	1,403,603	1,298,971	
	5a Gross rents			
	b Net rental income or (loss)			
	6a Net gain or (loss) from sale of assets not on line 10	858,637		
	b Gross sales price for all assets on line 6a			
	7 Capital gain net income (from Part IV, line 2)		1,421,441	
	8 Net short-term capital gain			
	9 Income modifications			
	10a Gross sales less returns and allowances			
b Less: Cost of goods sold				
c Gross profit or (loss) (attach schedule)				
11 Other income (attach schedule)	353,785	1,372		
12 Total. Add lines 1 through 11	2,649,104	3,225,972		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	258,545	182,817	75,728
	14 Other employee salaries and wages	559,751	0	557,129
	15 Pension plans, employee benefits	203,754	0	206,407
	16a Legal fees (attach schedule)	5,138	0	4,851
	b Accounting fees (attach schedule)	61,745	24,698	36,047
	c Other professional fees (attach schedule)	499,590	304,892	32,314
	17 Interest		858	
	18 Taxes (attach schedule) (see instructions)	82,395	33	50,895
	19 Depreciation (attach schedule) and depletion	5,317	1,418	
	20 Occupancy	65,460	58,303	7,157
	21 Travel, conferences, and meetings	21,525	0	30,466
	22 Printing and publications	845	42	803
	23 Other expenses (attach schedule)	63,968	9,134	66,703
	24 Total operating and administrative expenses. Add lines 13 through 23	1,828,033	582,195	1,068,500
	25 Contributions, gifts, grants paid	3,878,508		3,557,593
	26 Total expenses and disbursements. Add lines 24 and 25	5,706,541	582,195	4,626,093
	27 Subtract line 26 from line 12:			
	a Excess of revenue over expenses and disbursements	-3,057,437		
	b Net investment income (if negative, enter -0-)		2,643,777	
	c Adjusted net income (if negative, enter -0-)			

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11289X

Form 990-PF (2020)

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	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	984,185	458,196	458,196
	2 Savings and temporary cash investments	3,333,291	4,273,074	4,273,074
	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	4,325	19,708	19,708
	10a Investments—U.S. and state government obligations (attach schedule)	3,056,989	2,535,028	2,535,028
	b Investments—corporate stock (attach schedule)	50,399,073	55,836,049	55,836,049
	c Investments—corporate bonds (attach schedule)	3,454,626	3,407,453	3,407,453
	11 Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	34,124,625	32,280,261	32,280,262
	14 Land, buildings, and equipment: basis ▶ _____ 136,544 Less: accumulated depreciation (attach schedule) ▶ 130,084	8,146	6,460	6,460
15 Other assets (describe ▶ _____)	1,221,576	1,360,976	1,360,976	
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	96,586,836	100,177,205	100,177,206	
Liabilities	17 Accounts payable and accrued expenses	149,327	180,213	
	18 Grants payable	297,500	322,642	
	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 ▶ _____)	1,021,310	1,143,989	
	23 Total liabilities (add lines 17 through 22)	1,468,137	1,646,844	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 24, 25, 29 and 30.			
	24 Net assets without donor restrictions	94,981,372	98,353,151	
	25 Net assets with donor restrictions	137,327	177,210	
	Foundations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
	29 Total net assets or fund balances (see instructions)	95,118,699	98,530,361	
30 Total liabilities and net assets/fund balances (see instructions) .	96,586,836	100,177,205		

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 29 (must agree with end-of-year figure reported on prior year's return)	1	95,118,699
2 Enter amount from Part I, line 27a	2	-3,057,437
3 Other increases not included in line 2 (itemize) ▶ _____	3	6,469,099
4 Add lines 1, 2, and 3	4	98,530,361
5 Decreases not included in line 2 (itemize) ▶ _____	5	0
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	6	98,530,361

Part IV Capital Gains and Losses for Tax on Investment Income

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a See Additional Data Table			
b			
c			
d			
e			

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	
a See Additional Data Table			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss) $\left\{ \begin{array}{l} \text{If gain, also enter in Part I, line 7} \\ \text{If (loss), enter -0- in Part I, line 7} \end{array} \right\}$	2	1,421,441
	3	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8		

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE**

1 Reserved			
(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved
2 Reserved	2		
3 Reserved.	3		
4 Reserved	4		
5 Reserved	5		
6 Reserved	6		
7 Reserved	7		
8 Reserved ,	8		

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

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
b	Reserved.	1	36,749
c	All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	36,749
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-.	5	36,749
6	Credits/Payments:		
a	2020 estimated tax payments and 2019 overpayment credited to 2020	6a	0
b	Exempt foreign organizations—tax withheld at source	6b	0
c	Tax paid with application for extension of time to file (Form 8868)	6c	22,000
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	22,000
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	8	755
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed .	9	15,504
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid .	10	
11	Enter the amount of line 10 to be: Credited to 2021 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>		No
c Did the foundation file Form 1120-POL for this year?		No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="text"/> \$ <u>0</u> (2) On foundation managers. <input type="text"/> \$ <u>0</u>		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="text"/> \$ <u>0</u>		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>		No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes.</i>	Yes	
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	Yes	
b If "Yes," has it filed a tax return on Form 990-T for this year?	Yes	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>		No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	Yes	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	Yes	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="text"/>		
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? <i>If "No," attach explanation.</i>	Yes	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2020 or the taxable year beginning in 2020? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>		No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>		No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>WWW.CMFDN.ORG</u>	13	Yes	
14	The books are in care of ► <u>THE ORGANIZATION</u> Telephone no. ► <u>(630) 654-4729</u>			

Located at ► 15 SPINNING WHEEL ROAD NO 326 HINSDALE ILZIP+4 ► 60521

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here	<input type="checkbox"/>		
	and enter the amount of tax-exempt interest received or accrued during the year	► 15		
16	At any time during calendar year 2020, 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?	16	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ► <u>CJ, CJ</u>		Yes	

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.**

1a	During the year did the foundation (either directly or indirectly):		Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		No
	Organizations relying on a current notice regarding disaster assistance check here. ► <input type="checkbox"/>			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2020?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
a	At the end of tax year 2020, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2020? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	If "Yes," list the years ► 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.)	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2020 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 2020.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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 2020?	4b		No

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

5a	During the year did the foundation pay or incur any amount to:		Yes	No
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	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		
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	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		
(5)	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		
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions		5b	
	Organizations relying on a current notice regarding disaster assistance check here.	<input type="checkbox"/>		
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If "Yes," attach the statement required by Regulations section 53.4945–5(d).			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6b	No
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
	If "Yes" to 6b, file Form 8870.			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7b	
b	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?			
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See 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	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
LISA M DEREZINSKI	DIR OF ADMINISTRATIO	128,314	23,779	0
15 SPINNING WHEEL ROAD HINSDALE, IL 60521	40.00			
NANETTE M SILVA	PROGRAM DIRECTOR	131,547	18,262	0
15 SPINNING WHEEL ROAD HINSDALE, IL 60521	40.00			
THOMAS L FUECHTMANN	SENIOR PROGRAM	115,545	11,068	0
15 SPINNING WHEEL ROAD HINSDALE, IL 60521	OFFIC 40.00			
GALE A CHRISTOFF	OFFICE MANAGER	70,910	12,510	0
15 SPINNING WHEEL ROAD HINSDALE, IL 60521	40.00			
Total number of other employees paid over \$50,000.				0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)
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
FMA - CHICAGO 330 N WABASH SUITE 3200 CHICAGO, IL 60611	NONPROFIT FINANCIAL CONSULTANT	116,000
MARQUETTE ASSOCIATES 180 N LASALLE ST SUITE 3500 CHICAGO, IL 60601	INVESTMENT MANAGER	108,000
Total number of others receiving over \$50,000 for professional services. ▶		0

Part IX-A Summary of Direct Charitable Activities

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

	Expenses
1 REGIONAL HEALTH AND HUMAN SERVICES AGENDA (RHA) THE INTEGRATED AGENDA IDENTIFIES HEALTH AND HUMAN SERVICES PRIORITIES FOR THE 27 CMF COMMUNITIES AND HIGHLIGHTS CORRESPONDING INDICATORS TO TRACK PROGRESS OVER A TEN-YEAR TIME FRAME.	2,788,019
2 BUILDING ORGANIZATIONAL EFFECTIVENESS (BOE) PROVIDES LOCAL NON-PROFIT ORGANIZATIONS WITH CONTINUOUS LEARNING AND IMPROVEMENT OPPORTUNITIES.	888,396
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 ▶	0

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities.	1a	88,691,523
b	Average of monthly cash balances.	1b	1,130,414
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	89,821,937
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	89,821,937
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	1,347,329
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	88,474,608
6	Minimum investment return. Enter 5% of line 5.	6	4,423,730

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

1	Minimum investment return from Part X, line 6.	1	4,423,730
2a	Tax on investment income for 2020 from Part VI, line 5.	2a	36,749
b	Income tax for 2020. (This does not include the tax from Part VI.).	2b	
c	Add lines 2a and 2b.	2c	36,749
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	4,386,981
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	4,386,981
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	4,386,981

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	4,626,093
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	4,626,093
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	4,626,093

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 2019	(c) 2019	(d) 2020
1 Distributable amount for 2020 from Part XI, line 7				4,386,981
2 Undistributed income, if any, as of the end of 2020:				
a Enter amount for 2019 only.			531,620	
b Total for prior years: 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2020:				
a From 2015.				
b From 2016.				
c From 2017.				
d From 2018.				
e From 2019.				
f Total of lines 3a through e.	0			
4 Qualifying distributions for 2020 from Part XII, line 4: ► \$ 4,626,093				
a Applied to 2019, but not more than line 2a			531,620	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2020 distributable amount.				4,094,473
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2020.	0			0
(If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:	0			
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b.		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.			0	
d Subtract line 6c from line 6b. Taxable amount—see instructions.		0		
e Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions.			0	
f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020.				292,508
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions).	0			
9 Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a.	0			
10 Analysis of line 9:				
a Excess from 2016.				
b Excess from 2017.				
c Excess from 2018.				
d Excess from 2019.				
e Excess from 2020.				

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 2020, enter the date of the ruling. ▶					
b Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 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) 2020	(b) 2019	(c) 2018	(d) 2017	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test—enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
c "Support" alternative test—enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation 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).)	
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.	
2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:	
Check here <input type="checkbox"/> 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. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions	
a The name, address, and telephone number or email address of the person to whom applications should be addressed:	
See Additional Data Table	
b The form in which applications should be submitted and information and materials they should include:	
See Additional Data Table	
c Any submission deadlines:	
See Additional Data Table	
d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:	
See Additional Data Table	

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total ▶ 3a				3,557,593
b <i>Approved for future payment</i> See Additional Data Table				
Total ▶ 3b				320,915

Enter gross amounts unless otherwise indicated.

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

Form **990-PF** (2020)

Part XVII

	Yes	No
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--	--	--

1a(1)	No
1a(2)	No

--	--	--

1b(1)	No
--------------	-----------

1b(2)		No
--------------	--	-----------

1b(3)		No
--------------	--	-----------

1b(4)		No
--------------	--	-----------

1b(5)	No
--------------	-----------

1b(6)		No
--------------	--	-----------

1c		No
----	--	----

value
ue

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations

described in section 501(c) (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

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.

<p>Sign Here</p> <p>*****</p> <hr/> <p>Signature of officer or trustee</p>	<p>2021-11-04</p> <hr/> <p>Date</p>	<p>*****</p> <hr/> <p>Title</p>
---	-------------------------------------	---------------------------------

May the IRS discuss this return with the preparer shown below

(see instr.) ☒ **Yes** ☐ **No**

May the IRS discuss this return with the preparer shown below

(see instr.) ☒ Yes ☐ No

Paid Preparer Use Only	KIMBERLY A HAUMANN		2021-11-04		
	Firm's name ► PLANTE & MORAN PLLC				Firm's EIN ► 38-1357951
	Firm's address ► 10 S RIVERSIDE PLAZA 9TH FLOOR CHICAGO, IL 60606				Phone no. (312) 207-1040

P00546491

2021-11-04

Firm's EIN ► 38-1357951

Phone no. (312) 207-1040

Form **990-PF** (2020)

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e.g., real estate, (a) 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.)
CAPITAL GAINS			
BMO - CONGRESS AM			
BMO GOVT MONEY MARKET			
VANGUARD INSTITUTIONAL INDEX FD #94			
BMO GOVT MONEY MARKET			
BMO GOVT MONEY MARKET			
BMO GOVT MONEY MARKET			
VANGUARD DIVIDEND GROWTH FUND			
VANGUARD TOTAL INTERNATIONAL STOCK			
VANGUARD INSTITUTIONAL INDEX FD #94			

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(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)
66,251		2,760	63,491
2,291,832		1,808,360	483,472
98,500		98,500	0
22,784			22,784
1,936		1,936	0
500,000		500,000	0
1,500,000		1,500,000	0
400,000		308,220	91,780
250,000		280,722	-30,722
300,000		271,114	28,886

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

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	
			63,491
			483,472
			0
			22,784
			0
			0
			0
			91,780
			-30,722
			28,886

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e.g., real estate, (a) 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.)
BMO GOVT MONEY MARKET			
BMO GOVT MONEY MARKET			
TEMPLETON INSTITUTIONAL FUNDS			
DFA US TARGETS VALUE			
VANGUARD DIVIDEND GROWTH FUND			
VANGUARD INSTITUTIONAL INDEX FD #94			
BMI I NSTITUTIONAL PRIME MONEY MARKET			
BMO - FIDUCIARY MGMT			
BMO - LONDON COMPANY			
OAKTREE MEZZANINE FUND IV LP			

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(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)
501,916		501,916	0
2,132		2,132	0
134,196			134,196
450,000		456,472	-6,472
60,172			60,172
54,380			54,380
2,465,451		2,466,185	-734
176,323		122,150	54,173
415,593		260,904	154,689
		73,751	-73,751

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

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	
			0
			0
			134,196
			-6,472
			60,172
			54,380
			-734
			54,173
			154,689
			-73,751

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e.g., real estate, (a) 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.)
UBS TRUMBULL			
PARAMETRIC DEFENSIVE EQUITY			
LOOMIS-NHIT: CORE FIXED			
OAKTREE MEZZANINE FUND IV LP			

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(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)
5,435		1,396	4,039
150,593			150,593
230,040			230,040
425			425

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

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	
			4,039
			150,593
			230,040
			425

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
GREG DIDOMENICO	PRESIDENT/CEO 40.00	258,545	60,220	10,000
15 SPINNING WHEEL ROAD HINSDALE, IL 60521				
MICHAEL BRUNI	CHAIR/DIRECTOR 2.00	0	0	0
15 SPINNING WHEEL ROAD HINSDALE, IL 60521				
NEIL JAMES	SECRETARY/DIRECTOR 2.00	0	0	0
15 SPINNING WHEEL ROAD HINSDALE, IL 60521				
RICHARD SHANLEY	TREASURER/DIRECTOR 2.00	0	0	0
15 SPINNING WHEEL ROAD HINSDALE, IL 60521				
SUSAN CHRISTOPH	VICE CHAIR/DIRECTOR 2.00	0	0	0
15 SPINNING WHEEL ROAD HINSDALE, IL 60521				
SYLVIA ALDRETE	DIRECTOR 1.00	0	0	0
15 SPINNING WHEEL ROAD HINSDALE, IL 60521				
GUSTAVO ESPINOSA	DIRECTOR 1.00	0	0	0
15 SPINNING WHEEL ROAD HINSDALE, IL 60521				
HONORABLE MARK LOPEZ	DIRECTOR 1.00	0	0	0
15 SPINNING WHEEL ROAD HINSDALE, IL 60521				
BONNIE CHEN MD	DIRECTOR 1.00	0	0	0
15 SPINNING WHEEL ROAD HINSDALE, IL 60521				
KRIS LONSWAY PHD	DIRECTOR 1.00	0	0	0
15 SPINNING WHEEL ROAD HINSDALE, IL 60521				
BRADLEY BLOOM	DIRECTOR 1.00	0	0	0
15 SPINNING WHEEL ROAD HINSDALE, IL 60521				
KEITH WATSON	DIRECTOR 1.00	0	0	0
15 SPINNING WHEEL ROAD HINSDALE, IL 60521				
KEITH SUCHY MD	DIRECTOR 1.00	0	0	0
15 SPINNING WHEEL ROAD HINSDALE, IL 60521				

Form 990PF Part XV Line 2a - 2d - Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

- a** The name, address, and telephone number of the person to whom applications should be addressed:

WWWCMFDNORG - ALL APPLICANTS MUST C
15 SPINNING WHEEL ROAD
HINSDALE, IL 60521
(630) 654-4729

- b** The form in which applications should be submitted and information and materials they should include:

GRANTS AWARDED THROUGH THE RESPONSIVE GRANTS PROGRAM ADVANCE THE FOUNDATION'S VISION OF TRANSFORMING THE WESTERN SUBURBS INTO THE HEALTHIEST REGION OF THE COUNTRY. THE FOUNDATION ALSO CELEBRATED ITS 25TH ANNIVERSARY THROUGH A SPECIAL GRANT OPPORTUNITY THAT INCREASED LOCAL IMPACT AND FURTHERED THE FOUNDATION'S VISION OF COMMUNITY TRANSFORMATION. THE FOUNDATION ALSO RESPONDED TO THE PANDEMIC CRISIS WITH FOCUSED PHILANTHROPY. ELIGIBLE ORGANIZATIONS MUST SUBMIT AN ONLINE LETTER OF INTENT (LOI) IF: NEVER RECEIVED A GRANT IN THE LAST 3 YEARS; OR INTENDS TO REQUEST MORE THAN \$25,000. LOI'S ARE DUE ON FEBRUARY 15 OR AUGUST 15, SPRING, FALL CYCLE. IF THE ORGANIZATION IS INVITED TO SUBMIT A FULL APPLICATION, IT IS DUE MARCH 15 AND SEPTEMBER 15, SPRING, FALL CYCLE.

- c** Any submission deadlines:

MARCH 15 AND SEPTEMBER 15

- d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

CMF AWARDS GRANTS TO 501(C)(3) NONPROFITS DELIVERING SERVICES WITHIN THE 27 CMF COMMUNITIES. RESPONSIVE GRANTS ARE ALLOCATED FOR PROGRAM SERVICES AS WELL AS FOR GENERAL OPERATING SUPPORT. BEFORE COMPLETING AN APPLICATION, IT IS IMPORTANT THAT YOU REVIEW CMF'S POLICIES AND GUIDELINES, GEOGRAPHIC FOCUS (27 TARGET COMMUNITIES), AND CURRENT PRIORITY AREAS WHICH CAN BE FOUND ON OUR WEBSITE.

Form 990PF Part XV Line 2a - 2d - Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

- a** The name, address, and telephone number of the person to whom applications should be addressed:

WWWCMFDNORG - ALL APPLICANTS MUST C
15 SPINNING WHEEL ROAD
HINSDALE, IL 60521
(630) 654-4729

- b** The form in which applications should be submitted and information and materials they should include:

ORGANIZATIONS INTERESTED IN RECEIVING TECHNICAL ASSISTANCE SUPPORT SHOULD FIRST CONTACT THE FOUNDATION AT WWW.CMFDN.ORG TO DISCUSS THE PROCESS. ORGANIZATIONS MUST FIRST COMPLETE AN ORGANIZATIONAL ASSESSMENT AND THEN SUBMIT AN ONLINE BRIEF APPLICATION (LOI). IF APPROVED, THE ORGANIZATION WILL BE REQUESTED TO COMPLETE A FULL APPLICATION. TECHNICAL ASSISTANCE GRANTS ARE REVIEWED THROUGHOUT THE YEAR AND DO NOT HAVE SPECIFIC SUBMISSION DEADLINES.

- c** Any submission deadlines:

THERE IS NO FORMAL DEADLINE TO SUBMIT AN APPLICATION.

- d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

CMF AWARDS GRANTS TO 501(C)(3) NONPROFITS DELIVERING SERVICES WITHIN THE 27 CMF COMMUNITIES. TECHNICAL ASSISTANCE GRANTS GENERALLY AVERAGE FROM \$1,500 TO \$15,000.

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AGE OPTIONS1048 LAKE STREET OAK PARK, IL 60402		PC	PROGRAM GRANT	40,500
AGING CARE CONNECTIONS 111 WEST HARRIS AVENUE LA GRANGE, IL 60525		PC	PROGRAM GRANT	25,650
ALIVIO MEDICAL CENTER 966 W 21ST STREET CHICAGO, IL 60608		PC	PROGRAM GRANT	50,000
Total ▶ 3a				3,557,593

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ALIVIO MEDICAL CENTER 966 W 21ST STREET CHICAGO, IL 60608		PC	PROGRAM GRANT	40,000
ALL OUR CHILDREN'S ADVOCACY CENTER 8651 S 79TH AVE JUSTICE, IL 60458		PC	PROGRAM GRANT	25,000
ASPIRE1815 S WOLF RD HILLSIDE, IL 60162		PC	PROGRAM GRANT	24,847
Total ▶ 3a				3,557,593

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BEDS PLUS9601 OGDEN AVENUE LA GRANGE, IL 60506		PC	PROGRAM GRANT	27,500
BRIDGE COMMUNITIES INC 505 CRESCENT BLVD GLEN ELLYN, IL 60137		PC	PROGRAM GRANT	35,000
CANDOR HEALTH ORGANIZATION 15 SPINNING WHEEL ROAD SUITE 410 HINSDALE, IL 60521		PC	PROGRAM GRANT	20,000
Total ▶ 3a				3,557,593

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CENTER FOR INDEPENDENCE THROUGH CONDUCTIVE ED 100 W PLAINFIELD RD STE 100 COUNTRYSIDE, IL 60525		PC	GENERAL OPERATING GRANT	15,000
CHICAGO DENTAL SOCIETY FOUNDATION 401 N MICHIGAN AVENUE SUITE 200 CHICAGO, IL 60611		PC	PROGRAM GRANT	25,000
COMMUNITY SUPPORT SERVICES INC 9021 W OGDEN AVENUE BROOKFIELD, IL 60513		PC	PROGRAM GRANT	40,000
Total ▶ 3a				3,557,593

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
DUPAGE FEDERATION ON HUMAN SERVICES REFORM 1910 S HIGHLAND AVE SUITE 135 LOMBARD, IL 60148		PC	PROGRAM GRANT	10,000
DUPAGE HEALTH COALITION THORNHILL DRIVE - C CAROL STREAM, IL 60188		PC	GENERAL OPERATING GRANT	25,000
DUPAGE PADS601 W LIBERTY DR WHEATON, IL 60187		PC	PROGRAM GRANT	25,000
Total ▶ 3a				3,557,593

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FAMILY FOCUS INC 310 S PEORIA ST SUITE 301 CHICAGO, IL 60607		PC	PROGRAM GRANT	15,000
HEALTHCARE ALTERNATIVE SYSTEMS INC 1915-17 W ROOSEVELT ROAD BROADVIEW, IL 60155		PC	PROGRAM GRANT	35,000
HOPE'S FRONT DOOR 1047 CURTISS STREET DOWNERS GROVE, IL 60515		PC	PROGRAM GRANT	15,000
Total ► 3a				3,557,593

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LEADERSHOP THE 4903 S WILLOW SPRINGS ROAD LAGRANGE, IL 60525		PC	PROGRAM GRANT	25,000
METROPOLITAN FAMILY SERVICES DUPAGE 605 E ROOSEVELT ROAD WHEATON, IL 60602		PC	PROGRAM GRANT	50,000
MUJERES LATINAS EN ACCION 2124 WEST 21ST PLACE CHICAGO, IL 60608		PC	PROGRAM GRANT	45,000
Total ▶ 3a				3,557,593

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MUJERES LATINAS EN ACCION 2124 WEST 21ST PLACE CHICAGO, IL 60608		PC	PROGRAM GRANT	52,508
OAK PARK AND RIVER FOREST INFANT WELFARE SOCIETY 320 LAKE ST OAK PARK, IL 60302		PC	GENERAL OPERATING GRANT	25,000
PEOPLE'S RESOURCE CENTER 104 CHESTNUT AVE WESTMONT, IL 60544		PC	PROGRAM GRANT	30,000
Total ▶ 3a				3,557,593

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PILLARS COMMUNITY HEALTH 23 CALENDAR AVE LA GRANGE, IL 60525		PC	PROGRAM GRANT	210,000
SARGENT SHRIVER NATIONAL CENTER ON POVERTY LAW 67 E MADISON ST SUITE 2000 CHICAGO, IL 60603		PC	PROGRAM GRANT	25,000
SUBURBAN PRIMARY HEALTH CARE COUNCIL 2225 ENTERPRISE DRIVE SUITE 2507 WESTCHESTER, IL 60154		PC	PROGRAM GRANT	40,000
Total ▶ 3a				3,557,593

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
TEEN PARENT CONNECTION 475 TAFT AVE GLEN ELLYN, IL 60137		PC	PROGRAM GRANT	35,000
UCP SEGUIN SERVICES 3100 SOUTH CENTRAL AVENUE CICERO, IL 608043987		PC	PROGRAM GRANT	10,750
WELLNESS HOUSE 131 N COUNTY LINE ROAD HINSDALE, IL 60521		PC	PROGRAM GRANT	20,000
Total ▶ 3a				3,557,593

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
YOUTH OUTREACH SERVICES INC 2411 WEST CONGRESS PARKWAY CHICAGO, IL 60612		PC	PROGRAM GRANT	15,000
COMMUNITY HOUSE 415 WEST EIGHTH STREET HINSDALE, IL 60521		PC	CAPACITY BUILDING GRANT	6,880
DUPAGE PADS601 W LIBERTY DR WHEATON, IL 60187		PC	CAPACITY BUILDING GRANT	6,880
Total ▶ 3a				3,557,593

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HCS FAMILY SERVICES 19 E CHICAGO AVENUE HINSDALE, IL 60521		PC	CAPACITY BUILDING GRANT	6,880
KIDS ABOVE ALL 8765 W HIGGINS RD SUITE 450 CHICAGO, IL 60631		PC	CAPACITY BUILDING GRANT	3,475
NAMI OF DUPAGE COUNTY ILLINOIS 115 N COUNTY FARM ROAD WHEATON, IL 60187		PC	CAPACITY BUILDING GRANT	3,475
Total ▶ 3a				3,557,593

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SARGENT SHRIVER NATIONAL CENTER ON POVERTY LAW 67 E MADISON ST SUITE 2000 CHICAGO, IL 60603		PC	CAPACITY BUILDING GRANT	6,880
AGING CARE CONNECTIONS 111 WEST HARRIS AVENUE LA GRANGE, IL 60525		PC	CAPACITY BUILDING GRANT	20,000
ALL OUR CHILDREN'S ADVOCACY CENTER 8651 S 79TH AVE JUSTICE, IL 60458		PC	CAPACITY BUILDING GRANT	20,000
Total ▶ 3a				3,557,593

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ALLIANCE TO END HOMELESSNESS 4415 HARRISON STREET SUITE 228 HILLSIDE, IL 60162		PC	CAPACITY BUILDING GRANT	20,000
ARAB AMERICAN FAMILY SERVICES 7000 W 111TH STREET 3RD FLOOR WORTH, IL 604821851		PC	CAPACITY BUILDING GRANT	20,000
ASPIRE1815 S WOLF RD HILLSIDE, IL 60162		PC	CAPACITY BUILDING GRANT	20,000
Total ▶ 3a				3,557,593

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BEDS PLUS9601 OGDEN AVENUE LA GRANGE, IL 60506		PC	CAPACITY BUILDING GRANT	20,000
BRIDGE COMMUNITIES INC 505 CRESCENT BLVD GLEN ELLYN, IL 60137		PC	CAPACITY BUILDING GRANT	20,000
CANDOR HEALTH ORGANIZATION 15 SPINNING WHEEL ROAD SUITE 410 HINSDALE, IL 60521		PC	CAPACITY BUILDING GRANT	20,000
Total ▶ 3a				3,557,593

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CATHOLIC CHARITIES DIOCESE OF JOLIET 16555 WEBER ROAD CREST HILL, IL 60403		PC	CAPACITY BUILDING GRANT	20,000
CENTER FOR INDEPENDENCE THROUGH CONDUCTIVE ED 100 W PLAINFIELD RD STE 100 COUNTRYSIDE, IL 60525		PC	CAPACITY BUILDING GRANT	20,000
CHICAGO DENTAL SOCIETY FOUNDATION 401 N MICHIGAN AVENUE SUITE 200 CHICAGO, IL 60611		PC	CAPACITY BUILDING GRANT	20,000
Total ▶ 3a				3,557,593

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
COMMUNITY HOUSE 415 WEST EIGHTH STREET HINSDALE, IL 60521		PC	CAPACITY BUILDING GRANT	20,000
COMMUNITY SUPPORT SERVICES INC 9021 W OGDEN AVENUE BROOKFIELD, IL 60513		PC	CAPACITY BUILDING GRANT	20,000
DUPAGE FEDERATION ON HUMAN SERVICES REFORM 1910 S HIGHLAND AVE SUITE 135 LOMBARD, IL 60148		PC	CAPACITY BUILDING GRANT	20,000
Total ▶ 3a				3,557,593

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
DUPAGE HEALTH COALITION THORNHILL DRIVE - C CAROL STREAM, IL 60188		PC	CAPACITY BUILDING GRANT	20,000
EVERTHRIVE 1006 S MICHIGAN AVE SUITE 200 CHICAGO, IL 60605		PC	CAPACITY BUILDING GRANT	20,000
HCS FAMILY SERVICES 19 E CHICAGO AVENUE HINSDALE, IL 60521		PC	CAPACITY BUILDING GRANT	20,000
Total ▶ 3a				3,557,593

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HEALTHCARE ALTERNATIVE SYSTEMS INC 1915-17 W ROOSEVELT ROAD BROADVIEW, IL 60155		PC	CAPACITY BUILDING GRANT	20,000
HELPING HAND CENTER 9649 W 55TH STREET COUNTRYSIDE, IL 605253632		PC	CAPACITY BUILDING GRANT	20,000
HOPE FOR THE DAY4252 N CICERO AVE CHICAGO, IL 60641		PC	CAPACITY BUILDING GRANT	20,000
Total ▶ 3a				3,557,593

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HOPE'S FRONT DOOR 1047 CURTISS STREET DOWNERS GROVE, IL 60515		PC	CAPACITY BUILDING GRANT	20,000
ILLINOIS ACADEMY OF FAMILY PHYSICIANS FOUNDATION 747 E BOUGHTON ROAD STE 253 BOLINGBROOK, IL 60440		PC	CAPACITY BUILDING GRANT	20,000
KIDS ABOVE ALL 8765 W HIGGINS RD SUITE 450 CHICAGO, IL 60631		PC	CAPACITY BUILDING GRANT	20,000
Total ▶ 3a				3,557,593

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LEADERSHIP THE 4903 S WILLOW SPRINGS ROAD LAGRANGE, IL 60525		PC	CAPACITY BUILDING GRANT	20,000
LIFE SPAN 70 E LAKE STREET - SUITE 600 CHICAGO, IL 60601		PC	CAPACITY BUILDING GRANT	20,000
MEALS ON WHEELS FOUNDATION OF NORTHERN ILLINOIS 7222 CERMAK ROAD SUITE 302 NORTH RIVERSIDE, IL 60546		PC	CAPACITY BUILDING GRANT	20,000
Total ▶ 3a				3,557,593

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
METROPOLITAN FAMILY SERVICES DUPAGE 605 E ROOSEVELT ROAD WHEATON, IL 60602		PC	CAPACITY BUILDING GRANT	20,000
METROPOLITAN FAMILY SERVICES SOUTHWEST 10537 S ROBERTS ROAD PALOS HILLS, IL 60077		PC	CAPACITY BUILDING GRANT	20,000
MUJERES LATINAS EN ACCION 2124 WEST 21ST PLACE CHICAGO, IL 60608		PC	CAPACITY BUILDING GRANT	20,000
Total ▶ 3a				3,557,593

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
NAMI METRO SUBURBAN INC PO BOX 977 OAK PARK, IL 60304		PC	CAPACITY BUILDING GRANT	20,000
NAMI OF DUPAGE COUNTY ILLINOIS 115 N COUNTY FARM ROAD WHEATON, IL 60187		PC	CAPACITY BUILDING GRANT	20,000
NAZARETH ACADEMY 1209 W OGDEN AVENUE LA GRANGE PARK, ID 60526		PC	CAPACITY BUILDING GRANT	20,000
Total ▶ 3a				3,557,593

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
NORTHERN ILLINOIS FOOD BANK 273 DEARBORN COURT GENEVA, IL 60134		PC	CAPACITY BUILDING GRANT	20,000
PEOPLE'S RESOURCE CENTER 104 CHESTNUT AVE WESTMONT, IL 60544		PC	CAPACITY BUILDING GRANT	20,000
PILLARS COMMUNITY HEALTH 23 CALENDAR AVE LA GRANGE, IL 60525		PC	CAPACITY BUILDING GRANT	20,000
Total ▶ 3a				3,557,593

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PROVISO PUBLIC PARTNERSHIP 4565 W HARRISON STREET 3RD FLOOR HILLSIDE, IL 60162		PC	CAPACITY BUILDING GRANT	20,000
RAY GRAHAM ASSOCIATION 901 WARRENVILLE RD SUITE 500 LISLE, IL 60532		PC	CAPACITY BUILDING GRANT	20,000
SAMARITAN INTERFAITH COUNSELING CENTER 1819 BAY SCOTT CIRCLE NAPERVILLE, IL 60540		PC	CAPACITY BUILDING GRANT	20,000
Total ▶ 3a				3,557,593

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SARGENT SHRIVER NATIONAL CENTER ON POVERTY LAW 67 E MADISON ST SUITE 2000 CHICAGO, IL 60603		PC	CAPACITY BUILDING GRANT	20,000
SUBURBAN PRIMARY HEALTH CARE COUNCIL 2225 ENTERPRISE DRIVE SUITE 2507 WESTCHESTER, IL 60154		PC	CAPACITY BUILDING GRANT	20,000
THE THRESHOLDS 4101 N RAVENSWOOD CHICAGO, IL 60613		PC	CAPACITY BUILDING GRANT	20,000
Total ▶ 3a				3,557,593

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
UCP SEGUIN SERVICES 3100 SOUTH CENTRAL AVENUE CICERO, IL 608043987		PC	CAPACITY BUILDING GRANT	20,000
WAY BACK INN INC104 OAK ST MAYWOOD, IL 60153		PC	CAPACITY BUILDING GRANT	20,000
WELLNESS HOUSE 131 N COUNTY LINE ROAD HINSDALE, IL 60521		PC	CAPACITY BUILDING GRANT	20,000
Total ▶ 3a				3,557,593

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WEST SUBURBAN COMMUNITY PANTRY 6809 HOBSON VALLEY DR 118 WOODRIDGE, IL 60517		PC	CAPACITY BUILDING GRANT	20,000
YOUTH OUTREACH SERVICES INC 2411 WEST CONGRESS PARKWAY CHICAGO, IL 60612		PC	CAPACITY BUILDING GRANT	20,000
HEALTH AND MEDICINE POLICY RESEARCH GROUP 29 E MADISON ST SUITE 602 CHICAGO, IL 60602		PC	CAPACITY BUILDING GRANT	6,000
Total ► 3a				3,557,593

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FOREFRONT 208 S LA SALLE ST STE 1540 CHICAGO, IL 60604		PC	PROGRAM GRANT	6,722
AGING CARE CONNECTIONS 111 WEST HARRIS AVENUE LA GRANGE, IL 60525		PC	PROGRAM GRANT	29,066
PILLARS COMMUNITY HEALTH 23 CALENDAR AVE LA GRANGE, IL 60525		PC	PROGRAM GRANT	60,000
Total ▶ 3a				3,557,593

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
RUSH UNIVERSITY MEDICAL CENTER 1201 W HARRISON ST SUITE 300 CHICAGO, IL 60607		PC	PROGRAM GRANT	37,500
AGING CARE CONNECTIONS 111 WEST HARRIS AVENUE LA GRANGE, IL 60525		PC	CAPACITY BUILDING GRANT	590
ALL OUR CHILDREN'S ADVOCACY CENTER 8651 S 79TH AVE JUSTICE, IL 60458		PC	CAPACITY BUILDING GRANT	290
Total ► 3a				3,557,593

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ALLIANCE TO END HOMELESSNESS 4415 HARRISON STREET SUITE 228 HILLSIDE, IL 60162		PC	CAPACITY BUILDING GRANT	290
BEDS PLUS9601 OGDEN AVENUE LA GRANGE, IL 60506		PC	PROGRAM GRANT	45,000
BEDS PLUS9601 OGDEN AVENUE LA GRANGE, IL 60506		PC	CAPACITY BUILDING GRANT	790
Total ▶ 3a				3,557,593

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF CHICAGO 721 N LASALLE CHICAGO, IL 60654		PC	PROGRAM GRANT	35,000
CATHOLIC CHARITIES DIOCESE OF JOLIET 16555 WEBER ROAD CREST HILL, IL 60403		PC	PROGRAM GRANT	24,000
CENTER FOR SPEECH AND LANGUAGE DISORDERS 310-D S MAIN STREET LOMBARD, IL 60148		PC	CAPACITY BUILDING GRANT	290
Total ▶ 3a				3,557,593

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CHICAGO DENTAL SOCIETY FOUNDATION 401 N MICHIGAN AVENUE SUITE 200 CHICAGO, IL 60611		PC	CAPACITY BUILDING GRANT	290
COMMUNITY HOUSE 415 WEST EIGHTH STREET HINSDALE, IL 60521		PC	CAPACITY BUILDING GRANT	290
COMMUNITY HOUSE 415 WEST EIGHTH STREET HINSDALE, IL 60521		PC	PROGRAM GRANT	40,000
Total ▶ 3a				3,557,593

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
DUPAGE PADS601 W LIBERTY DR WHEATON, IL 60187		PC	CAPACITY BUILDING GRANT	290
DUPAGE SENIOR CITIZENS COUNCIL 1990 SPRINGER DRIVE LOMBARD, IL 60148		PC	CAPACITY BUILDING GRANT	290
EASTER SEALS DUPAGE & FOX VALLEY REGION 830 S ADDISON AVENUE VILLA PARK, IL 60181		PC	PROGRAM GRANT	24,000
Total ► 3a				3,557,593

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
EVERTHRIVE 1006 S MICHIGAN AVE SUITE 200 CHICAGO, IL 60605		PC	CAPACITY BUILDING GRANT	290
FOREFRONT 208 S LA SALLE ST STE 1540 CHICAGO, IL 60604		PC	CAPACITY BUILDING GRANT	25,000
GREATER CHICAGO FOOD DEPOSITORY 4100 W ANN LURIE PL CHICAGO, IL 60632		PC	PROGRAM GRANT	10,000
Total ► 3a				3,557,593

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HCS FAMILY SERVICES 19 E CHICAGO AVENUE HINSDALE, IL 60521		PC	PROGRAM GRANT	25,000
HEALTHCARE ALTERNATIVE SYSTEMS INC 1915-17 W ROOSEVELT ROAD BROADVIEW, IL 60155		PC	CAPACITY BUILDING GRANT	590
HEALTHCARE ALTERNATIVE SYSTEMS INC 1915-17 W ROOSEVELT ROAD BROADVIEW, IL 60155		PC	PROGRAM GRANT	115,000
Total ▶ 3a				3,557,593

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HELPING HAND CENTER 9649 W 55TH STREET COUNTRYSIDE, IL 605253632		PC	CAPACITY BUILDING GRANT	1,620
HOPE FOR THE DAY4252 N CICERO AVE CHICAGO, IL 60641		PC	PROGRAM GRANT	30,000
HOPE FOR THE DAY4252 N CICERO AVE CHICAGO, IL 60641		PC	CAPACITY BUILDING GRANT	790
Total ▶ 3a				3,557,593

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
KIDS ABOVE ALL 8765 W HIGGINS RD SUITE 450 CHICAGO, IL 60631		PC	CAPACITY BUILDING GRANT	1,420
LEADERSHOP THE 4903 S WILLOW SPRINGS ROAD LAGRANGE, IL 60525		PC	CAPACITY BUILDING GRANT	290
LIFE SPAN 70 E LAKE STREET - SUITE 600 CHICAGO, IL 60601		PC	PROGRAM GRANT	25,000
Total ▶ 3a				3,557,593

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LITERACY DUPAGE 425 FAWELL BLVD SRC-1111 GLEN ELLYN, IL 601376599		PC	PROGRAM GRANT	10,000
LITERACY DUPAGE 425 FAWELL BLVD SRC-1111 GLEN ELLYN, IL 601376599		PC	CAPACITY BUILDING GRANT	290
MEALS ON WHEELS FOUNDATION OF NORTHERN ILLINOIS 7222 CERMAK ROAD SUITE 302 NORTH RIVERSIDE, IL 60546		PC	CAPACITY BUILDING GRANT	290
Total ► 3a				3,557,593

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MERCY HOUSING LAKEFRONT 120 S LASALLE STE 1915 CHICAGO, IL 60603		PC	PROGRAM GRANT	20,000
METROPOLITAN FAMILY SERVICES SOUTHWEST 10537 S ROBERTS ROAD PALOS HILS, IL 60077		PC	PROGRAM GRANT	25,000
METROPOLITAN FAMILY SERVICES SOUTHWEST 10537 S ROBERTS ROAD PALOS HILS, IL 60077		PC	CAPACITY BUILDING GRANT	5,870
Total ▶ 3a				3,557,593

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MUJERES LATINAS EN ACCION 2124 WEST 21ST PLACE CHICAGO, IL 60608		PC	CAPACITY BUILDING GRANT	290
NAMI METRO SUBURBAN INC PO BOX 977 OAK PARK, IL 60304		PC	CAPACITY BUILDING GRANT	290
NAMI METRO SUBURBAN INC PO BOX 977 OAK PARK, IL 60304		PC	PROGRAM GRANT	275,000
Total ▶ 3a				3,557,593

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NAMI METRO SUBURBAN INC PO BOX 977 OAK PARK, IL 60304		PC	PROGRAM GRANT	65,000
NAMI OF DUPAGE COUNTY ILLINOIS 115 N COUNTY FARM ROAD WHEATON, IL 60187		PC	PROGRAM GRANT	25,000
NAMI OF DUPAGE COUNTY ILLINOIS 115 N COUNTY FARM ROAD WHEATON, IL 60187		PC	CAPACITY BUILDING GRANT	290
Total ▶ 3a				3,557,593

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NATIONAL FOUNDATION OF DENTISTRY FOR THE HANDICAPPED PO BOX 10342 PEORIA, IL 61612		PC	PROGRAM GRANT	22,000
NORTHERN ILLINOIS FOOD BANK 273 DEARBORN COURT GENEVA, IL 60134		PC	CAPACITY BUILDING GRANT	920
NORTHERN ILLINOIS FOOD BANK 273 DEARBORN COURT GENEVA, IL 60134		PC	PROGRAM GRANT	30,000
Total ▶ 3a				3,557,593

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
OAK PARK AND RIVER FOREST INFANT WELFARE SOCIETY 320 LAKE ST OAK PARK, IL 60302		PC	CAPACITY BUILDING GRANT	290
PAV YMCA2947 S OAK PARK AVE BERWYN, IL 60402		PC	CAPACITY BUILDING GRANT	1,220
PILLARS COMMUNITY HEALTH 23 CALENDAR AVE LA GRANGE, IL 60525		PC	CAPACITY BUILDING GRANT	1,620
Total ► 3a				3,557,593

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
RAY GRAHAM ASSOCIATION 901 WARRENVILLE RD SUITE 500 LISLE, IL 60532		PC	PROGRAM GRANT	22,700
RAY GRAHAM ASSOCIATION 901 WARRENVILLE RD SUITE 500 LISLE, IL 60532		PC	CAPACITY BUILDING GRANT	3,190
SAMARITAN INTERFAITH COUNSELING CENTER 1819 BAY SCOTT CIRCLE NAPERVILLE, IL 60540		PC	PROGRAM GRANT	25,000
Total ▶ 3a				3,557,593

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SARGENT SHRIVER NATIONAL CENTER ON POVERTY LAW 67 E MADISON ST SUITE 2000 CHICAGO, IL 60603		PC	CAPACITY BUILDING GRANT	790
TEEN PARENT CONNECTION 475 TAFT AVE GLEN ELLYN, IL 60137		PC	CAPACITY BUILDING GRANT	290
WAY BACK INN INC104 OAK ST MAYWOOD, IL 60153		PC	CAPACITY BUILDING GRANT	290
Total ▶ 3a				3,557,593

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WELLNESS HOUSE 131 N COUNTY LINE ROAD HINSDALE, IL 60521		PC	CAPACITY BUILDING GRANT	290
WEST SUBURBAN COMMUNITY PANTRY 6809 HOBSON VALLEY DR 118 WOODRIDGE, IL 60517		PC	PROGRAM GRANT	5,000
SUBURBAN PRIMARY HEALTH CARE COUNCIL 2225 ENTERPRISE DRIVE SUITE 2507 WESTCHESTER, IL 60154		PC	PROGRAM GRANT	25,000
Total ▶ 3a				3,557,593

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PEOPLE'S RESOURCE CENTER 104 CHESTNUT AVE WESTMONT, IL 60544		PC	PROGRAM GRANT	2,500
ALIVIO MEDICAL CENTER 966 W 21ST STREET CHICAGO, IL 60608		PC	PROGRAM GRANT	1,250
AGING CARE CONNECTIONS 111 WEST HARRIS AVENUE LA GRANGE, IL 60525		PC	PROGRAM GRANT	1,250
Total ▶ 3a				3,557,593

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ARAB AMERICAN FAMILY SERVICES 7000 W 111TH STREET 3RD FLOOR WORTH, IL 604821851		PC	PROGRAM GRANT	2,500
COMMUNITY SUPPORT SERVICES INC 9021 W OGDEN AVENUE BROOKFIELD, IL 60513		PC	PROGRAM GRANT	2,500
DUPAGE PADS601 W LIBERTY DR WHEATON, IL 60187		PC	PROGRAM GRANT	2,500
Total ▶ 3a				3,557,593

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
DUPAGE SENIOR CITIZENS COUNCIL 1990 SPRINGER DRIVE LOMBARD, IL 60148		PC	PROGRAM GRANT	2,500
GREATER CHICAGO FOOD DEPOSITORY 4100 W ANN LURIE PL CHICAGO, IL 60632		PC	PROGRAM GRANT	2,500
GREATER CHICAGO FOOD DEPOSITORY 4100 W ANN LURIE PL CHICAGO, IL 60632		PC	PROGRAM GRANT	1,250
Total ▶ 3a				3,557,593

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ILLINOIS COALITION FOR IMMIGRANT AND REFUGEE RIGHTS 228 S WABASH AVE CHICAGO, IL 60604		PC	PROGRAM GRANT	1,250
KING-BRUWAERT HOUSE 6101 S COUNTY LINE ROAD BURR RIDGE, IL 60527		PC	PROGRAM GRANT	2,500
LEADERSHOP THE 4903 S WILLOW SPRINGS ROAD LAGRANGE, IL 60525		PC	PROGRAM GRANT	1,250
Total ► 3a				3,557,593

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
LEADERSHOP THE 4903 S WILLOW SPRINGS ROAD LAGRANGE, IL 60525		PC	PROGRAM GRANT	2,500
PLYMOUTH PLACE 315 N LA GRANGE ROAD LA GRANGE PARK, IL 60526		PC	PROGRAM GRANT	1,250
ALIVIO MEDICAL CENTER 966 W 21ST STREET CHICAGO, IL 60608		PC	CAPACITY BUILDING GRANT	7,500
Total ▶ 3a				3,557,593

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
TUTORING ENGLISH TO ADVANCE CHANGE (TEACH) 100 S 6TH AVE LA GRANGE, IL 60525		PC	CAPACITY BUILDING GRANT	7,500
ALL OUR CHILDREN'S ADVOCACY CENTER 8651 S 79TH AVE JUSTICE, IL 60458		PC	PROGRAM GRANT	5,000
ACCESS COMMUNITY HEALTH NETWORK 600 WEST FULTON STREET SUITE 200 CHICAGO, IL 60661		PC	PROGRAM GRANT	10,000
Total ▶ 3a				3,557,593

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AGING CARE CONNECTIONS 111 WEST HARRIS AVENUE LA GRANGE, IL 60525		PC	PROGRAM GRANT	7,500
ALIVIO MEDICAL CENTER 966 W 21ST STREET CHICAGO, IL 60608		PC	PROGRAM GRANT	15,000
BEDS PLUS9601 OGDEN AVENUE LA GRANGE, IL 60506		PC	PROGRAM GRANT	17,500
Total ▶ 3a				3,557,593

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF CHICAGO 721 N LASALLE CHICAGO, IL 60654		PC	PROGRAM GRANT	7,500
COMMUNITY HOUSE 415 WEST EIGHTH STREET HINSDALE, IL 60521		PC	PROGRAM GRANT	4,000
COMMUNITY SUPPORT SERVICES INC 9021 W OGDEN AVENUE BROOKFIELD, IL 60513		PC	PROGRAM GRANT	7,500
Total ▶ 3a				3,557,593

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
DUPAGE PADS601 W LIBERTY DR WHEATON, IL 60187		PC	PROGRAM GRANT	10,000
GREATER CHICAGO FOOD DEPOSITORY 4100 W ANN LURIE PL CHICAGO, IL 60632		PC	PROGRAM GRANT	7,500
HEALTHCARE ALTERNATIVE SYSTEMS INC 1915-17 W ROOSEVELT ROAD BROADVIEW, IL 60155		PC	PROGRAM GRANT	7,500
Total ► 3a				3,557,593

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HELPING HAND CENTER 9649 W 55TH STREET COUNTRYSIDE, IL 605253632		PC	PROGRAM GRANT	7,500
ILLINOIS COALITION FOR IMMIGRANT AND REFUGEE RIGHTS 228 S WABASH AVE CHICAGO, IL 60604		PC	PROGRAM GRANT	2,500
MEALS ON WHEELS FOUNDATION OF NORTHERN ILLINOIS 7222 CERMAK ROAD SUITE 302 NORTH RIVERSIDE, IL 60546		PC	PROGRAM GRANT	7,500
Total ▶ 3a				3,557,593

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
METROPOLITAN FAMILY SERVICES SOUTHWEST 10537 S ROBERTS ROAD PALOS HILLS, IL 60077		PC	PROGRAM GRANT	5,000
MIDWEST HEALTH FOUNDATION 5101 S WILLOW SPRINGS ROAD LAGRANGE, IL 60525		PC	PROGRAM GRANT	7,500
MUJERES LATINAS EN ACCION 2124 WEST 21ST PLACE CHICAGO, IL 60608		PC	PROGRAM GRANT	15,000
Total ▶ 3a				3,557,593

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NAMI METRO SUBURBAN INC PO BOX 977 OAK PARK, IL 60304		PC	PROGRAM GRANT	7,500
NORTHERN ILLINOIS FOOD BANK 273 DEARBORN COURT GENEVA, IL 60134		PC	PROGRAM GRANT	7,500
OAK PARK AND RIVER FOREST INFANT WELFARE SOCIETY 320 LAKE ST OAK PARK, IL 60302		PC	PROGRAM GRANT	3,000
Total ▶ 3a				3,557,593

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PEOPLE'S RESOURCE CENTER 104 CHESTNUT AVE WESTMONT, IL 60544		PC	PROGRAM GRANT	10,000
PILLARS COMMUNITY HEALTH 23 CALENDAR AVE LA GRANGE, IL 60525		PC	PROGRAM GRANT	15,000
TEEN PARENT CONNECTION 475 TAFT AVE GLEN ELLYN, IL 60137		PC	PROGRAM GRANT	2,000
Total ▶ 3a				3,557,593

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WAY BACK INN INC104 OAK ST MAYWOOD, IL 60153		PC	PROGRAM GRANT	7,000
HCS FAMILY SERVICES 19 E CHICAGO AVENUE HINSDALE, IL 60521		PC	PROGRAM GRANT	3,750
UNITED WAY OF METRO CHICAGO 333 SOUTH WABASH 30TH FLOOR CHICAGO, IL 60604		PC	PROGRAM GRANT	50,000
Total ▶ 3a				3,557,593

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NORTHERN ILLINOIS FOOD BANK 273 DEARBORN COURT GENEVA, IL 60134		PC	CAPACITY BUILDING GRANT	7,500
PILLARS COMMUNITY HEALTH 23 CALENDAR AVE LA GRANGE, IL 60525		PC	PROGRAM GRANT	60,000
INTERFAITH COMMUNITY PARTNERS PO BOX 310 LA GRANGE, IL 60525		PC	PROGRAM GRANT	1,250
Total ▶ 3a				3,557,593

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ALL OUR CHILDREN'S ADVOCACY CENTER 8651 S 79TH AVE JUSTICE, IL 60458		PC	PROGRAM GRANT	1,250
COMMUNITY HOUSE 415 WEST EIGHTH STREET HINSDALE, IL 60521		PC	PROGRAM GRANT	2,500
CANDOR HEALTH ORGANIZATION 15 SPINNING WHEEL ROAD SUITE 410 HINSDALE, IL 60521		PC	CAPACITY BUILDING GRANT	15,000
Total ▶ 3a				3,557,593

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HELPING HAND CENTER 9649 W 55TH STREET COUNTRYSIDE, IL 605253632		PC	PROGRAM GRANT	2,500
MUJERES LATINAS EN ACCION 2124 WEST 21ST PLACE CHICAGO, IL 60608		PC	PROGRAM GRANT	1,250
RAY GRAHAM ASSOCIATION 901 WARRENVILLE RD SUITE 500 LISLE, IL 60532		PC	PROGRAM GRANT	2,500
Total ▶ 3a				3,557,593

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BEDS PLUS9601 OGDEN AVENUE LA GRANGE, IL 60506		PC	PROGRAM GRANT	2,500
CANDOR HEALTH ORGANIZATION 15 SPINNING WHEEL ROAD SUITE 410 HINSDALE, IL 60521		PC	PROGRAM GRANT	1,250
KING-BRUWAERT HOUSE 6101 S COUNTY LINE ROAD BURR RIDGE, IL 60527		PC	PROGRAM GRANT	2,500
Total ▶ 3a				3,557,593

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
KING-BRUWAERT HOUSE 6101 S COUNTY LINE ROAD BURR RIDGE, IL 60527		PC	PROGRAM GRANT	2,500
PILLARS COMMUNITY HEALTH 23 CALENDAR AVE LA GRANGE, IL 60525		PC	PROGRAM GRANT	2,500
TEEN PARENT CONNECTION 475 TAFT AVE GLEN ELLYN, IL 60137		PC	PROGRAM GRANT	2,500
Total ▶ 3a				3,557,593

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
METROPOLITAN FAMILY SERVICES DUPAGE 605 E ROOSEVELT ROAD WHEATON, IL 60602		PC	PROGRAM GRANT	15,000
Total ► 3a				3,557,593

TY 2020 Accounting Fees Schedule**Name:** COMMUNITY MEMORIAL FOUNDATION**EIN:** 36-4012380

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
VAREY & VACCARIELLO CPAS PC	6,100	2,440		2,660
MUELLER & CO LLP	25,630	10,252		15,378
PLANTE & MORAN PLLC	30,015	12,006		18,009

TY 2020 Investments Corporate Bonds Schedule**Name:** COMMUNITY MEMORIAL FOUNDATION**EIN:** 36-4012380**Investments Corporate Bonds Schedule**

Name of Bond	End of Year Book Value	End of Year Fair Market Value
BMO - MESIROW FINANCIAL	3,407,453	3,407,453

TY 2020 Investments Corporate Stock Schedule**Name:** COMMUNITY MEMORIAL FOUNDATION**EIN:** 36-4012380**Investments Corporation Stock Schedule**

Name of Stock	End of Year Book Value	End of Year Fair Market Value
BMO - CONGRESS AM	3,748,805	3,748,805
BMO - CUSTODY	42,966,563	42,966,563
BMO - LONDON COMPANY	4,019,548	4,019,548
BMO - FIDUCIARY MGMT	5,101,133	5,101,133

TY 2020 Investments Government Obligations Schedule**Name:** COMMUNITY MEMORIAL FOUNDATION**EIN:** 36-4012380**US Government Securities - End
of Year Book Value:**

2,535,028

**US Government Securities - End
of Year Fair Market Value:**

2,535,028

**State & Local Government
Securities - End of Year Book
Value:**

0

**State & Local Government
Securities - End of Year Fair
Market Value:**

0

TY 2020 Investments - Other Schedule**Name:** COMMUNITY MEMORIAL FOUNDATION**EIN:** 36-4012380**Investments Other Schedule 2**

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
MORGAN STANLEY PRIME PROPERTY	AT COST	5,387,667	5,387,667
ABS OFFSHORE SPC	AT COST	4,924,295	4,924,295
CORBIN OPP FUND	AT COST	3,211,778	3,211,778
LOOMIS CORE	AT COST	6,932,393	6,932,393
OAKTREE MEZZANINE FUND IV LP	AT COST	3,115,684	3,115,684
PARAMETRIC DEFENSIVE EQUITY FD	AT COST	5,853,615	5,853,616
UBS TRUMBULL	AT COST	2,854,829	2,854,829

**TY 2020 Land, Etc.
Schedule****Name:** COMMUNITY MEMORIAL FOUNDATION**EIN:** 36-4012380

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
MACHINERY & EQUIPMENT	42,297	35,837	6,460	6,460
FURNITURE & FIXTURES	80,204	80,204	0	
COMPUTER SOFTWARE	4,035	4,035	0	
LEASEHOLD IMPROVEMENTS	10,008	10,008	0	

TY 2020 Legal Fees Schedule**Name:** COMMUNITY MEMORIAL FOUNDATION**EIN:** 36-4012380

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MCGUIREWOODS LLP	1,051	0		1,051
QUARLES & BRADY LLP	4,087	0		3,800

TY 2020 Other Assets Schedule

Name: COMMUNITY MEMORIAL FOUNDATION

EIN: 36-4012380

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
ACCRUED INCOME	52,300	39,071	39,071
ASSETS WHOSE USE IS LIMITED	495,778	517,189	517,189
INVESTMENTS - NON-QUALIFIED PLANS	662,859	804,010	804,010
REFUNDABLE UBI TAX	1,000	1,000	1,000
REFUNDABLE SEC 4940 EXCISE TAX	9,639	-294	-294

TY 2020 Other Expenses Schedule**Name:** COMMUNITY MEMORIAL FOUNDATION**EIN:** 36-4012380**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK CHARGES	3,865	657		4,970
DUES AND SUBSCRIPTIONS	10,088	0		7,158
EQUIPMENT RENTAL AND MAINTENANCE	19,151	3,256		28,766
INSURANCE - GENERAL	13,808	2,347		11,626
POSTAGE AND SHIPPING	212	11		202
SUPPLIES	16,844	2,863		13,981

TY 2020 Other Income Schedule

Name: COMMUNITY MEMORIAL FOUNDATION

EIN: 36-4012380

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
PORTFOLLIO INCOME	353,785	1,372	353,785

TY 2020 Other Increases Schedule**Name:** COMMUNITY MEMORIAL FOUNDATION**EIN:** 36-4012380**Other Increases Schedule**

Description	Amount
UNREALIZED GAIN ON INVESTMENTS CARRIED AT MARKET VALUE	6,429,216
CHANGE IN VALUE OF TRUST OBLIGATIONS	39,883

TY 2020 Other Liabilities Schedule**Name:** COMMUNITY MEMORIAL FOUNDATION**EIN:** 36-4012380

Description	Beginning of Year - Book Value	End of Year - Book Value
ANNUITY OBLIGATIONS - TRUSTS	358,451	339,979
DEFERRED COMPENSATION - TRUST	662,859	804,010

TY 2020 Other Professional Fees Schedule**Name:** COMMUNITY MEMORIAL FOUNDATION**EIN:** 36-4012380

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CONSULTING	108,000	108,000		0
PROFESSIONAL SERVICES - OTHER	32,330	1,617		32,314
OTHER	0	29,630		0
INVESTMENT CUSTODIAN FEES	234,864	41,249		0
INCENTIVE FEES	124,396	124,396		0

TY 2020 Taxes Schedule**Name:** COMMUNITY MEMORIAL FOUNDATION**EIN:** 36-4012380**Taxes Schedule**

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
SECTION 4940 EXCISE TAX	31,500	0		0
FOREIGN TAX ON DIVIDENDS	0	33		0
PAYROLL TAXES	50,895	0		50,895

Schedule B (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047
		2020
Name of the organization COMMUNITY MEMORIAL FOUNDATION		Employer identification number 36-4012380

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not 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 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ 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).

Name of organization
COMMUNITY MEMORIAL FOUNDATION

Employer identification number
36-4012380

Part I

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JERRY CAROLYN BURJAN 607 BURR RIDGE CLUB BURR RIDGE, IL 60527	\$ 30,891	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization COMMUNITY MEMORIAL FOUNDATION	Employer identification number 36-4012380
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Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given (see instructions). Use duplicate copies of Part II if additional space is needed.	(c) FMV (or estimate) (See instructions)	(d) Date received
1	14 SHS BOOKING HOLDINGS INC.	\$ 30,891	2020-12-31
(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
-		\$	

36-4012380

Part III *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.)* ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)