

**Return of Private Foundation**

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

**2018**

Open to Public Inspection

Form **990-PF**

Department of the Treasury  
Internal Revenue Service

▶ 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 2018 or tax year beginning , and ending

|  |   |  |
|--|---|--|
| Name of foundation<br><b>THE CONANT FAMILY FOUNDATION</b>  |   | A Employer identification number<br><b>** - *** 0887</b>   |
| Number and street (or P.O. box number if mail is not delivered to street address)<br><b>445 N. WELLS ST</b>  | Room/suite<br><b>200</b>  | B Telephone number<br><b>(312) 661-0200</b>  |
| City or town, state or province, country, and ZIP or foreign postal code<br><b>CHICAGO, IL 60610</b>   |   | C If exemption application is pending, check here <input type="checkbox"/>   |
| G Check all that apply:<br><input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity<br><input type="checkbox"/> Final return <input type="checkbox"/> Amended return<br><input type="checkbox"/> Address change <input type="checkbox"/> Name change |   | D 1. Foreign organizations, check here <input type="checkbox"/><br>2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> |
| H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation  |   | E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>  |
| I Fair market value of all assets at end of year (from Part II, col. (c), line 16)<br>▶ \$ <b>298,496.</b>   | J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) _____<br>(Part I, column (d) must be on cash basis.) | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>   |

| Part I Analysis of Revenue and Expenses<br><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>   | 1 Contributions, gifts, grants, etc., received .....                                 | 1,556,565.                         |                           | N/A                     |   |
|  | 2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B  |                                    |                           |                         |   |
|  | 3 Interest on savings and temporary cash investments .....                           |                                    |                           |                         |   |
|  | 4 Dividends and interest from securities .....                                       | 15,774.                            | 15,774.                   |                         | STATEMENT 1   |
|  | 5a Gross rents .....   |                                    |                           |                         |   |
|  | b Net rental income or (loss) .....  |                                    |                           |                         |   |
|  | 6a Net gain or (loss) from sale of assets not on line 10 .....                       |                                    |                           |                         |   |
|  | b Gross sales price for all assets on line 6a .....                                  |                                    |                           |                         |   |
|  | 7 Capital gain net income (from Part IV, line 2) .....                               |                                    | 0.                        |                         |   |
|  | 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) .....   |  |                                    |                           |                         |   |
| 11 Other income .....  |  |                                    |                           |                         |   |
| 12 <b>Total.</b> Add lines 1 through 11 .....  | 1,572,339.   | 15,774.                            |                           |                         |   |
| <b>Operating and Administrative Expenses</b>   | 13 Compensation of officers, directors, trustees, etc. ....                          | 102,000.                           | 0.                        |                         | 102,000.  |
|  | 14 Other employee salaries and wages .....   |                                    |                           |                         |   |
|  | 15 Pension plans, employee benefits .....  | 8,633.                             | 0.                        |                         | 8,633.  |
|  | 16a Legal fees .....   |                                    |                           |                         |   |
|  | b Accounting fees .....  |                                    |                           |                         |   |
|  | c Other professional fees <b>STMT 2</b> .....  | 56,969.                            | 0.                        |                         | 56,969.   |
|  | 17 Interest .....  |                                    |                           |                         |   |
|  | 18 Taxes <b>STMT 3</b> .....   | 23,034.                            | 0.                        |                         | 7,803.  |
|  | 19 Depreciation and depletion .....  |                                    |                           |                         |   |
|  | 20 Occupancy .....   |                                    |                           |                         |   |
|  | 21 Travel, conferences, and meetings .....   | 692.                               | 0.                        |                         | 692.  |
|  | 22 Printing and publications .....   |                                    |                           |                         |   |
|  | 23 Other expenses <b>STMT 4</b> .....  | 57,010.                            | 7,754.                    |                         | 49,155.   |
|  | 24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23 ..... | 248,338.                           | 7,754.                    |                         | 225,252.  |
|  | 25 Contributions, gifts, grants paid .....   | 1,925,500.                         |                           |                         | 1,925,500.  |
| 26 <b>Total expenses and disbursements.</b> Add lines 24 and 25 .....  | 2,173,838.   | 7,754.                             |                           | 2,150,752.              |   |
| 27 Subtract line 26 from line 12:  |  |                                    |                           |                         |   |
| a Excess of revenue over expenses and disbursements .....  | -601,499.  |                                    |                           |                         |   |
| b <b>Net investment income</b> (if negative, enter -0-) .....  |  | 8,020.                             |                           |                         |   |
| c <b>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  | 895,193.   | 298,496.       | 298,496.              |
|   | 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  |  |                |                       |
|   | c Investments - corporate bonds <b>STMT 5</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) | 898,193.   | 301,496.   | 298,496.       |                       |
| 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 <b>PAYROLL TAXES</b> )  | 0.   | 4,802.         |                       |
| 23 <b>Total liabilities</b> (add lines 17 through 22)   | 0.   | 4,802.   |                |                       |
| 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                                     | 898,193.   | 296,694.   |                |                       |
| 30 <b>Total net assets or fund balances</b>   | 898,193.   | 296,694.   |                |                       |
| 31 <b>Total liabilities and net assets/fund balances</b>  | 898,193.   | 301,496.   |                |                       |

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<br>(must agree with end-of-year figure reported on prior year's return) | 1 | 898,193.  |
| 2 Enter amount from Part I, line 27a  | 2 | -601,499. |
| 3 Other increases not included in line 2 (itemize)  | 3 | 0.        |
| 4 Add lines 1, 2, and 3   | 4 | 296,694.  |
| 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 30   | 6 | 296,694.  |

**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<br>P - Purchase<br>D - Donation | (c) Date acquired<br>(mo., day, yr.) | (d) Date sold<br>(mo., day, yr.) |
|----|---|--|--------------------------------------|----------------------------------|
| 1a |   |  |                                      |                                  |
| b  | NONE  |  |                                      |                                  |
| c  |   |  |                                      |                                  |
| d  |   |  |                                      |                                  |
| e  |   |  |                                      |                                  |

|   | (e) Gross sales price | (f) Depreciation allowed<br>(or allowable) | (g) Cost or other basis<br>plus expense of sale | (h) Gain or (loss)<br>((e) plus (f) minus (g)) |
|---|-----------------------|--|---|--|
| a |                       |  |   |  |
| 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) FMV as of 12/31/69   | (j) Adjusted basis<br>as of 12/31/69 | (k) Excess of col. (i)<br>over col. (j), if any |   |
| a  |                                      |   |   |
| b  |                                      |   |   |
| c  |                                      |   |   |
| d  |                                      |   |   |
| e  |                                      |   |   |

|   |   |   |  |
|---|---|---|--|
| 2 | Capital gain net income or (net capital loss)<br>{ If gain, also enter in Part I, line 7<br>If (loss), enter -0- in Part I, line 7 .....  | 2 |  |
| 3 | Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):<br>If gain, also enter in Part I, line 8, column (c).<br>If (loss), enter -0- in Part I, line 8 ..... | 3 |  |

**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)<br>Base period years<br>Calendar year (or tax year beginning in) | (b)<br>Adjusted qualifying distributions | (c)<br>Net value of noncharitable-use assets | (d)<br>Distribution ratio<br>(col. (b) divided by col. (c)) |
|--|--|--|---|
| 2017   | 2,128,178.                               | 935,125.                                     | 2.275822  |
| 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   |

|   |  |   |            |
|---|--|---|------------|
| 2 | Total of line 1, column (d) .....  | 2 | 5.178651   |
| 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 | 1.035730   |
| 4 | Enter the net value of noncharitable-use assets for 2018 from Part X, line 5 .....   | 4 | 1,078,340. |
| 5 | Multiply line 4 by line 3 .....  | 5 | 1,116,869. |
| 6 | Enter 1% of net investment income (1% of Part I, line 27b) .....   | 6 | 80.        |
| 7 | Add lines 5 and 6 .....  | 7 | 1,116,949. |
| 8 | Enter qualifying distributions from Part XII, line 4 .....   | 8 | 2,150,752. |

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.<br>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      | 80. |
| 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      | 80. |
| 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      | 80. |
| 6 Credits/Payments:  |    |        |     |
| a 2018 estimated tax payments and 2017 overpayment credited to 2018  | 6a | 8,800. |     |
| 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  | 8,800. |     |
| 8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached  | 8  | 0.     |     |
| 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed  | 9  |        |     |
| 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid   | 10 | 8,720. |     |
| 11 Enter the amount of line 10 to be: Credited to 2019 estimated tax 400.   Refunded   | 11 | 8,320. |     |

**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<br>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:<br>(1) On the foundation. \$ 0. (2) On foundation managers. \$ 0.  |     |    |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 0.   |     |    |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS?<br>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?<br>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:<br>• By language in the governing instrument, or<br>• 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. 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 2018 or the tax year beginning in 2018? 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 6  | X   |    |

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
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?
14 The books are in care of THE CONANT FAMILY FOUNDATION Telephone no. 312 661-0200
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here
16 At any time during calendar year 2018, 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?

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):
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?
(6) Agree to pay money or property to a government official?
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?
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 2018?
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 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018?
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?
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?
b If "Yes," did it have excess business holdings in 2018 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?
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?
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 2018?

**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  |    |
| <b>8</b> Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) 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, 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 7      |   | 102,000.                                  | 8,633.  | 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 | 0.         |
| b | Average of monthly cash balances .....  | 1b | 1,094,761. |
| c | Fair market value of all other assets .....   | 1c |            |
| d | <b>Total</b> (add lines 1a, b, and c) .....   | 1d | 1,094,761. |
| 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  | 1,094,761. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) .....   | 4  | 16,421.    |
| 5 | <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 ..... | 5  | 1,078,340. |
| 6 | <b>Minimum investment return.</b> Enter 5% of line 5 .....  | 6  | 53,917.    |

**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  | 53,917. |
| 2a | Tax on investment income for 2018 from Part VI, line 5 .....  | 2a | 80.     |
| b  | Income tax for 2018. (This does not include the tax from Part VI.) .....  | 2b |         |
| c  | Add lines 2a and 2b .....   | 2c | 80.     |
| 3  | Distributable amount before adjustments. Subtract line 2c from line 1 .....                                     | 3  | 53,837. |
| 4  | Recoveries of amounts treated as qualifying distributions .....   | 4  | 0.      |
| 5  | Add lines 3 and 4 .....   | 5  | 53,837. |
| 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  | 53,837. |

**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 | 2,150,752. |
| 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  | 2,150,752. |
| 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  | 80.        |
| 6 | <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 .....   | 6  | 2,150,672. |

**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)<br>Corpus | (b)<br>Years prior to 2017 | (c)<br>2017 | (d)<br>2018 |
|--|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2018 from Part XI, line 7   |               |                            |             | 53,837.     |
| 2 Undistributed income, if any, as of the end of 2018:   |               |                            |             |             |
| a Enter amount for 2017 only   |               |                            | 0.          |             |
| b Total for prior years:   |               | 0.                         |             |             |
| 3 Excess distributions carryover, if any, to 2018:   |               |                            |             |             |
| a From 2013  | 275,185.      |                            |             |             |
| b From 2014  | 369,726.      |                            |             |             |
| c From 2015  | 1,089,094.    |                            |             |             |
| d From 2016  | 963,278.      |                            |             |             |
| e From 2017  | 2,098,686.    |                            |             |             |
| f Total of lines 3a through e  | 4,795,969.    |                            |             |             |
| 4 Qualifying distributions for 2018 from Part XII, line 4: ▶ \$  | 2,150,752.    |                            |             |             |
| a Applied to 2017, 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 2018 distributable amount   |               |                            |             | 53,837.     |
| e Remaining amount distributed out of corpus   | 2,096,915.    |                            |             |             |
| 5 Excess distributions carryover applied to 2018 (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  | 6,892,884.    |                            |             |             |
| 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 2017. Subtract line 4a from line 2a. Taxable amount - see instr.  |               |                            | 0.          |             |
| f Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019  |               |                            |             | 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 2013 not applied on line 5 or line 7   | 275,185.      |                            |             |             |
| 9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a  | 6,617,699.    |                            |             |             |
| 10 Analysis of line 9:   |               |                            |             |             |
| a Excess from 2014   | 369,726.      |                            |             |             |
| b Excess from 2015   | 1,089,094.    |                            |             |             |
| c Excess from 2016   | 963,278.      |                            |             |             |
| d Excess from 2017   | 2,098,686.    |                            |             |             |
| e Excess from 2018   | 2,096,915.    |                            |             |             |

**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 2018, 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)

|  | Tax year |          |          |          | (e) Total |
|--|----------|----------|----------|----------|-----------|
|  | (a) 2018 | (b) 2017 | (c) 2016 | (d) 2015 |           |
| <b>2 a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed                     |          |          |          |          |           |
| <b>b</b> 85% of line 2a  |          |          |          |          |           |
| <b>c</b> Qualifying distributions from Part XII, line 4 for each year listed   |          |          |          |          |           |
| <b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities   |          |          |          |          |           |
| <b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c                                   |          |          |          |          |           |
| <b>3</b> Complete 3a, b, or c for the alternative test relied upon:  |          |          |          |          |           |
| <b>a</b> "Assets" alternative test - enter:  |          |          |          |          |           |
| <b>(1)</b> Value of all assets   |          |          |          |          |           |
| <b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)   |          |          |          |          |           |
| <b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed                              |          |          |          |          |           |
| <b>c</b> "Support" alternative test - enter:   |          |          |          |          |           |
| <b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) |          |          |          |          |           |
| <b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)                                      |          |          |          |          |           |
| <b>(3)</b> Largest amount of support from an exempt organization   |          |          |          |          |           |
| <b>(4)</b> Gross investment income   |          |          |          |          |           |

**Part XV Supplementary Information (Complete this part only if the 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  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>  |   |                                |                                  |                   |
| ACTION NOW INSTITUTE<br>820 W JACKSON BLVD #330<br>CHICAGO, IL 60607           | NONE  | PC                             | UNRESTRICTED                     | 20,000.           |
| ST AGATHA CHURCH<br>3147 W DOUGLAS BLVD<br>CHICAGO, IL 60623                   | NONE  | PC                             | UNRESTRICTED                     | 9,000.            |
| ALBANY PARK THEATER PROJECT<br>PO BOX 25072<br>CHICAGO, IL 60625               | NONE  | PC                             | UNRESTRICTED                     | 20,000.           |
| ALLIANCE FOR THE GREAT LAKES<br>17 N STATE STREET<br>CHICAGO, IL 60602         | NONE  | PC                             | UNRESTRICTED                     | 15,000.           |
| ALTERNATIVE INC<br>4730 N SHERIDAN RD<br>CHICAGO, IL 60640                     | NONE  | PC                             | UNRESTRICTED                     | 20,000.           |
| <b>Total</b>   | <b>SEE CONTINUATION SHEET(S)</b>  |                                |                                  | <b>1,925,500.</b> |
| <b>b Approved for future payment</b>   |   |                                |                                  |                   |
| NONE   |   |                                |                                  |                   |
|  |   |                                |                                  |                   |
|  |   |                                |                                  |                   |
| <b>Total</b>   |   |                                |                                  | <b>0.</b>         |

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include Program service revenue, Membership dues, Interest on savings, Dividends, Net rental income, etc.

(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.

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

|          |  | Yes          | No |
|----------|--|--------------|----|
| <b>1</b> | 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>a</b> | Transfers from the reporting foundation to a noncharitable exempt organization of:   |              |    |
| (1)      | Cash .....   | <b>1a(1)</b> | X  |
| (2)      | Other assets .....   | <b>1a(2)</b> | X  |
| <b>b</b> | Other transactions:  |              |    |
| (1)      | Sales of assets to a noncharitable exempt organization .....   | <b>1b(1)</b> | X  |
| (2)      | Purchases of assets from a noncharitable exempt organization .....   | <b>1b(2)</b> | X  |
| (3)      | Rental of facilities, equipment, or other assets .....   | <b>1b(3)</b> | X  |
| (4)      | Reimbursement arrangements .....   | <b>1b(4)</b> | X  |
| (5)      | Loans or loan guarantees .....   | <b>1b(5)</b> | X  |
| (6)      | Performance of services or membership or fundraising solicitations .....   | <b>1b(6)</b> | X  |
| <b>c</b> | Sharing of facilities, equipment, mailing lists, other assets, or paid employees .....   | <b>1c</b>    | X  |
| <b>d</b> | 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   |  |
|              |                     |   |  |
|              |                     |   |  |
|              |                     |   |  |
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|              |                     |   |  |

**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                      |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |

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.

**Sign Here** Signature of officer or trustee: \_\_\_\_\_ Date: \_\_\_\_\_ Title: **PRESIDENT**

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

 Yes  No

**Paid Preparer Use Only**

|  |                      |      |   |                          |
|--|----------------------|------|---|--------------------------|
| Print/Type preparer's name<br><b>JOANN PORTER</b>                        | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN<br><b>P00349307</b> |
| Firm's name ▶ <b>WARADY &amp; DAVIS LLP</b>                              |                      |      | Firm's EIN ▶ <b>** - ***0602</b>                |                          |
| Firm's address ▶ <b>1717 DEERFIELD RD SUITE 300S DEERFIELD, IL 60015</b> |                      |      | Phone no. <b>(847) 267-9600</b>                 |                          |

**Part XV** Supplementary Information

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

| Recipient<br>Name and address (home or business)   | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount            |
|--|--|--------------------------------------|-------------------------------------|-------------------|
| ART WORK PROJECTS<br>625 N KINGSBURY<br>CHICAGO, IL 60654  | NONE   | PC                                   | UNRESTRICTED                        | 25,000.           |
| ASIAN AMERICAN ADVANCING JUSTICE<br>1145 WILSHIRE BLVD 2ND FL<br>LOS ANGELES, CA 90017                     | NONE   | PC                                   | UNRESTRICTED                        | 20,000.           |
| ASYLUM SEEKER ADVOCACY PROJECT -<br>URBAN JUSTICE CENTER<br>40 RECTOR STREET, 9TH FL<br>NEW YORK, NY 10006 | NONE   | PC                                   | UNRESTRICTED                        | 20,000.           |
| CHICAGO ABORTION FUND<br>333 W NORTH AVENUE # 267<br>CHICAGO, IL 60610                                     | NONE   | PC                                   | UNRESTRICTED                        | 25,000.           |
| CHICAGO COALITION FOR THE HOMELESS<br>70 E LAKE ST, #720<br>CHICAGO, IL 60601                              | NONE   | PC                                   | UNRESTRICTED                        | 20,000.           |
| CHICAGO COMMUNITY TRUST-NONPROFIT<br>IMPACT AWARENESS FUND<br>225 N MICHIGAN #2200<br>CHICAGO, IL 60601    | NONE   | PC                                   | UNRESTRICTED                        | 10,000.           |
| CHICAGO FOUNDATION FOR WOMEN<br>3304 N LINCOLN<br>CHICAGO, IL 60657  | NONE   | PC                                   | UNRESTRICTED                        | 50,000.           |
| CHICAGO FREEDOM SCHOOL<br>719 S STATE ST, 4TH FL<br>CHICAGO, IL 60605                                      | NONE   | PC                                   | UNRESTRICTED                        | 15,000.           |
| CHICAGO PUBIC MEDIA<br>848 E GRAND AVENUE<br>CHICAGO, IL 60611   | NONE   | PC                                   | UNRESTRICTED                        | 75,000.           |
| CHICAGO SHAKESPEARE THEATER<br>800 E GRAND AVENUE<br>CHICAGO, IL 60611                                     | NONE   | PC                                   | UNRESTRICTED                        | 25,000.           |
| <b>Total from continuation sheets</b>  |  |                                      |                                     | <b>1,841,500.</b> |

**Part XV** Supplementary Information

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

| Recipient<br>Name and address (home or business)  | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount   |
|---|--|--------------------------------------|-------------------------------------|----------|
| CHICAGO VOTES<br>234 S WABASH, 6TH FLOOR<br>CHICAGO, IL 60604   | NONE   | PC                                   | UNRESTRICTED                        | 20,000.  |
| CIRCESTEEM<br>4730 N SHERIDAN RD<br>CHICAGO, IL 60640   | NONE   | PC                                   | UNRESTRICTED                        | 35,000.  |
| CURE VIOLENCE/CEASEFIRE CHICAGO-<br>UNIVERSITY OF ILLINOIS AT CHICAGO<br>1603 W TAYLOR ST, MC #923<br>CHICAGO, IL 60612 | NONE   | PC                                   | UNRESTRICTED                        | 75,000.  |
| ENLACE CHICAGO<br>2756 S HARDING AVENUE<br>CHICAGO, IL 60623  | NONE   | PC                                   | UNRESTRICTED                        | 20,000.  |
| FACETS MULTIMEDIA<br>1517 W FULLERTON<br>CHICAGO, IL 60614  | NONE   | PC                                   | UNRESTRICTED                        | 5,000.   |
| FERRER FOUNDATION<br>914 HUBBARD, #301<br>CHICAGO, IL 60642   | NONE   | PC                                   | UNRESTRICTED                        | 20,000.  |
| FRIENDLY WATERS FOR THE WORLD<br>315 MADISON #2301<br>NEW YORK, NY 10017  | NONE   | PC                                   | UNRESTRICTED                        | 10,000.  |
| GOODMAN THEATRE<br>170 N DEARBORN<br>CHICAGO, IL 60601  | NONE   | PC                                   | UNRESTRICTED                        | 5,000.   |
| GRASSROOTS COLLABORATIVE<br>637 S DEARBORN<br>CHICAGO, IL 60605   | NONE   | PC                                   | UNRESTRICTED                        | 30,000.  |
| HUMAN RIGHTS WATCH<br>400 N WELLS ST #200<br>CHICAGO, IL 60654  | NONE   | PC                                   | UNRESTRICTED                        | 100,000. |
| <b>Total from continuation sheets</b> .....   |  |                                      |                                     |          |

**Part XV** Supplementary Information

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

| Recipient<br>Name and address (home or business)  | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount  |
|---|--|--------------------------------------|-------------------------------------|---------|
| ILLINOIS COALITION FOR IMMIGRANTS &<br>REFUGEES<br>55 E JACKSON BLVD, # 2075<br>CHICAGO, IL 60604 | NONE   | PC                                   | UNRESTRICTED                        | 20,000. |
| ILLINOIS COLLABORATION ON YOUTH<br>111 E WACKER DR #325<br>CHICAGO, IL 60601                      | NONE   | PC                                   | UNRESTRICTED                        | 20,000. |
| INTERNATIONAL CHILDRENS MEDIA CENTER<br>625 N KINGSBURY<br>CHICAGO, IL 60654                      | NONE   | PC                                   | UNRESTRICTED                        | 10,000. |
| JANE ADDAMS SENIOR CAUCUS<br>1111 N WELLS, #302<br>CHICAGO, IL 60610                              | NONE   | PC                                   | UNRESTRICTED                        | 20,000. |
| LOGAN SQUARE NEIGHBORHOOD ASSOC<br>2840 N MILWAUKEE AVE<br>CHICAGO, IL 60618                      | NONE   | PC                                   | UNRESTRICTED                        | 20,000. |
| MIDWEST BRAIN INJURY<br>1436 W RANDOLPH ST, 5TH FL<br>CHICAGO, IL 60607                           | NONE   | PC                                   | UNRESTRICTED                        | 10,000. |
| MY BLOCK MY HOOD MY CITY/ROLE MODEL<br>MOVEMENT INC<br>8035 S WABASH AVENUE<br>CHICAGO, IL 60619  | NONE   | PC                                   | UNRESTRICTED                        | 20,000. |
| NATIONAL PUBLIC HOUSING MUSEUM<br>625 N KINGSBURY<br>CHICAGO, IL 60654                            | NONE   | PC                                   | UNRESTRICTED                        | 20,000. |
| NORTH LAWDALE COLLEGE PREP<br>1615 S CHRISTIANA AVE<br>CHICAGO, IL 60623                          | NONE   | PC                                   | UNRESTRICTED                        | 25,000. |
| NORTH STAR FUND<br>520 8TH AVENUE<br>NEW YORK, NY 10018   | NONE   | PC                                   | UNRESTRICTED                        | 30,000. |
| <b>Total from continuation sheets</b>   |  |                                      |                                     |         |



**Part XV** Supplementary Information

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

| Recipient<br>Name and address (home or business)   | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount  |
|--|--|--------------------------------------|-------------------------------------|---------|
| OLD IRVING PARK COMMUNITY CLINIC<br>5425 W ADDISON<br>CHICAGO, IL 60641                                | NONE   | PC                                   | UNRESTRICTED                        | 15,000. |
| ONE NORTHSIDE/ORGANIZING<br>NEIGHBORHOODS FOR EQUALITY NORTHSIDE<br>4848 N RACINE<br>CHICAGO, IL 60640 | NONE   | PC                                   | UNRESTRICTED                        | 20,000. |
| PLANNED PARENTHOOD ILLINOIS<br>1152 N MILWAUKEE AVENUE<br>CHICAGO, IL 60642                            | NONE   | PC                                   | UNRESTRICTED                        | 50,000. |
| RESOURCE GENERATION<br>394 BROADWAY, 5TH FL<br>NEW YORK, NY 10013                                      | NONE   | PC                                   | UNRESTRICTED                        | 10,000. |
| RESPONSIBLE BUDGET COALITION<br>67 E MADISON ST, #2000<br>CHICAGO, IL 60603                            | NONE   | PC                                   | UNRESTRICTED                        | 25,000. |
| RESTORE JUSTICE FOUNDATION<br>PO BOX 6160<br>EVANSTON, IL 60204  | NONE   | PC                                   | UNRESTRICTED                        | 50,000. |
| SARAH'S CIRCLE<br>4838 N SHERIDAN ROAD<br>CHICAGO, IL 60640  | NONE   | PC                                   | UNRESTRICTED                        | 20,000. |
| SYLVIA RIVERA LAW PROJECT<br>147 W 24TH ST, 5TH FL<br>NEW YORK, NY 10011                               | NONE   | PC                                   | UNRESTRICTED                        | 10,000. |
| THE CHICAGO REPORTER/COMMUNITY<br>RENEWAL SOCIETY<br>332 S MICHIGAN AVE<br>CHICAGO, IL 60604           | NONE   | PC                                   | UNRESTRICTED                        | 20,000. |
| THE NIGHT MINISTRY<br>4711 N RAVENSWOOD AVENUE<br>CHICAGO, IL 60640                                    | 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<br>Name and address (home or business)  | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount   |
|---|--|--------------------------------------|-------------------------------------|----------|
| THE WOMEN'S JUSTICE INITIATIVE/HEALTH<br>& DISABILITY ADV<br>PO BOX 21540<br>NEW YORK, NY 10087 | NONE   | PC                                   | UNRESTRICTED                        | 20,000.  |
| VICTORY GARDENS THEATRE<br>2433 N LINCOLN AVE<br>CHICAGO, IL 60614                              | NONE   | PC                                   | UNRESTRICTED                        | 15,000.  |
| WOMEN EMPLOYED<br>65 E WACKER PLACE<br>CHICAGO, IL 60601  | NONE   | PC                                   | UNRESTRICTED                        | 20,000.  |
| WRITERS THEATRE<br>325 TUDOR CT<br>GLENCOE, IL 60022  | NONE   | PC                                   | UNRESTRICTED                        | 100,000. |
| YEPP C/O 8TH DAY CENTER FOR JUSTICE<br>205 W MONROE #500<br>CHICAGO, IL 60606                   | NONE   | PC                                   | UNRESTRICTED                        | 10,000.  |
| YOUNG CENTER FOR IMMIGRANT CHILDREN<br>6020 S UNIVERSITY AVE<br>CHICAGO, IL 60637               | NONE   | PC                                   | UNRESTRICTED                        | 20,000.  |
| THE MARSHALL PROJECT<br>156 W 56TH STREET, #701<br>NEW YORK, NY 10019                           | NONE   | PC                                   | UNRESTRICTED                        | 25,000.  |
| AFIRE<br>4300 N CALIFORNIA, 2ND FL<br>CHICAGO, IL 60618   | NONE   | PC                                   | UNRESTRICTED                        | 10,000.  |
| ALLIANCE OF THE SOUTHEAST<br>9204 S COMMERICAL AVENUE, #301<br>CHICAGO, IL 60617                | NONE   | PC                                   | UNRESTRICTED                        | 20,000.  |
| ASSATA'S DAUGHTER<br>235 E 58TH AVENUE<br>CHICAGO, IL 60637                                     | 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<br>Name and address (home or business)   | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount  |
|--|--|--------------------------------------|-------------------------------------|---------|
| BLOCK CLUB CHGO/INST FOR NON PROFIT<br>NEWS<br>1132 S WABASH, # 200<br>CHICAGO, IL 60605                     | NONE   | PC                                   | UNRESTRICTED                        | 10,000. |
| BRAVE NEW FILMS<br>10510 CULVER BLVD<br>CULVER CITY, CA 90232  | NONE   | PC                                   | UNRESTRICTED                        | 10,000. |
| BRAVE SPACE ALLIANCE<br>1434 W 51ST STREET<br>CHICAGO, IL 60609  | NONE   | PC                                   | UNRESTRICTED                        | 20,000. |
| FOREFRONT: ENSUS 2020 COLLABORATIVE<br>FUND<br>208 S LASALLE ST, #1540<br>CHICAGO, IL 60604                  | NONE   | PC                                   | UNRESTRICTED                        | 10,000. |
| CHICAGO COMMUNITY TR - FUND FOR SAFE<br>& PEACEFUL CARE<br>225 N MICHIGAN AVENUE, #2200<br>CHICAGO, IL 60601 | NONE   | PC                                   | UNRESTRICTED                        | 10,000. |
| CHICAGO COMMUNITY BOND FUND<br>61 S CALIFORNIA AVENUE<br>CHICAGO, IL 60612                                   | NONE   | PC                                   | UNRESTRICTED                        | 10,000. |
| LOGAN SQUARE NEIGHBORHOOD ASSOC:<br>CHICAGO HOUSING<br>2840 N MILWAUKEE AVE<br>CHICAGO, IL 60618             | NONE   | PC                                   | UNRESTRICTED                        | 10,000. |
| CHICAGO LAWYERS COMM CIVIL RIGHTS :<br>CUE<br>100 N LASALLE STREET<br>CHICAGO, IL 60602                      | NONE   | PC                                   | UNRESTRICTED                        | 10,000. |
| CHICAGO TORTURE JUSTICE CENTER<br>641 W 63RD ST<br>CHICAGO, IL 60621   | NONE   | PC                                   | UNRESTRICTED                        | 20,000. |
| CHRISTIANAIRE INC<br>2030 E 71ST STREET<br>CHICAGO, IL 60649   | 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<br>Name and address (home or business)  | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount  |
|---|--|--------------------------------------|-------------------------------------|---------|
| CHRISTIANAIRE INC - ORGANIZING ON<br>VANDYKE RULING<br>2030 E 71ST STREET<br>CHICAGO, IL 60649        | NONE   | PC                                   | UNRESTRICTED                        | 5,000.  |
| CITY BUREAU<br>610 S BLACKSTONE AVENUE<br>CHICAGO, IL 60637   | NONE   | PC                                   | UNRESTRICTED                        | 15,000. |
| COMMUNITY ACTIVISM LAW ALLIANCE<br>17 N STATE STREET<br>CHICAGO, IL 60602                             | NONE   | PC                                   | UNRESTRICTED                        | 15,000. |
| CONNECTIONS FOR THE HOMELESS<br>2121 DEWEY AVENUE<br>CHICAGO, IL 60201                                | NONE   | PC                                   | UNRESTRICTED                        | 15,000. |
| EQUALITY ILLINOIS INSTITUTE<br>17 N STATE STREET<br>CHICAGO, IL 60602                                 | NONE   | PC                                   | UNRESTRICTED                        | 15,000. |
| FAITH IN ACTION INDIANA<br>337 N WARMAN AVENUE<br>INDIANAPOLIS, IN 46222                              | NONE   | PC                                   | UNRESTRICTED                        | 10,000. |
| COLDIN INST: GATHER CHICAGO PEACE<br>FELLOWS COMM<br>1235 A N CLYBOURN AVE. #327<br>CHICAGO, IL 60610 | NONE   | PC                                   | UNRESTRICTED                        | 10,000. |
| HANA CENTER<br>4300 N CALIFORNIA<br>CHICAGO, IL 60618   | NONE   | PC                                   | UNRESTRICTED                        | 10,000. |
| HEALING TO ACTION<br>332 S MICHIGAN AVE, #1032/H696<br>CHICAGO, IL 60604                              | NONE   | PC                                   | UNRESTRICTED                        | 20,000. |
| HOUSING OPPORTUNITIES FOR WOMEN<br>1607 W HOWARD STREET<br>CHICAGO, IL 60626                          | 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<br>Name and address (home or business)  | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount  |
|---|--|--------------------------------------|-------------------------------------|---------|
| IL ASSOC OF FREE & CHARITABLE CLINICS<br>42 STEPHEN ST, #416<br>LEMONT, IL 60439            | NONE   | PC                                   | UNRESTRICTED                        | 15,000. |
| KENWOOD OAKLAND COMMUNITY<br>ORGANIZATION<br>4242 S COTTAGE GROVE AVE<br>CHICAGO, IL 60653  | NONE   | PC                                   | UNRESTRICTED                        | 28,000. |
| LUGENIA BURNS HOPE CENTER<br>710 E 47TH STREET, # 200W<br>CHICAGO, IL 60653                 | NONE   | PC                                   | UNRESTRICTED                        | 10,000. |
| LYTE COLLECIVE<br>2333 N KILDARE AVENUE<br>CHICAGO, IL 60639                                | NONE   | PC                                   | UNRESTRICTED                        | 20,000. |
| MAXVILLE HERITAGE INTERPRETIVE CENTER<br>103 N MAIN STREET<br>JOSEPH, OR 97846              | NONE   | PC                                   | UNRESTRICTED                        | 5,000.  |
| MEALS ON WHEELS<br>1111 N WELLS, #307<br>CHICAGO, IL 60610                                  | NONE   | PC                                   | UNRESTRICTED                        | 5,000.  |
| MIDWEST ACCESS PROJECT<br>PO BOX 13173<br>CHICAGO, IL 60613                                 | NONE   | PC                                   | UNRESTRICTED                        | 10,000. |
| TIDES FOUNDATION - MILLENNIAL<br>MOVEMENT SUMMER<br>PO BOX 29198<br>SAN FRANCISCO, CA 94129 | NONE   | PC                                   | UNRESTRICTED                        | 15,000. |
| PROPUBLICA ILLINOIS<br>1 N STATE STREET # 1500<br>CHICAGO, IL 60602                         | NONE   | PC                                   | UNRESTRICTED                        | 10,000. |
| REFUGEE ONE<br>4753 N BROADWAY #401<br>CHICAGO, IL 60640                                    | 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<br>Name and address (home or business)  | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount  |
|---|--|--------------------------------------|-------------------------------------|---------|
| SHRIVER CENTER ON POVERTY LAW<br>50 E WASHINGTON, # 500<br>CHICAGO, IL 60602                            | NONE   | PC                                   | UNRESTRICTED                        | 20,000. |
| SOUTHERN VISION ALLIANCE: NORTH<br>CAROLINA TEACHERS<br>PO BOX 51698<br>DURHAM, NC 27717                | NONE   | PC                                   | UNRESTRICTED                        | 5,000.  |
| SOUTHSIDE TOGETHER ORGANIZING FOR<br>POWER<br>602 E 61ST STREET<br>CHICAGO, IL 60637                    | NONE   | PC                                   | UNRESTRICTED                        | 10,000. |
| SOUTHWEST ORGANIZING PROJECT<br>2558 W 63RD STREET, 2ND FL<br>CHICAGO, IL 60629                         | NONE   | PC                                   | UNRESTRICTED                        | 10,000. |
| THE CHICAGO HELP INITIATIVE<br>440 N WELLS, # 440<br>CHICAGO, IL 60654                                  | NONE   | PC                                   | UNRESTRICTED                        | 20,000. |
| THE FAMILY DEFENSE CENTER<br>70 E LAKE ST, #1100<br>CHICAGO, IL 60601                                   | NONE   | PC                                   | UNRESTRICTED                        | 10,000. |
| UNITED CONGRESS OF COMMUNITY AND<br>RELIGIOUS ORGANIZATION<br>2532 W WARREN BLVD<br>CHICAGO, IL 60612   | NONE   | PC                                   | UNRESTRICTED                        | 10,000. |
| YOUTH NETWORK COUNCIL/ICOY<br>333 S WABASH SUITE 2750<br>CHICAGO, IL 60604                              | NONE   | PC                                   | UNRESTRICTED                        | 13,500. |
| VOICES FOR CREATIVE NONVIOLENCE/8TH<br>DAY CENTER FOR JUSTICE<br>205 W MONROE #500<br>CHICAGO, IL 60606 | NONE   | PC                                   | UNRESTRICTED                        | 5,000.  |
| METROPOLITAN PLANNING COUNCIL<br>140 S DEARBORN ST #1400<br>CHICAGO, IL 60603                           | 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   | 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)                                       |   |                                |                                  |         |
| LVEJO<br>2445 S SPAULDING AVENUE<br>CHICAGO, IL 60623                     | NONE  | PC                             | UNRESTRICTED                     | 20,000. |
| ILLINOIS PARTNERS FOR HUMAN SERVICE<br>310 PEORIA ST<br>CHICAGO, IL 60607 | NONE  | PC                             | UNRESTRICTED                     | 25,000. |
| BRING CHICAGO HOME<br>70 EAST LAKE STREET<br>CHICAGO, IL 60601            | NONE  | PC                             | UNRESTRICTED                     | 15,000. |
|   |   |                                |                                  |         |
|   |   |                                |                                  |         |
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|   |   |                                |                                  |         |
| <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

**2018**

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 (entering "N/A" in column (b) instead of the contributor name and address), 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).



|   |   |
|---|---|
| Name of organization<br><br><b>THE CONANT FAMILY FOUNDATION</b> | Employer identification number<br><br><b>** - ***0887</b> |
|---|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|---|----------------------------|---|
| 1          | CONANT INCOME CHARITABLE FUND<br><br>736 GREENACRES<br><br>GLENVIEW, IL 60025 | \$ 1,556,565.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            |   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

|   |   |
|---|---|
| Name of organization<br><br><b>THE CONANT FAMILY FOUNDATION</b> | Employer identification number<br><br><b>** - ***0887</b> |
|---|---|

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
|                              | _____  | \$ _____  | _____                |
|                              | _____  | \$ _____  | _____                |
|                              | _____  | \$ _____  | _____                |
|                              | _____  | \$ _____  | _____                |
|                              | _____  | \$ _____  | _____                |
|                              | _____  | \$ _____  | _____                |
|                              | _____  | \$ _____  | _____                |
|                              | _____  | \$ _____  | _____                |

|   |  |
|---|--|
| Name of organization<br><br><b>THE CONANT FAMILY FOUNDATION</b> | Employer identification number<br><br><b>** - *** 0887</b> |
|---|--|

**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 |                                     |
|   |                     |  |                                     |
| (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 |                                     |
|   |                     |  |                                     |
| (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 |                                     |
|   |                     |  |                                     |
| (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 |                                     |
|   |                     |  |                                     |

# Underpayment of Estimated Tax by Corporations

Department of the Treasury  
Internal Revenue Service

▶ Attach to the corporation's tax return.

FORM 990-PF

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

**2018**

Name **THE CONANT FAMILY FOUNDATION** Employer identification number **\*\*-\*\*\*0887**

**Note:** Generally, the corporation is not 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) .....   | 1  | 80. |
| 2a                                    | Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....   | 2a |     |
| 2b                                    | 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 .....  | 2b |     |
| 2c                                    | Credit for federal tax paid on fuels (see instructions) .....  | 2c |     |
| 2d                                    | <b>Total.</b> Add lines 2a through 2c .....  | 2d |     |
| 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 does not owe the penalty .....   | 3  | 80. |
| 4                                     | Enter the tax shown on the corporation's 2017 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> ..... | 4  |     |
| 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 .....  | 5  |     |

**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 does not owe a penalty. See instructions.

|   |  |
|---|--|
| 6 | <input type="checkbox"/> The corporation is using the adjusted seasonal installment method.  |
| 7 | <input type="checkbox"/> The corporation is using the annualized income installment method.  |
| 8 | <input type="checkbox"/> The corporation is a "large corporation" figuring its first required installment based on the prior year's tax. |

**Part III Figuring the Underpayment**

|   | (a) | (b) | (c) | (d) |
|---|-----|-----|-----|-----|
| 9 <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year .....   | 9   |     |     |     |
| 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 ..... | 10  |     |     |     |
| 11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions .....  | 11  |     |     |     |
| <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 .....   | 12  |     |     |     |
| 13 Add lines 11 and 12 .....  | 13  |     |     |     |
| 14 Add amounts on lines 16 and 17 of the preceding column .....   | 14  |     |     |     |
| 15 Subtract line 14 from line 13. If zero or less, enter -0- .....  | 15  |     |     |     |
| 16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....  | 16  |     |     |     |
| 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 .....   | 17  |     |     |     |
| 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 .....  | 18  |     |     |     |

**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 (2018)

**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.<br><b>(C corporations with tax years ending June 30 and S corporations:</b> Use 3rd month instead of 4th month.<br><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 4/15/2018 and before 7/1/2018 .....  | <b>21</b>    |     |     |     |
| <b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 5\% (0.05)}{365}$ .....   | <b>22</b> \$ | \$  | \$  | \$  |
| <b>23</b> Number of days on line 20 after 06/30/2018 and before 10/1/2018 .....  | <b>23</b>    |     |     |     |
| <b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 5\% (0.05)}{365}$ .....   | <b>24</b> \$ | \$  | \$  | \$  |
| <b>25</b> Number of days on line 20 after 9/30/2018 and before 1/1/2019 .....  | <b>25</b>    |     |     |     |
| <b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 5\% (0.05)}{365}$ .....   | <b>26</b> \$ | \$  | \$  | \$  |
| <b>27</b> Number of days on line 20 after 12/31/2018 and before 4/1/2019 .....   | <b>27</b>    |     |     |     |
| <b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 6\% (0.06)}{365}$ .....   | <b>28</b> \$ | \$  | \$  | \$  |
| <b>29</b> Number of days on line 20 after 3/31/2019 and before 7/1/2019 .....  | <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 6/30/2019 and before 10/1/2019 .....   | <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 9/30/2019 and before 1/1/2020 .....  | <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 12/31/2019 and before 3/16/2020 .....  | <b>35</b>    |     |     |     |
| <b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{366}$ .....   | <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 34; or the comparable line for other income tax returns .....   | <b>38</b> \$ |     |     | 0.  |

\* 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       | DIVIDENDS AND INTEREST FROM SECURITIES |                         |                       |                           | STATEMENT               | 1 |
|-------------------|--|-------------------------|-----------------------|---------------------------|-------------------------|---|
| SOURCE            | GROSS AMOUNT                           | CAPITAL GAINS DIVIDENDS | (A) REVENUE PER BOOKS | (B) NET INVESTMENT INCOME | (C) ADJUSTED NET INCOME |   |
| DIVIDENDS         | 15,657.                                | 0.                      | 15,657.               | 15,657.                   |                         |   |
| INTEREST          | 117.                                   | 0.                      | 117.                  | 117.                      |                         |   |
| TO PART I, LINE 4 | 15,774.                                | 0.                      | 15,774.               | 15,774.                   |                         |   |

| FORM 990-PF                  | OTHER PROFESSIONAL FEES |                           |                         |                         | STATEMENT       | 2 |
|------------------------------|-------------------------|---------------------------|-------------------------|-------------------------|-----------------|---|
| DESCRIPTION                  | (A) EXPENSES PER BOOKS  | (B) NET INVESTMENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |                 |   |
| CONSULTING PROFESSIONAL FEES | 56,629.<br>340.         | 0.<br>0.                  |                         |                         | 56,629.<br>340. |   |
| TO FORM 990-PF, PG 1, LN 16C | 56,969.                 | 0.                        |                         |                         | 56,969.         |   |

| FORM 990-PF                 | TAXES                  |                           |                         |                         | STATEMENT | 3 |
|-----------------------------|------------------------|---------------------------|-------------------------|-------------------------|-----------|---|
| DESCRIPTION                 | (A) EXPENSES PER BOOKS | (B) NET INVESTMENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |           |   |
| FEDERAL TAXES               | 15,101.                | 0.                        |                         |                         | 0.        |   |
| STATE                       | 130.                   | 0.                        |                         |                         | 0.        |   |
| PAYROLL TAXES               | 7,803.                 | 0.                        |                         |                         | 7,803.    |   |
| TO FORM 990-PF, PG 1, LN 18 | 23,034.                | 0.                        |                         |                         | 7,803.    |   |

| FORM 990-PF                 | OTHER EXPENSES               |                                   |                               | STATEMENT 4                   |
|-----------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| DESCRIPTION                 | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
| INVESTMENT FEES             | 7,754.                       | 7,754.                            |                               | 0.                            |
| FILING FEE                  | 15.                          | 0.                                |                               | 15.                           |
| DUES & REGISTRATION         | 32,030.                      | 0.                                |                               | 32,030.                       |
| UTILITIES                   | 387.                         | 0.                                |                               | 387.                          |
| OFFICE                      | 1,251.                       | 0.                                |                               | 1,150.                        |
| COMPUTER EXPENSE            | 4,094.                       | 0.                                |                               | 4,094.                        |
| BANK CHARGES                | 22.                          | 0.                                |                               | 22.                           |
| CONFERENCE EXPENSE          | 11,457.                      | 0.                                |                               | 11,457.                       |
| TO FORM 990-PF, PG 1, LN 23 | 57,010.                      | 7,754.                            |                               | 49,155.                       |

| FORM 990-PF                             | CORPORATE BONDS |                      | STATEMENT 5 |
|---|-----------------|----------------------|-------------|
| DESCRIPTION                             | BOOK VALUE      | FAIR MARKET<br>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<br>PART VII-A, LINE 10 | STATEMENT 6 |
|-------------------------------|---|-------------|
| NAME OF CONTRIBUTOR           | ADDRESS   |             |
| CONANT INCOME CHARITABLE FUND | 736 GREENACRES<br>CHICAGO, IL 60610                     |             |

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS STATEMENT 7  
 TRUSTEES AND FOUNDATION MANAGERS

| NAME AND ADDRESS  | TITLE AND<br>AVRG HRS/WK    | COMPEN-<br>SATION | EMPLOYEE<br>BEN PLAN<br>CONTRIB | EXPENSE<br>ACCOUNT |
|---|-----------------------------|-------------------|---------------------------------|--------------------|
| MONICA GEORGE<br>445 N WELLS, SUITE 200<br>CHICAGO, IL 60654      | PRESIDENT<br>0.00           | 0.                | 0.                              | 0.                 |
| PAM CONANT<br>445 N WELLS, SUITE 200<br>CHICAGO, IL 60654         | VICE PRESIDENT<br>0.00      | 0.                | 0.                              | 0.                 |
| HOWARD R CONANT JR<br>445 N WELLS, SUITE 200<br>CHICAGO, IL 60654 | TREASURER<br>0.00           | 0.                | 0.                              | 0.                 |
| SARAH FRANK<br>445 N WELLS, SUITE 200<br>CHICAGO, IL 60654        | SECRETARY<br>0.00           | 0.                | 0.                              | 0.                 |
| LESLIE RAMYK<br>445 N WELLS, SUITE 200<br>CHICAGO, IL 60654       | EXECUTIVE DIRECTOR<br>40.00 | 102,000.          | 8,633.                          | 0.                 |
| TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII                      |                             | 102,000.          | 8,633.                          | 0.                 |