## &Form 990-PF

# Extended to November 15, 2 Return of Private Foundation

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

OMB No. 1545-0052 Open to Public Inspection

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 for instructions and the latest information.

FO	cale	ndar year 2017 or tax year beginning		, and ending		
Na	me d	f foundation	•		A Employer identificati	on number
Į	1ea	lthy Communities Founda	ation		36-432406	7
		and street (or P.O. box number if mail is not delivered to stree		Room/suite	B Telephone number	<u>*</u>
_1	_9	Riverside Road		6	708 443 5	674
Ci	y or 1	town, state or province, country, and ZIP or foreign	postal code		C If exemption application is	
F	<u>liv</u>	rerside, IL 60546-2606			,	
G	Chec	k all that apply: 🔲 Initial return	Initial return of a f	ormer public charity	D 1. Foreign organizatio	ns, check here
		Final return	Amended return			
		Address change	Name change		2. Foreign organizations r check here and attach	neeting the 85% test, computation
<u>H_</u>		k type of organization: X Section 501(c)(3) e			E If private foundation s	
<u>L</u>		ection 4947(a)(1) nonexempt charitable trust		ation		1)(A), check here
I F	air m	arket value of all assets at end of year   J   Account	ting method: Cash	X Accrual	F If the foundation is in:	
-			ther (specify)	3118	under section 507(b)(	1)(B), check here
_	-\$	134,152,380. (Part I, colu	mn (d) must be on cash bas	is.)		
P	art I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received			N/A	
	2	Check X if the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments	15,252.	15,252.		Statement 1
	4	Dividends and interest from securities	1,653,250.	1,653,250.		Statement 2
	5a	Gross rents				
	b					
ø	6a	Net gain or (loss) from sale of assets not on line 10	4,674,371.			
Ĭ	b	Gross sales price for all assets on line 6a 8,609,481.			Other at a set	
Revenue	7	Capital gain net income (from Part IV, line 2)		4,674,371.		
ĸ	8	Net short-term capital gain				
	. 9	Income modifications				
		Gross sales less returns and allowances				
	b	Less: Cost of goods sold				
	C	Gross profit or (loss)			- 14	
	11	Other income	935,717.	<179,187.	>	Statement 3
	12	Total, Add lines 1 through 11	7,278,590.	6,163,686.		· 特別 · 計画 · 計画 · 技
	13	Compensation of officers, directors, trustees, etc.	109,372.	21,874.		87,498.
	14	Other employee salaries and wages	65,939.	2,600.		63,339.
ģ	15	Pension plans, employee benefits	14,213.	2,843.		11,370.
S.	162	Legal fees Stmt 4	14,181.	0.	· · · · · · · · · · · · · · · · · · ·	14,181.
Expenses	D	Accounting fees Stmt 5	67,770.	46,478.		16,942.
		Other professional fees Stmt 6	818,020.	531,421.		286,599.
Administrative	17	Interest	11,288.	11,288.		0.
str	18	Taxes Stmt 7	560,651.	25,843.		0.
Ē		Depreciation and depletion	2,483.	248.		
퉏	20 21	Occupancy	30,679.	3,275.		27,404.
73		Travel, conferences, and meetings	10,713.	0.		10,713.
jar	22 23	Printing and publications	4,418.	0.		4,418.
tinç		Other expenses Stmt 8	29,651.	3,357.		26,294.
Operating	24	Total operating and administrative expenses. Add lines 13 through 23	1 730 270	640 227	TAYDAVED'S	COPY <sub>548,758</sub> .
Q	25	Contributions, gifts, grants paid	1,739,378.	649,227.		7 710 000
		Total expenses and disbursements.	6,502,080.		unanikustra sering is alpihula	7,712,080.
		Add lines 24 and 25	0 2/1 /50	640 227		0 000 000
		Subtract line 26 from line 12:	8,241,458.	649,227.	h philippel sa sa sa sa c	8,260,838.
			<962,868.			
		Excess of revenue over expenses and disbursements  Net investment income (if negative, enter -0-)	\304,000.	5,514,459.		
		Adjusted net income (if negative, enter -0-)			N/A	
		s rejected list income (a usganve, enter -u-)	Free transmission with training States (1999) and in	overing where the transfer the transfer filler	M/A	Section of the contract of the

723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions.

	Parl	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
	1 _	Cash - non-interest-bearing	771,605		3. 119,913.
	2	The state of the s	1,633,229	603,64	7. 603,647.
	3	Accounts receivable -			
	١.	Less: allowance for doubtful accounts			
	4	Pledges receivable >			
	_	Less: allowance for doubtful accounts	7111		
	5	Grants receivable			
	6	trockers, and tribers, and tribers, and tribers			
	_	disqualified persons			
	7	Other notes and Joans receivable			
48	_	Less: allowance for doubtful accounts	<u> </u>		
Assets	8				
Ass	9	Prepaid expenses and deferred charges	3,556.	6,97	7. 6,977.
•	10a	Investments - U.S. and state government obligations			
	1	Investments - corporate stock			
	]c	Investments - corporate bonds	and the second s		
	111	Investments - land, buildings, and equipment: basis			
		Less: accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other Stmt 10	123,844,946.	131,932,15	7. 131,932,157.
	14	Land, buildings, and equipment: basis 74,853.			
		Less: accumulated depreciation Stmt 11   64,714.		10,139	9. <u>10,139.</u> 7. <u>1,479,547.</u>
		Other assets (describe ► Statement 12)	0.	1,479,547	7. 1,479,547.
	16	Total assets (to be completed by all filers - see the			1
	-	instructions. Also, see page 1, item I)	<u>126,257,403.</u>	<u>134,152,380</u>	). 134,152,380.
	17	Accounts payable and accrued expenses	18,100.	87,661	
	18	Grants payable	1,570,000.	360,000	) <b>.</b>
ies	19	Deferred revenue			
Ħ	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable	<u>.</u>		
_	22	Other liabilities (describe ►Statement 13)	558,855.	0	
		<b>-</b>			
		Total liabilities (add lines 17 through 22)	2,146,955.	447,661	
		Foundations that follow SFAS 117, check here			
Ş		and complete lines 24 through 26, and lines 30 and 31.			
ü		Unrestricted	124,110,448.	<u>133,704,719</u>	
ala	25	Temporarily restricted			
d B	26	Permanently restricted			
ä		Foundations that do not follow SFAS 117, check here >			
<u>5</u>		and complete lines 27 through 31.			
ş	27	Capital stock, trust principal, or current funds			
ii l	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
₹   	29	Retained earnings, accumulated income, endowment, or other funds			
ž	30	Total net assets or fund balances	124,110,448.	133,704,719	
-					
	31	Total liabilities and net assets/fund balances		134,152,380	
	art l				
1 7	rotal ı	net assets or fund balances at beginning of year - Part II, column (a), line 3	30		
(	must	agree with end-of-year figure reported on prior year's return)	JU		104 110 440
2 E	nter a	amount from Part I, line 27a	*****	<u>  1</u>	124,110,448.
		increases not included in line 2 (itemize)	Coo C+-	2 tomont 0	100-7000
, /	\dd lir	nes 1, 2, and 3	see Sta	Lement 9 3	10,557,139.
		nes 1, 2, and 3ases not included in line 2 (itemize) >	•••••••••••••••••••••••••••••••••••••••		
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	umn (h) line 30		

29,753,239 2013 102,158,448. .291246 2012 7,736,822 103.859.807 .074493

2 Total of line 1, column (d) .545665 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 .109133 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5 <u>131,040,181.</u> Multiply line 4 by line 3 14,300,808. Enter 1% of net investment income (1% of Part I, line 27b) 55,145. 7 14,355,953. 8 Enter qualifying distributions from Part XII, line 4 8,260,838.

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.

	m 990-PF (2017) Healthy Communities Foundation		36-	432406	7	Page 4
	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e),	or 4	1948	- see inst	ructi	ons)
1	a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)				091-010099 901-480-331	
	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%		1	1	10,	289.
	of Part I, line 27b		ME ST			
_	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).			le di Kari		
2	(2-most of the first of the fir		2	<u> </u>		0.
3	Add lines 1 and 2		_3	<u> </u>	10,	<u> 289.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4			<u>0.</u>
5 6	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- Credits/Payments:		5	1	10,	<u> 289.</u>
-	1 - 1	0.0				
ı	· · · · · · · · · · · · · · · · · · ·	50.				
,		<u> </u>	1000	du diverse.		Yaki y
ľ	Tax paid with application for extension of time to file (Form 8868)  Backup withholding erroneously withheld  6c 255,0 6d	00.	0.0			
7	Total credits and payments. Add lines 6a through 6d		1, 25,527,900			106
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached		7	4	90,.	<u> 186.</u>
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		8 9	<u> </u>		25.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10	3	2/1	872.
11	Enter the amount of line 10 to be: Credited to 2018 estimated tax		11		04,0	0.
Pa	art VII-A Statements Regarding Activities	1	- !! (			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or inte	rvene	in		Yes	No
	any political campaign?		•••	1a		X
ŧ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the	defini	ition			X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			a 's si	Sign	
	distributed by the foundation in connection with the activities.					
C	Did the foundation file Form 1120-POL for this year?			1c	11100000	X
C	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$	0.				
6	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers. > \$					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	If "Yes," attach a detailed description of the activities.			100 day		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation	ion, or	ſ			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	· • • • • • • • • • • • • • • • • • • •		3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a	X	<u> </u>
_ D	If "Yes," has it filed a tax return on Form 990-T for this year?			45	X	Щ.
D	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5	<del> </del>	X
c	If "Yes," attach the statement required by General Instruction T.					
O	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	<ul> <li>By language in the governing instrument, or</li> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the</li> </ul>			7.5		
				[MA		
7	remain in the governing instrument?  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		•••••	6	X	-
•	bid the foundation have at least \$6,000 in assets at any time during the year? If Tes, complete Part II, coi. (c), and Part XV			7	X	. Williamski
82	Enter the states to which the foundation reports or with which it is registered. See instructions.					
~44	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)				łiń	
_	of each state as required by General Instruction G? If "No," attach explanation			O.	y	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for	calen	dar	8b	<u>X</u>	
	year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV	oaisil	Gui	9		¥
0	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10	+	X
	A Controver in the second of the second in the second of t	********	*******	Form <b>99</b>	0-PF	
						/ ·· /

Ρ	art VII-A Statements Regarding Activities (continued)		*	
		12.00 (E)	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			1
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	- ''		7.5
	If "Yes," attach statement. See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	-^-
	Website address ► healthycommunitiesfdn.org	10	Λ	<u> </u>
14	The books are in care of ► Maria Pesqueira Telephone no. ► 708-44	3_5	671	
	Located at ► 19 Riverside Road Suite 6, Riverside, IL ZIP+4 ►60			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	740		<del> </del>
	and enter the amount of tax-exempt interest received or accrued during the year		 /A	'Ш
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		<u>/                                    </u>	No
		16	163	X
	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	10	erana.	_^
	foreign country			
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	J. 1978 (1981)	ger earner	100000000000000000000000000000000000000
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	14884	Yes	No
18	During the year, did the foundation (either directly or indirectly):	16 4 66	.00	
	(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)	1 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		
	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? X Yes No			le "avid
	(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	1b	AND FR	X
	Organizations relying on a current notice regarding disaster assistance, check here		The last	_ <u></u>
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2017?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation		1130	
	defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2017?			
	If "Yes," list the years ▶ ,	a Volumb		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b		2-5-1
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		7.57	74734F
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 2017 as a result of (1) any purchase by the foundation or disqualified persons after		atrody (*) Francis	
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2017.)	3b	a. Iz ardā 🖽	e enti CS
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b	-psyk-det (j	<b>X</b>
		n 990-	PF (	

Healthy Communities Fou	<u>ndation</u>		36-4324	067	P	age 6
Part VII-B   Statements Regarding Activities for Which	Form 4720 May Be	Required (conti	nued)		•	
5a During the year, did the foundation pay or incur any amount to:		11-25-		Y	'es	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (secti	on 4945(e))?		es X No			
(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indi	rectly,				
any voter registration drive?		T	es X No			
(3) Provide a grant to an individual for travel, study, or other similar purpose	es?	Пу			200	
(4) Provide a grant to an organization other than a charitable, etc., organization	ion described in section					
4945(d)(4)(A)? See instructions	es X No					
(5) Provide for any purpose other than religious, charitable, scientific, literary						
the prevention of cruelty to children or animals?	es X Na					
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify u	nder the excentions described	in Regulations	C3 (21) NO			
section 53.4945 or in a current notice regarding disaster assistance? See inst			NT / A	5b	make s	ann s
Organizations relying on a current notice regarding disaster assistance, check	hora		······· <b>N</b> / <del>·····</del> ·	idan da es	ii in ii i	Jane 1
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption	from the tay because it maint	oinad				
expenditure responsibility for the grant?			[] ,,			
If "Yes," attach the statement required by Regulations section 53.4945-5(d).		N.C.A	es LIND			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to			i			
			[ <del>1</del> 2]		West by	
a personal benefit contract?		Y	es L∡X∟No 🏗			
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?	***************************************	<u> </u>	6b	Sar end Si	<u>X</u>
If "Yes" to 6b, file Form 8870.						
7a At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?	Y	es LX No		3 3	
b If "Yes," did the foundation receive any proceeds or have any net income attrit	outable to the transaction?		N/A	7b		
Part VIII Information About Officers, Directors, Trus Paid Employees, and Contractors	tees, Foundation Ma	anagers, Highl	У			
List all officers, directors, trustees, and foundation managers and	Harin anna anna anna a					
List all officers, directors, a distees, and roundation managers and		(-) Componentian	(d) Contributions to			
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e)	Expendant, o	ise ther
	to position	enter'-0-)'	compensation	alle	owańc	es
	_					
See Statement 14		109,372.	8,948.			0.
AND THE RESERVE OF THE PROPERTY OF THE PROPERT						
		1				
	_					
		]				
Compensation of five highest-paid employees (other than those inc	cluded on line 1). If none,	enter "NONE."	*			—
( ) Name and address of make make make the state of the s	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e)	Expen unt, ot	se
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	acco	unt, ot wance	her
NONE	abrotod to pooldon	-	COMPENSAROR		wano	,3
210212	†			ĺ		
						—
	-					
		-		ļ		—
	4					
	-					
THE STATE OF THE S						
otal number of other employees paid over \$50,000						0
······································			Enrm	99A_E	<b>E</b> /00	<u> </u>

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 Pavilion Advisory Group - 43 Main Street SE Investment Advisory Suite 300, Minneapolis, MN 55414 176,589. Q-BLK Private Capital II (Parallel) LP - 1 Investment Advisory University Square Drive, Princeton, NJ 08540 Fees 93,850. Millennia Consulting Transition 3530 N. Damen Avenue, Chicago, IL 60618 Consulting 67,332. Wilburn HC Solutions, INC P.O. Box 802831, Chicago, IL 60680 Program Consultant 67,300. Capital Today China Growth - 39th FL One Investment Advisory Exchange Square, Central Hong Kong Fees 59,850. Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. Expenses 1 None 0. 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 All other program-related investments. See instructions.

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations m	ust c	omplete this	part. Foreign fo	oun	dations	, see instructions.	)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable	etc.	. purposes:		T.	####	*	
a	Average monthly fair market value of securities					1a	77,214	.585.
b	Average of monthly cash balances					1b	3,515	
C						1c	52,305	
d						1d	133,035	
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	133,035	<del>,717.</del>
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount,	see in	structions)			4	1,995	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on					5	131,040	<u>,181.</u>
6	Minimum investment return. Enter 5% of line 5					6	6,552	
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and				and	certain		
_	foreign organizations, check here  and do not complete this part.)							
1	Minimum investment return from Part X, line 6					1	6,552	<u>,009.</u>
2a		2a		110,289				
þ	Income tax for 2017. (This does not include the tax from Part VI.)	2b		313,293				
C					. <u>L</u>	2c		<u>,582.</u>
3	Distributable amount before adjustments. Subtract line 2c from line 1		•••••		. L	3	6,128	<u>,427.</u>
4	Recoveries of amounts treated as qualifying distributions					4		<u> </u>
5	Add lines 3 and 4				.	5	6,128	
6	Deduction from distributable amount (see instructions)					6		<u>0.</u>
<u></u>	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part X	all, lir	ne 1			7	6,128	<u>,427.</u>
Р	art XII Qualifying Distributions (see instructions)							
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purpo	ses:			5.5			
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26					1a	8,260	,838.
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	e, etc.	, purposes		Г	2		
3	Amounts set aside for specific charitable projects that satisfy the:					0.5		
a	Suitability test (prior IRS approval required)					3a		
þ	Cash distribution test (attach the required schedule)					3b		
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and	l Part	XIII, line 4		Г	4	8,260	,838.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net invest				Г		•	
	income. Enter 1% of Part I, line 27b					5		0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4					6	8,260	
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years wh 4940(e) reduction of tax in those years.					alifies fo		

## Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				6,128,427.
2 Undistributed income, if any, as of the end of 2017:				
a Enter amount for 2016 only			6,545,466.	
b Total for prior years:				
3 Excess distributions carryover, if any, to 2017:		0.		
- 5 0040				
h From 2012				
a Fram 0014				
d From 2015				
e From 2016				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2017 from				
Part XII, line 4: ► \$ 8,260,838.				
a Applied to 2016, but not more than line 2a			6,545,466.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2017 distributable amount				1,715,372.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount	0.			0.
must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
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		l o.		
e Undistributed income for 2016. Subtract line				
4a from line 2a. Taxable amount - see instr			0.	
f Undistributed income for 2017. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2018				4,413,055.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0			
may be required - see instructions)	0.			
8 Excess distributions carryover from 2012	0.			
not applied on line 5 or line 79 Excess distributions carryover to 2018.	<b>U</b> •			e vezamo estante a since il se antonio di Legamongo espera commune il secolo di
Subtract lines 7 and 8 from line 6a	0.			
O Analysis of line 9;				aree oo o
a Excess from 2013				
b Excess from 2014				
c Excess from 2015	t in the second			
d Excess from 2016				
e Excess from 2017				

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Form 990-PF (2017) Healthy Part XIV Private Operating F	<u> Communitie</u>	es Foundation	On		24067 Page 1
				N/A	
				4040(1)(0) 40	340(3)(5)
		ng roundation described		4942([)(3) OF [ 49	/42(J)(5)
•		(b) 2016		(d) 2014	(a) Total
	(4)	(0) 23 10	(0) 20 10	(a) 2014	(6) 10(a)
			<u></u>		
·					
e Qualifying distributions made directly					
Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter:					
				]	
under section 4942(j)(3)(B)(i)					1
2/3 of minimum investment return shown in Part X, line 6 for each year					
(1) Total support other than gross investment income (interest, dividends, rents, payments on					
512(a)(5)), or royalties)		<u> </u>			
and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV   Supplementary Info	rmation (Comple	te this part only	if the foundation	had \$5,000 or mo	re in assets
at any time during t	he year-see instr	uctions.)			
Part XIV   Private Operating Foundations (see instructions and Part VIII-A, question 9)   N/A					
a List any managers of the foundation wh	o have contributed more t	than 2% of the total cont	ributions received by the i	foundation before the clos	e of any tax
	1010 111011 40,000). (000 50	5011011 001 (d)(Z).)			
b List any managers of the foundation wh other entity) of which the foundation has	o own 10% or more of the s a 10% or greater interes	e stock of a corporation (	or an equally large portio	n of the ownership of a pa	rtnership or
	G				
	Over-1	Ostalandia a D		· · · · · · · · · · · · · · · · · · ·	
Check here ▶ ☐ if the foundation o	nly makes contributions to	o preselected charitable	organizations and does no	ot accept unsolicited reque	ests for funds. If
					rg
<u>19 Riverside Road Su</u>	<u>ite # 6, Ri</u>	<u>verside, IL</u>	605462606		
		ion and materials they sh	ould include;		
	TWUTAG				
See The Attached Nar		***			
		l areas, charitable fields,	kinds of institutions, or of	ther factors;	
bee THE ALLACHED NAT	Tacive				

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year Access Community Health Network None PC Healthcare 222 N. Canal St Chicago, IL 60606 200,000. Access Living Of Metropolitan Chicago None ÞC Healthcare 115 West Chicago Avenue Chicago, IL 60654 10,000. Ageoptions, Inc None PC Healthcare 1048 Lake St, Ste 300 Oak Park, IL 60301 50,000. Aging Care Connections None ₽C Healthcare 111 W. Harris Ave La Grange, IL 60525 50,000. Alivio Medical Center None ÞC General Operatings at 966 W. 21st Berwyn Clinic Chicago 60608 200,000. See continuation sheet(s) Total ➤ 3a 7,712,080. b Approved for future payment Sisterhouse None ₽C Healthcare 27 Washington Blvd Oak Park, IL 60302 10,000. **≥** 3b Total 10,000.

r gross amounts unless otherwise indicated.	Unrelate	ed business income		d by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(c) Exclu- sion	(d) Amount	Related or exempt function income
Program service revenue:	code	Alliobit	code	Amount	Tunction income
·			<u> </u>		
	_		<u> </u>		
Fees and contracts from government agencies					
Nembership dues and assessments					
nterest on savings and temporary cash					
nvestments			14	15,252.	
Dividends and interest from securities			14	1,653,250.	
let rental income or (loss) from real estate;		486 (49 mai 149 ni 144 156 4 18 14 48 1	T-7	医水管病 建氯基酚 化二甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基	
	epage a melitrikilah				
Debt-financed property			<del>                                     </del>		
Not debt-financed property			$\vdash$		···
let rental income or (loss) from personal					
roperty		, <del></del>			
ther investment income					
ain or (loss) from sales of assets other					
nan inventory			18	4,674,371.	
et income or (loss) from special events		,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			
ross profit or (loss) from sales of inventory					
ther revenue:	****				
See Statement 15		1,116,242.		<180,525.>	
	—		<del>  </del>	V100,525.	
			<del>                                     </del>	<del></del> -	
	— <del>                                    </del>				
	— <del>                                    </del>		<del>                                     </del>		
ubtotal. Add columns (b), (d), and (e)	na selegas est	1 116 242	57 - 4, 5,	C 1CO 240	
otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations			•••••	13	7,278,59
Relationship of Activities  No. Explain below how each activity for which is					lishment of
	nan by providing fu	nds for such purposes).		The state of the s	
the foundation's exempt purposes (other th					
the foundation's exempt purposes (other the					
the foundation's exempt purposes (other the					
the foundation's exempt purposes (other the					
the foundation's exempt purposes (other the					
the foundation's exempt purposes (other the foundation's exempt purposes)					
the foundation's exempt purposes (other the foundation's exempt purposes)					
the foundation's exempt purposes (other the foundation's exempt purposes)					

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	C XX A III	Exempt Organ		isiers to a	and transactions	and Relation	isnips with Nonchar	паріе	•	
1	Did the o			of the followi	ng with any other organizat	tion described in s	ection 501(c)	19551 - 1955.1 19551 - 1955.2	Yes	No
					ig to political organizations					
a	Transfers	from the reporting found	ation to a noncharita	ble exempt o	rganization of:					
	(1) Cast		•••••					1a(1)	S. 2.237 8.24 S. 7.18	X
	(2) Othe	r assets						1a(2)		Х
		nsactions;					***************************************			
	(1) Sale:	s of assets to a noncharita	ble exempt organiza	tion				1b(1)		X
	(2) Purc	hases of assets from a no	ncharitable exempt (	organization		***************************************	***************************************	1b(2)		X
	(3) Rent	al of facilities, equipment,	or other assets				•••••••••••••••••••••••••••••••••••••••	1b(3)		X
	(4) Reim	bursement arrangements					•••••	1b(4)		X
	( <b>5</b> ) Loan	s or loan guarantees						1b(5)		Х
	(6) Perfo	ormance of services or me	mbership or fundrai	sing solicitation						X
C	Sharing o	f facilities, equipment, ma	illing lists, other asse	ets, or paid en	nployees		***************************************	10		X
d	If the ans	wer to any of the above is	"Yes," complete the	following sch	edule. Column (b) should a	lways show the fai	ir market value of the goods, o	ther ass	ets,	
	or service	s given by the reporting fo	oundation. If the fou	ndation receiv	ed less than fair market vai	lue iл any transact	ion or sharing arrangement, sl	10W in		
	column (c	d) the value of the goods,			10000					
(a)∟ir	е по.	(b) Amount involved	(c) Name of	f noncharitabl	e exempt organization	(d) Descript	tion of transfers, transactions, and s	haring arr	angemer	nts
				N/A						
					- Atrib					
							51-24, A			
							<del></del>			
							,			
							<del>, , , , , ,</del> ,			
		*******		<del></del>						
							, <u>, , , , , , , , , , , , , , , , , , </u>			
					or more tax-exempt organ			_		
	n section	501(c) (other than section	n 501(c)(3)) or in se	ction 527?	•••••	***************************************		Yes	X	No
b	f "Yes," co	omplete the following sche			T 41 5 - 1 - 1	<del>7</del>				
	···	(a) Name of org	anization		(b) Type of organization		(c) Description of relationsh	<u>p</u>		
		N/A								
	111 1	100				<u> </u>				
o:	and be	penames of perjury, I declare t elief, it is true, corr <u>ect, and co</u> m	nat i nave examined this inlete. Declaration of pre	s return, includin sparer (other that	ig accompanying schedules and n taxpayer) is based on all inforn	l statements, and to the nation of which prepa	ne best of my knowledge rer has any knowledge. May	the IRS di	iscuss th	is
Sig Her		IAXPA	AVER'S COP	Y	n taxpayer) is based on all inform		<u> </u>	n with the n below?	See inst	r.
HOI	. I <b>₹</b>						LX	Yes		No
	Sigr	ature of officer or trustee			Date	Title				
		Print/Type preparer's na		Preparer's si	gnature	Date	Check if PTIN			
Dai	I	Elizabeth A					self- employed			
Paid		Vaccariell						<u>3573</u>		
	parer	Firm's name ► Var	ey & Vacc	ariell	o CPAs PC		Firm's EIN ► 36-39	948.	38	
USE	Only	Fl1								
					ard, Suite 2	10				
		Elg	gin, IL 6	0123			Phone no. 847-22			
							For	m <b>990</b>	-PF (2	2017)

	osses for Tax on Investment Income	50 452	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	age .	. 01 1
[2	d describe the kind(s) of property solo	d o a real estate	(b) How acquired	(a) Data agguired	(d) Data gold
2-story b	orick warehouse; or common stock, 20	o, e.g., rearestate, 00 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(mo., day, yr.)	(d) Date sold (mo., day, yr.)
	China Growth Fun		P	06/23/06	Various
b Publicly Trade			<u> </u>	00,25,00	Various
	ough Entities Att	achment A	P	Various	Various
	ough Entities Att			Various	Various
	ough Entities Att			Various	Various
f Capital Gains					
g					·
h					
i		78 487 444			
_i					
k					
1					
m				:	
n					
0	T				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		Gain or (loss) lus (f) minus (g)	
. 1 070 0/1	, ,		(с) р		CC1 F30
a 1,870,841. b 4,445,000.		209,302. 3,725,808.	· · · · · · · · · · · · · · · · · · ·	<u> </u>	661,539. 719,192.
054 544		3,725,808.			$\frac{719,192.}{251,711.}$
d 251,711. d 986,772.			<del></del>		986,772.
e 213,504.					213,504.
f 841,653.					841,653.
9					041,033.
h					
i					
j			<del></del>		
k					
1					
m					
n					
0					
Complete only for assets showi	ng gain in column (h) and owned by the		(I) Loss	ses (from col. (h))	1 (0.)
(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	Gains (excess o but no	f col. (h) gain ove ot less than "-0-")	r col. (k),
a				1.	661,539.
b					719,192.
c					251,711.
d					986,772.
e					213,504.
f					841,653.
g				•	<del> </del>
<u>h</u>					
<u>i</u>					
j					
<u>k</u>					
	1				
<u>m</u> -					
<u>n</u> -					
0					
Canital gain net income or (net es	apital loss) {   If gain, also enter i	in Part I, line 7	2	Λ	67 <i>1</i> 271
		<u> </u>	2	<u> </u>	674,371.
Net short-term capital gain or (los If gain, also enter in Part I, line 8,	ss) as defined in sections 1222(5) and	1 (6):			
If (loss), enter "-0-" in Part I, line 8		J	3	N/A	

N/A

3 Grants and Contributions Paid During the		1		
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
Alivio Medical Center			7-7-1	
966 W. 21st	None	PC	Healthcare	
Chicago IL 60608				125,00
Alivio Medical Center	None	PC	Cap Grant	
966 W. 21st				
Chicago, IL 60608				25,00
All Chicago Making Homelessness	None	PC	     Healthcare	
History				
551 West Washington Blvd Ste 504				
Chicago, IL 60661				10,00
All Our Childrens Advocacy Center 4053 Wolf Rd	None	PC	Healthcare	
Western Springs, IL 60558				45.00
				**,
American Medical Association	None	PC	Grant Payment	
Foundation				
330 N. Wabash Chicago, IL 60611				20.000
				20,000
anch amenican Warila Garanican	N	ng.	77 7 4-2	
Arab American Family Services 9044 S. Octavia Ave	None	PC	Healthcare	
Bridgeview, IL 60455				75,000
ASI	None	PC	Healthcare	
2619 West Armitage Avenue	Notice		nearcheare	
Chicago, IL 60647				10,000
		[		
Aspire of Illinois	None	PC	Inclusion Program for	
1815 S. Wolf Rd			Children with IDD	
Hillside 60162				100,000
		:		
Aspire of Illinois	None	l PC	Aspire General	
1815 S. Wolf Rd			Operating Grant	
Hillside, IL 60162				25,000
BEDS, Inc.	None	PC	Healthcare	
PO Box 2035 LaGrange IL 60525				100,000
Total from continuation sheets		<u> </u>	1	7,202,080

3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
Boys Club Of Cicero	None	PC	Healthcare	
5500 West 25th Street				
Cicero, IL 60804				30,00
Bravehearts Therapeutic Riding and	None	PC	Healthcare	
Educational Center				
7319 Maxon Rd				
Harvard, IL 60033				200,00
Prinks a Prob Weighborhand Comeil	None	PC	     Healthcare	
Brighton Park Neighborhood Council 4477 South Archer Avenue	None	-	nearthcare	
Chicago IL 60632				35,00
BUILD Inc	None	₽C	Healthcare	
5100 West Harrison Street				25.22
Chicago, IL 60644		+		25,00
Casa Central	None	PC	Healthcare	
1343 N. California Ave				
Chicago, IL 60622				175,000
			** - 1 + 1	
Catholic Charities Of Archdiocese Chicago	None	PC	Healthcare	
721 North LaSalle Street				
Chicago, IL 60654				15,000
Catholic Church Extension Society of	None	PC	Grant Owed 11-2014	
the USA				
150 S. Wacker Dr, 20th Flr Chicago, IL 60606				250,00
3.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2				
CBS Anti-Hunger Foundation	None	PC	Healthcare	
1937 S. 50th Ave			1	10.00
Cicero, IL 60804				10,00
Center For Advancing Domestic Peace	None	PC	  Healthcare	
813 South Western Avenue, Unit 1				
Chicago, IL 60612				15,000
Conton Box Egonomia December	Mone	PC PC	Healthcare	
Center For Economic Progress 567 West Lake Street, Ste 1150	None	PC	neartheare	
Chicago, IL 60661				25,000
Total from continuation sheets				

Part XV Supplementary Information 3 Grants and Contributions Paid During the N				
Recipient	If recipient is an individual,	_		
Name and address (home or business)	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
Center for Independence Through	None	PC	     Healthcare	
Conductive Education, Inc			110410110410	
100 W. Plainfield, Ste 100				
Countryside IL 60525	ya			25,000
Chicago Citywide Literacy Connection	None	PC	Healthcare	
541 West Lake Street, Ste 200	Morre	FC	healthcare	
Chicago, IL 60661				15,000
Chicago Commons Association	None	PC	Healthcare	
515 East 50th Street				45 000
Chicago, IL 60615				15,000
Chicago Metropolitan Battered Womens	None	PC	Healthcare	
Network				
l East Wacker Drive, Ste 1630				
Chicago, IL 60601				50,000
Chicago Urban League	None	₽C	Presidents	
1510 South Michigan Ave	Hone	[	Discretionary Grant	
Chicago, IL 60653			Discrectionary Grant	5,000
The state of the s				
Childrens Center of Cicero-Berwyn,	None	PC	General Operating	
Inc			Grant 23-2017	
1447 S. 50th Ct				
Cicero, IL 60804				150,000
Communities United	None	PC	Healthcare	
1749 North Kedzie				
hicago, IL 60625				10,000
Community Support Services, Inc	None	PC	Healthcare	
021 Ogden Ave				
rookfield, IL 60513				15,000
ommunityHealth	None	BC.	Was I than	
communityHealth 2611 West Chicago Avenue	None	PC	Healthcare	
Chicago IL 60622				225,000
				223,000
orazon Community Services	None	PC	Healthcare	
339 West 25th Street				
icero, IL 60804  Total from continuation sheets		l		30,000

Part XV Supplementary Information				<u> </u>
3 Grants and Contributions Paid During the		1	<u> </u>	
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (nome or business)	any foundation manager or substantial contributor	recipient		
El Valor Corp	None	PC	Healthcare	
1850 W. 21st St				F0 000
Chicago, IL 60608				50,000
Enlace Chicago	None	PC	Healthcare	·
2756 S Harding Avenue				
Chicago, IL 60623				50,000.
Enviornmental Law And Policy Center	None	PC	Healthcare	
Of The Midwest		İ		
35 East Wacker Drive, Ste 1600				15 000
Chicago, IL 60601				15,000.
Dale Berile Wester Green		200	7-7-1	
Erie Family Health Center 1701 West Superior 3rd Floor	None	PC	Healthcare	
Chicago, IL 60622				100,000.
Erie Neighborhood House	None	PC	Healthcare	
1701 West Superior Street				
Chicago, IL 60622			+	50,000.
Esperanza Health Centers	None	PC	Healthcare	
2001 South California Avenue No 100 Chicago, IL 60608				175,000,
enrouge, In total				175,000.
Family Focus	None	PC	Healthcare	
310 South Peoria Ste 301	, volice		isai chear e	
Chicago, IL 60607				50,000.
Family Service & Mental Health Center	None	₽C	Healthcare	
of Cicero				
5341 W. Cermak Rd				440 550
Cicero, IL 60804				119,750.
Borofmont By ? Donor Boron	Mone	ng.	Annual Occupati	
Forefront FKA Donors Forum 208 S. Lasalle, Ste 1540	None	PC	General Operations	
Chicago, IL 60604				10,000.
Gads Hill Center	None	₽C	Healthcare	
1919 W. Cullerton St				484 444
Chicago, IL 60608  Total from continuation sheets	1	·		150,000.

3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
Healthcare Alternative Systems, Inc	None	₽C	Healthcare	
2755 W. Armitage Ave Chicago, IL 60647				66,00
Healthy Illinois Campaign 2355 S. Western Ave	None	₽C	Healthcare	
Chicago, IL 60608				19,50
Heartland Alliance for Human Needs & Human Rights 208 S Lasalle St. Ste 1300	None	PC	Oral Health Forum	
Chicago, IL 60604				5,000
Hephzibah Childrens Association 1144 Lake Street Oak Park, IL 60301	None	PC	Healthcare	75,000
			1	75,00
Housing Forward 1851 S. 9th Ave Maywood, IL 60153	None	PC	Healthcare	75 000
			93 (0)	75,000
Illinois Association Of Free And Charitable Clinics 42 Stephen St, Unit 416	None	PC	Healthcare	
Lemont, IL 60439		<u> </u>		15,000
Illinois Coalition for Immigrant and Refugee Rights	None	PC	Healthcare	
55 E. Jackson Blvd, Ste 2075 Chicago, IL 60604			7 W 11 MW March	176,000
Illinois Partners For Human Services 310 South Peoria Street Chicago, IL 60607	None	PC	Healthcare	25.000
illeago, il ovovi				25,000
nner-City Muslim Action Network	None	PC	Healthcare	
hicago, IL 60629				120,000
nstitute For Latino Progress	None	PC	Operating Grant	
2520 South Western Avenue			44-2017	
Chicago, IL 60608  Total from continuation sheets			1	75,000

Part XV Supplementary Information	1			
3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
Institute For Latino Progress	None	PC	Presidents	
2520 South Western Avenue			Discretionary Fund	
Chicago, IL 60608				5,000.
Interfaith Community Partners	None	PC	     Healthcare	
1515 W. Ogden Ave, Ste 536				
Lagrange Park, IL 60526				10,000.
		77.		
John Howard Association	None	PC	Healthcare	
70 East Lake Street, Suite 410				
Chicago, IL 60601				10,000.
L'Arche Chicago	None	PC	Healthcare	
1011 Lake St, Ste 403			1001010010	
Oak Park, IL 60301				10,000.
La Casa Norte	None	₽C	Healthcare	
3533 West North Avenue	None		licalciicale	
Chicago, IL 60647				10,000.
Latino Policy Forum	None	PC	Healthcare	
180 N. Michigan Ave, Ste 1250	None	اً	nearcheare	
Chicago, IL 60601				25,000,
Latinos Progresando	None	PC	Healthcare	
3047 West Cermak Rd	None		ilea i ciica i e	
Chicago, IL 60623				25,000.
Lawndale Christian Health Center	None	PC	Healthcare	
3860 W. Ogden Ave	Motte		nearcheare	
Chicago, IL 60623				150,000.
Leyden Family Service And Mental Health Center	None	PC	Healthcare	
10001 West Grand				
Franklin Park, IL 60131				25,000.
Little Village Environmental Justice	None	₽C	Healthcare	
Organization 2856 South Millard Avenue				
Chicago, IL 60623				15,000.
Total from continuation sheets				, , , , , , , , , , , , , , , , , , , ,

Part XV Supplementary Information 3 Grants and Contributions Paid During the				
Recipient Recipient	If recipient is an individual,	Fav-4-11-	Durana of overton	
Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Traine and address (nome or observed)	or substantial contributor	recipient		
Lo Que Puede Venir	None	PC	Discretionary Grant	
6029 Washington Street				
Downers Grove, IL 60516				5,000
Loyola University of Chicago	None	PC	Loyola School Based	
850 N. Michigan Ave			Health Center At	
Chicago, IL 60611			Proviso East	50,000
Loyola University of Chicago	None	PC	Greeley Center	
850 N. Michigan Ave				400.000
Chicago, IL 60611				100,000
Loyola University of Chicago	None	PC	Niehoff Schoool - Hett	
850 N. Michigan Ave			Scholarship	200 000
Chicago, IL 60611				200,000
Loyola University of Chicago	None	PC	Stritch	
850 N. Michigan Ave				202 222
Chicago, IL 60611				200,000
MAPSCorp	None	₽C	Healthcare	
5307 South Hyde Park Blvd Chicago, II, 60615				5,000
Maywood Fine Arts Association	None	PC	Healthcare	
25 North 5th Avenue Maywood, IL 60153				10,000
Meals on Wheels Foundation of Cook	None	PC	Healthcare	
County				
208 S. Lasalle, Ste 1900 Chicago, IL 60604				75,000
Mercy Housing Lakefront	None	PC	Healthcare	
120 S LaSalle St, Ste 1850 Chicago, IL 60603				10,000,
Metropolitan Chicago Breast Cancer	None	PC	Healthcare	
Task Force				
300 South Ashland Ave, Ste 202 Chicago, IL 60607				100,000
Total from continuation sheets				

3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual.	Foundation	Purpose of grant or	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	Amount
				· · · · · ·
Mobile C A R E Foundation	None	PC	    Healthcare	
321 North Loomis, Ste 202				
Chicago, IL 60607				25,000
Mujeres Latinas En Accion, Inc	None	₽C	Healthcare	
2124 W. 21st Pl			irod circal e	
Chicago, IL 60608				175,000
NAMI Metro Suburban, Inc	None	PC	Healthcare	
816 Harrison St				405 000
Oak Park, IL 60304				105,000
National Academy of Sciences	None	PC	Proactiv Grant 2017	
500 Fifth St NW, Keck 1057 Office Of				
Contracts And Grants Washington, DC				
20001	***************************************			10,000
National Museum Of Mexican Art	None	PC	Healthcare	
1852 West 19th Street				
Chicago, IL 60608				5,000
Walion I Ontotal Barrers Brown				
National Opinion Research Center 55 E Monroe 20th Floor	None	PC	Presidents Discretionary Award	
Chicago IL 60603			Discrecionary Award	5,000
****				
New Moms, Inc	None	PC PC	Healthcare	
5317 W. Chicago Ave				25 000
Chicago, IL 60651	7,000			35,000
Oak Leyden Developmental Services	None	PC	Healthcare	
411 W. Chicago Ave				
Oak Park, IL 60302			· · · · · · · · · · · · · · · · · · ·	100,000
Oak Park and River Forest Infant	None	₽C	Healthcare	
Welfare Society		[		
320 Lake St				
Oak Park, IL 60302				100,000
	_	L		
Oak Park and River Forest Infant	None	PC	UIC College Of	
Welfare Society 320 Lake St			Dentistry Proactiv Grant	
Oak Park IL 60302			224110	100,000
Total from continuation sheets				

Part XV Supplementary Information			-	
3 Grants and Contributions Paid During the				
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
ivanie and address (nome or business)	or substantial contributor	recipient		
Oak Park River Forest Food Pantry 848 Lake St	None	PC	Healthcare	
Oak Park, IL 60301				50,000
Opportunity Knocks	None	PC	General Operating	
8020 Madison Street River Forest IL 60305			Grant 71-2017	25 000
RIVEL FOLEST, IL 60303	- A			25,000
PACTT Learning Center	None	PC	General Operating	
1925 N Clybourn Ave, Ste 200	None		Grant 72-2017	
Chicago, IL 60614				5,000
Paso-West Suburban Action Project	None	PC	Capital Grant 73-2017	
1115 N 23rd Avenue Melrose Park, IL 60160				35,000
Pav YMCA Foundation	None	₽C	Wellness Center for	
2947 Oak Park Ave			Elderly/Underprivilege	
Berwyn, IL 60402				125,000
PCC Community Wellness Center 14 Lake St	None	PC	Healthcare	
Oak Park, IL 60302				150,000
PeopleCare, Inc	None	₽C	Healthcare	
60 Akenside Rd Riverside, IL 60546				5,000
Pillars Community Health fka Community Nurse Health Association	None	PC	Healthcare	
333 N. Lagrange Rd, Ste 1				
La Grange, IL 60526				205,000
Pillars Community Services 333 N. Lagrange Rd, Ste 1	None	PC	Healthcare 10.2017 CC	
Lagrange Rd, Ste 1 LaGrange Park, IL 60526				830
Presence Behavioral Health	None	₽C	Healthcare	
1820 S. 25th Ave				_
Broadview, IL 60155  Total from continuation sheets	<u> </u>		1.	100,000

3 Grants and Contributions Paid During the )				
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
Robert Crown Center for Health	None	PC	Healthcare	
Education	Notice		nearthcare	
21 Salt Lake Ln				
Hinsdale, IL 60521				25,0
Rosecrance Foundation	None	₽C	General Operating	
1021 N Mulford Road			Grant 77-2017	
Rockford, IL 61107				50,00
Saint Anthony Hospital	None	PC	General Operating	
1875 West 19th St			Grant 78-2017	20.00
Chicago, IL 60623				30,00
Sarah's Inn	None	PC	Healthcare	
309 Harrison			nour sirour s	
Dak Park, IL 60304				50.00
7				,
Sargent Shriver National Center On	None	₽C	Grant 01-2017	
Poverty Law 67 East Madison St, Suite 2000	[			
Chicago, IL 60603				5,00
EMICAGO, ID 00003				
Sargent Shriver National Center On	None	PC	Proactiv Grant	
Poverty Law			1	
67 East Madison St, Suite 2000				
Chicago, IL 60603				200,00
Sinai Health System	None	PC	Healthcare	
California Ave at 15th St				
Chicago, IL 60608			!	200,00
Solutions for Care	None	PC PC	Healthcare	
7222 W. Cermak Rd, Ste 200				
North Riverside, IL 60546				75,00
Suburban Primary Health Care Council	None	PC	Healthcare	
(Access to Care)				
2225 Enterprise Dr, Ste 2507				
Westchester, IL 60154				100,00
aller De Jose	None	PC	General Operating	
2831 West 24th Blvd			Grant 83-2017	
Chicago IL 60623		<u> </u>		10,00

3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	7 1777 2277
The Yetine Milheimens And Memour	Ton o	DG		
The Latino Alzheimers And Memory Disorders Alliance	None	PC	General Operating Grant 49-2017	
4327 N Ottawa Ave			Grant 49-201/	
Norridge, IL 60706				25.00
The Leadershop	None	PC	Healthcare	
4903 S. Willow Springs Rd				
La Grange IL 60525				75.00
Thrive Counseling Center	None	PC	Healthcare	
1120 S. Marion St				
Dak Park, IL 60302				125,00
United Cerebral Palsy Seguin of	None	PC	Healthcare	
Greater Chicago	-,		TOUT CHOOL E	
7550 183RD St				
inley Park, IL 60477				75,00
Jniversity of Illinois - Mile Square	None	NC - Public	Healthcare	
Health Center		University		
1220 S. Wood St				450.00
Chicago, IL 60608				150,00
Way Back Inn	None	PC	Healthcare	
104 Oak St				E0 00
Maywood, IL 60153				50,00
West Cook YMCAs Inc 255 South Maroin Street	None	PC	Operating Grant 88-2017	
Oak Park, IL 60302			00-2011	100,00
AR FAIR, III VVJV2				100,00
Jaman Employed	None	P.C.	Drownties Gasat	
Nomen Employed 5 East Wacker Place, Ste 1500	None	PC	Operating Grant 89-2017	
Chicago, IL 60601			NJ 2011	25.00
		18/2/18:-01-2		25,00
MCA Of Metropolitan Chicago	None	PC	Operating Grant	
MCA OF Metropolitan Chicago LO30 West Van Buren Street	Notice	-	Operating Grant 90-2017	
Chicago, IL 60607			70 2017	25,00
				25,00
Court Congress Too	Mana	nc	Woolthas	
Youth Crossroads, Inc 3401 Gunderson	None	PC	Healthcare	
Serwyn, IL 60402				130,00
Total from continuation sheets		······································	'	200,00

#### Form

## **Underpayment of Estimated Tax by Corporations**

Attach to the corporation's tax return.

Form 990-PF

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form2220 for instructions and the latest information

OMB No. 1545-0123 2017

Healthy Communities Foundation

Employer identification number 36-4324067

Note: Generally, the corporation isn't required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220.

Part Required Annual Payment					
1 Total tax (see instructions)				1	110,289.
2 a Personal holding company tax (Schedule PH (Form 1120)	line 26	A included on line 1	2a		
b Look-back interest included on line 1 under section 460(b					
contracts or section 167(g) for depreciation under the inco			2ь		
(8)					
c Credit for federal tax paid on fuels (see instructions)			2c	A-12 1-175	
d Total. Add lines 2a through 2c				2d	
3 Subtract line 2d from line 1. If the result is less than \$500,	do not	complete or file this form.	The corporation		
doesn't owe the penalty				3	110,289.
4 Enter the tax shown on the corporation's 2016 income tax	return.	See instructions. Caution:	If the tax is zero		
or the tax year was for less than 12 months, skip this lin	e and e	nter the amount from line	3 on line 5	4	232,887.
5 Required annual payment. Enter the smaller of line 3 or l					440.000
enter the amount from line 3				5	110,289.
Part II Reasons for Filing - Check the boxes I even if it doesn't owe a penalty. See instructions		at apply. It any boxes are o	checked, the corporation	must file Form 2220	
		t mathad			
The corporation is using the adjusted seasonal ins The corporation is using the annualized income in:					
8 X The corporation is a "large corporation" figuring its			n the prior veer's tay		
Part III Figuring the Underpayment	1115116	Junea instantient nasea oi	ii tile prior year 5 tax.		
rigaring the order payment		(a)	(b)	(c)	(d)
9 Installment due dates Enter in columns (a) through		7,07	10/	(0)	(4)
9 Installment due dates. 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	05/15/17	06/15/17	09/15/17	12/15/17
10 Required installments. If the box on line 6 and/or line 7		, ,			
above is checked, enter the amounts from Sch A, line 38. I	lf				
the box on line 8 (but not 6 or 7) is checked, see instruction					
for the amounts to enter. If none of these boxes are check	ed,		ļ		
enter 25% (0.25) of line 5 above in each column	10	27,572.	24,115.	24,956.	502.
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	20,186.	60,000.	60,000.	100,000.
Complete lines 12 through 18 of one column					
before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column				28,499.	63,543.
13 Add lines 11 and 12	13		60,000.	<u>88,499.</u>	163,543.
14 Add amounts on lines 16 and 17 of the preceding column	14		7,386.		1.00 - 1.0
15 Subtract line 14 from line 13. If zero or less, enter -0	15	20,186.	52,614.	88,499.	163,543.
16 If the amount on line 15 is zero, subtract line 13 from line			_	_	
14. Otherwise, enter -0-	16		0.	0.	
17 Underpayment. 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		7,386.	n-,		age week a service word of the headers.
18 Overpayment. If line 10 is less than line 15, subtract line 1			00.100	<i>-</i>	
from line 15. Then go to line 12 of the next column	18		28,499	63,543.	

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2017)

Form 2220 (2017)

## Part IV Figuring the Penalty

			(a)	(b)	(c)	(	d)
19	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier.  (G Corporations with tax years ending June 30 and S corporations; Use 3rd month instead of 4th month.  Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19					
20	Number of days from due date of installment on line 9 to the						
	date shown on line 19	20					
21	Number of days on line 20 after 4/15/2017 and before 7/1/2017	21					
22	Underpayment on line 17 x Number of days on line 21 x 4% (0.04)	22	\$	\$	\$	\$	
23	Number of days on line 20 after 06/30/2017 and before 10/1/2017	23					
24	Underpayment on line 17 x Number of days on line 23 x 4% (0.04)	24	\$	\$	\$	\$	
25	Number of days on line 20 after 9/30/2017 and before 1/1/2018	25					
26	Underpayment on line 17 x Number of days on line 25 x 4% (0.04)	26	\$	\$	\$	\$	
27	Number of days on line 20 after 12/31/2017 and before 4/1/2018	27	See	Attached N	Worksheet		
28	Underpayment on line 17 x Number of days on line 27 x 4% (0.04)	28	\$	\$	\$.	\$	
29	Number of days on line 20 after 3/31/2018 and before 7/1/2018	29					
30	Underpayment on line 17 x Number of days on line 29 x *% 385	30	\$	\$	\$	\$	
31	Number of days on line 20 after 6/30/2018 and before 10/1/2018	31					
32	Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$	\$	
33	Number of days on line 20 after 9/30/2018 and before 1/1/2019	33					
34	Underpayment on line 17 x Number of days on line 33 x *%	34	\$	\$	\$	\$	
35	Number of days on line 20 after 12/31/2018 and before 3/16/2019	35					
36	Underpayment on line 17 x Number of days on line 35 x *%	36	\$	\$	\$	\$	
37	Add lines 22, 24, 26, 28, 30, 32, 34, and 38	37	\$	\$	\$	\$	
38	Penalty. Add columns (a) through (d) of line 37. Enter the to	tal he	ere and on Form 1120 lin	ne 33*			
	or the comparable line for other income tax returns	11				8 \$	25.

<sup>\*</sup> 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. You can also call 1-800-829-4933 to get interest rate information.

Form 2220 (2017)

Form 990-PF

Page 3

# Schedule A Adjusted Seasonal Installment Method and Annualized Income Installment Method

Form 1120S filers: For lines 1, 2, 3, and 21, below, "taxable income" refers to excess net passive income or the amount on which tax is imposed under section 1374(a), whichever applies.

#### Part I Adjusted Seasonal Installment Method

**Caution:** Use this method only if the base period percentage for any 6 consecutive months is at least 70%. See instructions.

		(a)	(b)	(c)	(d)
1 Enter taxable income for the following periods.		First 3 months	First 5 months	First 8 months	First 11 months
a Tax year beginning in 2014	1a				
b Tax year beginning in 2015	1b				
~	١.				
c Tax year beginning in 2016	16				<u> </u>
2 Enter taxable income for each period for the tax year beginning in	•				
2017. See the instructions for the treatment of extraordinary items	2				
3 Enter taxable income for the following periods.		First 4 months	First 6 months	First 9 months	Entire year
a Tax year beginning in 2014	3a				
<b>b</b> Tax year beginning in 2015	3b				
c Tax year beginning in 2016	3c				
4 Divide the amount in each column on line 1a by the					
amount in column (d) on line 3a	4				
5 Divide the amount in each column on line 1b by the					
amount in column (d) on line 3b	5				
6 Divide the amount in each column on line 1c by the					**********
amount in column (d) on line 3c	6_			,,,	
7 Add lines 4 through 6	7				
ft. Divida line 7 by 2 ft					
8 Divide line 7 by 3.0	8 9a	,			
9 a Divide line 2 by line 8	9a 9b				<del> </del>
b Extraordinary items (see instructions)	9c				-
c Add lines 9a and 9b	90			•	
10 Figure the tax on the amt on In 9c using the instr for Form	10				
1120, Sch J, line 2 or comparable line of corp's return	10				
11a Divide the amount in columns (a) through (c) on line 3a	44.				
by the amount in column (d) on line 3a  b Divide the amount in columns (a) through (c) on line 3b	11a				
by the amount in column (d) on line 3b	11b				
c Divide the amount in columns (a) through (c) on line 3c	110				
	11c				
by the amount in column (d) on line 3c  12 Add lines 11a though 11c	12				
45 BLUE 401 00	13				
13 Divide line 12 by 3.0  14 Multiply the amount in columns (a) through (c) of line 10	13				group and the second second second
by columns (a) through (c) of line 13. In column (d), enter					
	14				
the amount from line 10, column (d)  15 Enter any alternative minimum tax for each payment	17				
period. See instructions	15				
16 Enter any other taxes for each payment period. See instr.	16			*	
17 Add lines 14 through 16	17				
18 For each period, enter the same type of credits as allowed					
on Form 2220, lines 1 and 2c. See instructions	18				
19 Total tax after credits. Subtract line 18 from line 17. If					
zero or less, enter -0-	19				

Form 2220 (2017)

Page 4

*** ** * * * * * * * * * * * * * * * *	, XX			
Dart II	Annualized	Income	Inetallment	Method
I WILL	Amadiieca	IIIOOIIIO	motaminent	MICHIOU

		(a)	(b)	(c)	(d)
		First 2	First 3	First 6	First 9
20 Annualization periods (see instructions)	20	months	months	months	months
21 Enter taxable income for each annualization period. See					
instructions for the treatment of extraordinary items	21	1,115,127.	1,292,174.	2,554,771.	2,892,934.
22 Annualization amounts (see instructions)	22	6.000000	4.000000	2.000000	1.333330
			:		
23a Annualized taxable income. Multiply line 21 by line 22	23a	6,690,762.	5,168,696.	5,109,542.	3,857,236.
b Extraordinary items (see instructions)	23b				<u></u>
c Add lines 23a and 23b	23c	6,690,762.	5,168,696.	5,109,542.	<u>3,857,236.</u>
24 Figure the tax on the amount on line 23c using the					
instructions for Form 1120, Schedule J, line 2,	١	122 045	100 004	400 404	22 445
or comparable line of corporation's return	24	133,815.	103,374.	102,191.	77,145.
25 Enter any alternative minimum tax for each payment					
period (see instructions)	25				m
26 Enter any other taxes for each payment period. See instr.	26				
20 Lines any other taxes for each payment period. See insti.	20		V HTV-116-C-L.		
27 Total tax. Add lines 24 through 26	27	133,815.	103,374.	102,191.	77,145.
28 For each period, enter the same type of credits as allowed	<u></u> -		200,0,10		, 2 2 3 7
on Form 2220, lines 1 and 2c. See instructions	28	ļ			
29 Total tax after credits. Subtract line 28 from line 27. If					
zero or less, enter -0-	29	133,815.	103,374.	102,191.	77,145.
30 Applicable percentage	30	25%	50%	75%	100%
	1				
31 Multiply line 29 by line 30	31	33,454.	51,687.	76,643.	77,145.
Part III Required Installments					
Note: Complete lines 32 through 38 of one column	T	1st	2nd	3rd	4th
before completing the next column.		installment	installment	installment	installment
32 If only Part I or Part II is completed, enter the amount in		motamioni	motumnone	motumont	motamnont
each column from line 19 or line 31. If both parts are					
completed, enter the smaller of the amounts in each					
column from line 19 or line 31	32	33,454.	51,687.	76,643.	77,145.
33 Add the amounts in all preceding columns of line 38.					
See instructions	33		27,572.	51,687.	76,643.
34 Adjusted seasonal or annualized income installments.					
Subtract line 33 from line 32. If zero or less, enter -0- $\dots$	34	33,454.	24,115.	24,956.	502.
<b>35</b> Enter 25% (0.25) of line 5 on page 1 of Form 2220 in					
each column. Note: "Large corporations," see the		05 550	00 500	05 550	05 550
instructions for line 10 for the amounts to enter	35	27,572.	27,573.	27,572.	27,572.
36 Subtract line 38 of the preceding column from line 37 of	00			3 450	6 074
the preceding column	36			3,458.	6,074.
37 Add lines 35 and 36	37	27,572.	27,573.	31,030.	33 616
37 Add lines 35 and 36  38 Required installments. Enter the smaller of line 34 or	01	41,314.	41,513.	31,030.	33,646.
line 37 here and on page 1 of Form 2220, line 10.					
See instructions	38	27,572.	24,115.	24,956.	502.
				,	

Form 2220 (2017)

\*\* Annualized Income Installment Method Using Standard Option

# Form 990-PF UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

lame(s)					Identifying N	lumber
Healthy Cor	munities Foun	dation			36-43	24067
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Dail <u>y</u> Penalty	y	(F) Penalty
		-0-				
05/15/17	27,572.	27,572.				
05/15/17	<20,186.>	7,386.	31	.000	109589	25
06/15/17	24,115.	31,501.				
06/15/17	<60,000.>	<28,499.	>			
09/15/17	24,956.	<3,543.	>			
09/15/17	<60,000.>	<63,543.	>		•	
12/15/17	502.	<63,041.	>			
12/15/17	<100,000.>	<163,041.	>			
03/31/18	0.	<163,041.	> 45	.000	136986	
			44.84410-7		<del></del>	1160
.			4-4-4-4	~~~	····	**
*****						
			<del></del>		**	
enalty Due (Sum of Colu	mn F).				******	2

<sup>\*</sup> Date of estimated tax payment, withholding credit date or installment due date.

Source	ment 1	Stateme	vestments St	Inv	Cash	rary	and Tempo	on Savings	Interest	Form 990-PF
Total to Part I, line 3  15,252.  15,252.  Form 990-PF  Dividends and Interest from Securities  Capital  Gross Gains Revenue Net Invest- Acment Income Net  Attachment A Mutual Funds Attachment A Pass Through Entities 250,215.  To Part I, line 4  2,494,903.  Mattachment A  Description  Capital (a) (b) Net Invest- Acment Income Net  Attachment A  Mutual Funds Attachment A Pass Through Entities  (a) (b) Revenue Net Invest- Acment Income  States  (b) Revenue Per Books Ment Invest- Acment Income Net  Attachment A Non Deductibles/Non Taxables from Pass Through Entities  (1,338.>  0.  UBTI From K-1 Summary  110,147.	usted	(c) Adjus Net Ind	vestment	Inv	Net		Revenue			Source
Form 990-PF Dividends and Interest from Securities States    Capital (a) (b)		· · · · · · · · · · · · · · · · · · ·	15,252.			252.	15,			US Bank
Capital (a) Net Invest- Add			15,252.			252.	15,2	3	t I, line	Total to Par
Source	ment 2	Stateme	ities S	curi	om Sec	t fro	and Interes	ividends a		Form 990-PF
Mutual Funds 2,244,688. 841,653. 1,403,035. 1,403,035. Attachment A Pass Through Entities 250,215. 0. 250,215. 250,215. To Part I, line 4 2,494,903. 841,653. 1,653,250. 1,653,250.    Form 990-PF Other Income States (a) (b) Revenue Per Books ment Income Net Invest-Ad Per Books ment Income Net Invest-Not Taxables from Pass Through Entities (1,338.> 0. UBTI From K-1 Summary (See Attachment A) Ordinary Income From K-1 Summary	(c) djusted t Income	t- Ađj	Net Invest-		evenue		Gains			Source
To Part I, line 4 2,494,903. 841,653. 1,653,250. 1,653,250.  Form 990-PF Other Income States  (a) (b) Revenue Net Invest- Ad Per Books ment Income Net  Attachment A Non Deductibles/Non Taxables from Pass Through Entities (1,338.> 0.  UBTI From K-1 Summary (See Attachment A) Ordinary Income From K-1 Summary					_	•	•		s 2 A Pass	Mutual Funds Attachment A
Description  (a) (b) Revenue Net Invest- Ad Per Books ment Income Net  Attachment A Non Deductibles/Non Taxables from Pass Through Entities UBTI From K-1 Summary (See Attachment A) Ordinary Income From K-1 Summary		0.	1,653,250.				841,653.			_
Description  Attachment A Non Deductibles/Non Taxables from Pass Through Entities UBTI From K-1 Summary (See Attachment A) Ordinary Income From K-1 Summary  Revenue Per Books ment Invest- Ad ment Income Net	ment 3	Stateme	S			ome	Other Inc			Form 990-PF
Taxables from Pass Through Entities <1,338.> 0.  UBTI From K-1 Summary (See  Attachment A) 1,116,242. 0.  Ordinary Income From K-1 Summary	(c) ljusted Income	Adju	et Invest-			even				Description
Attachment A) 1,116,242. 0. Ordinary Income From K-1 Summary		•	0.	.>	1,338	<	n ties	ough Entit	om Pass Th	Taxables fro
			0. <179,187.>						A) come From	Attachment A Ordinary Inc
(See Attachment A) <179,187.> <179,187.> Total to Form 990-PF, Part I, line 11 935,717. <179,187.>								Dow+ T 14		•

Form 990-PF	Legal	Fees	<b>S</b>	tatement 4
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Legal Fees re General Corporate Matters	14,181.	0.		14,181.
To Fm 990-PF, Pg 1, ln 16a	14,181.	0.		14,181.
Form 990-PF	Accounti	ng Fees	St	catement 5
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Audit Fees Accounting & Tax Service	17,200. 50,570.	12,900. 33,578.		4,300. 12,642.
To Form 990-PF, Pg 1, ln 16b	67,770.	46,478.		16,942.
Form 990-PF C	ther Profes	sional Fees	St	catement 6
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Attachment A K-1 Investment Advisory Fees Computer and Program Consultants	295,070. 286,599.	295,070.		0. 286,599.
Investment Consultant Investment Custodial	218,601. 17,750.	218,601. 17,750.		0.
To Form 990-PF, Pg 1, ln 16c	818,020.	531,421.		286,599.
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Form 990-PF	Tax	es	S	tatement	7
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charita Purpos	
Taxes Paid on Foreign Dividends Section 4940 excise tax	25,843. 111,918.	25,843.			0.
Unrelated Business Income Tax Illinois Unrelated	326,500.	0.			0.
Business Income Tax	96,390.	0.			0.
To Form 990-PF, Pg 1, ln 18	560,651.	25,843.	<u></u>		0.
Form 990-PF	Other E	xpenses	S	tatement	8
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charita Purpos	
Equipment Rental Insurance Payroll Service Office Supplies Illinois Charitable Bureau Bank Charges	4,892. 12,995. 3,506. 8,239. 15. 4.	489. 1,340. 701. 826. 0.		4,4 11,6 2,8 7,4	55. 05.
To Form 990-PF, Pg 1, 1n 23	29,651.	3,357.		26,2	94.
Form 990-PF Other Increases	s in Net Ass	ets or Fund Ba	llances S	tatement	9
Description —————— Unrealized gain on investment	s carried at	r market value		Amount 10,557,13	39.
Fotal to Form 990-PF, Part II				10,557,1	

Form 990-PF Ot	her Investments		Statement 10
Description	Valuation Method	Book Value	Fair Market Value
Fixed Income Limited Partnerships Real Asset Focused Limited	FMV FMV	45,484,536.	45,484,536.
Partnerships Equity Focused Limited Partnershi		5,613,317. 80,834,304.	5,613,317. 80,834,304.
Total to Form 990-PF, Part II, li	ne 13	131,932,157.	131,932,157.
		· · · · · · · · · · · · · · · · · · ·	
Form 990-PF Depreciation of Ass	ets Not Held for	Investment	Statement 11
Description	Cost or Other Basis	Accumulated Depreciation	Book Value
Furniture Fixtures Office	27 201	27 221	
Equipment	27,291.	27,291.	0.
File Server	4,664.	4,664.	0.
Mail Server and Backup Furniture Fixtures Office	6,336.	6,336.	0.
Equipment	16,946.	16,946.	0.
Computer Equipment TAH Tower	875.	875.	0.
Computer Equipment MK Tower	875.	875.	0.
Dell Laptop Vostro 1710 MK	1,174.	1,174.	0.
Workstations	8,137.	5,697.	2,440.
Laptops HP X360	1,875.	188.	1,687.
Laptops HP Pavillion	3,087.	309.	2,778.
Laptop HP Round Table	700.	70.	630.
Phone System	949. 1,944.	95. 194.	854. 1,750.
Total To Fm 990-PF, Part II, ln 1	4 74,853.	64,714.	10,139.
Form 990-PF	Other Assets		Statement 12
Description	Beginning of Yr Book Value	End of Year Book Value	Fair Market Value
Section 4940 Excise Tax Deposit	0.	129,897.	129,897.
Unrelated Business Income Tax Deposit Illinois Unrelated Business	0.	1,186,707.	1,186,707.
Income Tax Deposit	0.	162,943.	162,943.

Form 990-PF Oth	ner Liabilities		State	ement 1
Description		BOY Amount	t EOY	Amount
Section 4940 Excise Tax Payable		558,8	55.	0
Total to Form 990-PF, Part II, lin	ne 22	558,85	55.	0
Form 990-PF Part VIII - List Trustees and	of Officers, D Foundation Mana		State	ement 1
Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	Expense Account
Maria S Pesqueira Healthy Communities Foundation 19 Riverside Road #6 Riverside, IL 60546	President 40.00	109,372.	8,948.	0
Grace Hou Healthy Communities Foundation 19 Riverside Road #6 Riverside, IL 60546	Chairman,Board	Member 0.	0.	0
Amalia S Rioja Healthy Communities Foundation 19 Riverside Road #6 Riverside, IL 60546	Vice Chair, Bo	ard Member	0.	0
Joseph W McInerney Healthy Communities Foundation 19 Riverside Road #6 Riverside, IL 60546	Treasurer, Board	d Member	0.	0
Carl Bergetz Healthy Communities Foundation 19 Riverside Road #6 Riverside, IL 60546	Board Member	0.	0.	0
Elyse Forkosh Cutler Healthy Communities Foundation 19 Riverside Road #6 Riverside, IL 60546	Board Member	0.	0.	0 .

Healthy Communities Foun	dation					36-4324	1067
Charles W Mulaney Jr Healthy Communities Founda Riverside Road #6 Riverside, IL 60546	tion 19	Board Member 2.00		0.	0	•	0.
Anne Marie Murphy, Ph.D. Healthy Communities Founda Riverside Road #6 Riverside, IL 60546	tion 19	Board Member 2.00		0.	0	•	0.
Chaka M Patterson Healthy Communities Founda Riverside Road #6 Riverside, IL 60546	tion 19	Board Member 2.00		0.	0	•	0.
Craig Huffman Healthy Communities Founda Riverside Road #6 Riverside, IL 60546	tion 19	Board Member 2.00		0.	0	•	0.
James Durkan Healthy Communities Founda Riverside Road #6 Riverside, IL 60546	tion 19	Interim Presi	dent	0.	0		0.
Totals included on 990-PF,	Page 6,	Part VIII	10	9,372.	8,948	•	0.
Form 990-PF	0	ther Revenue			Stat	tement	15
Description	Bus Code	Unrelated Business Inc	Excl Code	Exclu	ded Exe	lated o empt Fu on Inco	nc-
Attachment A Non Deductibles/Non Taxables from Pass Through UBTI From K-1 Summary (See Attachment A) Ordinary Income From K-1 Summary (See Attachment	531120 531120 531120	1,116,242.	14	<1,	338.>		
A)		4 445 040	14	<179,			
Total to Form 990-PF, Pg 1	∠, ın 11	1,116,242.		<180,	545.>		

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E 36	rm 990-PF Page 1		-	T	<u> </u>		ndiusted		Section 179	Reduction In	Basis For	Beginning Accumulated	Sec 179	Deduction	Accumulated Depreciation	
Asset No.	Description	Date Acquired	Method	Life	0 2 0 c >		Cost Or Basis	%ZC	Expense	Basis		Depreciation	Expense			
545 545 545 545 545 545 545	Furniture and Fixtures				27 to 14 to 1		C				27, 291.	27 291.		O	27,291	
- C	Furniture Kixtures Circuit and Library and	01/01/01	SI	2.00	9		N	y H			16,946.	16,946.	Egrande de la companya de la company	0	16,946.	
17	Furniture Fixtures Office Equipment	03/31/07	SI	5.00	-1	9 %	16,946.	Estate State State Heat State Sta State St				de de de la car		<b>9</b>	9	
25	Round Table	10/13/17	] []	ر 0	<b></b>	ဖ	949.				0 +	44 237		<u>ម</u> ្ន	44,332.	
	* 990-PF Pg			10	<del></del>	25 97 No.	45,186.				• 00T C#					erise Seas
	Purniture and Fixtures Computer Equipment					<u> </u>					9 C.O.	7 6 6 A			0.4,664.	
A <b>면</b> A BB B BB B		11/08/07	)7 ST	5.00		9	99				4,004 6,336	0			6.336.	
	Mail Server	11/29/07	07 ST.	5.00			6,336					875			0.	• ;
	18 Computer Equipment TAH Tower		Sr 60		1997 (19 128 (1988) 12	16	875.					5.			87.5	
erenen Allegai	19 Computer Equipment MK Tower	лs 60/9Z/T0]	ាន 	2.00 2.00		9	<b>6</b>	(원 (원 (원 (원 (원)	) (1) (1) (2) (3)		1,17	4. 1,174		100 Sept. 100 Se	0. 1,174	4
	20 Dell Laptop Vostro 1710 MK	01/26/09				10	1,174,				8 8 13	7. 4.070		1,6	627	۲.
	21 Workstations	06/30/14	31		ंै  >#		1	e S S S			1,87	<b>ம</b> ்		1	188	<u>.</u>
	22 Laptops HP X360		SI		0 9	<u>ء</u> ۾	. 0 1 3 087				30.5	87.			60E	<u>.</u>
	23 Laptons HP Pavillion		S.	n .	<u> </u>	y u			<u></u> _			00			70.	.07
	24 Laptop HP	2 0.00 0.00	717 St.		2 5	9	1,944	4			6	44			194.	4.
(1984) Spring	26 Phone System   * 990-PF Pg 1 Total -	) T/ /OT // /O			<u></u>	<u> </u>	29	7.		600 600 600 600 600 600 600 600 600 600	29,6	667. 17,99,	94.	<b>₩</b> 1758 1 2 3	20	382.
lel (	Computer Equipment * Grand Total 990 PF Pg 1						74,853	53			74.8	853. 62,2	231.	2. 2. Constrained	62,231. Constraint Deduction, GO Zor	Zo Z
22							(D) - Asset disposed	t dispose	· p		* ITC, Salvage,	/age, Bonus, (	Commercial	שלוישוולשוים שלוישו		

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Asset No.	U-Pr. Fage 1. Description	Date Acquired	Method		Ser's	Unadjusted Cost Or Basis	Bus Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Sec 179 Expense	Deduction	Accumulated Depreciation	
	Current Year Activity			を持ちます。 は、1000 対策が行う。 対策によった。 表ではある。	新年7月 13 元 中華 明刊年4 元 18月1年 元	66.298				.865,398	62,231.			ம	
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	Ending balance Ending accom depr					74,853,			0	74,853.	62,			04,/14	
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728111	종 1 모		:-\ 		1	(D) - Asset disposed	dispose	<del>ر</del> [		* ITC, Salvi	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO	mmercial Re	vitalization Dec	luction, GO Zone	2

**Depreciation and Amortization** (Including Information on Listed Property)

990-PF

OMB No. 1545-0172

Sequence No. 179

➤ Attach to your tax return. ► Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

Identifying number

ent of the Treasury  Service (99)  Go to ww	<u>vw.irs.gov/Form45</u>	62 for instructions and Business or	400,000			1	
shown on return					4		36-4324067
	7.1.2.00	Form	990-PF	Pag	<u>e L</u>		complete Part I.
1thy Communities Four	idation	e: If you have any listed	property, co	mplete	Part V Dei	ore you	510,000.
E   Florian To Fynense Cellain Floreity C.	nder Section 179 No					$\frac{1}{2}$	
(see instructions)						3	2,030,000.
at action 179 properly placed "	100111 (					4	<u> </u>
. Gald pact of section 1/8 property sec		· O				5	
Reduction in limitation. Subtract line 3 from Soliar limitation for tax year. Subtract line 4 from line 1. If	n line 2. If zero or le	ss, officer senarately, see inst	ructions		<u>1</u>		
Subtract line 4 from tine 1. ii	Zel 0 0, 10207	(b) Cost (business	use only)	(c) El	ected cost		
(a) Description of propert	ty						
		1	7				CHEST OF THE PROPERTY OF STREET
Listed property. Enter the amount from lin Total elected cost of section 179 property	ne 29	alumn (c) lines 6 and 7				8	
	J					9	
						10	
t - the old the deduction is the contract of t	110 10 0. )		\ or line 5			11	
Business income limitation. Enter the small Section 179 expense deduction. Add line	aller of business inc	n't enter more than line	11 <u></u>	<u></u>	<u></u>	12	
Section 179 expense deduction. Add line	es 9 and 10, but do	40 less line 12	. 13				
of disallowed deduction to be	<del></del>	امان المانية Dart V	_				
Dan't lice Part II of Fatt III Dollar		/Dwit include	listed Olopo	rty.)			
Part II Special Depreciation Allowan	ico dire -	the listed property) pla	ced in servic	e during	3	1	
Special depreciation allowance for qualit the tax year	fied property (other	than listed biobout) his				14	
. Special debiesions.		,,				. 15	2,483.
the tax year	ction	******************************			,. <u>,,,,,,,,,,</u>	<u> </u>	<u></u>
Floporty out including ACRS)	<u></u>						
Other depreciation (including ACRS)	include listed prope	erty.) (See instructions.)					
Other depreciation (including ACNO)  Part III MACRS Depreciation (Don't	include listed prope	Section A	7			17	
Part III MACRS Depreciation (Don't	include listed propernservice in tax year	Section A  rs beginning before 201	7		▶ □	T Resign	
Part III MACRS Depreciation (Don't	include listed propernservice in tax year	Section A  rs beginning before 201	7		▶ □	T Resign	<u></u>
Part III MACRS Depreciation (Don't	include listed proper in service in tax year vice during the tax year in Placed in Service	Section A  rs beginning before 201 to one or more general asset acc  During 2017 Tax Year	7			T Resign	<u></u>
Other depreciation (including ACNO)  Part III MACRS Depreciation (Don't  MACRS deductions for assets placed in sensets p	include listed proportion service in tax year vice during the tax year in service (b) Placed in Service	Section A  rs beginning before 201 to one or more general asset acc  During 2017 Tax Year  (c) Basis for depreciation	7			T Resign	<u></u>
Part III MACRS Depreciation (Don't	include listed properns service in tax year in service during the tax year in service (b) Month and	Section A  rs beginning before 201 to one or more general asset acc  During 2017 Tax Year	7ounts, check her Using the G			T Resign	<u></u>
Part III MACRS Depreciation (Don't  MACRS deductions for assets placed in sen  Section B - Assets  (a) Classification of property	include listed proportion service in tax year vice during the tax year in service (b) Placed in Service	Section A  rs beginning before 201 to one or more general asset acc  During 2017 Tax Year  (c) Basis for depreciation	7ounts, check her Using the G			T Resign	<u></u>
Part III MACRS Depreciation (Don't  MACRS deductions for assets placed in sen  Section B - Assets  (a) Classification of property	include listed proportion service in tax year vice during the tax year in service (b) Placed in Service	Section A  rs beginning before 201 to one or more general asset acc  During 2017 Tax Year  (c) Basis for depreciation	7ounts, check her Using the G			T Resign	<u></u>
Part III MACRS Depreciation (Don't  MACRS deductions for assets placed in sensets of the senset	include listed proportion service in tax year vice during the tax year in service (b) Placed in Service	Section A  rs beginning before 201 to one or more general asset acc  During 2017 Tax Year  (c) Basis for depreciation	7ounts, check her Using the G			T Resign	<u></u>
Part III MACRS Depreciation (Don't  MACRS deductions for assets placed in Sensor Berting to group any assets placed in Section B - Assets  (a) Classification of property  b 5-year property  c 7-year property	include listed proportion service in tax year vice during the tax year in service (b) Placed in Service	Section A  rs beginning before 201 to one or more general asset acc  During 2017 Tax Year  (c) Basis for depreciation	7ounts, check her Using the G			T Resign	<u></u>
Part III MACRS Depreciation (Don't  MACRS deductions for assets placed in sen  Section B - Assets  (a) Classification of property  b 5-year property  c 7-year property  d 10-year property	include listed proportion service in tax year vice during the tax year in service (b) Placed in Service	Section A  rs beginning before 201 to one or more general asset acc  During 2017 Tax Year  (c) Basis for depreciation	7ounts, check her Using the G			T Resign	<u></u>
Part III MACRS Depreciation (Don't  MACRS deductions for assets placed in sensetion B - Assets  (a) Classification of property  b 5-year property  c 7-year property  d 10-year property  e 15-year property	include listed proportion service in tax year vice during the tax year in service (b) Placed in Service	Section A  rs beginning before 201 to one or more general asset acc  During 2017 Tax Year  (c) Basis for depreciation	7  ounts, check her  Using the G  (d) Recover period	eneral I		T Resign	<u></u>
Part III MACRS Depreciation (Don't  MACRS deductions for assets placed in Service Berting to group any assets placed in Section B - Assets  (a) Classification of property  b 5-year property  c 7-year property  d 10-year property  e 15-year property  f 20-year property	include listed proportion service in tax year vice during the tax year in service (b) Placed in Service	Section A  rs beginning before 201 to one or more general asset acc  During 2017 Tax Year  (c) Basis for depreciation	7  counts, check her  Using the G  (d) Recover period	eneral I		tion Syst	<u></u>
Part III MACRS Depreciation (Don't  MACRS deductions for assets placed in sensetion B - Assets  (a) Classification of property  b 5-year property  c 7-year property  d 10-year property  e 15-year property	include listed proportion service in tax year vice during the tax year in service (b) Placed in Service	Section A  rs beginning before 201 to one or more general asset acc  During 2017 Tax Year  (c) Basis for depreciation	7  counts, check her  Using the G  (d) Recover period  25 yrs  27.5 yrs	eneral I	Depreciation	(f) Method	<u></u>
Part III MACRS Depreciation (Don't MACRS deductions for assets placed in 8 If you are electing to group any assets placed in sen Section B - Assets  (a) Classification of property  b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property	include listed proportion service in tax year vice during the tax year in service (b) Placed in Service	Section A  rs beginning before 201 to one or more general asset acc  During 2017 Tax Year  (c) Basis for depreciation	7ounts, check her Using the G  (d) Recover period  25 yrs 27.5 yrs 27.5 yrs	eneral I	Depreciation Convention	(f) Method	<u></u>
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Department of the Treasury Internal Revenue Service Ogden UT 84201

CP211A Notice December 31, 2017 Tax period June 4, 2018 Notice date 36-4324067 **Employer ID number** Phone 1-877-829-5500 To contact us FAX 801-620-5555

Page 1 of 1

084781.713568.272706.11721 1 AB 0.408 373 իուկնանիրերդիրիանիրահուսությիրինիոյի

HEALTHY COMMUNITIES FOUNDATION 19 RIVERSIDE ROAD RIVERSIDE IL 60546-2606



084781

Important information about your December 31, 2017 Form 990PF

# We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your December 31, 2017 Form 990PF. Your new due date is November 15, 2018.

# What you need to do

File your December 31, 2017 Form 990PF by November 15, 2018. We encourage you to use electronic filing—the fastest and easiest way to file.

Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

# Additional information

- Visit www.irs.gov/cp211a
- For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.

## Form **8868** (Rev. January 2017)

## Application for Automatic Extension of Time To File an **Exempt Organization Return**

Department of the Treasury Internal Revenue Service

File a separate application for each return. ▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 . OMB No. 1545-1709

can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, vist www.irs.gov/edile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.  Automatic 6-Month Extension of Time. Only submit original (no copies needed).  All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.  Enter filer's Identifying number  Type or print  Healthy Communities Foundation  Number, street, and room or suite no. If a P.O. box, see instructions.  Healthy Communities Foundation  19 Riverside Road, No. 6  19 Riverside, T.I. 60546-2606  Enter the Return Code for the return that this application is for file a separate application for each return)  Return  Application  Return  Code  Form 990 Form 990-EZ  01 Form 990-T (corporation)  07 Form 990-B  Form 4720 (individual)  09 Form 990-PP  On 4720 (individual)  Form 990-T (including 110-1)  Form 990-T (including 110-1)  Marria Pesqueira  • The books are in the care of \$\bigcit{1}{2}\$ 1.9 Riverside Road Suite 6 - Riverside, T.I. 60546-2606  Form 990-T (including 110-1)  If this for part of the group, check this box \$\bigcit{1}{2}\$ 1.1 In the organization named above. In the organization or file in the names and EINs of all members the extension is for the organization is for file and all the names and EINs of all members the extension is for.  No Policy In the torque of the group, check this box \$\bigcit{1}{2}\$ 1.1 In this for part of the group, check this box \$\bigcit{1}{2}\$ 1.1 In this for part of the group, check this box \$\bigcit{1}{2}\$ 1.1 In this for part of the group, check this box \$\bigcit{1}{2}\$ 1.1 In this for part of the group, check this box \$\bigcit{1}{2}\$ 1.1 In this for part of the group, check this box \$\bigcit{1}{2}\$ 1.1 In this for part of the group, check this box \$\bigcit{1}{2}\$ 1.1 In th	Electro	onic filing (e-me). You can electrofically file Form 8808 to isted below with the exception of Form 8870, Information F	Return for	Transfers Associated With Certain P	ersonal B	enefit				
Automatic 6-Month Extension of Time. Only submit original (no copies needed).  All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.  Enter filer's identifying number  Type or print  Type or Name of exempt organization or other filer, see instructions.  File by the filer state of the print of the time of the income tax returns.  Enter filer's identifying number  Employer identification number (EIN) or 718 to 90	Contra	cts, for which an extension request must be sent to the IRS	S in paper	format (see instructions). For more of	letails on	the electro	nic			
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All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.    Enter filer's identifying number	_									
Type or print    File by the file and the file income tax returns.	All con	porations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnership	s, REMIC	s, and trust	is			
Type or print File by the disc date for instructions.    Healthy Communities Foundation   Social security number (EIN) or 36-4324067	must i	use Form 7004 to request an extension of time to file income	e tax retur	ns.						
Name of exempt organization or other filer, see instructions.					Enter file	r's identify	ing number			
Healthy Communities Foundation    Healthy Communities Foundation   36-4324067     Healthy Communities Foundation   36-42606     Hethis for Code   54-2606     Hethis for Group Feture   36-42606     Hethis for Group Feture   36-42606     Hethis for Group Heture, enter the organization for our Jecure   36-43-5717     Hethis for a Group Return, enter the organization for our Jecure   36-43-5717     Hethis for a Group Return, enter the organization for our Jecure   36-43-5717     Hethis for a Group Return, enter the organization for our Jecure   36-43-5717     Hethis for part of the group, check this box   36-43-5717     Hethis for part of the group, check this box   36-43-5717     Hethis for part of the group, check this box   36-43-5717     Hethis for part of the group, check this box   36-43-5717     Hethis for part of the group, check this box   36-43-5717     Hethis for part of the group, check this box   36-44-35717     Hethis for part of the group, check this box   36-44-35-3717     Hethis for part of the group, check this box   36-44-35717     Hethis for part of the group, check this box   36-44-35717     Hethis for part of the group, check this box   36-44-357		Name of exempt organization or other filer, see instru	ctions							
Healthy Communities Foundation   36-4324067		Name of exempt organization of other mor, obstruction	o Lionoi		, ,					
Number, street, and room or suite no. If a P.O. box, see instructions.   Social security number (SSN)	print	Healthy Communities Foundat	cion			<u> 36-43</u>	324067			
Titling your sharms. See instructions.    19 Riverside Road, No. 6		by the Social security number (SSN								
City, town or post office, state, and ZIP code. For a foreign address, see instructions.  Riverside, IL 60546-2606  Enter the Return Code for the return that this application is for (file a separate application for each return)  Return Application  Return Code Is For P990 or Form 990-EZ  O1 Form 990-T (corporation)  O7  Form 990-BL  Form 4720 (individual)  O3 Form 4720 (other than individual)  O3 Form 990-T (sec. 401(a) or 408(a) trust)  O5 Form 6069  O6 Form 8870  The books are in the care of ▶ 19 Riverside Road Suite 6 - Riverside, IL 60546-2606  Telephone No. ▶ 708-443-5674  Fax No. ▶ 708-443-5717  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (3EN)  If this for part of the group, check this box  If this is for part of the group, check this box  If the organization named above. The extension is for the organization's return for:  November 15, 2018  If the exempt organization return for the organization is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  B (If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  B (If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  B (If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  B (If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  B (If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  B (If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative	filing you	gyour 19 Riverside Road, No. 6								
Riverside   IL 60546-2606		structions. City, town or post office, state, and ZIP code. For a foreign address, see instructions.								
Return   Return   Application   Is For   Code   Section		Riverside, IL 60546-2606								
Application   Spring	Enter t	he Return Code for the return that this application is for (file	e a separa	te application for each return)			1			
SFOr   SOC   STORM 990-EZ   O1   Form 990-T (corporation)   O7	Applic	ation	Return							
Form 990-BL  Form 990-BL  Form 990-BL  Form 990-BL  Form 990-PF  Form 990-T (sec. 401(a) or 408(a) trust)  Form 990-T (trust other than above)  Maria Pesqueira  The books are in the care of ▶ 19 Riverside Road Suite 6 - Riverside, IL 60546-2606  Telephone No.▶ 708-443-5674  Fax No.▶ 708-443-5717  If the organization does not have an office or place of business in the United States, check this box  If it is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If it is for part of the group, check this box  I request an automatic 6-month extension of time until November 15, 2018 , to flie the exempt organization return for the organization named above. The extension is for the organization's return for:    X   Calendar year 2017 or   x   x   x   x   x   x   x   x   x	<u>ls For</u>	and the state of t								
Form 990-BL Form 4720 (individual) Form 990-PF O4 Form 5227 D5 Form 6069 D6 Form 8870 D6 Form 8870 D6 Form 8870 D7 Sec. 401(a) or 408(a) trust) D6 Form 8870 D7 Sec. 401(a) or 408(a) trust) D8 Sec. 401(a) or 408(a) trust) D9 Sec. 401(a) or 408(a) trust D1 or 408(a) trus	Form 9	990 or Form 990-EZ			.,,,,,					
Form 990-PF   O4   Form 5227   10   Form 990-T (sec. 401(a) or 408(a) trust)   O5   Form 6069   11   Form 990-T (trust other than above)   O6   Form 8870   12   Maria Pesqueira   The books are in the care of ▶ 19 Riverside Road Suite 6 - Riverside, IL 60546-2606     Telephone No. ▶ 708-443-5674   Fax No. ▶ 708-443-5717   If the organization does not have an office or place of business in the United States, check this box   If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)   If this is for the whole group, check this box ▶ If this is for part of the group, check this box ▶ and attach a list with the names and ElNs of all members the extension is for.  1 I request an automatic 6-month extension of time until for the organization named above. The extension is for the organization's return for:    November 15, 2018   to file the exempt organization return for:	Form 9	990-BL	-			++				
Form 990-F (sec. 401(a) or 408(a) trust)  OS Form 8870  Naria Pesqueira  The books are in the care of Paiverside Road Suite 6 - Riverside, IL 60546-2606  Telephone No. Paiverside Road Suite 6 - Riverside, IL 60546-2606  Telephone No. Paiverside Road Suite 6 - Riverside, IL 60546-2606  Telephone No. Paiverside Road Suite 6 - Riverside, IL 60546-2606  Telephone No. Paiverside Road Suite 6 - Riverside, IL 60546-2606  Telephone No. Paiverside Road Suite 6 - Riverside, IL 60546-2606  Telephone No. Paiverside Road Suite 6 - Riverside, IL 60546-2606  Telephone No. Paiverside Road Suite 6 - Riverside, IL 60546-2606  Telephone No. Paiverside Road Suite 6 - Riverside, IL 60546-2606  Telephone No. Paiverside Road Suite 6 - Riverside, IL 60546-2606  Telephone No. Paiverside Road Suite 6 - Riverside, IL 60546-2606  Telephone No. Paiverside Road Suite 6 - Riverside, IL 60546-2606  Telephone No. Paiverside Road Suite 6 - Riverside, IL 60546-2606  Telephone No. Paiverside Road Suite 6 - Riverside, IL 60546-2606  Telephone No. Paiverside Road Suite 6 - Riverside, IL 60546-2606  Telephone No. Paiverside Road Suite 6 - Riverside, IL 60546-2606  Telephone No. Paiverside Road Suite 6 - Riverside, IL 60546-2606  Telephone No. Paiverside Road Suite 6 - Riverside, IL 60546-2606  Telephone No. Paiverside Road Suite 6 - Riverside, IL 60546-2606  Telephone No. Paiverside Road Suite 6 - Riverside, IL 60546-2606  Telephone No. Paiverside Road Suite 6 - Riverside, IL 60546-2606  Telephone No. Paiverside Road Suite 6 - Riverside, IL 60546-2606  Telephone No. Paiverside Road Suite 6 - Riverside, IL 60546-2606  Telephone No. Paiverside Road Suite 6 - Riverside, IL 60546-2606  Telephone No. Paiverside Road Suite 6 - Riverside, IL 60546-2606  Telephone No. Paiverside Road Suite 6 - Riverside, IL 60546-2606  Telephone No. Paiverside Road Suite 6 - Riverside, IL 60546-2606  Telephone No. Paiverside Road Suite 6 - Riverside, IL 60546-2606  Telephone No. Paiverside Road Suite 6 - Riverside, IL 60546-2606  Telephone No. Paiverside Road Suite 6 - Rive										
Form 990-T (frust other than above)    Maria Pesqueira										
Maria Pesqueira  • The books are in the care of ▶ 19 Riverside Road Suite 6 - Riverside, IL 60546-2606 Telephone No. ▶ 708-443-5674  • If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)		<del></del>				·				
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Telephone No. ▶ 708-443-5674  Fax No. ▶ 708-443-5717  If the organization does not have an office or place of business in the United States, check this box	● The	hadra are in the care of <b>&gt;</b> 19 Riverside Ro	nad S	uite 6 - Riverside	, IL	60546	-2606			
<ul> <li>If the organization does not have an office or place of business in the United States, check this box</li></ul>	Tol	cohone No $\rightarrow$ 708-443-5674	<del></del>	Fax No. ▶ 708-443-57	17					
<ul> <li>If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box</li></ul>	● If ti	ne organization does not have an office or place of business	s in the Ur				▶ □			
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by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ 255,000.	С	balance que. Subtract line ob ironi line oa. Include your per by using EETDS (Electronic Federal Tay Payment System)	See instri	actions.	3c	\$	255,000.			

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

instructions.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

# Healthy Communities Foundation Riverside, IL Schedule of Investments at 12-31-17 and 12-31-16 Form 990PF Page 2 Part II Line 13 36-4324067

	Dec 31, 17	Dec 31, 16
Investments		
Equity Focused		
Harding Loevner Global Equity	5,979,069	4,524,476
FMI International Fund	9,496,453	8,225,929
Wellington CTF Select CAP	6,689,756	5,266,081
Valinor Capital Partners Offsho	4,638,650	4,123,824
Pentwater Event Fund Ltd	5,508,336	4,523,045
Och Ziff Overseas Fund II Ltd	39,289	82,866
Vanuard Mutual Funds	32,648,505	30,227,288
Blackrock Private Capital II	2,643,233	3,035,542
Capital Today China Growth Fd	8,970,425	8,169,547
Cartesian/Pangaea Two LP	2,818,435	2,021,251
Permal PPEO II FTE	851,036	1,333,262
Allied Inventors Fund LLC	551,117	484,789_
Total Equity Focused	80,834,304	72,017,900
Fixed Income Focused		
Goldman Sachs	10,262,897	10,280,377
Aurelius Capital International	8,135,146	8,115,552
Vanuard Mutual Funds	19,693,359	19,015,071
Rimrock High Income Plus Fund	7,238,761	6,870,376
Pimco Bravo Fund	140,984	184,114
Pimco Bravo AlV II	10,870	15,759
Pimco Bravo AIV III	2,519	46,577_
Total Fixed Income Focused	45,484,536	44,527,826
Real Asset Focused		4 044 000
Canaan Natural Gas IX	1,276,701	1,214,309
Canaan Natural Gas X	365,175	341,051
Metropolitan RE Partners IV	1,331,026	1,621,475
Resource Land Fund IV LLC	1,348,970	1,508,006
Sindicatum	1,054,801	916,595
Bridge/REOC Fund II-B LP	236,644	1,697,784
Total Real Asset Focused	5,613,317	7,299,220
Total Investments	131,932,157	123,844,946

Healthy Communities Foundation Riverside, Illinois Form 990PF Year Ended 12-31-17 36-4324067

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Non (Deductible) Non Taxable Part XVI-A	(928)		0 0		(125)	(1,338)		00	
Foreign Taxes Withheld	18 (498)	00	000	(4,929)	(655) (19,761) 0	(25,84			(25,84
Investment Interest Expense	Part I Line 17 (1,369)	000	(7,951) (11) 0	(106)	000	(9,43		000	(1,85
Investment Management	Part I Line 16c (93,850)	(6,227)	(57,741)	(53,258)	0 (058,62)	(285,283)			(9,787) 0 0 0 (9,787) 3 (295,070)
Capital Gain Dividends	Part IV Col h Line 1f	0	000			0 0	707	0 841,653	841,65
Section 1231 Gains (Losses)	Part IV Col h Line 1e	177,619	0	9,19	(8,413)	16,897	000	000	213,50
Long Term Gains (Losses)	Part IV Col h Line 1d	17,570	0 65,320 0	0 0 (16,966)	428,895 (199)		000		986,77
Short Term Gains (Losses)	Part IV Col h Line 1c	(4,533)	0 (27)	000	256,271	251,711			0 0 0 0 0 0 3 251,711
Unrelated Business Taxable Gains		1,142,630	000	41.20		23.14	00		1,176,97
Unrelated Business Taxable Income	Form 990T Form 990T	18,647	000	0 0	0	(37,729)			(60,73
Dividends	Part I Line 3	2 8	32		8 99	92,136		0 1,212,189 0 144,494 0 144,494	15,25 15,25 1,668,50
Other	Part XVI-A	8,750	(3,720) (3,720) 21,239		(3,563)			0006	0 0 0
	NIII	20-3111907	20-2387366 26-2693114 27-2707204	27-3723234 98-1070170 98-1079634	65-1265800 20-5853753 26-0634745			77 (0.77)	5 9 X R R
	PASS THROUGH ENTITIES		Real Estate Uppolituitiv Captural Consult Natural Cas Parallel Fund IX LP 20-2387366 Canaan Natural Gas Parallel Fund X LP 26-2693114 Canaan Natural Gas Parallel Fund X LP 26-2693114	Pinnoo Bravo Fund Onshore Feeder ILP 27-3723234 Pinnoo Bravo Fund Offshore Feeder AIV II LP 98-1070170 Pinnoo Bravo Fund Offshore Feeder AIV II LP 98-1079634	Metropolitan Real Estate Partners IV-ALP 65-1265800 Metropolitan Real Estate Partners IV-ALP 65-1265800 Wellington Trust Global Select 20-5853753	Allied Inventors Fund LLC FRA Alinova Leant Capital Today China Growth Capital Today China Growth Resource Land Fund IV LLC	NUTUAL FUNDS FMI FIND FMI FIND	Blue Harbor Strategic Value FG Vanguard Mutual Funds Goldman Sachs Strategic Income Fund	Total MANAGED ACCOUNTS-OTHER PORTFOLIO INCOME Permal PPEO II Ltd US Bank US Bank Total