

Form **990-PF**  
 Department of the Treasury  
 Internal Revenue Service

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

▶ **Do not enter social security numbers on this form as it may be made public.**  
 ▶ **Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.**

OMB No 1545-0052  
**2018**  
**Open to Public Inspection**

**For calendar year 2018, or tax year beginning 01-01-2018, and ending 12-31-2018**

Name of foundation THE CONANT FAMILY FOUNDATION		<b>A Employer identification number</b> 36-3820887	
Number and street (or P.O. box number if mail is not delivered to street address) 445 N WELLS ST NO 200		<b>B Telephone number</b> (see instructions) (312) 661-0200	
City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60610		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>	
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
<b>I</b> Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ <u>298,496</u>		<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
<b>J</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis)</i>			

<b>Part I Analysis of Revenue and Expenses</b> <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</i>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received (attach schedule)	1,556,565			
	<b>2</b> Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B				
	<b>3</b> Interest on savings and temporary cash investments				
	<b>4</b> Dividends and interest from securities	15,774	15,774		
	<b>5a</b> Gross rents				
	<b>b</b> Net rental income or (loss)				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10				
	<b>b</b> Gross sales price for all assets on line 6a				
	<b>7</b> Capital gain net income (from Part IV, line 2)			0	
	<b>8</b> Net short-term capital gain				
	<b>9</b> Income modifications				
	<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less Cost of goods sold					
<b>c</b> Gross profit or (loss) (attach schedule)					
<b>11</b> Other income (attach schedule)					
<b>12 Total.</b> Add lines 1 through 11	1,572,339	15,774			
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc	102,000		0	102,000
	<b>14</b> Other employee salaries and wages				
	<b>15</b> Pension plans, employee benefits	8,633		0	8,633
	<b>16a</b> Legal fees (attach schedule)				
	<b>b</b> Accounting fees (attach schedule)				
	<b>c</b> Other professional fees (attach schedule)	56,969		0	56,969
	<b>17</b> Interest				
	<b>18</b> Taxes (attach schedule) (see instructions)	23,034		0	7,803
	<b>19</b> Depreciation (attach schedule) and depletion				
	<b>20</b> Occupancy				
	<b>21</b> Travel, conferences, and meetings	692		0	692
	<b>22</b> Printing and publications				
	<b>23</b> Other expenses (attach schedule)	57,010		7,754	49,155
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	248,338		7,754	225,252
	<b>25</b> Contributions, gifts, grants paid	1,925,500			1,925,500
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	2,173,838		7,754	2,150,752	
<b>27</b> Subtract line 26 from line 12					
<b>a Excess of revenue over expenses and disbursements</b>	-601,499				
<b>b Net investment income</b> (if negative, enter -0-)		8,020			
<b>c Adjusted net income</b> (if negative, enter -0-)					

<b>Part II Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	895,193	298,496	298,496
	<b>2</b> Savings and temporary cash investments . . . . .			
	<b>3</b> Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>4</b> Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .			
	<b>10a</b> Investments—U S and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .			
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .	3,000	3,000	0
	<b>11</b> Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .			
	<b>14</b> Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
<b>15</b> Other assets (describe ▶ _____)				
<b>16 Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	898,193	301,496	298,496	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .			
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)	0	4,802	
	<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .	0	4,802	
<b>Net Assets or Fund Balances</b>	<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>			
	<b>24</b> Unrestricted . . . . .			
	<b>25</b> Temporarily restricted . . . . .			
	<b>26</b> 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>			
	<b>27</b> Capital stock, trust principal, or current funds . . . . .	0	0	
	<b>28</b> Paid-in or capital surplus, or land, bldg, and equipment fund	0	0	
<b>29</b> Retained earnings, accumulated income, endowment, or other funds	898,193	296,694		
<b>30 Total net assets or fund balances</b> (see instructions) . . . . .	898,193	296,694		
<b>31 Total liabilities and net assets/fund balances</b> (see instructions) .	898,193	301,496		

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

<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	<b>1</b>	898,193
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	-601,499
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	0
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	296,694
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	0
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	<b>6</b>	296,694

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

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

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

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

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

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

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

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

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2017	2,128,178	935,125	2 275822
2016	992,280	661,353	1 500379
2015	1,146,498	1,255,449	0 913218
2014	449,475	1,656,343	0 271366
2013	353,462	1,622,382	0 217866

<b>2</b> Total of line 1, column (d)	2	5 178651
<b>3</b> 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
<b>4</b> Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	1,078,340
<b>5</b> Multiply line 4 by line 3	5	1,116,869
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	6	80
<b>7</b> Add lines 5 and 6	7	1,116,949
<b>8</b> 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)

Table with 11 rows for excise tax calculation. Includes sub-tables for 6a-6d (Credits/Payments) and 7-11 (Total tax due and overpayment). Values include 8,800, 0, 80, 8,720, and 8,320.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Columns include question number, 'Yes', and 'No'. Questions cover political campaign participation, political expenditures, and other activities. Includes a state selection field for 8a.

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? If "Yes," attach statement See instructions
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address N/A
14 The books are in care of THE CONANT FAMILY FOUNDATION Telephone no (312) 661-0200
Located at 445 N WELLS ST CHICAGO IL ZIP+4 60610
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 -check here and enter the amount of tax-exempt interest received or accrued during the year 15
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? See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes", enter the name of the 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? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days ).
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions
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? If "Yes," list the years 20, 20, 20, 20
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement-see instructions )
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 20, 20, 20, 20
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?
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?(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018 ).
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)

<b>5a</b> During the year did the foundation pay or incur any amount to			<b>Yes</b>	<b>No</b>
(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 <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions.		<b>5b</b>		
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? If "Yes," attach the statement required by Regulations section 53.4945–5(d)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<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>6b</b>		<b>No</b>
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 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>7b</b>		
<b>b</b> If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?				
<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 during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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

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

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

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

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
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)**

<b>3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".</b>		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<b>Total number of others receiving over \$50,000 for professional services.</b>		<b>0</b>

**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
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	

**Part IX-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
<b>1</b>	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	
<b>Total.</b> Add lines 1 through 3	<b>0</b>

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	0
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	1,094,761
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	1,094,761
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	1,094,761
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	16,421
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4.	<b>5</b>	1,078,340
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	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.)

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	53,917
<b>2a</b>	Tax on investment income for 2018 from Part VI, line 5.	<b>2a</b>	80
<b>b</b>	Income tax for 2018 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	80
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	53,837
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	0
<b>5</b>	Add lines 3 and 4.	<b>5</b>	53,837
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	53,837

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

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	2,150,752
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	<b>4</b>	2,150,752
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	<b>5</b>	80
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	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) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
<b>1</b> Distributable amount for 2018 from Part XI, line 7				53,837
<b>2</b> Undistributed income, if any, as of the end of 2018				
<b>a</b> Enter amount for 2017 only. . . . .			0	
<b>b</b> Total for prior years 20___, 20___, 20___		0		
<b>3</b> Excess distributions carryover, if any, to 2018				
<b>a</b> From 2013. . . . .	275,185			
<b>b</b> From 2014. . . . .	369,726			
<b>c</b> From 2015. . . . .	1,089,094			
<b>d</b> From 2016. . . . .	963,278			
<b>e</b> From 2017. . . . .	2,098,686			
<b>f</b> Total of lines 3a through e. . . . .	4,795,969			
<b>4</b> Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ <u>2,150,752</u>				
<b>a</b> Applied to 2017, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2018 distributable amount. . . . .				53,837
<b>e</b> Remaining amount distributed out of corpus	2,096,915			
<b>5</b> Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a) )				0
<b>6 Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	6,892,884			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .		0		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .		0		
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019 . . . . .				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .		0		
<b>8</b> Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions). . . . .	275,185			
<b>9 Excess distributions carryover to 2019.</b> Subtract lines 7 and 8 from line 6a . . . . .	6,617,699			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2014. . . . .	369,726			
<b>b</b> Excess from 2015. . . . .	1,089,094			
<b>c</b> Excess from 2016. . . . .	963,278			
<b>d</b> Excess from 2017. . . . .	2,098,686			
<b>e</b> Excess from 2018. . . . .	2,096,915			

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

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. . . . . ▶

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

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

	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
<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) )

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

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

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

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

---

**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</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b> ▶ <b>3a</b>				
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b> ▶ <b>3b</b>				



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

**1** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

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

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

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

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

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

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here** \*\*\*\*\* 2019-05-29 \*\*\*\*\*

Signature of officer or trustee Date Title

May the IRS discuss this return with the preparer shown below (see instr)?  Yes  No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00349307	
	Firm's name ▶	WARADY & DAVIS LLP			Firm's EIN ▶	36-2170602
	Firm's address ▶	1717 DEERFIELD RD SUITE 3005 DEERFIELD, IL 60015			Phone no	(847) 267-9600

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

<b>(a)</b> Name and address	Title, and average hours per week <b>(b)</b> devoted to position	<b>(c)</b> Compensation (If not paid, enter -0-)	<b>(d)</b> Contributions to employee benefit plans and deferred compensation	Expense account, <b>(e)</b> other allowances
MONICA GEORGE 445 N WELLS SUITE 200 CHICAGO, IL 60654	PRESIDENT 0 00	0	0	0
PAM CONANT 445 N WELLS SUITE 200 CHICAGO, IL 60654	VICE PRESIDENT 0 00	0	0	0
HOWARD R CONANT JR 445 N WELLS SUITE 200 CHICAGO, IL 60654	TREASURER 0 00	0	0	0
SARAH FRANK 445 N WELLS SUITE 200 CHICAGO, IL 60654	SECRETARY 0 00	0	0	0
LESLIE RAMYK 445 N WELLS SUITE 200 CHICAGO, IL 60654	EXECUTIVE DIRECTOR 40 00	102,000	8,633	0

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ACTION NOW INSTITUTE 820 W JACKSON BLVD 330 CHICAGO, IL 60607	NONE	PC	UNRESTRICTED	20,000
ST AGATHA CHURCH 3147 W DOUGLAS BLVD CHICAGO, IL 60623	NONE	PC	UNRESTRICTED	9,000
ALBANY PARK THEATER PROJECT PO BOX 25072 CHICAGO, IL 60625	NONE	PC	UNRESTRICTED	20,000
<b>Total . . . . .</b> ▶ <b>3a</b>				1,925,500

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ALLIANCE FOR THE GREAT LAKES 17 N STATE STREET CHICAGO, IL 60602	NONE	PC	UNRESTRICTED	15,000
ALTERNATIVE INC4730 N SHERIDAN RD CHICAGO, IL 60640	NONE	PC	UNRESTRICTED	20,000
ART WORK PROJECTS625 N KINGSBURY CHICAGO, IL 60654	NONE	PC	UNRESTRICTED	25,000
<b>Total . . . . . ▶ 3a</b>				1,925,500



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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ASIAN AMERICAN ADVANCING JUSTICE 1145 WILSHIRE BLVD 2ND FL LOS ANGELES, CA 90017	NONE	PC	UNRESTRICTED	20,000
ASYLUM SEEKER ADVOCACY PROJECT - URBAN JUSTICE CENTER 40 RECTOR STREET 9TH FL NEW YORK, NY 10006	NONE	PC	UNRESTRICTED	20,000
CHICAGO ABORTION FUND 333 W NORTH AVENUE 267 CHICAGO, IL 60610	NONE	PC	UNRESTRICTED	25,000
<b>Total . . . . .</b> ▶ <b>3a</b>				1,925,500

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CHICAGO COALITION FOR THE HOMELESS 70 E LAKE ST 720 CHICAGO, IL 60601	NONE	PC	UNRESTRICTED	20,000
CHICAGO COMMUNITY TRUST-NONPROFIT IMPACT AWARENESS FUND 225 N MICHIGAN 2200 CHICAGO, IL 60601	NONE	PC	UNRESTRICTED	10,000
CHICAGO FOUNDATION FOR WOMEN 3304 N LINCOLN CHICAGO, IL 60657	NONE	PC	UNRESTRICTED	50,000
<b>Total . . . . .</b> ▶ <b>3a</b>				1,925,500

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> <i>Paid during the year</i>				
CHICAGO FREEDOM SCHOOL 719 S STATE ST 4TH FL CHICAGO, IL 60605	NONE	PC	UNRESTRICTED	15,000
CHICAGO PUBIC MEDIA 848 E GRAND AVENUE CHICAGO, IL 60611	NONE	PC	UNRESTRICTED	75,000
CHICAGO SHAKESPEARE THEATER 800 E GRAND AVENUE CHICAGO, IL 60611	NONE	PC	UNRESTRICTED	25,000
<b>Total . . . . .</b> ▶ <b>3a</b>				1,925,500

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CHICAGO VOTES 234 S WABASH 6TH FLOOR CHICAGO, IL 60604	NONE	PC	UNRESTRICTED	20,000
CIRCESTEEM4730 N SHERIDAN RD CHICAGO, IL 60640	NONE	PC	UNRESTRICTED	35,000
CURE VIOLENCECEASEFIRE CHICAGO- UNIVERSITY OF ILLINOIS AT CHICAGO 1603 W TAYLOR ST MC 923 CHICAGO, IL 60612	NONE	PC	UNRESTRICTED	75,000
<b>Total . . . . .</b> ▶ <b>3a</b>				1,925,500

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ENLACE CHICAGO 2756 S HARDING AVENUE CHICAGO, IL 60623	NONE	PC	UNRESTRICTED	20,000
FACETS MULTIMEDIA 1517 W FULLERTON CHICAGO, IL 60614	NONE	PC	UNRESTRICTED	5,000
FERRER FOUNDATION 914 HUBBARD 301 CHICAGO, IL 60642	NONE	PC	UNRESTRICTED	20,000
<b>Total . . . . .</b> ▶ <b>3a</b>				1,925,500

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FRIENDLY WATERS FOR THE WORLD 315 MADISON 2301 NEW YORK, NY 10017	NONE	PC	UNRESTRICTED	10,000
GOODMAN THEATRE 170 N DEARBORN CHICAGO, IL 60601	NONE	PC	UNRESTRICTED	5,000
GRASSROOTS COLLABORATIVE 637 S DEARBORN CHICAGO, IL 60605	NONE	PC	UNRESTRICTED	30,000
<b>Total . . . . .</b>				<b>1,925,500</b>

▶ **3a**

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HUMAN RIGHTS WATCH 400 N WELLS ST 200 CHICAGO, IL 60654	NONE	PC	UNRESTRICTED	100,000
ILLINOIS COALITION FOR IMMIGRANTS & REFUGEES 55 E JACKSON BLVD 2075 CHICAGO, IL 60604	NONE	PC	UNRESTRICTED	20,000
ILLINOIS COLLABORATION ON YOUTH 111 E WACKER DR 325 CHICAGO, IL 60601	NONE	PC	UNRESTRICTED	20,000
<b>Total . . . . .</b> ▶ <b>3a</b>				1,925,500

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
INTERNATIONAL CHILDRENS MEDIA CENTER 625 N KINGSBURY CHICAGO, IL 60654	NONE	PC	UNRESTRICTED	10,000
JANE ADDAMS SENIOR CAUCUS 1111 N WELLS 302 CHICAGO, IL 60610	NONE	PC	UNRESTRICTED	20,000
LOGAN SQUARE NEIGHBORHOOD ASSOC 2840 N MILWAUKEE AVE CHICAGO, IL 60618	NONE	PC	UNRESTRICTED	20,000
<b>Total . . . . . ▶ 3a</b>				1,925,500



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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MIDWEST BRAIN INJURY 1436 W RANDOLPH ST 5TH FL CHICAGO, IL 60607	NONE	PC	UNRESTRICTED	10,000
MY BLOCK MY HOOD MY CITYROLE MODEL MOVEMENT INC 8035 S WABASH AVENUE CHICAGO, IL 60619	NONE	PC	UNRESTRICTED	20,000
NATIONAL PUBLIC HOUSING MUSEUM 625 N KINGSBURY CHICAGO, IL 60654	NONE	PC	UNRESTRICTED	20,000
<b>Total . . . . . ▶ 3a</b>				1,925,500

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NORTH LAWNDALE COLLEGE PREP 1615 S CHRISTIANA AVE CHICAGO, IL 60623	NONE	PC	UNRESTRICTED	25,000
NORTH STAR FUND520 8TH AVENUE NEW YORK, NY 10018	NONE	PC	UNRESTRICTED	30,000
OLD IRVING PARK COMMUNITY CLINIC 5425 W ADDISON CHICAGO, IL 60641	NONE	PC	UNRESTRICTED	15,000
<b>Total . . . . .</b>				<b>1,925,500</b>

▶ **3a**

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ONE NORTHSIDEORGANIZING NEIGHBORHOODS FOR EQUALITY NORTHSIDE 4848 N RACINE CHICAGO, IL 60640	NONE	PC	UNRESTRICTED	20,000
PLANNED PARENTHOOD ILLINOIS 1152 N MILWAUKEE AVENUE CHICAGO, IL 60642	NONE	PC	UNRESTRICTED	50,000
RESOURCE GENERATION 394 BROADWAY 5TH FL NEW YORK, NY 10013	NONE	PC	UNRESTRICTED	10,000
<b>Total . . . . . ▶ 3a</b>				1,925,500

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
RESPONSIBLE BUDGET COALITION 67 E MADISON ST 2000 CHICAGO, IL 60603	NONE	PC	UNRESTRICTED	25,000
RESTORE JUSTICE FOUNDATION PO BOX 6160 EVANSTON, IL 60204	NONE	PC	UNRESTRICTED	50,000
SARAH'S CIRCLE 4838 N SHERIDAN ROAD CHICAGO, IL 60640	NONE	PC	UNRESTRICTED	20,000
<b>Total . . . . .</b> ▶ <b>3a</b>				1,925,500

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SYLVIA RIVERA LAW PROJECT 147 W 24TH ST 5TH FL NEW YORK, NY 10011	NONE	PC	UNRESTRICTED	10,000
THE CHICAGO REPORTERCOMMUNITY RENEWAL SOCIETY 332 S MICHIGAN AVE CHICAGO, IL 60604	NONE	PC	UNRESTRICTED	20,000
THE NIGHT MINISTRY 4711 N RAVENSWOOD AVENUE CHICAGO, IL 60640	NONE	PC	UNRESTRICTED	10,000
<b>Total . . . . .</b>				<b>1,925,500</b>

▶ **3a**

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> <i>Paid during the year</i>				
THE WOMEN'S JUSTICE INITIATIVEHEALTH & DISABIITY ADV PO BOX 21540 NEW YORK, NY 10087	NONE	PC	UNRESTRICTED	20,000
VICTORY GARDENS THEATRE 2433 N LINCOLN AVE CHICAGO, IL 60614	NONE	PC	UNRESTRICTED	15,000
WOMEN EMPLOYED65 E WACKER PLACE CHICAGO, IL 60601	NONE	PC	UNRESTRICTED	20,000
<b>Total . . . . .</b>				1,925,500



**3a**

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<i>a Paid during the year</i>				
WRITERS THEATRE 325 TUDOR CT GLENCOE, IL 60022	NONE	PC	UNRESTRICTED	100,000
YEPP CO 8TH DAY CENTER FOR JUSTICE 205 W MONROE 500 CHICAGO, IL 60606	NONE	PC	UNRESTRICTED	10,000
YOUNG CENTER FOR IMMIGRANT CHILDREN 6020 S UNIVERSITY AVE CHICAGO, IL 60637	NONE	PC	UNRESTRICTED	20,000
<b>Total . . . . .</b>				<b>1,925,500</b>

▶ **3a**

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE MARSHALL PROJECT 156 W 56TH STREET 701 NEW YORK, NY 10019	NONE	PC	UNRESTRICTED	25,000
AFIRE4300 N CALIFORNIA 2ND FL CHICAGO, IL 60618	NONE	PC	UNRESTRICTED	10,000
ALLIANCE OF THE SOUTHEAST 9204 S COMMERICAL AVENUE 301 CHICAGO, IL 60617	NONE	PC	UNRESTRICTED	20,000
<b>Total . . . . .</b> ▶ <b>3a</b>				1,925,500



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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ASSATA'S DAUGHTER 235 E 58TH AVENUE CHICAGO, IL 60637	NONE	PC	UNRESTRICTED	10,000
BLOCK CLUB CHGOINST FOR NON PROFIT NEWS 1132 S WABASH 200 CHICAGO, IL 60605	NONE	PC	UNRESTRICTED	10,000
BRAVE NEW FILMS10510 CULVER BLVD CULVER CITY, CA 90232	NONE	PC	UNRESTRICTED	10,000
<b>Total . . . . .</b> ▶ <b>3a</b>				1,925,500

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BRAVE SPACE ALLIANCE 1434 W 51ST STREET CHICAGO, IL 60609	NONE	PC	UNRESTRICTED	20,000
FOREFRONT ENSUS 2020 COLLABORATIVE FUND 208 S LASALLE ST 1540 CHICAGO, IL 60604	NONE	PC	UNRESTRICTED	10,000
CHICAGO COMMUNITY TR - FUND FOR SAFE & PEACEFUL CARE 225 N MICHIGAN AVENUE 2200 CHICAGO, IL 60601	NONE	PC	UNRESTRICTED	10,000
<b>Total . . . . . ▶ 3a</b>				1,925,500

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CHICAGO COMMUNITY BOND FUND 61 S CALIFORNIA AVENUE CHICAGO, IL 60612	NONE	PC	UNRESTRICTED	10,000
LOGAN SQUARE NEIGHBORHOOD ASSOC CHICAGO HOUSING 2840 N MILWAUKEE AVE CHICAGO, IL 60618	NONE	PC	UNRESTRICTED	10,000
CHICAGO LAWYERS COMM CIVIL RIGHTS CUE 100 N LASALLE STREET CHICAGO, IL 60602	NONE	PC	UNRESTRICTED	10,000
<b>Total . . . . .</b>	<b>▶ 3a</b>			1,925,500

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CHICAGO TORTURE JUSTICE CENTER 641 W 63RD ST CHICAGO, IL 60621	NONE	PC	UNRESTRICTED	20,000
CHRISTIANAIRE INC 2030 E 71ST STREET CHICAGO, IL 60649	NONE	PC	UNRESTRICTED	10,000
CHRISTIANAIRE INC - ORGANIZING ON VANDYKE RULING 2030 E 71ST STREET CHICAGO, IL 60649	NONE	PC	UNRESTRICTED	5,000
<b>Total . . . . . ▶ 3a</b>				1,925,500

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> <i>Paid during the year</i>				
CITY BUREAU 610 S BLACKSTONE AVENUE CHICAGO, IL 60637	NONE	PC	UNRESTRICTED	15,000
COMMUNITY ACTIVISM LAW ALLIANCE 17 N STATE STREET CHICAGO, IL 60602	NONE	PC	UNRESTRICTED	15,000
CONNECTIONS FOR THE HOMELESS 2121 DEWEY AVENUE CHICAGO, IL 60201	NONE	PC	UNRESTRICTED	15,000
<b>Total . . . . .</b>				1,925,500



**3a**

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
EQUALITY ILLINOIS INSTITUTE 17 N STATE STREET CHICAGO, IL 60602	NONE	PC	UNRESTRICTED	15,000
FAITH IN ACTION INDIANA 337 N WARMAN AVENUYE INDIANAPOLIS, IN 46222	NONE	PC	UNRESTRICTED	10,000
COLDIN INST GATHER CHICAGO PEACE FELLOWS COMM 1235 A N CLYBOURN AVE 327 CHICAGO, IL 60610	NONE	PC	UNRESTRICTED	10,000
<b>Total . . . . .</b> ▶ <b>3a</b>				1,925,500

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HANA CENTER 4300 N CALIFORNIA CHICAGO, IL 60618	NONE	PC	UNRESTRICTED	10,000
HEALING TO ACTION 332 S MICHIGAN AVE 1032/H696 CHICAGO, IL 60604	NONE	PC	UNRESTRICTED	20,000
HOUSING OPPORTUNITIES FOR WOMEN 1607 W HOWARD STREET CHICAGO, IL 60626	NONE	PC	UNRESTRICTED	15,000
<b>Total . . . . .</b> ▶ <b>3a</b>				1,925,500

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
IL ASSOC OF FREE & CHARITABLE CLINICS 42 STEPHEN ST 416 LEMONT, IL 60439	NONE	PC	UNRESTRICTED	15,000
KENWOOD OAKLAND COMMUNITY ORGANIZATION 4242 S COTTAGE GROVE AVE CHICAGO, IL 60653	NONE	PC	UNRESTRICTED	28,000
LUGENIA BURNS HOPE CENTER 710 E 47TH STREET 200W CHICAGO, IL 60653	NONE	PC	UNRESTRICTED	10,000
<b>Total . . . . . ▶ 3a</b>				1,925,500



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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
LYTE COLLECIVE 2333 N KILDARE AVENUE CHICAGO, IL 60639	NONE	PC	UNRESTRICTED	20,000
MAXVILLE HERITAGE INTERPRETIVE CENTER 103 N MAIN STREET JOSEPH, OR 97846	NONE	PC	UNRESTRICTED	5,000
MEALS ON WHEELS1111 N WELLS 307 CHICAGO, IL 60610	NONE	PC	UNRESTRICTED	5,000
<b>Total . . . . .</b> ▶ <b>3a</b>				1,925,500

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MIDWEST ACCESS PROJECT PO BOX 13173 CHICAGO, IL 60613	NONE	PC	UNRESTRICTED	10,000
TIDES FOUNDATION - MILLENNIAL MOVEMENT SUMMER PO BOX 29198 SAN FRANCISCO, CA 94129	NONE	PC	UNRESTRICTED	15,000
PROPUBLICA ILLINOIS 1 N STATE STREET 1500 CHICAGO, IL 60602	NONE	PC	UNRESTRICTED	10,000
<b>Total . . . . .</b> ▶ <b>3a</b>				1,925,500

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> <i>Paid during the year</i>				
REFUGEE ONE4753 N BROADWAY 401 CHICAGO, IL 60640	NONE	PC	UNRESTRICTED	20,000
SHRIVER CENTER ON POVERTY LAW 50 E WASHINGTON 500 CHICAGO, IL 60602	NONE	PC	UNRESTRICTED	20,000
SOUTHERN VISION ALLIANCE NORTH CAROLINA TEACHERS PO BOX 51698 DURHAM, NC 27717	NONE	PC	UNRESTRICTED	5,000
<b>Total . . . . .</b>				1,925,500



**3a**

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SOUTHSIDE TOGETHER ORGANIZING FOR POWER 602 E 61ST STREET CHICAGO, IL 60637	NONE	PC	UNRESTRICTED	10,000
SOUTHWEST ORGANIZING PROJECT 2558 W 63RD STREET 2ND FL CHICAGO, IL 60629	NONE	PC	UNRESTRICTED	10,000
THE CHICAGO HELP INITIATIVE 440 N WELLS 440 CHICAGO, IL 60654	NONE	PC	UNRESTRICTED	20,000
<b>Total . . . . .</b> ▶ <b>3a</b>				1,925,500

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE FAMILY DEFENSE CENTER 70 E LAKE ST 1100 CHICAGO, IL 60601	NONE	PC	UNRESTRICTED	10,000
UNITED CONGRESS OF COMMUNITY AND RELIGIOUS ORGANIZATION 2532 W WARREN BLVD CHICAGO, IL 60612	NONE	PC	UNRESTRICTED	10,000
YOUTH NETWORK COUNCILICOY 333 S WABASH SUITE 2750 CHICAGO, IL 60604	NONE	PC	UNRESTRICTED	13,500
<b>Total . . . . .</b> ▶ <b>3a</b>				1,925,500

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
VOICES FOR CREATIVE NONVIOLENCE8TH DAY CENTER FOR JUSTICE 205 W MONROE 500 CHICAGO, IL 60606	NONE	PC	UNRESTRICTED	5,000
METROPOLITAN PLANNING COUNCIL 140 S DEARBORN ST 1400 CHICAGO, IL 60603	NONE	PC	UNRESTRICTED	10,000
LVEJO2445 S SPAULDING AVENUE CHICAGO, IL 60623	NONE	PC	UNRESTRICTED	20,000
<b>Total . . . . .</b> ▶ <b>3a</b>				1,925,500

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ILLINOIS PARTNERS FOR HUMAN SERVICE 310 PEORIA ST CHICAGO, IL 60607	NONE	PC	UNRESTRICTED	25,000
BRING CHICAGO HOME 70 EAST LAKE STREET CHICAGO, IL 60601	NONE	PC	UNRESTRICTED	15,000
<b>Total . . . . . ▶ 3a</b>				1,925,500

**TY 2018 Investments Corporate Bonds Schedule****Name:** THE CONANT FAMILY FOUNDATION**EIN:** 36-3820887**Investments Corporate Bonds Schedule**

Name of Bond	End of Year Book Value	End of Year Fair Market Value
GM CORP XXX 7.2%	3,000	0



**TY 2018 Other Expenses Schedule****Name:** THE CONANT FAMILY FOUNDATION**EIN:** 36-3820887**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable 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

**TY 2018 Other Liabilities Schedule****Name:** THE CONANT FAMILY FOUNDATION**EIN:** 36-3820887

<b>Description</b>	<b>Beginning of Year - Book Value</b>	<b>End of Year - Book Value</b>
PAYROLL TAXES	0	4,802

**TY 2018 Other Professional Fees Schedule****Name:** THE CONANT FAMILY FOUNDATION**EIN:** 36-3820887

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
CONSULTING	56,629	0		56,629
PROFESSIONAL FEES	340	0		340

**TY 2018 Substantial Contributors  
Schedule****Name:** THE CONANT FAMILY FOUNDATION**EIN:** 36-3820887**Name****Address**

CONANT INCOME CHARITABLE FUND

736 GREENACRES  
CHICAGO, IL 60610

**TY 2018 Taxes Schedule****Name:** THE CONANT FAMILY FOUNDATION**EIN:** 36-3820887

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
FEDERAL TAXES	15,101	0		0
STATE	130	0		0
PAYROLL TAXES	7,803	0		7,803

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**  
▶ Attach to Form 990, 990-EZ, or 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**  
36-3820887

**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 other property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup> 3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

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

<b>Name of organization</b> THE CONANT FAMILY FOUNDATION	<b>Employer identification number</b> 36-3820887
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**Part I** **Contributors** (See instructions) Use duplicate copies of Part I if additional space is needed

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





<b>Name of organization</b> THE CONANT FAMILY FOUNDATION	<b>Employer identification number</b> 36-3820887
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**Part III** *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
 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
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift 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
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift 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
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift 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
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____