

Return of Private Foundation

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

2018

Open to Public Inspection

Form **990-PF**

Department of the Treasury
Internal Revenue Service

For calendar year 2018 or tax year beginning

, and ending

Name of foundation HEALTHY COMMUNITIES FOUNDATION		A Employer identification number 36-4324067
Number and street (or P.O. box number if mail is not delivered to street address) 19 RIVERSIDE ROAD	Room/suite 6	B Telephone number 708-443-5674
City or town, state or province, country, and ZIP or foreign postal code RIVERSIDE, IL 60546-2606		C If exemption application is pending, check here ... <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here ... <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ... <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 121,272,423.	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ... <input type="checkbox"/>

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received				
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	55,867.	55,868.		STATEMENT 1
	4 Dividends and interest from securities	2,195,919.	2,195,919.		STATEMENT 2
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	26,409,346.			
	b Gross sales price for all assets on line 6a	121,063,880.			
	7 Capital gain net income (from Part IV, line 2)		26,409,346.		
	8 Net short-term capital gain			N/A	
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss)					
11 Other income	<319,652.>	<339,633.>	0.	STATEMENT 3	
12 Total. Add lines 1 through 11	28,341,480.	28,321,500.	0.		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	197,500.	118,500.	0.	79,000.
	14 Other employee salaries and wages	315,551.	155,806.	0.	159,745.
	15 Pension plans, employee benefits	51,692.	27,397.	0.	24,295.
	16a Legal fees	6,199.	6,199.	0.	0.
	b Accounting fees	73,165.	73,165.	0.	0.
	c Other professional fees	413,059.	253,497.	0.	159,562.
	17 Interest				
	18 Taxes	636,857.	23,960.	0.	0.
	19 Depreciation and depletion	3,897.	3,897.	0.	
	20 Occupancy	26,907.	13,723.	0.	13,184.
	21 Travel, conferences, and meetings	63,553.	32,412.	0.	31,141.
	22 Printing and publications				
	23 Other expenses	193,409.	117,492.	0.	75,917.
	24 Total operating and administrative expenses. Add lines 13 through 23	1,981,789.	826,048.	0.	542,844.
	25 Contributions, gifts, grants paid	4,806,922.			4,806,922.
26 Total expenses and disbursements. Add lines 24 and 25	6,788,711.	826,048.	0.	5,349,766.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	21,552,769.				
b Net investment income (if negative, enter -0-)		27,495,452.			
c Adjusted net income (if negative, enter -0-)			0.		

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.		Beginning of year	End of year		
		(a) Book Value	(b) Book Value	(c) Fair Market Value			
Assets	1	Cash - non-interest-bearing		119,913.	2,206,204.	2,206,204.	
	2	Savings and temporary cash investments		603,647.	436,535.	436,535.	
	3	Accounts receivable	80,000.				
		Less: allowance for doubtful accounts			80,000.	80,000.	
	4	Pledges receivable					
		Less: allowance for doubtful accounts					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other disqualified persons					
	7	Other notes and loans receivable					
		Less: allowance for doubtful accounts					
	8	Inventories for sale or use					
	9	Prepaid expenses and deferred charges			6,977.	11,605.	11,605.
	10a	Investments - U.S. and state government obligations					
	b	Investments - corporate stock					
	c	Investments - corporate bonds					
	11	Investments - land, buildings, and equipment: basis					
	Less: accumulated depreciation						
12	Investments - mortgage loans						
13	Investments - other	STMT 10		131,932,157.	114,971,983.	114,971,983.	
14	Land, buildings, and equipment: basis	77,648.					
	Less: accumulated depreciation	STMT 9	68,611.	10,139.	9,037.	9,037.	
15	Other assets (describe)	STATEMENT 11)		1,479,547.	3,557,059.	3,557,059.	
16	Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)			134,152,380.	121,272,423.	121,272,423.	
Liabilities	17	Accounts payable and accrued expenses		87,661.	123,346.		
	18	Grants payable		360,000.	337,500.		
	19	Deferred revenue					
	20	Loans from officers, directors, trustees, and other disqualified persons					
	21	Mortgages and other notes payable					
	22	Other liabilities (describe)	STATEMENT 12)		0.	569,639.	
23	Total liabilities (add lines 17 through 22)			447,661.	1,030,485.		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26, and lines 30 and 31.						
	24	Unrestricted		133,704,719.	120,241,938.		
	25	Temporarily restricted					
	26	Permanently restricted					
	Foundations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 31.						
	27	Capital stock, trust principal, or current funds					
	28	Paid-in or capital surplus, or land, bldg., and equipment fund					
29	Retained earnings, accumulated income, endowment, or other funds						
30	Total net assets or fund balances			133,704,719.	120,241,938.		
31	Total liabilities and net assets/fund balances			134,152,380.	121,272,423.		

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	133,704,719.
2	Enter amount from Part I, line 27a	2	21,552,769.
3	Other increases not included in line 2 (itemize) TIMING DIFFERENCE	3	102,589.
4	Add lines 1, 2, and 3	4	155,360,077.
5	Decreases not included in line 2 (itemize) CHANGE IN UNREALIZED GAIN (LOSS)	5	35,118,139.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	120,241,938.

Part IV Capital Gains and Losses for Tax on Investment Income

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

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a				
b				
c				
d				
e	121,063,880.		94,654,534.	26,409,346.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			
b			
c			
d			
e			26,409,346.

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	26,409,346.
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8	3	26,175,490.

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

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

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

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2017	8,260,838.	131,040,181.	.063040
2016	8,360,875.	112,945,945.	.074025
2015	5,545,846.	100,799,834.	.055018
2014	4,643,527.	91,259,313.	.050883
2013	29,753,239.	102,158,448.	.291246

2	Total of line 1, column (d)	2	.534212
3	Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	.106842
4	Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	131,854,317.
5	Multiply line 4 by line 3	5	14,087,579.
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	274,955.
7	Add lines 5 and 6	7	14,362,534.
8	Enter qualifying distributions from Part XII, line 4	8	5,349,766.

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

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)			
1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b		1	549,909.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		2	0.
3 Add lines 1 and 2		3	549,909.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	549,909.
6 Credits/Payments:			
a 2018 estimated tax payments and 2017 overpayment credited to 2018	6a	534,872.	
b Exempt foreign organizations - tax withheld at source	6b	0.	
c Tax paid with application for extension of time to file (Form 8868)	6c	380,000.	
d Backup withholding erroneously withheld	6d	0.	
7 Total credits and payments. Add lines 6a through 6d	7	914,872.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	367.	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	364,596.	
11 Enter the amount of line 10 to be: Credited to 2019 estimated tax 0. Refunded	11	364,596.	

Part VII-A Statements Regarding Activities		Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
1b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
1c	Did the foundation file Form 1120-POL for this year?		X
	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. $\$$ 0. (2) On foundation managers. $\$$ 0.		
	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. $\$$ 0.		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	X	
4b	If "Yes," has it filed a tax return on Form 990-T for this year?	X	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .		X
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. <u>IL</u>		
8b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-16 containing questions about controlled entities, distributions, public inspection requirements, website address (HCFDN.ORG), books in care (MARIA PESQUEIRA), and foreign country interests.

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

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

Table with 3 columns: Question, Yes, No. Rows 1a-4b containing questions about disqualifying acts, taxes on failure to distribute income, and business enterprise interests.

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

5a During the year, did the foundation pay or incur any amount to:			Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	N/A	5b		
Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," attach the statement required by Regulations section 53.4945-5(d).				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		6b		X
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	7b		
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 13		197,500.	28,500.	0.

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

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NORA GARCIA - 19 RIVERSIDE ROAD #6, RIVERSIDE, IL 60546	PROGRAM OFFICER 40.00	85,000.	7,475.	0.
ELVA GONZALEZ - 19 RIVERSIDE ROAD #6, RIVERSIDE, IL 60546	DIRECTOR OF FINANCE 25.00	74,750.	6,482.	0.
CLAUDIA PEREZ - 19 RIVERSIDE ROAD #6, RIVERSIDE, IL 60546	GRANTS AND OPERATIONS MANAGER 40.00	63,125.	9,235.	0.

Total number of other employees paid over \$50,000 0

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

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
DIMEO SCHNEIDER & ASSOCIATES, LLC - 500 W. MADISON STREET, SUITE 1700, CHICAGO, IL	INVESTMENT ADVISORY FEES	123,695.
AMDUR SPITZ ASSOCIATES, INC. - 135 S. LASALLE ST., SUITE 2000, CHICAGO, IL 60603	CONSULTING	81,033.
CAPITAL TODAY CHINA GROWTH - UNIT 908, LEVEL 9, CYBERPORT 2, 100 CYBERPORT ROAD, HONG KONG	INVESTMENT ADVISORY FEES	52,384.
Total number of others receiving over \$50,000 for professional services		0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	

Part IX-B Summary of Program-Related Investments

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

0.

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

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities	1a	126,548,275.
b	Average of monthly cash balances	1b	4,765,901.
c	Fair market value of all other assets	1c	2,548,075.
d	Total (add lines 1a, b, and c)	1d	133,862,251.
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	133,862,251.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	2,007,934.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	131,854,317.
6	Minimum investment return. Enter 5% of line 5	6	6,592,716.

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

1	Minimum investment return from Part X, line 6	1	6,592,716.
2a	Tax on investment income for 2018 from Part VI, line 5	2a	549,909.
b	Income tax for 2018. (This does not include the tax from Part VI.)	2b	3,655.
c	Add lines 2a and 2b	2c	553,564.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	6,039,152.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	6,039,152.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	6,039,152.

Part XII Qualifying Distributions (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	5,349,766.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	5,349,766.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	5,349,766.

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				6,039,152.
2 Undistributed income, if any, as of the end of 2018:				
a Enter amount for 2017 only			4,413,055.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2018:				
a From 2013				
b From 2014				
c From 2015				
d From 2016				
e From 2017				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2018 from Part XII, line 4: ▶ \$ 5,349,766.				
a Applied to 2017, but not more than line 2a			4,413,055.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2018 distributable amount				936,711.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	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		0.		
e Undistributed income for 2017. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019				5,102,441.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2013 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2014				
b Excess from 2015				
c Excess from 2016				
d Excess from 2017				
e Excess from 2018				

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

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

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

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

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

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

NONE

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

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

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

**HEALTHY COMMUNITIES FOUNDATION , 708-443-5674 , MPESQUEIRA@HCFDN.ORG
19 RIVERSIDE ROAD SUITE #6 , RIVERSIDE , IL 60546-2606**

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

SEE THE ATTACHED NARRATIVE

c Any submission deadlines:

SEE THE ATTACHED NARRATIVE

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

SEE THE ATTACHED NARRATIVE

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
ACCESS COMMUNITY HEALTH NETWORK 600 W. FULTON ST., STE 200 CHICAGO, IL 60661		PC	GENERAL OPERATING	100,000.
ACCESS LIVING OF METROPOLITAN CHICAGO 115 W. CHICAGO AVE CHICAGO, IL 60654		PC	GENERAL OPERATING	10,000.
ADLER UNIVERSITY 17 N. DEARBORN ST, 15TH FL CHICAGO, IL 60602		PC	GENERAL OPERATING	25,000.
AFIRE 4300 N. CALIFORNIA AVE CHICAGO, IL 60618		PC	UNRESTRICTED USE OF CHARITABLE RECIPIENT	500.
AGING CARE CONNECTIONS 111 W. HARRIS AVE LA GRANGE, IL 60525		PC	GENERAL OPERATING	50,000.
Total SEE CONTINUATION SHEET(S) ▶ 3a				4,806,922.
b Approved for future payment				
AGING CARE CONNECTIONS 111 W. HARRIS AVE LA GRANGE, IL 60525		PC	HEALTHCARE	27,500.
ALIVIO MEDICAL CENTER 966 W. 21ST ST CHICAGO, IL 60608		PC	HEALTHCARE	40,000.
BEDS PLUS CARE 9601 E. OGDEN AVE LAGRANGE, IL 60525		PC	HEALTHCARE	27,500.
Total SEE CONTINUATION SHEET(S) ▶ 3b				337,500.

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

Table with 3 columns: Question/Item, Yes, No. Contains items 1 through 6 regarding transfers and transactions.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'N/A'.

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

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

Sign Here section with signature line, title 'PRESIDENT', and date. Includes a box for IRS discussion consent with 'X' checked. Below is the Paid Preparer Use Only section with preparer name 'CATHERINE M. FUNK, CPA', signature, date, and firm information.

HEALTHY COMMUNITIES FOUNDATION

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a PUBLICLY TRADED SECURITIES	P		
b FROM K-1 ALLIED INVESTORS FUND, LLC 26-0634745	P		
c FROM K-1 ALLIED INVESTORS FUND, LLC 26-0634745	P		
d FROM K-1 METROPOLITAN REAL ESTATE PARTNERS, IV-A,	P		
e FROM K-1 METROPOLITAN REAL ESTATE PARTNERS, IV-A,	P		
f FROM K-1 RESOURCE LAND FUND IV, LLC 26-3903798	P		
g FROM K-1 RESOURCE LAND FUND IV, LLC 26-3903798	P		
h FROM K-1 PANGEA TWO LP 27-2707204	P		
i FROM K-1 PIMCO BRAVE FUND ONSHORE FEEDER I, LP 27	P		
j FROM K-1 PIMCO BRAVE FUND ONSHORE FEEDER I, LP 27	P		
k CAPITAL GAIN DISTRIBUTIONS	P		
l FROM K-1 PANGEA TWO LP 27-2707204	P		
m FROM K-1 RESOURCE LAND FUND IV, LLC 26-3903798	P		
n FROM K-1 BRIDGE MULTI FAMILY & COMM'L OFFICE FD 4			
o			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 120,382,003.		94,611,721.	25,770,282.
b 6,094.			6,094.
c		2.	<2.>
d		42,305.	<42,305.>
e 10,533.			10,533.
f 11,938.			11,938.
g 35,010.			35,010.
h 15,429.			15,429.
i		59.	<59.>
j		349.	<349.>
k 377,564.			377,564.
l 199,195.			199,195.
m 26,114.			26,114.
n		98.	<98.>
o			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(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	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			** 25,770,282.
b			** 6,094.
c			** <2.>
d			** <42,305.>
e			** 10,533.
f			** 11,938.
g			** 35,010.
h			** 15,429.
i			** <59.>
j			** <349.>
k			** 377,564.
l			** 199,195.
m			** 26,114.
n			** <98.>
o			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }	2	26,409,346.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8	3	26,175,490.

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ALIVIO MEDICAL CENTER 966 W. 21ST ST CHICAGO, IL 60608		PC	HEALTHCARE	125,000.
ALIVIO MEDICAL CENTER 966 W. 21ST CHICAGO, IL 60608		PC	GENERAL OPERATING	100,000.
ALL OUR CHILDREN'S ADVOCACY CENTER 8651 S. 79TH AVE JUSTICE, IL 60458		PC	GENERAL OPERATING	20,000.
ALLIANCE TO END HOMELESSNESS IN SUBURBAN COOK COUNTY 4415 HARRISON ST., STE 228 HILLSIDE, IL 60162		PC	GENERAL OPERATING	25,000.
ARAB AMERICAN FAMILY SERVICES 7000 W. 111TH ST WORTH, IL 60482		PC	GENERAL OPERATING	100,000.
ASIAN AMERICANS ADVANCING JUSTICE 4753 N. BROADWAY, STE 502 CHICAGO, IL 60640		PC	UNRESTRICTED USE OF CHARITABLE RECIPIENT	500.
ASPIRE OF ILLINOIS 1815 S. WOLF RD HILLSIDE, IL 60162		PC	INCLUSION PROGRAM FOR CHILDREN WITH IDD	100,000.
BEDS PLUS CARE 9601 E. OGDEN AVE LAGRANGE, IL 60525		PC	GENERAL OPERATING	75,000.
BRIGHTON PARK NEIGHBORHOOD COUNCIL 4477 S. ARCHER AVE CHICAGO, IL 60632		PC	GENERAL OPERATING	50,000.
BUILD 5100 W. HARRISON ST CHICAGO, IL 60644		PC	GENERAL OPERATING	75,000.
Total from continuation sheets				4,621,422.

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
CASA CENTRAL 1343 N. CALIFORNIA AVE CHICAGO, IL 60622		PC	GENERAL OPERATING	100,000.
CATHOLIC CHARITIES OF ARCHDIOCESE CHICAGO 721 N. LASALLE ST CHICAGO, IL 60654		PC	GENERAL OPERATING	15,000.
CHICAGO CITYWIDE LITERACY COALITION 641 W. LAKE ST, STE 200 CHICAGO, IL 60661		PC	GENERAL OPERATING	15,000.
CICERO-BERWYN-STICKNEY FOOD PANTRY 1937 S. 50TH AVE CICERO, IL 60804		PC	GENERAL OPERATING	10,000.
COALITION FOR SPIRITUAL AND PUBLIC LEADERSHIP (CSPL) 1701 S. 1ST AVE, STE 406 MAYWOOD, IL 60153		PC	GENERAL OPERATING	20,000.
COMMUNITYHEALTH 2611 W. CHICAGO AVE CHICAGO, IL 60622		PC	GENERAL OPERATING	225,000.
DEVICES 4 THE DISABLED 2743 W. 36TH PL, UNIT D CHICAGO, IL 60632		PC	GENERAL OPERATING	15,000.
EL VALOR CORPORATION 1850 W. 21ST ST CHICAGO, IL 60608		PC	GENERAL OPERATING	50,000.
ERIE FAMILY HEALTH CENTER 4747 N. KEDZIE AVE CHICAGO, IL 60625		PC	GENERAL OPERATING	100,000.
ERIE FAMILY HEALTH CENTER 4747 N. KEDZIE AVE CHICAGO, IL 60625		PC	UNRESTRICTED USE OF CHARITABLE RECIPIENT	250.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ERIE NEIGHBORHOOD HOUSE 1701 W. SUPERIOR 3RD FLOOR CHICAGO, IL 60622		PC	GENERAL OPERATING	75,000.
ESPERANZA HEALTH CENTERS 2001 SOUTH CALIFORNIA AVENUE NO 100 CHICAGO, IL 60608		PC	GENERAL OPERATING	100,000.
FAMILY FOCUS 310 S. PEORIA STE 301 CHICAGO, IL 60607		PC	GENERAL OPERATING	50,000.
FAMILY SERVICE & MENTAL HEALTH CENTER OF CICERO 5341 W. CERMAK RD CICERO, IL 60804		PC	GENERAL OPERATING	100,000.
FOREFRONT 208 S. LASALLE, STE 1540 CHICAGO, IL 60604		PC	GENERAL OPERATING	10,000.
FOREFRONT 208 S. LASALLE, STE 1540 CHICAGO, IL 60604		PC	GENERAL OPERATIONS	15,400.
GADS HILL CENTER 1919 W. CULLERTON ST CHICAGO, IL 60608		PC	GENERAL OPERATING	150,000.
GLOBAL FUND FOR WOMEN/FONDO SEMILLAS 800 MARKET ST SAN FRANCISCO, CA 94102		PC	UNRESTRICTED USE OF CHARITABLE RECIPIENT	1,000.
GRANTMAKERS IN HEALTH 1100 CONNECTICUT AVE, NW STE 1200 WASHINGTON, DC 20036		PC	UNRESTRICTED USE OF CHARITABLE RECIPIENT	5,000.
GREATER CHICAGO FOOD DEPOSITORY 4100 W. ANN LURIE PL. CHICAGO, IL 60632		PC	GENERAL OPERATING	25,000.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
HAUSER PTO 65 WOODSIDE RD RIVERSIDE, IL 60546		PC	UNRESTRICTED USE OF CHARITABLE RECIPIENT	2,500.
HEALTH AND MEDICINE POLICY RESEARCH GROUP 29 E. MADISON ST, STE 602 CHICAGO, IL 60602		PC	HEALTHCARE	105,000.
HEALTHCARE ALTERNATIVE SYSTEMS 1915-17 W. ROOSEVELT RD. BROADVIEW, IL 60155		PC	GENERAL OPERATING	66,000.
ILLINOIS COALITION FOR IMMIGRANT AND REFUGEE RIGHTS 228 S. WABASH, STE 800 CHICAGO, IL 60604		PC	HEALTHCARE	5,000.
ILLINOIS COALITION FOR IMMIGRANT AND REFUGEE RIGHTS 228 S. WABASH, STE 800 CHICAGO, IL 60604		PC	HEALTHCARE	75,000.
ILLINOIS COALITION FOR IMMIGRANT AND REFUGEE RIGHTS 228 S. WABASH, STE 800 CHICAGO, IL 60604		PC	GENERAL OPERATING	125,000.
ILLINOIS COALITION FOR IMMIGRANT AND REFUGEE RIGHTS 228 S. WABASH, STE 800 CHICAGO, IL 60604		PC	UNRESTRICTED USE OF CHARITABLE RECIPIENT	500.
ILLINOIS PARTNERS FOR HUMAN SERVICES 33 W. GRAND AVE, SUITE 300 CHICAGO, IL 60654		PC	UNRESTRICTED USE OF CHARITABLE RECIPIENT	5,000.
ILLINOIS PARTNERS FOR HUMAN SERVICES 33 W. GRAND AVE., STE 300 CHICAGO, IL 60654		PC	GENERAL OPERATING	25,000.
INNER-CITY MUSLIM ACTION NETWORK 2744 W. 63RD ST CHICAGO, IL 60629		PC	GENERAL OPERATING	165,000.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
INSTITUTO DEL PROGRESO LATINO 2520 S. WESTERN AVENUE CHICAGO, IL 60608		PC	GENERAL OPERATING	75,000.
IXCHEL 1814 S. 61ST AVE CICERO, IL 60804		PC	GENERAL OPERATING	15,000.
LATINO POLICY FORUM 180 N. MICHIGAN AVE, STE 1250 CHICAGO, IL 60601		PC	GENERAL OPERATING	25,000.
LATINO POLICY FORUM 180 N. MICHIGAN AVE, STE 1250 CHICAGO, IL 60601		PC	UNRESTRICTED USE OF CHARITABLE RECIPIENT	4,400.
LATINOS PROGRESANDO 3047 W. CERMAK RD CHICAGO, IL 60623		PC	GENERAL OPERATING	25,000.
LAWDALE CHRISTIAN HEALTH CENTER 3860 W. OGDEN AVE CHICAGO, IL 60623		PC	GENERAL OPERATING	100,000.
LEADERSHIP GREATER CHICAGO 111 E. UPPER WACKER DRIVE, STE 1220 CHICAGO, IL 60601		PC	GENERAL OPERATING	10,000.
LEGAL COUNCIL FOR HEALTH JUSTICE 17 N. STATE ST, STE 900 CHICAGO, IL 60602		PC	GENERAL OPERATING	25,000.
LOYOLA UNIVERSITY CHICAGO -- GREELEY CTR 850 N. MICHIGAN AVE CHICAGO, IL 60611		PC	LOYOLA SCHOOL BASED HEALTH CENTER AT PROVISO STREET	100,000.
LOYOLA UNIVERSITY OF CHICAGO 820 N. MICHIGAN AVE CHICAGO, IL 60611		PC	GENERAL OPERATING	55,000.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
MACNEAL HOSPITAL 3429 S. OAK PARK AV BERWYN , IL 60402		PC	GENERAL OPERATING	25,000.
MAPSCORP 5307 S. HYDE PARK BLVD CHICAGO, IL 60615		PC	GENERAL OPERATING	25,000.
METROPOLITAN CHICAGO BREAST CANCER TASK FORCE 300 S. ASHLAND AVE, STE 202 CHICAGO, IL 60607		PC	GENERAL OPERATING	100,000.
MEXICAN AMERICAN LEGAL DEFENSE & EDUCATIONAL FUND 11 E. ADAMS ST, #700 CHICAGO, IL 60603		PC	UNRESTRICTED USE OF CHARITABLE RECIPIENT	1,250.
MIDTOWN EDUCATIONAL 718 S. LOOMIS ST CHICAGO, IL 60607		PC	UNRESTRICTED USE OF CHARITABLE RECIPIENT	1,000.
MOBILE CARE CHICAGO 321 N. LOOMIS, STE 202 CHICAGO, IL 60607		PC	GENERAL OPERATING	25,000.
MUJERES LATINAS EN ACCION 2124 W. 21ST PL CHICAGO, IL 60608		PC	GENERAL OPERATING	150,000.
MUJERES LATINAS EN ACCION 2124 W. 21ST PL CHICAGO, IL 60608		PC	UNRESTRICTED USE OF CHARITABLE RECIPIENT	1,000.
NAMI METRO SUBURBAN 816 HARRISON ST OAK PARK , IL 60304		PC	GENERAL OPERATING	65,000.
NATIONAL LATINO EDUCATION INSTITUTE 2011 W. PERSHING RD CHICAGO, IL 60609		PC	UNRESTRICTED USE OF CHARITABLE RECIPIENT	3,400.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
NATIONAL MUSEUM MEXICAN ART 1852 W. 19TH ST CHICAGO, IL 60608		PC	UNRESTRICTED USE OF CHARITABLE RECIPIENT	860.
NEW MOMS, INC. 5317 W. CHICAGO AVE CHICAGO, IL 60651		PC	GENERAL OPERATING	35,000.
OAK LEYDEN DEVELOPMENTAL SERVICES 411 W. CHICAGO AVE OAK PARK, IL 60302		PC	GENERAL OPERATING	75,000.
OAK PARK RIVER FOREST INFANT WELFARE SOCIETY 320 LAKE ST OAK PARK, IL 60302		PC	GENERAL OPERATING	100,000.
PASO WEST SUBURBAN ACTION PROJECT 3415 W. NORTH AVE, STE D MELROSE PARK, IL 60160		PC	HEALTHCARE	5,000.
PASO WEST SUBURBAN ACTION PROJECT 3415 W. NORTH AVE, STE D MELROSE PARK, IL 60160		PC	HEALTHCARE	75,000.
PASO WEST SUBURBAN ACTION PROJECT 3415 W. NORTH AVE, STE D MELROSE PARK, IL 60160		PC	GENERAL OPERATING	50,000.
PAV YMCA 2947 OAK PARK AVE BERWYN, IL 60402		PC	WELLNESS CENTER FOR ELDERLY/UNDERPRIVILEGE	25,000.
PAV YMCA 2947 OAK PARK AVE BERWYN, IL 60402		PC	GENERAL OPERATING	25,000.
PCC COMMUNITY WELLNESS CENTER 14 LAKE ST OAK PARK, IL 60302		PC	GENERAL OPERATING	100,000.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
PILLARS COMMUNITY HEALTH 23 CALENDAR AVE LA GRANGE , IL 60525		PC	GENERAL OPERATING	150,000.
PROVISO PARTNERS FOR HEALTH 2160 S. 1ST AVE MAYWOOD , IL 60153		PC	GENERAL OPERATING	20,000.
SAINT ANTHONY HOSPITAL 2875 W. 19TH ST CHICAGO, IL 60623		PC	GENERAL OPERATING	30,000.
SARAH'S INN 309 HARRISON OAK PARK , IL 60304		PC	GENERAL OPERATING	50,000.
SARGENT SHRIVER NATIONAL CENTER ON POVERTY LAW 67 E. MADISON ST, SUITE 2000 CHICAGO, IL 60603		PC	GENERAL OPERATING	100,000.
SINAI URBAN HEALTH INSTITUTE 1500 S. FAIRFIELD AVE CHICAGO, IL 60608		PC	GENERAL OPERATING	100,000.
SISTERHOUSE 25 WASHINGTON BLVD. OAK PARK, IL 60302		PC	GENERAL OPERATING	10,000.
SISTERHOUSE 27 WASHINGTON BLVD OAK PARK, IL 60302		PC	GENERAL OPERATING	10,000.
SOUTHWEST ORGANIZING PROJECT (SWOP) 2558 W. 63RD ST CHICAGO, IL 60629		PC	GENERAL OPERATING	20,000.
SUBURBAN PRIMARY HEALTH CARE COUNCIL 2225 ENTERPRISE DR, STE 2507 WESTCHESTER , IL 60154		PC	GENERAL OPERATING	70,000.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
TALLER DE JOSE 2831 W. 24TH BLVD CHICAGO, IL 60623		PC	GENERAL OPERATING	10,000.
THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS 840 S. WOOD ST CHICAGO, IL 60612		PC	UNRESTRICTED USE OF CHARITABLE RECIPIENT	3,433.
THE LATINO ALZHEIMER'S AND MEMORY DISORDERS ALLIANCE 6112 W. CERMAK RD CICERO, IL 60804		PC	GENERAL OPERATING	25,000.
THE LATINO ALZHEIMER'S AND MEMORY DISORDERS ALLIANCE 6112 W. CERMAK RD CICERO, IL 60804		PC	UNRESTRICTED USE OF CHARITABLE RECIPIENT	5,000.
THE LEADERSHOP 4903 S. WILLOW SPRINGS LA GRANGE, IL 60525		PC	GENERAL OPERATING	30,000.
UCAN 3605 W. FILLMORE ST CHICAGO, IL 60624		PC	GENERAL OPERATING	75,000.
UCP SEGUIN SERVICES 3100 S. CENTRAL AVE. CICERO, IL 60804		PC	GENERAL OPERATING	75,000.
UNIVERSITY OF ILLINOIS 1220 S. WOOD ST CHICAGO, IL 60608		NC - PUBLIC UNIVERSITY	HEALTHCARE	8,929.
WAY BACK INN 104 OAK ST MAYWOOD, IL 60153		PC	GENERAL OPERATING	50,000.
WEST COOK YMCA 255 W. MAROIN ST OAK PARK, IL 60302		PC	GENERAL OPERATING	15,000.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
YEMBA 1207 S. SAWYER AVE CHICAGO, IL 60623		PC	GENERAL OPERATING	16,000.
YOUTH CROSSROADS, INC. 3401 GUNDERSON BERWYN, IL 60402		PC	GENERAL OPERATING	100,000.
Total from continuation sheets				

823631
04-01-18

Part XV Supplementary Information

3 Grants and Contributions Approved for Future Payment (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ENLACE CHICAGO 2756 S. HARDING AVENUE CHICAGO, IL 60623		PC	GENERAL OPERATING	75,000.
FOREFRONT 208 S. LASALLE, STE 1540 CHICAGO, IL 60604		PC	STRATEGIC INITIATIVE	50,000.
HEALTHCARE ALTERNATIVE SYSTEMS 1915-17 W. ROOSEVELT RD BROADVIEW, IL 60155		PC	HEALTHCARE	27,500.
MUJERES LATINAS EN ACCION 2124 W. 21ST PL CHICAGO, IL 60608		PC	HEALTHCARE	40,000.
SARGENT SHRIVER NATIONAL CENTER ON POVERTY LAW 67 E. MADISON ST, STE 2000 CHICAGO, IL 60603		PC	STRATEGIC INITIATIVE	50,000.
Total from continuation sheets				242,500.

Underpayment of Estimated Tax by Corporations

Department of the Treasury
Internal Revenue Service

▶ Attach to the corporation's tax return.

FORM **990-PF**

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

2018

Name HEALTHY COMMUNITIES FOUNDATION	Employer identification number 36-4324067
---	---

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

Part I Required Annual Payment			
1 Total tax (see instructions)		1	549,909.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b		
c Credit for federal tax paid on fuels (see instructions)	2c		
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 does not owe the penalty		3	549,909.
4 Enter the tax shown on the corporation's 2017 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5		4	
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3		5	549,909.

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

6 The corporation is using the adjusted seasonal installment method.

7 The corporation is using the annualized income installment method.

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

Part III Figuring the Underpayment		(a)	(b)	(c)	(d)
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	05/15/18	06/15/18	09/15/18	12/15/18
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	137,477.	137,478.	137,477.	137,477.
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	384,872.	75,000.	75,000.	
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	12		247,395.	184,917.	122,440.
13 Add lines 11 and 12	13		322,395.	259,917.	122,440.
14 Add amounts on lines 16 and 17 of the preceding column	14				
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	384,872.	322,395.	259,917.	122,440.
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	17				15,037.
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18	247,395.	184,917.	122,440.	

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

LHA For Paperwork Reduction Act Notice, see separate instructions. Form 2220 (2018)

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C 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 4/15/2018 and before 7/1/2018	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 5\% (0.05)}{365}$...	22 \$	\$	\$	\$
23 Number of days on line 20 after 06/30/2018 and before 10/1/2018	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 5\% (0.05)}{365}$...	24 \$	\$	\$	\$
25 Number of days on line 20 after 9/30/2018 and before 1/1/2019	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 5\% (0.05)}{365}$...	26 \$	\$	\$	\$
27 Number of days on line 20 after 12/31/2018 and before 4/1/2019	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 6\% (0.06)}{365}$...	28 \$	\$	\$	\$
29 Number of days on line 20 after 3/31/2019 and before 7/1/2019	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30 \$	\$	\$	\$
31 Number of days on line 20 after 6/30/2019 and before 10/1/2019	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32 \$	\$	\$	\$
33 Number of days on line 20 after 9/30/2019 and before 1/1/2020	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34 \$	\$	\$	\$
35 Number of days on line 20 after 12/31/2019 and before 3/16/2020	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{366}$	36 \$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37 \$	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns	38			\$ 367.

* 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 990-PF
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s) HEALTHY COMMUNITIES FOUNDATION					Identifying Number 36-4324067
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
05/15/18	137,477.	137,477.			
05/15/18	<384,872.>	<247,395.>			
06/15/18	137,478.	<109,917.>			
06/15/18	<75,000.>	<184,917.>			
09/15/18	137,477.	<47,440.>			
09/15/18	<75,000.>	<122,440.>			
12/15/18	137,477.	15,037.	16	.000136986	33.
12/31/18	0.	15,037.	135	.000164384	334.
Penalty Due (Sum of Column F)					367.

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

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
US BANK	55,867.	55,868.	0.
TOTAL TO PART I, LINE 3	55,867.	55,868.	0.

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
ATTACHMENT MUTUAL FUND DIVIDENDS FROM K-1 ALLIED INVESTORS FUND, LLC 26-0634745	2,066,698.	0.	2,066,698.	2,066,698.	0.
FROM K-1 BRIDGE MULTIFAMILY & COMMERCIAL OFFICE	328.	0.	328.	328.	0.
FROM K-1 CAPITAL TODAY CHINA GROWTH FUND, LP	78.	0.	78.	78.	0.
FROM K-1 METROPOLITAN REAL ESTATE PARTNERS	86,933.	0.	86,933.	86,933.	0.
FROM K-1 PANGAEA TWO LP 27-2707204	9,473.	0.	9,473.	9,473.	0.
FROM K-1 PIMCO BRAVO FUND OFFSHORE FEEDER	25,559.	0.	25,559.	25,559.	0.
FROM K-1 PIMCO BRAVO FUND ONSHORE FEEDER AIV (III)	4,099.	0.	4,099.	4,099.	0.
FROM K-1 PIMCO BRAVO FUND ONSHORE FEEDER I LP	1,389.	0.	1,389.	1,389.	0.
FROM K-1 RESOURCE LAND FUND IV, LLC 26-3903798	82.	0.	82.	82.	0.
TO PART I, LINE 4	1,280.	0.	1,280.	1,280.	0.
	2,195,919.	0.	2,195,919.	2,195,919.	0.

FORM 990-PF	OTHER INCOME	STATEMENT	3
DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
INCOME FROM K-1 ALLIED INVESTORS FUND, LLC	<87,058.>	<86,977.>	0.
INCOME FROM K-1 BRIDGE MULTIFAMILY & COMMERCIAL OFFICE FUND II 46-1366574	<2,893.>	<2,893.>	0.
INCOME FROM K-1 CANAAN NATURAL GAS PARALLEL FUND IX LP	<7,082.>	<7,082.>	0.
INCOME FROM K-1 CANAAN NATURAL GAS PARALLEL FUND X LP	<3,599.>	<3,599.>	0.
INCOME FROM K-1 CAPITAL CHINA GROWTH	<53,744.>	<53,744.>	0.
INCOME FROM K-1 LUMINATE CAPITAL PARTNERS II LP	<9,915.>	<9,915.>	0.
INCOME FROM K-1 METROPOLITAN REAL ESTATE PARTNERS IV FUND LP	<58,322.>	<58,256.>	0.
INCOME FROM K-1 PANGEA TWO LP	<42,359.>	<42,359.>	0.
INCOME FROM K-1 PIMCO BRAVO AIV II	<8.>	<8.>	0.
INCOME FROM K-1 PIMCO BRAVO AIV III	<5.>	<5.>	0.
INCOME FROM K-1 PIMCO BRAVO FUND OFFSHORE FEEDER I LP	<547.>	<547.>	0.
INCOME FROM K-1 QUESTA CAPITAL PARTNERS I, LP	<44,139.>	<44,139.>	0.
INCOME FROM K-1 RESOURCE LAND FUND IV, LLC	<48,141.>	<48,039.>	0.
INCOME MW EUREKA	17,023.	17,023.	0.
ROYALTY INCOME FROM K-1 RESOURCE LAND FUND IV, LLC 26-3903798	907.	907.	0.
UBTI FROM K-1 METROPOLITAN REAL ESTATE PARTNERS IV FUND LP	24,138.	0.	0.
UBTI FROM K-1 RESOURCE LAND FUND IV, LLC	<24,398.>	0.	0.
UBTI CAP.GN.FROM K-1 RESOURCE LAND FUND IV, LLC	20,490.	0.	0.
TOTAL TO FORM 990-PF, PART I, LINE 11	<319,652.>	<339,633.>	0.

FORM 990-PF	LEGAL FEES			STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
LEGAL FEES	6,199.	6,199.	0.	0.	
TO FM 990-PF, PG 1, LN 16A	6,199.	6,199.	0.	0.	

FORM 990-PF	ACCOUNTING FEES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
AUDIT FEES	28,250.	28,250.	0.	0.	
ACCOUNTING & TAX SERVICES	44,915.	44,915.	0.	0.	
TO FORM 990-PF, PG 1, LN 16B	73,165.	73,165.	0.	0.	

FORM 990-PF	OTHER PROFESSIONAL FEES			STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
INVESTMENT ADVISORY FEES - WELLINGTON COMPUTER & PROGRAM CONSULTANTS	38,810.	38,810.	0.	0.	
INVESTMENT CONSULTANTS	250,554.	90,992.	0.	159,562.	
INVESTMENT CONSULTANTS	123,695.	123,695.	0.	0.	
TO FORM 990-PF, PG 1, LN 16C	413,059.	253,497.	0.	159,562.	

FORM 990-PF	TAXES			STATEMENT	7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
SECTION 4940 EXCISE TAX	562,014.	0.	0.	0.	
TAXES PAID ON FOREIGN DIVIDENDS	23,960.	23,960.	0.	0.	
UNRELATED BUSINESS INCOME	7,625.	0.	0.	0.	
PAYROLL TAXES	39,861.	0.	0.	0.	
TAX PENALTY EXPENSE	1,015.	0.	0.	0.	
TAXES WITHHELD	2,382.	0.	0.	0.	
TO FORM 990-PF, PG 1, LN 18	636,857.	23,960.	0.	0.	

FORM 990-PF	OTHER EXPENSES			STATEMENT	8
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
INSURANCE	53,026.	27,044.	0.	25,983.	
OFFICE EXPENSE	51,477.	26,253.	0.	25,223.	
SOFTWARE LICENSING	27,832.	14,194.	0.	13,638.	
EQUIPMENT PURCHASES	8,762.	4,469.	0.	4,293.	
INVESTMENT INTEREST EXPENSE	38,476.	38,476.	0.	0.	
MEMBERSHIP DUES	13,836.	7,056.	0.	6,780.	
TO FORM 990-PF, PG 1, LN 23	193,409.	117,492.	0.	75,917.	

FORM 990-PF	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT			STATEMENT	9
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE	FAIR MARKET VALUE	
FURNITURE AND FIXTURES OFFICE EQUIPMENT	27,291.	27,291.	0.	0.	
FURNITURE AND FIXTURES OFFICE EQUIPMENT	16,946.	16,946.	0.	0.	
ROUND TABLE	949.	285.	664.	664.	
FILE SERVER	4,664.	4,664.	0.	0.	
MAIL SERVER AND BACKUP COMPUTER EQUIPMENT TAH TOWER	6,336.	6,336.	0.	0.	
COMPUTER EQUIPMENT MK TOWER	875.	875.	0.	0.	
	875.	875.	0.	0.	

DELL LAPTOP VOSTRO 1710				
MK	1,174.	1,174.	0.	0.
WORKSTATIONS	8,137.	7,324.	813.	813.
LAPTOPS HP X360	1,875.	563.	1,312.	1,312.
LAPTOPS HP PAVILLION	3,087.	926.	2,161.	2,161.
LAPTOP HP	700.	210.	490.	490.
PHONE SYSTEMS	1,944.	583.	1,361.	1,361.
MACBOOK	2,795.	559.	2,236.	2,236.
TO 990-PF, PART II, LN 14	77,648.	68,611.	9,037.	9,037.

FORM 990-PF	OTHER INVESTMENTS	STATEMENT 10
-------------	-------------------	--------------

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
FIXED INCOME FROM LIMITED PARTNERSHIPS	COST	36,381,791.	36,381,791.
REAL ASSET FOCUSED LIMITED PARTNERSHIPS	COST	4,716,340.	4,716,340.
EQUITY FOCUSED LIMITED PARTNERSHIPS	COST	73,873,852.	73,873,852.
TOTAL TO FORM 990-PF, PART II, LINE 13		114,971,983.	114,971,983.

FORM 990-PF	OTHER ASSETS	STATEMENT 11
-------------	--------------	--------------

DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
SECTION 4940 EXCISE TAX DEPOSIT UNRELATED BUSINESS INCOME TAX DEPOSIT	129,897.	0.	0.
ILLINOIS UNRELATED BUSINESS INCOME TAX DEPOSIT	1,186,707.	0.	0.
DEPOSITS	162,943.	0.	0.
REDEMPTION PROCEEDS RECEIVABLE EXCHANGE	0.	1,290,313.	1,290,313.
	0.	2,266,661.	2,266,661.
	0.	85.	85.
TO FORM 990-PF, PART II, LINE 15	1,479,547.	3,557,059.	3,557,059.

FORM 990-PF	OTHER LIABILITIES	STATEMENT	12
DESCRIPTION		BOY AMOUNT	EOY AMOUNT
ACCRUED INCOME TAX PAYABLE		0.	569,639.
TOTAL TO FORM 990-PF, PART II, LINE 22		0.	569,639.

FORM 990-PF	PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS	STATEMENT	13
-------------	---	-----------	----

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MARIA PESQUEIRA 19 RIVERSIDE ROAD #6 RIVERSIDE , IL 60546	PRESIDENT 40.00	197,500.	28,500.	0.
GRACE HOU 19 RIVERSIDE ROAD #6 RIVERSIDE , IL 60546	CHAIR, BOARD MEMBER 5.00	0.	0.	0.
AMALIA S. RIOJA 19 RIVERSIDE ROAD #6 RIVERSIDE , IL 60546	VICE CHAIR, BOARD MEMBER 2.00	0.	0.	0.
JOSEPH W. MCINERNEY 19 RIVERSIDE ROAD #6 RIVERSIDE , IL 60546	TREASURER, BOARD MEMBER 5.00	0.	0.	0.
CARL BERGETZ 19 RIVERSIDE ROAD #6 RIVERSIDE , IL 60546	SECRETARY, BOARD MEMBER 5.00	0.	0.	0.
ELYSE FORKOSH CUTLER 19 RIVERSIDE ROAD #6 RIVERSIDE , IL 60546	BOARD MEMBER 2.00	0.	0.	0.
CRAIG HUFFMAN 19 RIVERSIDE ROAD #6 RIVERSIDE , IL 60546	BOARD MEMBER 2.00	0.	0.	0.
CHARLES W. MULANEY, JR. 19 RIVERSIDE ROAD #6 RIVERSIDE , IL 60546	BOARD MEMBER 2.00	0.	0.	0.

HEALTHY COMMUNITIES FOUNDATION

36-4324067

<hr/>				
ANNE MARIE MURPHY, PH.D.	BOARD MEMBER			
19 RIVERSIDE ROAD #6	2.00	0.	0.	0.
RIVERSIDE , IL 60546				
DR. YESENIA YEPEZ	BOARD MEMBER			
19 RIVERSIDE ROAD #6	2.00	0.	0.	0.
RIVERSIDE , IL 60546				
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		<hr/>	<hr/>	<hr/>
		197,500.	28,500.	0.
		<hr/>	<hr/>	<hr/>

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF COGS

COGS

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation	

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
29	FURNITURE AND FIXTURES OFFICE EQUIPMENT	01/01/07	SL	5.00		16	27,291.				27,291.	27,291.		0.	27,291.
30	FURNITURE AND FIXTURES OFFICE EQUIPMENT	03/31/07	SL	5.00		16	16,946.				16,946.	16,946.		0.	16,946.
31	ROUND TABLE	10/13/17	SL	5.00		16	949.				949.	95.		190.	285.
32	FILE SERVER	11/08/07	SL	5.00		16	4,664.				4,664.	4,664.		0.	4,664.
33	MAIL SERVER AND BACKUP	11/29/07	SL	5.00		16	6,336.				6,336.	6,336.		0.	6,336.
34	COMPUTER EQUIPMENT TAH TOWER	01/26/09	SL	5.00		16	875.				875.	875.		0.	875.
35	COMPUTER EQUIPMENT MK TOWER	01/26/09	SL	5.00		16	875.				875.	875.		0.	875.
36	DELL LAPTOP VOSTRO 1710 MK	01/26/09	SL	5.00		16	1,174.				1,174.	1,174.		0.	1,174.
37	WORKSTATIONS	06/30/14	SL	5.00		16	8,137.				8,137.	5,697.		1,627.	7,324.
38	LAPTOPS HP X360	06/12/17	SL	5.00		16	1,875.				1,875.	188.		375.	563.
39	LAPTOPS HP PAVILLION	06/12/17	SL	5.00		16	3,087.				3,087.	309.		617.	926.
40	LAPTOP HP	10/26/17	SL	5.00		16	700.				700.	70.		140.	210.
41	PHONE SYSTEMS	07/10/17	SL	5.00		16	1,944.				1,944.	194.		389.	583.
52	MACBOOK	01/09/18	SL	5.00		16	2,795.				2,795.			559.	559.
	* TOTAL 990-PF PG 1 DEPR						77,648.				77,648.	64,714.		3,897.	68,611.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						74,853.			0.	74,853.	64,714.			68,052.

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	ACQUISITIONS						2,795.			0.	2,795.	0.			559.
	DISPOSITIONS						0.			0.	0.	0.			0.
	ENDING BALANCE						77,648.			0.	77,648.	64,714.			68,611.
	ENDING ACCUM DEPR											68,611.			
	ENDING BOOK VALUE											9,037.			