

**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](http://www.irs.gov/Form990PF) for instructions and the latest information.

For calendar year 2017 or tax year beginning

, and ending

Name of foundation <b>THE CONANT FAMILY FOUNDATION</b>		<b>A Employer identification number</b> <b>** - *** 0887</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>445 N. WELLS ST</b>	Room/suite <b>403</b>	<b>B Telephone number</b> <b>(312) 661-0200</b>
City or town, state or province, country, and ZIP or foreign postal code <b>CHICAGO, IL 60610</b>		<b>C</b> If exemption application is pending, check here ... <input type="checkbox"/>
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here ... <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here ... <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ <b>895,193.</b>	<b>J</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)	<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ... <input type="checkbox"/>

<b>Part I Analysis of Revenue and Expenses</b> <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received .....	2,326,875.		N/A	
	<b>2</b> Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	<b>3</b> Interest on savings and temporary cash investments .....				
	<b>4</b> Dividends and interest from securities .....	5,203.	5,203.		STATEMENT 2
	<b>5a</b> Gross rents .....				
	<b>b</b> Net rental income or (loss) .....				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10 .....	375,783.			STATEMENT 1
	<b>b</b> Gross sales price for all assets on line 6a .....	1,327,632.			
	<b>7</b> Capital gain net income (from Part IV, line 2) .....		864,457.		
	<b>8</b> Net short-term capital gain .....				
	<b>9</b> Income modifications .....				
	<b>10a</b> Gross sales less returns and allowances .....				
<b>b</b> Less: Cost of goods sold .....					
<b>c</b> Gross profit or (loss) .....					
<b>11</b> Other income .....					
<b>12 Total.</b> Add lines 1 through 11 .....	2,707,861.	869,660.			
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc. ....	0.	0.		0.
	<b>14</b> Other employee salaries and wages .....				
	<b>15</b> Pension plans, employee benefits .....				
	<b>16a</b> Legal fees .....				
	<b>b</b> Accounting fees .....				
	<b>c</b> Other professional fees .....	112,531.	0.		112,531.
	<b>17</b> Interest .....				
	<b>18</b> Taxes .....	1,749.	0.		0.
	<b>19</b> Depreciation and depletion .....				
	<b>20</b> Occupancy .....				
	<b>21</b> Travel, conferences, and meetings .....	6,989.	0.		6,990.
	<b>22</b> Printing and publications .....				
	<b>23</b> Other expenses .....	23,187.	6,459.		16,728.
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23 .....	144,456.	6,459.		136,249.
	<b>25</b> Contributions, gifts, grants paid .....	2,000,561.			2,000,561.
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25 .....	2,145,017.	6,459.		2,136,810.	
<b>27</b> Subtract line 26 from line 12:					
<b>a</b> Excess of revenue over expenses and disbursements .....	562,844.				
<b>b Net investment income</b> (if negative, enter -0-)		863,201.			
<b>c Adjusted net income</b> (if negative, enter -0-)			N/A		

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	162,756.	895,193.	895,193.
	2 Savings and temporary cash investments			
	3 Accounts receivable			
	Less: allowance for doubtful accounts			
	4 Pledges receivable			
	Less: allowance for doubtful accounts			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable			
	Less: allowance for doubtful accounts			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock	169,593.	0.	0.
	c Investments - corporate bonds <b>STMT 8</b>	3,000.	3,000.	0.
	11 Investments - land, buildings, and equipment: basis			
Less: accumulated depreciation				
12 Investments - mortgage loans				
13 Investments - other				
14 Land, buildings, and equipment: basis				
Less: accumulated depreciation				
15 Other assets (describe)				
16 <b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I)	335,349.	898,193.	895,193.	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe)			
23 <b>Total liabilities</b> (add lines 17 through 22)	0.	0.		
Net Assets or Fund Balances	<b>Foundations that follow SFAS 117, check here</b> <input type="checkbox"/>			
	<b>and complete lines 24 through 26, and lines 30 and 31.</b>			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	<b>Foundations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/>			
	<b>and complete lines 27 through 31.</b>			
27 Capital stock, trust principal, or current funds	0.	0.		
28 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.		
29 Retained earnings, accumulated income, endowment, or other funds	335,349.	898,193.		
30 <b>Total net assets or fund balances</b>	335,349.	898,193.		
31 <b>Total liabilities and net assets/fund balances</b>	335,349.	898,193.		

**Part III Analysis of Changes in Net Assets or Fund Balances**

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	335,349.
2 Enter amount from Part I, line 27a	2	562,844.
3 Other increases not included in line 2 (itemize) <b>SEE STATEMENT 6</b>	3	488,674.
4 Add lines 1, 2, and 3	4	1,386,867.
5 Decreases not included in line 2 (itemize) <b>SEE STATEMENT 7</b>	5	488,674.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	898,193.

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

(a) List and describe the kind(s) of property sold (for example, 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 4355 VALSPAR	D	07/01/16	02/07/17
b 645 VALSPAR	D	01/03/17	02/07/17
c 1550 VALSPAR	D	01/03/17	04/10/17
d 5355 VALSPAR	D	01/03/17	06/01/17
e 20000 ENTRADE	P	09/07/11	10/31/17

(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 479,492.		169,353.	310,139.
b 71,016.		25,081.	45,935.
c 172,009.		60,272.	111,737.
d 605,115.		208,229.	396,886.
e		240.	<240.>

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			310,139.
b			45,935.
c			111,737.
d			396,886.
e			<240.>

2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 ..... }	2	864,457.
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). If (loss), enter -0- in Part I, line 8 .....		3	N/A

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2016	992,280.	661,353.	1.500379
2015	1,146,498.	1,255,449.	.913218
2014	449,475.	1,656,343.	.271366
2013	353,462.	1,622,382.	.217866
2012	174,340.	1,706,622.	.102155

2 Total of line 1, column (d) .....	2	3.004984
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years .....	3	.600997
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5 .....	4	935,125.
5 Multiply line 4 by line 3 .....	5	562,007.
6 Enter 1% of net investment income (1% of Part I, line 27b) .....	6	8,632.
7 Add lines 5 and 6 .....	7	570,639.
8 Enter qualifying distributions from Part XII, line 4 .....	8	2,136,810.

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

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

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 Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	8,632.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		2	0.
3 Add lines 1 and 2		3	8,632.
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	8,632.
6 Credits/Payments:			
a 2017 estimated tax payments and 2016 overpayment credited to 2017	6a	651.	
b Exempt foreign organizations - tax withheld at source	6b	0.	
c Tax paid with application for extension of time to file (Form 8868)	6c	0.	
d Backup withholding erroneously withheld	6d	0.	
7 Total credits and payments. Add lines 6a through 6d	7	651.	
8 Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	38.	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	8,019.	
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 2018 estimated tax <input type="checkbox"/> Refunded <input checked="" 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?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition 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.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ 0. (2) On foundation managers. <input type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
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? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		X
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?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. <input type="checkbox"/> IL		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses STMT 9	X	

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

	Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A	X	
14 The books are in care of ► THE CONANT FAMILY FOUNDATION Telephone no. ► 312 661-0200 Located at ► 445 N WELLS ST, CHICAGO, IL ZIP+4 ► 60610		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year		N/A
16 At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ►		X

**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.

	Yes	No
1a During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6) Agree to pay money or property to a government official? (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		N/A
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 2017?		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ►		
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.)		N/A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ►		
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 2017 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2017.)		N/A
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?		X

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

		Yes	No
<b>5a</b> During the year, did the foundation pay or incur any amount to:			
(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>b</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	N/A	5b	
Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>		
<b>c</b> 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?	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes," attach the statement required by Regulations section 53.4945-5(d).			
<b>6a</b> 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		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		6b	X
If "Yes" to 6b, file Form 8870.			
<b>7a</b> 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		
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	7b	

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

**1 List all officers, directors, trustees, and foundation managers and their compensation.**

(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 STATEMENT 10		0.	0.	0.

**2 Compensation of five highest-paid employees (other than those included on line 1). 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
NONE				

**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. If none, enter "NONE."

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

Total number of others receiving over \$50,000 for professional services ..... 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 N/A	
2	
3	
4	

**Part IX-B** Summary of Program-Related Investments

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

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	345,008.
b	Average of monthly cash balances .....	1b	604,357.
c	Fair market value of all other assets .....	1c	
d	<b>Total</b> (add lines 1a, b, and c) .....	1d	949,365.
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	949,365.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) .....	4	14,240.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 .....	5	935,125.
6	<b>Minimum investment return.</b> Enter 5% of line 5 .....	6	46,756.

**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	46,756.
2a	Tax on investment income for 2017 from Part VI, line 5 .....	2a	8,632.
b	Income tax for 2017. (This does not include the tax from Part VI.) .....	2b	
c	Add lines 2a and 2b .....	2c	8,632.
3	Distributable amount before adjustments. Subtract line 2c from line 1 .....	3	38,124.
4	Recoveries of amounts treated as qualifying distributions .....	4	0.
5	Add lines 3 and 4 .....	5	38,124.
6	Deduction from distributable amount (see instructions) .....	6	0.
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 .....	7	38,124.

**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	2,136,810.
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	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 .....	4	2,136,810.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b .....	5	8,632.
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 .....	6	2,128,178.

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



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

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				38,124.
2 Undistributed income, if any, as of the end of 2017:				
a Enter amount for 2016 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2017:				
a From 2012	90,269.			
b From 2013	275,185.			
c From 2014	369,726.			
d From 2015	1,089,094.			
e From 2016	963,278.			
f Total of lines 3a through e	2,787,552.			
4 Qualifying distributions for 2017 from Part XII, line 4: ▶ \$	2,136,810.			
a Applied to 2016, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2017 distributable amount				38,124.
e Remaining amount distributed out of corpus	2,098,686.			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	4,886,238.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2016. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2012 not applied on line 5 or line 7	90,269.			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	4,795,969.			
10 Analysis of line 9:				
a Excess from 2013	275,185.			
b Excess from 2014	369,726.			
c Excess from 2015	1,089,094.			
d Excess from 2016	963,278.			
e Excess from 2017	2,098,686.			

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

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

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

Table with 5 columns: (a) 2017, (b) 2016, (c) 2015, (d) 2014, (e) Total. Rows include 2a-e (Qualifying distributions) and 3a-c (Alternative tests).

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).)

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here [X] 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.

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

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

c Any submission deadlines:

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

**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)				
<b>a Paid during the year</b>				
ALLIANCE FOR THE GREAT LAKES 17 N STATE STREET CHICAGO, IL 60602	NONE	PC	UNRESTRICTED	15,000.
ART WORK PROJECTS 625 N KINGSBURY CHICAGO, IL 60654	NONE	PC	UNRESTRICTED	25,000.
CHICAGO ABORTION FUND 333 W NORTH AVENUE # 267 CHICAGO, IL 60610	NONE	PC	UNRESTRICTED UNRESTRICTED	25,000.
ACCESS LIVING 115 W CHICAGO AVENUE CHICAGO, IL 60654	NONE	PC	UNRESTRICTED	561.
CHICAGO COMMUNITY TRUST-NONPROFIT IMPACT AWARENESS FUND 225 N MICHIGAN #2200 CHICAGO, IL 60601	NONE	PC	UNRESTRICTED	15,000.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			<b>2,000,561.</b>
<b>b Approved for future payment</b>				
NONE				
<b>Total</b>				<b>0.</b>

Part XVI-A Analysis of Income-Producing Activities

Table with columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include: 1 Program service revenue (a-f, g Fees and contracts from government agencies), 2 Membership dues and assessments, 3 Interest on savings and temporary cash investments, 4 Dividends and interest from securities (14, 5,203), 5 Net rental income or (loss) from real estate (a Debt-financed property, b Not debt-financed property), 6 Net rental income or (loss) from personal property, 7 Other investment income, 8 Gain or (loss) from sales of assets other than inventory (18, 375,783), 9 Net income or (loss) from special events, 10 Gross profit or (loss) from sales of inventory, 11 Other revenue (a-e), 12 Subtotal (0, 380,986), 13 Total (13, 380,986).

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

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

Table with 2 columns: Line No., Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

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

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

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
		N/A	

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
N/A		

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			May the IRS discuss this return with the preparer shown below? See instr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Signature of officer or trustee		Date	PRESIDENT	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	BARRY EDELSTEIN				P00193702
	Firm's name ► WARADY & DAVIS LLP			Firm's EIN ► ** - ***0602	
Firm's address ► 1717 DEERFIELD RD SUITE 300S DEERFIELD, IL 60015			Phone no. (847) 267-9600		

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
CHICAGO FOUNDATION FOR WOMEN 3304 N LINCOLN CHICAGO, IL 60657	NONE	PC	UNRESTRICTED	200,000.
CHICAGO PUBIC MEDIA 848 E GRAND AVENUE CHICAGO, IL 60611	NONE	PC	UNRESTRICTED	75,000.
GOODMAN THEATRE 170 N DEARBORN CHICAGO, IL 60601	NONE	PC	UNRESTRICTED	5,000.
GRASSROOTS COLLABORATIVE 637 S DEARBORN CHICAGO, IL 60605	NONE	PC	UNRESTRICTED	25,000.
HUMAN RIGHTS WATCH 400 N WELLS ST #200 CHICAGO, IL 60654	NONE	PC	UNRESTRICTED	150,000.
INTERNATIONAL CHILDRENS MEDIA CENTER 625 N KINGSBURY CHICAGO, IL 60654	NONE	PC	UNRESTRICTED	10,000.
NATIONAL PUBLIC HOUSING MUSEUM 625 N KINGSBURY CHICAGO, IL 60654	NONE	PC	UNRESTRICTED	50,000.
NORTH STAR FUND 520 8TH AVENUE NEW YORK, NY 10018	NONE	PC	UNRESTRICTED	30,000.
OLD IRVING PARK COMMUNITY CLINIC 5425 W ADDISON CHICAGO, IL 60641	NONE	PC	UNRESTRICTED	15,000.
PLANNED PARENTHOOD ILLINOIS 1152 N MILWAUKEE AVENUE CHICAGO, IL 60642	NONE	PC	UNRESTRICTED	60,000.
<b>Total from continuation sheets</b>				<b>1,920,000.</b>

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
RESTORE JUSTICE FOUNDATION PO BOX 6160 EVANSTON, IL 60204	NONE	PC	UNRESTRICTED	50,000.
SARAH'S CIRCLE 4838 N SHERIDAN ROAD CHICAGO, IL 60640	NONE	PC	UNRESTRICTED	50,000.
VICTORY GARDENS THEATRE 2433 N LINCOLN AVE CHICAGO, IL 60614	NONE	PC	UNRESTRICTED	15,000.
WRITERS THEATRE 325 TUDOR CT GLENCOE, IL 60022	NONE	PC	UNRESTRICTED	100,000.
ACTION NOW INSTITUTE 820 W JACKSON BLVD #330 CHICAGO, IL 60607	NONE	PC	UNRESTRICTED	20,000.
AFRICAN COMMUNITIES TOGETHER 127 W 127TH STREET, #324 NEW YORK, NY 10027-3723	NONE	PC	UNRESTRICTED	3,000.
AIDS FOUNDATION OF CHICAGO 200 W JACKSON #2100 CHICAGO, IL 60606	NONE	PC	UNRESTRICTED	15,000.
ALBANY PARK THEATER PROJECT PO BOX 25072 CHICAGO, IL 60625	NONE	PC	UNRESTRICTED	20,000.
ALTERNATIVE INC 4730 N SHERIDAN RD CHICAGO, IL 60640	NONE	PC	UNRESTRICTED	20,000.
ASIAN AMERICAN ADVANCING JUSTICE 1145 WILSHIRE BLVD 2ND FL LOS ANGELES, CA 90017	NONE	PC	UNRESTRICTED	20,000.
<b>Total from continuation sheets</b> .....				

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ASYLUM SEEKER ADVOCACY PROJECT - URBAN JUSTICE CENTER 40 RECTOR STREET, 9TH FL NEW YORK, NY 10006	NONE	PC	UNRESTRICTED	20,000.
CHICAGO COALITION FOR THE HOMELESS 70 E LAKE ST, #720 CHICAGO, IL 60601	NONE	PC	UNRESTRICTED	20,000.
CHICAGO FREEDOM SCHOOL 719 S STATE ST, 4TH FL CHICAGO, IL 6605	NONE	PC	UNRESTRICTED UNRESTRICTED UNRESTRICTED	15,000.
CHICAGO HELP INITIATIVE 440 N WELLS ST # 440 CHICAGO, IL 60654	NONE	PC	UNRESTRICTED	20,000.
CHICAGO SHAKESPEARE THEATER 800 E GRAND AVENUE CHICAGO, IL 60611	NONE	PC	UNRESTRICTED	25,000.
CHICAGO VOTES 234 S WABASH, 6TH FLOOR CHICAGO, IL 60604	NONE	PC	UNRESTRICTED UNRESTRICTED	20,000.
CIRCESTEEM 4730 N SHERIDAN RD CHICAGO, IL 60640	NONE	PC	UNRESTRICTED	35,000.
CURE VIOLENCE/CEASEFIRE CHICAGO- UNIVERSITY OF ILLINOIS AT CHICAGO 1603 W TAYLOR ST, MC #923 CHICAGO, IL 60612	NONE	PC	UNRESTRICTED	75,000.
ENLACE CHICAGO 2756 S HARDING AVENUE CHICAGO, IL 60623	NONE	PC	UNRESTRICTED	20,000.
FACETS MULTIMEDIA 1517 W FULLERTON CHICAGO, IL 60614	NONE	PC	UNRESTRICTED	5,000.
<b>Total from continuation sheets</b> .....				



**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
FERRER FOUNDATION 914 HUBBARD, #301 CHICAGO, IL 60642	NONE	PC	UNRESTRICTED	20,000.
FRIENDLY WATERS FOR THE WORLD 315 MADISON #2301 NEW YORK, NY 10017	NONE	PC	UNRESTRICTED	10,000.
GIRL FORWARD PO BOX 597527 CHICAGO, IL 60659	NONE	PC	UNRESTRICTED	20,000.
ILLINOIS COALITION FOR IMMIGRANTS & REFUGEES 55 E JACKSON BLVD, # 2075 CHICAGO, IL 60604	NONE	PC	UNRESTRICTED	20,000.
ILLINOIS COLLABORATION ON YOUTH 111 E WACKER DR #325 CHICAGO, IL 60601	NONE	PC	UNRESTRICTED	35,000.
ILLINOIS HEALTH MATTERS DATA/HEALTH AND DISABILITY ADVOCATES 205 W RANDOLPH ST, #510 CHICAGO, IL 60606	NONE	PC	UNRESTRICTED	10,000.
ILLINOIS PARTNERS FOR HUMAN SERVICES 310 PEORIA ST CHICAGO, IL 60607	NONE	PC	UNRESTRICTED	20,000.
INNOVATION ILLINOIS 180 N LA SALLE, #2640 CHICAGO, IL 60601	NONE	PC	UNRESTRICTED	15,000.
JANE ADDAMS SENIOR CAUCUS 1111 N WELLS, #302 CHICAGO, IL 606010	NONE	PC	UNRESTRICTED	22,500.
LAQUAN DAY 2017/BLACK UNITED FUND 1809 E 71ST ST CHICAGO, IL 60649	NONE	PC	UNRESTRICTED	15,000.
<b>Total from continuation sheets</b> .....				

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
LOGAN SQUARE NEIGHBORHOOD ASSOC 2840 N MILWAUKEE AVE CHICAGO, IL 60618	NONE	PC	UNRESTRICTED	20,000.
MAPLE MICRODEVELOPMENT 2175 ONYX ST EUGENE, OR 97403	NONE	PC	UNRESTRICTED	20,000.
MARSHALL PROJECT 156 WEST 56TH STREET, #701 NEW YORK, NY 10019	NONE	PC	UNRESTRICTED	50,000.
MIDWEST BRAIN INJURY 1436 W RANDOLPH ST, 5TH FL CHICAGO, IL 60607	NONE	PC	UNRESTRICTED	7,500.
MIKVA CHALLENGE 332 S MICHIGAN AVE CHICAGO, IL 60604	NONE	PC	UNRESTRICTED	20,000.
MY BLOCK MY HOOD MY CITY/ROLE MODEL MOVEMENT INC 8035 S WABASH AVENUE CHICAGO, IL 60619	NONE	PC	UNRESTRICTED	20,000.
NEW MEDIA ADVOCACY PROJECT (N-MAP) 147 PRINCE STREET BROOKLYN, NY 11201	NONE	PC	UNRESTRICTED	20,000.
NORTH LAWDALE COLLEGE PREP 1615 S CHRISTIANA AVE CHICAGO, IL 60623	NONE	PC	UNRESTRICTED	50,000.
ONE NORTHSIDE/ORGANIZING NEIGHBORHOODS FOR EQUALITY NORTHSIDE 4848 N RACINE CHICAGO, IL 60640	NONE	PC	UNRESTRICTED	20,000.
QUAKER VOLUNTARY SERVICE PO BOX 8240 ATLANTA, GA 31106	NONE	PC	UNRESTRICTED	20,000.
<b>Total from continuation sheets</b>				

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
RAINIER VALLEY CORPS 3715 S HUDSON ST, #102 SEATTLE, WA 98118	NONE	PC	UNRESTRICTED	5,000.
RESOURCE GENERATION 394 BROADWAY, 5TH FL NEW YORK, NY 10013	NONE	PC	UNRESTRICTED	10,000.
RESPONSIBLE BUDGET COALITION 67 E MADISON ST, #2000 CHICAGO, IL 60603	NONE	PC	UNRESTRICTED	20,000.
RUNNING START 1310 L STREET, NW #820 WASHINGTON, DC 20005	NONE	PC	UNRESTRICTED	20,000.
SHE SHOULD RUN 718 7TH STREET NW, 2ND FLOOR WASHINGTON, DC 20001	NONE	PC	UNRESTRICTED	20,000.
SARGENT SHRIVER CENTER ON POVERTY LAW 67 E MADISON ST, #2000 CHICAGO, IL 60603	NONE	PC	UNRESTRICTED	50,000.
SIXTY TO SIXTY FIVE, SNCC CONFERENCE 5050 S EAST AVENUE CHICAGO, IL 60615	NONE	PC	UNRESTRICTED	5,000.
SOLIDAIRE- PROTEUS FUND 15 RESEARCH DRIVE, SUITE B AMHERST, MA 01002	NONE	PC	UNRESTRICTED	20,000.
SURJ FUNDRAISER SPONSORSHIP/TRANS UNITED 2425 17TH ST NW, UNIT 324 WASHINGTON, DC 20009	NONE	PC	UNRESTRICTED	10,000.
SYLVIA RIVERA LAW PROJECT 147 W 24TH ST, 5TH FL NEW YORK, NY 10011	NONE	PC	UNRESTRICTED	10,000.
<b>Total from continuation sheets</b>				

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
THE CHICAGO REPORTER/COMMUNITY RENEWAL SOCIETY 332 S MICHIGAN AVE CHICAGO, IL 60604	NONE	PC	UNRESTRICTED	20,000.
THE NIGHT MINISTRY 4711 N RAVENSWOOD AVENUE CHICAGO, IL 60640	NONE	PC	UNRESTRICTED	10,000.
THE VIOLA PROJECT 1020 W BRYN MAWR AVENUE CHICAGO, IL 60660	NONE	PC	UNRESTRICTED	10,000.
THE WOMEN'S JUSTICE INITIATIVE/HEALTH & DISABILITY ADV PO BOX 21540 NEW YORK, NY 10087	NONE	PC	UNRESTRICTED	20,000.
UNITED WE DREAM 1900 L STREET NW, #900 WASHINGTON, DC 20036	NONE	PC	UNRESTRICTED	2,000.
VILLA GUADALUPA SENIOR SERVICE CHICAGO/CLARETIAN MISSIONARIES 3201 EAST 91ST STREET CHICAGO, IL 60617	NONE	PC	UNRESTRICTED	5,000.
VOICES FOR CREATIVE NONVIOLENCE/8TH DAY CENTER FOR JUSTICE 205 W MONROE #500 CHICAGO, IL 60606	NONE	PC	UNRESTRICTED	5,000.
VOYCE/COMMUNITIES UNITED 2008 N LAWLER AVENUE CHICAGO, IL 60639	NONE	PC	UNRESTRICTED	5,000.
WOMEN EMPLOYED 65 E WACKER PLACE CHICAGO, IL 60601	NONE	PC	UNRESTRICTED	20,000.
YEPP C/O 8TH DAY CENTER FOR JUSTICE 205 W MONROE #500 CHICAGO, IL 60606	NONE	PC	UNRESTRICTED	10,000.
<b>Total from continuation sheets</b>				

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
YOUNG CENTER FOR IMMIGRANT CHILDREN 6020 S UNIVERSITY AVE CHICAGO, IL 60637	NONE	PC	UNRESTRICTED	20,000.
<b>Total from continuation sheets</b> .....				

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Name of the organization

THE CONANT FAMILY FOUNDATION

Employer identification number

\*\* - \*\*\*0887

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

Name of organization  <b>THE CONANT FAMILY FOUNDATION</b>	Employer identification number  <b>** - ***0887</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CONANT INCOME CHARITABLE FUND  736 GREENACRES  GLENVIEW, IL 60025	\$ 1,544,619.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CONANT INCOME CHARITABLE FUND  736 GREENACRES  GLENVIEW, IL 60025	\$ 782,256.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>THE CONANT FAMILY FOUNDATION</b>	Employer identification number  <b>** - ***0887</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	7550 SHARES OF VASPAR _____ _____ _____	\$ 782,256.	01/03/17
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____



Name of organization  <b>THE CONANT FAMILY FOUNDATION</b>	Employer identification number  <b>** - *** 0887</b>
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**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 info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

# Underpayment of Estimated Tax by Corporations

Department of the Treasury  
Internal Revenue Service

▶ Attach to the corporation's tax return. **FORM 990-PF**

**2017**

▶ Go to [www.irs.gov/Form2220](http://www.irs.gov/Form2220) for instructions and the latest information.

Name <b>THE CONANT FAMILY FOUNDATION</b>	Employer identification number <b>** - ***0887</b>
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**Note:** Generally, the corporation isn't required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

<b>Part I Required Annual Payment</b>			
1 Total tax (see instructions) .....		<b>1</b>	8,632.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....	<b>2a</b>		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method .....	<b>2b</b>		
c Credit for federal tax paid on fuels (see instructions) .....	<b>2c</b>		
d <b>Total.</b> Add lines 2a through 2c .....		<b>2d</b>	
3 Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation doesn't owe the penalty .....		<b>3</b>	8,632.
4 Enter the tax shown on the corporation's 2016 income tax return. See instructions. <b>Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5</b> .....		<b>4</b>	2,033.
5 <b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....		<b>5</b>	2,033.

**Part II Reasons for Filing** - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it doesn't owe a penalty. See instructions.

6  The corporation is using the adjusted seasonal installment method.

7  The corporation is using the annualized income installment method.

8  The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

<b>Part III Figuring the Underpayment</b>					
		(a)	(b)	(c)	(d)
9 <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th ( <b>Form 990-PF filers:</b> Use 5th month), 6th, 9th, and 12th months of the corporation's tax year .....	<b>9</b>	05/15/17	06/15/17	09/15/17	12/15/17
10 <b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column .....	<b>10</b>	508.	509.	508.	508.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions .....	<b>11</b>	651.			
<b>Complete lines 12 through 18 of one column before going to the next column.</b>					
12 Enter amount, if any, from line 18 of the preceding column .....	<b>12</b>		143.		
13 Add lines 11 and 12 .....	<b>13</b>		143.		
14 Add amounts on lines 16 and 17 of the preceding column .....	<b>14</b>			366.	874.
15 Subtract line 14 from line 13. If zero or less, enter -0- .....	<b>15</b>	651.	143.	0.	0.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....	<b>16</b>		0.	366.	
17 <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 .....	<b>17</b>		366.	508.	508.
18 <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....	<b>18</b>	143.			

**Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.**

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2017)

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. <b>(C Corporations with tax years ending June 30 and S corporations:</b> Use 3rd month instead of 4th month. <b>Form 990-PF and Form 990-T filers:</b> Use 5th month instead of 4th month.) See instructions .....	<b>19</b>			
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19 .....	<b>20</b>			
<b>21</b> Number of days on line 20 after 4/15/2017 and before 7/1/2017 .....	<b>21</b>			
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 4\% (0.04)}{365}$ .....	<b>22</b> \$	\$	\$	\$
<b>23</b> Number of days on line 20 after 06/30/2017 and before 10/1/2017 .....	<b>23</b>			
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 4\% (0.04)}{365}$ .....	<b>24</b> \$	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2017 and before 1/1/2018 .....	<b>25</b>			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 4\% (0.04)}{365}$ .....	<b>26</b> \$	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2017 and before 4/1/2018 .....	<b>27</b>	<b>SEE ATTACHED WORKSHEET</b>		
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 4\% (0.04)}{365}$ .....	<b>28</b> \$	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2018 and before 7/1/2018 .....	<b>29</b>			
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$ .....	<b>30</b> \$	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2018 and before 10/1/2018 .....	<b>31</b>			
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$ .....	<b>32</b> \$	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2018 and before 1/1/2019 .....	<b>33</b>			
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$ .....	<b>34</b> \$	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2018 and before 3/16/2019 .....	<b>35</b>			
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$ .....	<b>36</b> \$	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36 .....	<b>37</b> \$	\$	\$	\$
<b>38 Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 33; or the comparable line for other income tax returns .....	<b>38</b>			<b>38 .</b>

\* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.

FORM 990-PF  
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s) <b>THE CONANT FAMILY FOUNDATION</b>				Identifying Number <b>** - *** 0887</b>	
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(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
05/15/17	508.	508.			
05/15/17	<651.>	<143.>			
06/15/17	509.	366.	92	.000109589	4.
09/15/17	508.	874.	91	.000109589	9.
12/15/17	508.	1,382.	106	.000109589	16.
03/31/18	0.	1,382.	45	.000136986	9.

Penalty Due (Sum of Column F). ..... 38.

\* Date of estimated tax payment, withholding credit date or installment due date.

FORM 990-PF GAIN OR (LOSS) FROM SALE OF ASSETS STATEMENT 1

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE OF SALE	(E) MANNER ACQUIRED DEPREC.	(F) DATE ACQUIRED GAIN OR LOSS	DATE SOLD
4355 VALSPAR	479,492.	169,353.	0.	DONATED	07/01/16	02/07/17
					0.	310,139.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE OF SALE	(E) MANNER ACQUIRED DEPREC.	(F) DATE ACQUIRED GAIN OR LOSS	DATE SOLD
645 VALSPAR	71,016.	66,828.	0.	DONATED	01/03/17	02/07/17
					0.	4,188.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE OF SALE	(E) MANNER ACQUIRED DEPREC.	(F) DATE ACQUIRED GAIN OR LOSS	DATE SOLD
1550 VALSPAR	172,009.	160,596.	0.	DONATED	01/03/17	04/10/17
					0.	11,413.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
5355 VALSPAR	605,115.	554,832.	0.	0.	50,283.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
20000 ENTRADE	0.	240.	0.	0.	<240.>

CAPITAL GAINS DIVIDENDS FROM PART IV					0.
TOTAL TO FORM 990-PF, PART I, LINE 6A					375,783.

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
DIVIDENDS	5,179.	0.	5,179.	5,179.	
INTEREST	24.	0.	24.	24.	
TO PART I, LINE 4	5,203.	0.	5,203.	5,203.	

FORM 990-PF	OTHER PROFESSIONAL FEES			STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
CONSULTING	112,531.	0.		112,531.
TO FORM 990-PF, PG 1, LN 16C	112,531.	0.		112,531.



FORM 990-PF	TAXES			STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FEDERAL TAXES	1,749.	0.		0.	
TO FORM 990-PF, PG 1, LN 18	1,749.	0.		0.	

FORM 990-PF	OTHER EXPENSES			STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT FEES	6,459.	6,459.		0.
FILING FEE	10.	0.		10.
DUES & REGISTRATION	13,738.	0.		13,738.
UTILITIES	2,714.	0.		2,714.
OFFICE	266.	0.		266.
TO FORM 990-PF, PG 1, LN 23	23,187.	6,459.		16,728.

FORM 990-PF OTHER INCREASES IN NET ASSETS OR FUND BALANCES	STATEMENT 6
DESCRIPTION	AMOUNT
EXCESS OF FAIR MARKET VALUE OVER BASIS OF DONATED STOCKS SOLD	488,674.
TOTAL TO FORM 990-PF, PART III, LINE 3	488,674.

FORM 990-PF	OTHER DECREASES IN NET ASSETS OR FUND BALANCES	STATEMENT	7
DESCRIPTION		AMOUNT	
EXCESS OF FAIR MARKET VALUE OF BASIS OF STOCK CONTRIBUTED		488,674.	
TOTAL TO FORM 990-PF, PART III, LINE 5		488,674.	

FORM 990-PF CORPORATE BONDS STATEMENT 8

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
GM CORP XXX 7.2%	3,000.	0.
TOTAL TO FORM 990-PF, PART II, LINE 10C	3,000.	0.

FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS  
PART VII-A, LINE 10

STATEMENT 9

NAME OF CONTRIBUTOR

ADDRESS

CONANT INCOME CHARITABLE FUND

736 GREENACRES  
CHICAGO, IL 60610

DORIS CONANT

736 GREENACRES  
CHICAGO, IL 60610

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS STATEMENT 10  
 TRUSTEES AND FOUNDATION MANAGERS

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MONICA GEORGE 445 N WELLS, SUITE 403 CHICAGO, IL 60654	PRESIDENT 0.00	0.	0.	0.
PAM CONANT 445 N WELLS, SUITE 403 CHICAGO, IL 60654	VICE PRESIDENT 0.00	0.	0.	0.
HOWARD R CONANT JR 445 N WELLS, SUITE 403 CHICAGO, IL 60654	TREASURER 0.00	0.	0.	0.
RACHEL CONANT 445 N WELLS, SUITE 403 CHICAGO, IL 60654	SECRETARY 0.00	0.	0.	0.
SARAH FRANK 445 N WELLS, SUITE 403 CHICAGO, IL 60654	SECRETARY 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		0.	0.	0.