

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



## Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements.

2010

Open to Public

Department of the Treasury Internal Revenue Service

For the 2010 calendar year, or tax year beginning and ending В Check if applicable C Name of organization D Employer identification number FOX VALLEY BUILDING & CONSTRUCTION Address change TRADES COUNCIL 36-3799396 Name chance Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number Initial return Terminated P.O. BOX 186 (630) 907-1674 City or town, state or country, and ZIP + 4 F Group Exemption AURORA 60507 Application pending Number > X Cash Accrual Accounting Method: Other (specify) H Check X if the organization is not Website: ► N/A required to attach Schedule B Tax-exempt status (check only one) - [ 501(c)(3) X 501(c) ( 5 ) **◄**(insert no.) L 4947(a)(1) or l 527 (Form 990, 990-EZ, or 990-PF). K Check Figure 1 the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 56,726. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)  $\mathbf{x}$ Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 1 2 2 Program service revenue including government fees and contracts 43,810 3 Membership dues and assessments 3 SEE SCHEDULE O 4 Investment income 4 5a Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than Revenue \$15,000) 6a of contributions b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such 12,915 gross income and contributions exceeds \$15,000) 6b 7.754 c Less: direct expenses from gaming and fundraising events 6c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 5,161. 6d 7a Gross sales of inventory, less returns and allowances 7a 7b b Less: cost of goods sold SEMPRED JUN 15 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7с Other revenue (describe in Schedule, 8 Total revenue Add lines 1, 2, 9 48,972. Grants and similar amounts Pad (list in Schedule 0) 10 ၁ 11 Benefits paid to or for members Benefits paid to or for methods MAY 1 8 2011 Salaries, other compensation, and employee benefits 11 8,880. 12 Professional fees and other payments to independent contractor 13 4,048. 13 Occupancy, rent, utilities, and mainted 14 1,200. Printing, publications, postage, and shipping 15 499. 15 Other expenses (describe in Schedule O) SEE SCHEDULE O 27,395. 16 42,022. 17 Total expenses. Add lines 10 through 16 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 6,950. Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 3,383. 19 Other changes in net assets or fund balances (explain in Schedule O) 20 10,333. Net assets or fund balances at end of year. Combine lines 18 through 20 Form **990-EZ** (2010) LHA For Paperwork Reduction Act Notice, see the separate instructions.

032171 02-02-11

	art II Balance Sheets. (see the instructions for Part II.)				
	Check if the organization used Schedule O to respond to any que	stion in this Part II			
	•		(A) Beginning of year	(B)	End of year
22	Cash, savings, and investments	L	3,383.	22	10,333.
23	Land and buildings	L		23	
24	Other assets (describe in Schedule 0)	_		24	
25	Total assets		3,383.	25	10,333.
26	Total liabilities (describe in Schedule O)		0.	26	0.
27			3,383.	27	10,333.
P	art III Statement of Program Service Accomplish	iments (see the instructions	for Part III.)		xpenses
	Check if the organization used Schedule O to respond to any qu	estion in this Part III		X (Require	d for section ) and 501(c)(4)
Wha	at is the organization's primary exempt purpose? SEE SCHEDUL!	E O			tions and section
	scribe what was achieved in carrying out the organization's exemp				1) trusts; optional
the	services provided, the number of persons benefited, and other re	levant information for each p	orogram title	for other	s.) - <del></del>
28	COUNCIL OPERATIONS- ALL MEMBERSH	IP DUES FROM MI	EMBERSHIP OF	<u>'</u>	
	56. THE PURPOSE OF THE COUNCIL	IS TO ENCOURAGE	GE AND FORM	_	
	LOCAL ORGANIZATION OF BUILDING T	RADESMEN			
	(Grants \$ ) If this amount includes fore	eign grants, check here	<b></b>	28a	
29				_	
		<u>.</u>		_	
		<u></u>			
	(Grants \$ ) If this amount includes fore	eign grants, check here	<u>▶</u> [	29a	
30		<del></del>		_	
			·		
	(Grants \$ ) If this amount includes fore	eign grants, check here	<b>▶</b> [	30a	
31	Other program services (describe in Schedule O)		_		
	(Grants \$ ) If this amount includes fore	eign grants, check here		31a	
	Total program service expenses (add lines 28a through 31a)	· <u>-</u>		32	
Pa	art IV List of Officers, Directors, Trustees, and K	ey Employees. List each or	ne even if not compensated (se	e the instructions	for Part IV)
	Check if the organization used Schedule O to respond to any qu	estion in this Part IV			1 1
			<del></del>		<u></u>
		(b) Title and average hou	(0) 0	(d) Contributions	(-) -,
	(a) Name and address	(b) Title and average hou per week devoted to	(If not paid, enter	to employee benefit plans &	account and
		(b) Title and average hou	(0) 0	to employee	(-) -,
	COTT ROSCOE	(b) Title and average hou per week devoted to	(If not paid, enter -0)	to employee benefit plans & deferred compensation	account and other allowances
Р.	COTT ROSCOE O. BOX 186, AURORA, IL 60507	(b) Title and average hou per week devoted to position	(If not paid, enter	to employee benefit plans & deferred	account and other allowances
Р.	COTT ROSCOE O. BOX 186, AURORA, IL 60507 ON VESTER	(b) Title and average hot per week devoted to position  PRESIDENT	(If not paid, enter -0)	to employee benefit plans & deferred compensation	account and other allowances
Р. JO Р.	COTT ROSCOE O. BOX 186, AURORA, IL 60507 ON VESTER O. BOX 186, AURORA, IL 60507	(b) Title and average hou per week devoted to position  PRESIDENT 4.00  TREASURER 4.00	(If not paid, enter -0)  2,400.	to employee benefit plans & deferred compensation	account and other allowances
P. JO P. BR	OTT ROSCOE  O. BOX 186, AURORA, IL 60507  ON VESTER  O. BOX 186, AURORA, IL 60507  ZIAN DAHL	(b) Title and average hou per week devoted to position  PRESIDENT 4.00  TREASURER 4.00  VICE PRESIDE	(If not paid, enter -0)  2,400.  1,200.	to employee benefit plans & deferred compensation	account and other allowances  0  0
P. JO P. BR	COTT ROSCOE  O. BOX 186, AURORA, IL 60507  ON VESTER  O. BOX 186, AURORA, IL 60507  CIAN DAHL  O. BOX 186, AURORA, IL 60507	(b) Title and average hou per week devoted to position  PRESIDENT 4.00  TREASURER 4.00  VICE PRESIDE 4.00	(If not paid, enter -0)  2,400.  1,200.  ENT 1,200.	to employee benefit plans & deferred compensation	account and other allowances  0  0
P. JO BR P. RI	COTT ROSCOE  O. BOX 186, AURORA, IL 60507  ON VESTER  O. BOX 186, AURORA, IL 60507  RIAN DAHL  O. BOX 186, AURORA, IL 60507  CHARD LANGE	(b) Title and average hot per week devoted to position  PRESIDENT 4.00  TREASURER 4.00  VICE PRESIDE 4.00  SERGEANT AT	(If not paid, enter -0)  2,400.  1,200.  ENT 1,200.  ARMS	to employee benefit plans & deferred compensation	account and other allowances  O  O
P. JO P. BR P. RI	COTT ROSCOE O. BOX 186, AURORA, IL 60507 ON VESTER O. BOX 186, AURORA, IL 60507 CIAN DAHL O. BOX 186, AURORA, IL 60507 CCHARD LANGE O. BOX 186, AURORA, IL 60507	(b) Title and average hot per week devoted to position  PRESIDENT 4.00  TREASURER 4.00  VICE PRESIDE 4.00  SERGEANT AT 1.00	(If not paid, enter -0)  2,400.  1,200.  ENT 1,200.	to employee benefit plans & deferred compensation	account and other allowances  O  O
P. JC P. BR P. GR	COTT ROSCOE O. BOX 186, AURORA, IL 60507 ON VESTER O. BOX 186, AURORA, IL 60507 CIAN DAHL O. BOX 186, AURORA, IL 60507 CCHARD LANGE O. BOX 186, AURORA, IL 60507 CEG ELSBREE	(b) Title and average hot per week devoted to position  PRESIDENT 4.00  TREASURER 4.00  VICE PRESIDE 4.00  SERGEANT AT 1.00  TRUSTEE	(If not paid, enter -0)  2,400.  1,200.  ENT 1,200.  ARMS	to employee benefit plans & deferred compensation	account and other allowances  O.  O.  420.
P. JC P. BR P. GR P.	COTT ROSCOE O. BOX 186, AURORA, IL 60507 ON VESTER O. BOX 186, AURORA, IL 60507 CIAN DAHL O. BOX 186, AURORA, IL 60507 CCHARD LANGE O. BOX 186, AURORA, IL 60507 CEG ELSBREE O. BOX 186, AURORA, IL 60507	(b) Title and average hor per week devoted to position  PRESIDENT 4.00  TREASURER 4.00  VICE PRESIDE 4.00  SERGEANT AT 1.00  TRUSTEE 1.00	(If not paid, enter -0)  2,400.  1,200.  ENT 1,200.  ARMS	to employee benefit plans & deferred compensation	account and other allowances  O.  O.  420.
P. JO P. BR P. RI P. GR P.	COTT ROSCOE O. BOX 186, AURORA, IL 60507 ON VESTER O. BOX 186, AURORA, IL 60507 CIAN DAHL O. BOX 186, AURORA, IL 60507 CHARD LANGE O. BOX 186, AURORA, IL 60507 CEG ELSBREE O. BOX 186, AURORA, IL 60507 CLL GERRISH	(b) Title and average hot per week devoted to position  PRESIDENT 4.00  TREASURER 4.00  VICE PRESIDE 4.00  SERGEANT AT 1.00  TRUSTEE	(If not paid, enter -0)  2,400.  1,200.  ENT 1,200.  ARMS	to employee benefit plans & deferred compensation	account and other allowances  O.  O.  420.
P. JC P. BR P. GR P. BI	COTT ROSCOE O. BOX 186, AURORA, IL 60507 ON VESTER O. BOX 186, AURORA, IL 60507 CIAN DAHL O. BOX 186, AURORA, IL 60507 CCHARD LANGE O. BOX 186, AURORA, IL 60507 CEG ELSBREE O. BOX 186, AURORA, IL 60507 CLL GERRISH O. BOX 186, AURORA, IL 60507	(b) Title and average hot per week devoted to position  PRESIDENT 4.00 TREASURER 4.00 VICE PRESIDE 4.00 SERGEANT AT 1.00 TRUSTEE 1.00 TRUSTEE 1.00	(If not paid, enter -0)  2,400.  1,200.  ENT 1,200.  ARMS	to employee benefit plans & deferred compensation	account and other allowances  . 0. 0 0. 420.
P. JC P. BR P. GR P. BI	COTT ROSCOE O. BOX 186, AURORA, IL 60507 ON VESTER O. BOX 186, AURORA, IL 60507 CIAN DAHL O. BOX 186, AURORA, IL 60507 CHARD LANGE O. BOX 186, AURORA, IL 60507 CEG ELSBREE O. BOX 186, AURORA, IL 60507 CLL GERRISH	(b) Title and average hot per week devoted to position  PRESIDENT 4.00 TREASURER 4.00 VICE PRESIDE 4.00 SERGEANT AT 1.00 TRUSTEE 1.00 TRUSTEE 1.00	(If not paid, enter -0)  2,400.  1,200.  ENT  1,200.  ARMS  0.	to employee benefit plans & deferred compensation	account and other allowances  . 0. 0 0. 420.
P. JC P. BR P. GR P. BI P. RI	COTT ROSCOE O. BOX 186, AURORA, IL 60507 ON VESTER O. BOX 186, AURORA, IL 60507 CIAN DAHL O. BOX 186, AURORA, IL 60507 CCHARD LANGE O. BOX 186, AURORA, IL 60507 CEG ELSBREE O. BOX 186, AURORA, IL 60507 CLL GERRISH O. BOX 186, AURORA, IL 60507	(b) Title and average hot per week devoted to position  PRESIDENT 4.00 TREASURER 4.00 VICE PRESIDE 4.00 SERGEANT AT 1.00 TRUSTEE 1.00 TRUSTEE 1.00	(If not paid, enter -0)  2,400.  1,200.  ENT  1,200.  ARMS  0.  0.	to employee benefit plans & deferred compensation	account and other allowances  . 0. 0 0 420 420.
P. JC P. BR P. GR P. BI P. RI P.	COTT ROSCOE O. BOX 186, AURORA, IL 60507 ON VESTER O. BOX 186, AURORA, IL 60507 CIAN DAHL O. BOX 186, AURORA, IL 60507 CCHARD LANGE O. BOX 186, AURORA, IL 60507 CEG ELSBREE O. BOX 186, AURORA, IL 60507 CLL GERRISH O. BOX 186, AURORA, IL 60507 CLL GERRISH O. BOX 186, AURORA, IL 60507 CCK DUNLAP	(b) Title and average hot per week devoted to position  PRESIDENT 4.00 TREASURER 4.00 VICE PRESIDE 4.00 SERGEANT AT 1.00 TRUSTEE 1.00 TRUSTEE 1.00 FINANCIAL SE	(If not paid, enter -0)  2,400.  1,200.  ENT  1,200.  ARMS  0.  0.	to employee benefit plans & deferred compensation	account and other allowances  . 0. 0 0 420 420.
P. JO P. BR P. GR P. BI P. JE	COTT ROSCOE  O. BOX 186, AURORA, IL 60507  ON VESTER  O. BOX 186, AURORA, IL 60507  CIAN DAHL  O. BOX 186, AURORA, IL 60507  CCHARD LANGE  O. BOX 186, AURORA, IL 60507  CEG ELSBREE  O. BOX 186, AURORA, IL 60507  CLL GERRISH  O. BOX 186, AURORA, IL 60507  CK DUNLAP  O. BOX 186, AURORA, IL 60507	(b) Title and average hot per week devoted to position  PRESIDENT 4.00 TREASURER 4.00 VICE PRESIDE 4.00 SERGEANT AT 1.00 TRUSTEE 1.00 TRUSTEE 1.00 FINANCIAL SE	(If not paid, enter -0)  2,400.  1,200.  ENT  1,200.  ARMS  0.  0.	to employee benefit plans & deferred compensation	account and other allowances  . 0. 0 0 420 420 0.
P. JC P. BR P. GR P. BI P. JE	COTT ROSCOE O. BOX 186, AURORA, IL 60507 ON VESTER O. BOX 186, AURORA, IL 60507 CIAN DAHL O. BOX 186, AURORA, IL 60507 CCHARD LANGE O. BOX 186, AURORA, IL 60507 CEG ELSBREE O. BOX 186, AURORA, IL 60507 CLL GERRISH O. BOX 186, AURORA, IL 60507 CCK DUNLAP O. BOX 186, AURORA, IL 60507 CFF FROST	(b) Title and average hot per week devoted to position  PRESIDENT 4.00  TREASURER 4.00  VICE PRESIDE 4.00  SERGEANT AT 1.00  TRUSTEE 1.00  FINANCIAL SE 1.00  TRUSTEE	(If not paid, enter -0)  2,400.  1,200.  ENT 1,200.  ARMS 0.  0.  CCRETARY 1,200. 0.	to employee benefit plans & deferred compensation  0  0  0  0  0	account and other allowances  . 0. 0 0 420 420 0.
P. JC P. BR P. GR P. BI P. BI P. JE	COTT ROSCOE  O. BOX 186, AURORA, IL 60507  ON VESTER  O. BOX 186, AURORA, IL 60507  CHAND DAHL  O. BOX 186, AURORA, IL 60507  CHARD LANGE  O. BOX 186, AURORA, IL 60507  CEG ELSBREE  O. BOX 186, AURORA, IL 60507  CLL GERRISH  O. BOX 186, AURORA, IL 60507  CK DUNLAP  O. BOX 186, AURORA, IL 60507  CK DUNLAP  O. BOX 186, AURORA, IL 60507  CFF FROST  O. BOX 186, AURORA, IL 60507	(b) Title and average hot per week devoted to position  PRESIDENT 4.00  TREASURER 4.00  VICE PRESIDE 4.00  SERGEANT AT 1.00  TRUSTEE 1.00  FINANCIAL SE 1.00  TRUSTEE 1.00  TRUSTEE 1.00  TRUSTEE 1.00	(If not paid, enter -0)  2,400.  1,200.  ENT 1,200.  ARMS 0.  0.  CCRETARY 1,200. 0.	to employee benefit plans & deferred compensation  0  0  0  0  0	account and other allowances  . 0. 0. 0. 420. 420 420.
P. JC P. BR P. GR P. BI P. BI P. JE	COTT ROSCOE  O. BOX 186, AURORA, IL 60507  ON VESTER  O. BOX 186, AURORA, IL 60507  CHAND DAHL  O. BOX 186, AURORA, IL 60507  CHARD LANGE  O. BOX 186, AURORA, IL 60507  CEG ELSBREE  O. BOX 186, AURORA, IL 60507  CLL GERRISH  O. BOX 186, AURORA, IL 60507  CK DUNLAP  O. BOX 186, AURORA, IL 60507  CK DUNLAP  O. BOX 186, AURORA, IL 60507  CFF FROST  O. BOX 186, AURORA, IL 60507  CFF FROST  O. BOX 186, AURORA, IL 60507  CUCK RUEGGE	(b) Title and average hot per week devoted to position  PRESIDENT 4.00 TREASURER 4.00 VICE PRESIDE 4.00 SERGEANT AT 1.00 TRUSTEE 1.00 TRUSTEE 1.00 FINANCIAL SE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 RECORDING SE	(If not paid, enter -0)  2,400.  1,200.  ENT 1,200.  ARMS  0.  0.  CCRETARY 1,200.  0.  ECRETARY	to employee benefit plans & deferred compensation  0  0  0  0  0  0	account and other allowances  . 0. 0. 0. 420. 420 420.
P. JC P. BR P. GR P. BI P. BI P. JE	COTT ROSCOE  O. BOX 186, AURORA, IL 60507  ON VESTER  O. BOX 186, AURORA, IL 60507  CHAND DAHL  O. BOX 186, AURORA, IL 60507  CHARD LANGE  O. BOX 186, AURORA, IL 60507  CEG ELSBREE  O. BOX 186, AURORA, IL 60507  CLL GERRISH  O. BOX 186, AURORA, IL 60507  CK DUNLAP  O. BOX 186, AURORA, IL 60507  CK DUNLAP  O. BOX 186, AURORA, IL 60507  CFF FROST  O. BOX 186, AURORA, IL 60507  CFF FROST  O. BOX 186, AURORA, IL 60507  CUCK RUEGGE	(b) Title and average hot per week devoted to position  PRESIDENT 4.00 TREASURER 4.00 VICE PRESIDE 4.00 SERGEANT AT 1.00 TRUSTEE 1.00 TRUSTEE 1.00 FINANCIAL SE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 RECORDING SE	(If not paid, enter -0)  2,400.  1,200.  ENT 1,200.  ARMS  0.  0.  CCRETARY 1,200.  0.  ECRETARY	to employee benefit plans & deferred compensation  0  0  0  0  0  0	account and other allowances  . 0. 0. 0. 420. 420 420.
P. JC P. BR P. GR P. BI P. BI P. JE	COTT ROSCOE  O. BOX 186, AURORA, IL 60507  ON VESTER  O. BOX 186, AURORA, IL 60507  CHAND DAHL  O. BOX 186, AURORA, IL 60507  CHARD LANGE  O. BOX 186, AURORA, IL 60507  CEG ELSBREE  O. BOX 186, AURORA, IL 60507  CLL GERRISH  O. BOX 186, AURORA, IL 60507  CK DUNLAP  O. BOX 186, AURORA, IL 60507  CK DUNLAP  O. BOX 186, AURORA, IL 60507  CFF FROST  O. BOX 186, AURORA, IL 60507  CFF FROST  O. BOX 186, AURORA, IL 60507  CUCK RUEGGE	(b) Title and average hot per week devoted to position  PRESIDENT 4.00 TREASURER 4.00 VICE PRESIDE 4.00 SERGEANT AT 1.00 TRUSTEE 1.00 TRUSTEE 1.00 FINANCIAL SE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 RECORDING SE	(If not paid, enter -0)  2,400.  1,200.  ENT 1,200.  ARMS  0.  0.  CCRETARY 1,200.  0.  ECRETARY	to employee benefit plans & deferred compensation  0  0  0  0  0  0	account and other allowances  . 0. 0. 0. 420. 420 420.
P. JC P. BR P. GR P. BI P. BI P. JE	COTT ROSCOE  O. BOX 186, AURORA, IL 60507  ON VESTER  O. BOX 186, AURORA, IL 60507  CHAND DAHL  O. BOX 186, AURORA, IL 60507  CHARD LANGE  O. BOX 186, AURORA, IL 60507  CEG ELSBREE  O. BOX 186, AURORA, IL 60507  CLL GERRISH  O. BOX 186, AURORA, IL 60507  CK DUNLAP  O. BOX 186, AURORA, IL 60507  CK DUNLAP  O. BOX 186, AURORA, IL 60507  CFF FROST  O. BOX 186, AURORA, IL 60507  CFF FROST  O. BOX 186, AURORA, IL 60507  CUCK RUEGGE	(b) Title and average hot per week devoted to position  PRESIDENT 4.00 TREASURER 4.00 VICE PRESIDE 4.00 SERGEANT AT 1.00 TRUSTEE 1.00 TRUSTEE 1.00 FINANCIAL SE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 RECORDING SE	(If not paid, enter -0)  2,400.  1,200.  ENT 1,200.  ARMS  0.  0.  CCRETARY 1,200.  0.  ECRETARY	to employee benefit plans & deferred compensation  0  0  0  0  0  0	account and other allowances  . 0. 0. 0. 420. 420 420.
P. JC P. BR P. GR P. BI P. BI P. JE	COTT ROSCOE  O. BOX 186, AURORA, IL 60507  ON VESTER  O. BOX 186, AURORA, IL 60507  CHAND DAHL  O. BOX 186, AURORA, IL 60507  CHARD LANGE  O. BOX 186, AURORA, IL 60507  CEG ELSBREE  O. BOX 186, AURORA, IL 60507  CLL GERRISH  O. BOX 186, AURORA, IL 60507  CK DUNLAP  O. BOX 186, AURORA, IL 60507  CK DUNLAP  O. BOX 186, AURORA, IL 60507  CFF FROST  O. BOX 186, AURORA, IL 60507  CFF FROST  O. BOX 186, AURORA, IL 60507  CUCK RUEGGE	(b) Title and average hot per week devoted to position  PRESIDENT 4.00 TREASURER 4.00 VICE PRESIDE 4.00 SERGEANT AT 1.00 TRUSTEE 1.00 TRUSTEE 1.00 FINANCIAL SE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 FRUSTEE 1.00 FRUSTEE 1.00 FRUSTEE	(If not paid, enter -0)  2,400.  1,200.  ENT 1,200.  ARMS  0.  0.  CCRETARY 1,200.  0.  ECRETARY	to employee benefit plans & deferred compensation  0  0  0  0  0  0	account and other allowances  . 0. 0. 0. 420. 420 420.
P.O. D.O. D.O. D.O. D.O. D.O. D.O. D.O.	COTT ROSCOE  O. BOX 186, AURORA, IL 60507  ON VESTER  O. BOX 186, AURORA, IL 60507  CHAND DAHL  O. BOX 186, AURORA, IL 60507  CHARD LANGE  O. BOX 186, AURORA, IL 60507  CEG ELSBREE  O. BOX 186, AURORA, IL 60507  CLL GERRISH  O. BOX 186, AURORA, IL 60507  CK DUNLAP  O. BOX 186, AURORA, IL 60507  CK DUNLAP  O. BOX 186, AURORA, IL 60507  CFF FROST  O. BOX 186, AURORA, IL 60507  CFF FROST  O. BOX 186, AURORA, IL 60507  CUCK RUEGGE	(b) Title and average hot per week devoted to position  PRESIDENT 4.00 TREASURER 4.00 VICE PRESIDE 4.00 SERGEANT AT 1.00 TRUSTEE 1.00 TRUSTEE 1.00 FINANCIAL SE 1.00 TRUSTEE 1.00 TRUSTEE 1.00 FRUSTEE 1.00 FRUSTEE 1.00 FRUSTEE	(If not paid, enter -0)  2,400.  1,200.  ENT 1,200.  ARMS  0.  0.  CCRETARY 1,200.  0.  ECRETARY	to employee benefit plans & deferred compensation  0  0  0  0  0  0	account and other allowances  . 0. 0. 0. 420. 420 420.

33 Did the organization engage in any activity not previously reported to the IRS? If Yes,* provide a detailed description of each activity in Schedule 0  Were any significant changes made to the organization of an end of the intervent of inter		Check if the organization used Schedule 0 to respond to any question in this Part V			X
Schedule 0  Were any significant changes made to the organization of name. Otherwise, explain the change on Schedule 0 (see instructions)  If the organization has income from business activities, such as those reported on lines 2, Ba, and 7a (among others), but not reported on from 990-1.  If the organization has income from business activities, such as those reported on lines 2, Ba, and 7a (among others), but not reported on 10 mm 990-1.  But the organization has unrelated business gross income of \$1,000 or more or was at a section 501(c)(6) organization and such responsation of not report their normole not form 990-1.  But the organization or has the schedule 0 Myth organization of not organized the organization of the organization of not organized the organization of not organized the organization of the organization of not organized to provide the organization of the o				Yes	No
34 Were any significant changes made to the organizang or governing documents? If Yes, *tatach a conformatic copy of the amended documents if they reflect a change to the organization is made. Delivense, exposula in the change on Schedule () (see instructions).  35 If the organization had recome from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule () why the organization and not report the income on Form 990-T.  3 Dolf the organization have unrelated business gross income of \$1,000 in more or was in a section \$501(0)(5), organization subject to section \$603(8)(6) notice, reporting, and proxy tax requirements?  3 Dolf the organization uplient to section \$603(8)(6) notice, reporting, and proxy tax requirements?  3 Dolf the organization uplient to generate the section \$1,000 in more or was in a section \$501(0)(5), organization subject to section \$603(8)(6) notice, reporting, and proxy tax requirements?  3 Dolf the organization uplient to generate the section \$1,000 in more organization section \$1,000 in more generated to generate the section \$1,000 in more generated and generated on any of its prior Forms \$90 in \$90 in \$2,000 in Yes, complete Schedule, Plant I and enter the total amount in move decreased to generate the section \$1,000 in more generated on any section \$458 excess benefit transaction of the section \$1,000 in more generated on any section \$458 excess benefit transaction during the year under section \$1,000 in generation generated on any of its prior Forms \$90 in \$90 in \$2,000 in Yes, complete Schedule, Plant I section \$1,000 in generated to generate the section \$1,000 in generated to generate the section \$1,000 in generated t	33				
documents if they reflect a change to the organization's harm. Otherwes, explain the change on Schedule O (see instructions)  3 If the organization had morne from boursess activities, such as those reported on lens 2, 6a, and 7a (among others), but not reported on Form 990-1, explain in Schedule 0 why the organization did not report the morne on Form 990-1.  3 Did the organization indured to escentio 603(9) on lone, reporting, and proxy tax requirements?  3 If If Yes, has it filled a tax return on Form 990-1 for this year?  3 Bid the organization underpor a lequidation, dissolution, turnmation, or significant disposition of net assets during the year? If Yes, complete applicable parts of Schedule N  3 Finar amount of policical expenditures, direct or indirect, as described in the instructions.  5 Did the organization of the Form 1120-POL for this year?  8 Bid the organization to file Form 1120-POL for this year?  9 Did the organization to Form 990-1 and the end of the tax year covered by this return?  5 If Yes, complete Schedule L, Part II and enter the total amount involved  9 Section 501((x)) organizations. Enter amount of tax imposed on the organization during the year under: section 501((x)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 501((x)(3) and 501((x)(4) organizations. Enter amount of tax imposed on organization during the year ordical expensions. Enter amount of tax imposed on organization during the year under section 501((x)(3) and 501((x)(4) organizations. Enter amount of tax or line 40c rembursed by the organization during the year under sections 501(x) and 501((x)(4) organizations. Enter amount of tax or line 40c rembursed by the organization.  5 Section 501((x)(3) and 501((x)(4) organizations. Enter amount of tax or line 40c rembursed by the organization. All organizations. Enter amount of tax or line 40c rembursed by the organization. All organizations. Enter amount of tax organization and the section of the section 500((x)(3) and 501((x)(4)			33		X
35 If the organization had mome from business activities, such as those reported on lines 2, 5a, and 7a (among others), but next reported on Form 999-T, explain in Schedule 0 why the organization did not report the income on Form 990-T.  1 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of next session 501(c)(4), 501(c)(5), or 501(c)(6) organization undergo a liquidation, dissolution, termination, or significant disposition of next session 401(c)(4), 501(c)(5), or 501(c)(5), or 501(c)(6) organization or form 990-To the types?  35 Did the organization or form 990-To the year?  36 Did the organization brown from 6 form 1120-POL for the year?  37 Effet amount of policical expenditures, direct or indirect, as described in the instructions.  36 Did the organization brown from or make any losins to, any officer, director, trustee, or key employee or ware any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  37 If 1'ves, complete Schedule I, Part I and enter the total amount minovided an ine 9  38 Did the organization schedule on the 9 to public use of club facilities  38 Did Hospinston 501(c)(7) organizations. Enter an out of the organization engage in any section 4915 b N/A  39 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year of did it engage in an excess benefit transaction during the year of did it engage in an excess benefit transaction during the year of did it engage in an excess benefit transaction during the year of did it engage in an excess benefit transaction during the year of did it engage in an excess benefit transaction during the year of did it engage in a excess benefit transaction during the year of did it engage in a excess benefit transaction during the year of did it engage in a excess benefit transaction of year of ye	34		١		l
reported on Form 990-T, explain in Schedule O why the organization and not report the income on Form 990-T.  a Did the organization have unrelated business gross moome of \$1,000 or more or was it a section \$51(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(6) notice, reporting, and proxy tax requirements?  b If Yes's, has it flied a tax return on Form 990-T for the year?  350 Did the organization undergo a fundation, dissolution, termination, or significant disposition of net assets during the year? If Yes's complete applicable parts of Schedule N  371	٥-		34		X
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section \$01(c)(4), 501(c)(5), or \$501(c)(6) organization subject to section \$033(c) notice, reporting, and proxy tax requirements?  351 If Yes, has it field at fax return on Form \$90-1" for this year?  352 If the arround of political expenditures, direct or indirect, as described in the instructions.  353 If Yes, has it field at fax return on Form \$90-1" for this year?  354 If the arround of political expenditures, direct or indirect, as described in the instructions.  355 If Yes, omplete Schedule N  366 If Yes, complete Schedule N  376 If Yes, complete Schedule N  377 If the arround of political expenditures, direct or indirect, as described in the instructions.  378 If Yes, omplete Schedule N  379 If Yes, organization before in 120-POL for this year?  380 If Yes, organization before in 120-POL for this year?  381 If Yes, organization before in 120-POL for this year?  382 If Yes, organization schedule N  383 If Yes, organization schedule N  384 If Yes, organization schedule N  385 If Yes, organization schedule N  386 If Yes, organization schedule N  387 If Yes, organization schedule N  388 If Yes, organization schedule N  389 If Yes, organization schedule N  380 If Yes, organization schedule N	35			Ì	
Solicy(6) organization subject to section 603(4) notes, reporting, and proxy tax requirements?  35 Did the organization subject to section 603(4) notes, reporting, and proxy tax requirements?  36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, 35b N/A  37 a Enter amount of political expenditives, direct or indirect, as described in the instructions.  38 Did the organization in Form 1120-PCL for this year?  39 Did the organization for form 1120-PCL for this year?  39 Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the fax year covered by this return?  39 Section 50 (100) reparations. Enter:  30 In 1495, complete Schedule L, Part II and enter the total amount involved  30 Section 50 (100) organizations. Enter:  30 In 1495, complete Schedule L, Part II and enter the total amount involved  31 Section 50 (100) organizations. Enter:  39 In 1495, complete Schedule L, Part II and enter the total amount of tax imposed on the organization during the year under;  39 Section 50 (100) organizations. Enter amount of tax imposed on the organization during the year under;  39 Section 50 (100) organizations. Finer amount of tax imposed on the organization during the year under;  39 Section 50 (100) organizations. Part amount of tax imposed on organization 405 excess benefit transaction during the year, or did tengage an an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-E2?  30 Section 50 (100) organizations. Finer amount of tax on line 40c reimbursed by the organizations and prior year and the part of the part o	_				
b If Yes, has it filed a tax return on Form 990-T for this year?  Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete applicable parts of Schedule N  37 a first amount of political expenditures, direct or indirect, as described in the instructions.  Did the organization for Form 120-POL for this year?  38 b Did the organization first and 120-POL for this year?  38 b Did the organization first and 120-POL for this year?  38 b Did the organization first and 120-POL for this year?  38 b If Yes, complete Schedule L, Part II and enter the total amount involved  38 b If Yes, complete Schedule L, Part II and enter the total amount involved  39 Section 501(c)(7) organizations. Enter:  30 Intaino first and captal contributions included on line 9  b Gross recepts, included on line 9, for public use of club facilities  10 Forest recepts, included on line 9, for public use of club facilities  10 Forest recepts, included on line 9, for public use of club facilities  11 Forest recepts, included on line 9, for public use of club facilities  12 Forest recepts, included on line 9, for public use of club facilities  13 Forest recepts, included on line 9, for public use of club facilities  14 Forest recepts, included on line 9, for public use of club facilities  15 Forest recepts, included on line 9, for public use of club facilities  16 Forest recepts, included on line 9, for public use of club facilities  17 Forest recepts, included on line 9, for public use of club facilities  18 Forest recepts, included on line 9, for public use of club facilities  19 Forest recepts, included on line 9, for public use of club facilities  19 Forest recepts and captal contributions included on line 9, for public use of club facilities  19 Forest recepts and facilities facilities with a facilities or substitution of the organizations. All the organizations on properties and facilities with a facilities organization and properties facilities with a proper	ä				•
38 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes,* complete applicable parts of Schedule N 37a India mount of political expenditures, direct or indirect, as described in the instructions.  ▶ 37a 3,640.  ★ 37b Indiversal to the organization of the form 1120-PDL for this year?  ★ 38b Indiversal to provide the parts of Schedule N 37b If Yes,* complete Schedule I, Part II and enter the total amount involved 38b If Yes,* complete Schedule I, Part II and enter the total amount involved 38b Indiversal to the service of the service o				NT /	
as a manufacture producted expenditures, complete applicable parts of Schedule N  3		·	350	_N/	A
The Enter amount of polinical expenditures, direct or indirect, as described in the instructions.  Did the organization file Form 1120-PDL for this year?  37 b	30		0.0		v
b Did the organization the Form 1120-P0L for this year?  37b	27 2		36		Λ
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  1 11 **Section 501(c)(7) organizations. Enter: 1 Initiation fees and capital contributions included on line 9. 2			276		v
n a prior year and still outstanding at the end of the tax year covered by this return?  b if Yes, complete Schedule I., Part II and enter the total amount involved  38b N/A  Section 501(c)(7) organizations. Enter:  a Intihation fees and capital contributions included on line 9  b Gross recepts, included on line 9, for public use of club facilities  40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► N/A ; section 4912 ► N/A ; section 4912 ► N/A ; section 4912 ► N/A  Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? if Yes, complete Schedule I., Part I  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  40b N/A  40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8886-T  41 List the states with which a copy of this return is filed. ► NONE  42a The organization's books are in care of ► SCOTT ROSCOE Telephone no. ► 630 978 – 4501  Located at ► P - O. BOX 186, AURORA, II.  b At any time during the calendar year, did the organization have an interest in or a signature or other financial accounts.  c At any time during the calendar year, did the organization have an interest in or a signature or other financial accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If Yes, enter the name of the foreign country: ►  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest re			3/0		
b If Yes,* complete Schedule L, Part II and enter the total amount involved  3 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on line 9  5 Gross recepts, included on line 9, for public use of club facilities  5 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  5 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4915 ► N/A  5 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 ► N/A  6 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 ► N/A  7 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section any of its prior Forms 990 or 990-E2?  8 If Yes,* complete Schedule L, Part I  9 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  9 N/A  10 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  10 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year manufaction organization and the section of the year and the organizations and thing the year and the organization and the tax shelter transaction? If Yes,* complete form 886-T  11 List the states with which a copy of this return is filed. ► NONE  12 The organization's books are in care of ► SCOTT ROSCOE  12 Telephone no. ► 630 978 – 4501  13 Telephone no. ► 630 978 – 4501  14 Telephone no. ► 630 978 – 4501  15 Telephone no. ► 630 978 – 4501  16 Section 501(c)(3) and 501(c)(4) organization and the tax shelter transaction organization shocks are in care of ► SCOTT ROSCOE  16 Telephone no. ► 630 978 – 4501  17 Telephone no. ► 630 978 – 4501  18 Telephone no. ► 630 978 – 4501  19 Tele	50 a		200		v
a Inhaton fees and capital contributions included on line 9 b Gross receipts, included on line 9 of public use of club facilities  39b N/A  39b N/A  39b N/A  39b N/A  39b Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A  \$ section 4912 ▶ N/A \$ section 501(c)(3) and 501(c)(4) organizations. Bother amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 \$ N/A \$ Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If Yes, complete form 8886-T \$ List the states with which a copy of this return is filled. ▶ NONE \$ Telephone no. ▶ 630 978-4501 Located at ▶ P.O. BOX 186, AURORA, IL \$ 2IP + 4 ▶ 60507  At any time during the calendar year, did the organization are interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accountly? If Yes, enter the name of the foreign country; ▶ See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  At 20 If Yes, enter the name of the foreign country; ▶ See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  At 20 If Yes enter the amount of tax-exempt interest received or accrued during the	h		304		
a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 3 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A; section 4912 ▶ N/A; section 4955 ▶ N/A  b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If Yes, complete Schedule I, Part I  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualished persons during the year under sections 4912, 4955, and 4958  — 4. Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organizations. At any time during the tax year, was the organization in end 40c reimbursed by the organization? If Yes, complete Form 8886-T  4. List the states with which a copy of this return is filed. ▶ NONIE  4. List the states with which a copy of this return is filed. ▶ NONIE  4. List the organization's books are in care of ▶ SCOTT ROSCOB  Located at ▶ P.O. BOX 186, AURORA, TL  Section 4947(a)(1) in onexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the name of the foreign country: ▶  See the instructions for exceptions and filing requirements for Form 10F 90-22.1, Report of Foreign Bank and Financial Accounts.  Also if Yes, enter the name of the foreign country: ▶  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  14 Did the organization maintain any donor advised funds during the year? If Yes, Form 990 must be completed instead of Form 990-EZ  b Did the organization receive any payments for indoor tanning services during the year?  14 C Did the organizat			1		
b Gross receipts, included on line 9, for public use of club facilities  40a Section 501(c)(3) organizations. Finer amount of tax imposed on the organization during the year under: section 4911 ▶ N/A; section 4912 ▶ N/A; section 4955 ▶ N/A  b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-E2? If Yes, Complete Schedule, L. Part I  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8886-T  40 List the states with which a copy of this return is filed. ▶ NONE  12 Is the organization books are in care of ▶ SCOTT ROSCOB  12 Is the organization shocks are in care of ▶ SCOTT ROSCOB  13 If Yes, enter the name of the foreign country; (such as a bank account, securities account, or other funancial account in a foreign country; (such as a bank account, securities account, or other financial accounts.  14 At any time during the calendar year, did the organization maintain an office outside of the U.S.?  15 Yes, enter the name of the foreign country; ▶  26 Ettion 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44a Did the organization maintain any donor advised funds during the year? If Yes, Form 990 must be completed instead of Form 990-EZ  b Did the organization receive any payments for indoor tanning services during the year?  44b X  44c X  44c If Yes, to line 44c, has the organization filed a Form 720 to report thes					
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 → N/A ; section 4912 ► N/A ; section 4915 ► N/A  b Section 501(c)(3) and 501(c)(4) organizations. Dut the organization engage in any section 4955 because benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If Yes, complete Schedule L, Part I  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4959  d. Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes,* complete Form 8886-T  List the states with which a copy of this return is filed. ► NONE  11 List the states with which a copy of this return is filed. ► NONE  12 The organization's books are in care of ► SCOTT ROSCOE  12 Telephone no. ► 630 978 - 4501  12 Located at ► P.O. BOX 186, AURORA, IL  23 The organization's books are in care of ► SCOTT ROSCOE  14 The unit of the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country; (such as a bank account, securities account, or other financial accounts.  15 At any time during the calendar year, did the organization maintain an office outside of the U.S.?  16 Yes,* enter the name of the foreign country;  27 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  17 Yes,* enter the name of the foreign country:  18 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the yea					
b Section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A  b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-E2? If Yes,* complete Schedule L, Part I  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.  A Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.  A Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.  B N/A  40c					
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule I, Part I  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section.501(c)(3) and 501(c)(4) organizations. Enter amount of lax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed. ► NONE  11 List the states with which a copy of this return is filed. ► NONE  12 The organization's books are in care of ► SCOTT ROSCOE  Telephone no. ► 630 978-4501  Located at ► P.O. BOX 186, AURORA, II.  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country; (such as a bank account, securities account, or other financial accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country: ►  Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 m					ĺ
year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ?  If Yes, complete Schedule I, Part I  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  M/A  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.  All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8886-T  List the states with which a copy of this return is filed.  NONE  Telephone no. 630 978-4501  Located at P.O. BOX 186, AURORA, IL  Located at P.O. BOX 186, AURORA, IL  All underly over a financial account in a foreign country (such as a bank account, securities account, or other financial accountly?  If Yes, enter the name of the foreign country.  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  C At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If Yes, enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year? If Yes, Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If Yes, Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If Yes, Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If Yes, Form 990 must be completed instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?  If Yes to line 44c, has the organization feed a For	b				
If "Yes," complete Schedule L, Part I  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  — d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization  e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8866-1  Lest the states with which a copy of this return is filed.  NONE  11 List the states with which a copy of this return is filed.  NONE  12 The organization's books are in care of SCOTT ROSCOE Telephone no. 630 978-4501  Located at P.O. BOX 186, AURORA, IL ZIP+4 60507  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country.  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  11 "Yes," enter the name of the foreign country.  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  11 "Yes," enter the name of the foreign country.  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  12 Yes No  13 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 990 must be completed instead of Form 990-EZ  14 Under the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  14 Under organization operate one or more hospital facilities during the year? If "Yes," Form 99	_				
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d_Section.501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line-40c reimbursed by the organization  e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes,* complete Form 8886-T  40e  X  1 List the states with which a copy of this return is filed.  NONE  12a The organization's books are in care of SCOTT ROSCOE  Telephone no.  630 978-4501  Located at P.O. BOX 186, AURORA, IL  ZIP+4 60507  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts)?  If Yes,* enter the name of the foreign country.  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If Yes,* enter the name of the foreign country.  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If Yes,* enter the name of the foreign country.  See the instructions for exceptions and filing requirements for Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  44a Did the organization maintain any donor advised funds during the year? If Yes,* Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If Yes,* Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facili			40b	N/	A
or disqualified persons during the year under sections 4912, 4955, and 4958  d_Section.501(c)(3) and 501(c)(4) organizationsEnter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8886-T  40e  X  X  X  All cist the states with which a copy of this return is filed. ► NONE  12	c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			
d_Section.501(c)(3) and.501(c)(4) organizations=Enter-amount of tax on line 40c reimbursed by the organization  e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes,* complete Form 8886-T  41 List the states with which a copy of this return is filled. ► NONE  42a The organization's books are in care of ► SCOTT ROSCOE  Located at ► P.O. BOX 186, AURORA, IL  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts)  If Yes,* enter the name of the foreign country: ►  See the instructions for exceptions and filling requirements for Form 10 F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If Yes,* enter the name of the foreign country: ►  Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44a N/A  44a Did the organization maintain any donor advised funds during the year? If Yes,* Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If Yes,* Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If Yes* to line 44c, has the organization filled a Form 720 to report these payments? If *No,* provide an explanation		•			
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes,* complete Form 8886-T  List the states with which a copy of this return is filed. ▶ NONE  12 The organization's books are in care of ▶ SCOTT ROSCOE  Located at ▶ P.O. BOX 186, AURORA, IL  Located at ▶ P.O. BOX 186, AURORA, IL  ZIP + 4 ▶ 60507  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If Yes,* enter the name of the foreign country: ▶  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  44a Did the organization maintain any donor advised funds during the year? If Yes,* Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If Yes,* Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If Yes* to line 44c, has the organization filed a Form 720 to report these payments? If *No,* provide an explanation	_ d.				ļ
transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed.  NONE  1 Located at P.O. BOX 186, AURORA, IL  Located at P.O. BOX 186, AURORA, IL  Located at P.O. BOX 186, AURORA, IL  Any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  If "Yes," browde an explanation  If yes, "Form 990 must be completed instead of Form 990-EZ  If "Yes," Form 990 must be completed instead of Form 990-EZ  If "Yes," Form 990 must be completed instead of Form 990-EZ  If yes, "Form 990 must be completed instead of Form 990-EZ  If yes, "Form 990 must be completed instead of Form 990-EZ  If yes, "Form 990 must be completed instead of Form 990-EZ  If yes, "Form 990 must be completed instead of Form 990-EZ  If yes, "Form 990 must be completed instead of Form 990-EZ  If yes, "Form 990 must be completed instead of Form 990-EZ  If yes, "Form 990 must be completed instead of Form 990-EZ					
List the states with which a copy of this return is filled.   NONE  Telephone no. 630 978-4501  Located at P.O. BOX 186, AURORA, II. ZIP+4 60507  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts)?  If "Yes," enter the name of the foreign country: See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  C At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  Yes No  Yes No  Yes No  Yes No  Od the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			1
At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:  See the instructions for exceptions and filting requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  If "Yes," enter the name of the foreign country:  Und the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of form 990-EZ  b Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of form 990-EZ  c Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation		transaction? If "Yes," complete Form 8886-T	40e	!	Х
Located at P.O. BOX 186, AURORA, IL  Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?  If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation  ZIP + 4	41	List the states with which a copy of this return is filed.   NONE			
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  Yes No  If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  C Did the organization receive any payments for indoor tanning services during the year?  If "Yes," Form 990 must be completed instead of Form 990-EZ  44b X  If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	42 a	The organization's books are in care of $\triangleright$ SCOTT ROSCOE Telephone no. $\triangleright$ 630 97	8 – 4	501	
over a financial account in a foreign country (such as a bank account, securities account, or other financial  account)?  If "Yes," enter the name of the foreign country:  See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  Yes No  Yes No  The No  Yes No  Yes No  If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation		Located at $\triangleright$ P.O. BOX 186, AURORA, IL ZIP+4 $\triangleright$ 6	050	7	
account)?  If "Yes," enter the name of the foreign country:  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  144a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
If "Yes," enter the name of the foreign country:  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  14a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation		over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  144 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  C Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation		account)?	42b	-	X
the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  14a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation		· · · · · · · · · · · · · · · · · · ·			
If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  Yes No  Joint the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?  If "Yes," Form 990 must be completed instead of Yes," Form 990 must be completed instead of Form 990-EZ  Ada X  If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation					
A3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  A4a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  B Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  C Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	C		42c		X
and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  14a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation					
Yes No  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	43	· · · · · · · · · · · · · · · · · · ·	_		Ш
Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation		and enter the amount of tax-exempt interest received or accrued during the tax year	<u> N/A</u>		
Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation					
Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation		D.(II)		Yes	No
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	44 a				 
of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	_		44a	_	<u> </u>
c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	b				
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation					
			44c		X_
	a		اييا		

Form 990-EZ (2010)

Page 3

F	FOX VALLEY BUILDING & CO	ONSTRUCTION	•	•			
Form 990-EZ (	2010) TRADES COUNCIL		···	<u> 36-3799</u>	<u> 396</u>		Page 4
AE la anu ca	loted assessment as a sectority described and the					Yes	No
	lated organization a controlled entity of the organization within the organization receive any payment from or engage in any transaction			540/h\/40\0	45		_X_
	Form 990 and Schedule R may need to be completed instead of For		e meaning of section	512(0)(13)	45a		x
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?					454		
If "Yes," o	complete Schedule C, Part I		<u> </u>		46	_x	
Part VI	Section 501(c)(3) organizations and section						
	organizations and section 4947(a)(1) nonexempt charitable trusts Check if the organization used Schedule O to respond to any quest		and 52, and complete	the tables for li	nes 50		
						Yes	No
	organization engage in lobbying activities? If "Yes," complete Sch	·			47		
	ganization a school as described in section 170(b)(1)(A)(ii)? If "Ye irganization make any transfers to an exempt non-charitable related	· ·			48 49a		
	was the related organization a section 527 organization?	organization?			49b		
	e this table for the organization's five highest compensated employe	ees (other than officers, directors	s, trustees and key en	nployees) who e		ceived i	more
	0,000 of compensation from the organization. If there is none, ente			· · · ·			
		(b) Title and average hours	(c) Compensation	(d) Contributions to employee		e) Expe	
	(a) Name and address of each employee paid more than \$100,000	per week devoted to position		benefit plans & deferred		ccount er allow	
-	than \$100,000 N/A	·		compensation	_		
		<del></del>					
			·				
					+-		
					+		
		Ţ <u> </u>			<u> </u>		
	nber of other employees paid over \$100,000						
	this table for the organization's five highest compensated independent ion. If there is none, enter "None." ${f N/A}$	dent contractors who each received	ved more than \$100,0	000 of compens	ation fi	om the	;
Urganizat	(a) Name and address of each independent contractor paid more	than \$100 000	(b) Type of serv	uce (	-) Com	pensat	IOD
			(5)	-10	,	pomour	
						_	
	nber of other independent contractors each receiving over \$100,000 rganization complete Schedule A? <b>Note</b> : All section 501(c)(3) organ						
	e trusts must attack a completed <u>Schedu</u> le A	mzations and 4947 (a)(1) nonexe	mpt	<b>⊾</b> Γ	Ye		□ No
U	nder penalties of port of declare that I have examined this return, including acondect, and complete Declaration of preparer (other than officer) is based on all	ccompanying schedules and statement	ts, and to the best of my	knowledge and be	lief, it is	true,	
Sign	Jed Karen			5/1	z-/		
Here	Signature of officer  Scott Space Scott			Date '	,		
	Type or print name and title	D€n	<u>.</u>	···			
	Print/Type preparer's name Preparer's signatur	Date ,	, Check	ıf PTIN			
Paid	10-	1000	self- employ	, I			
Preparer	ANDREW TWARDOWSKI	600 3111	<i>(1</i>				
Use Only	Firm's name ► SIKICH LLP		Firm's EIN				
	Firm's address ▶ 998 CORPORATE BLVD Phone no. 630-5			66-	840	0	
Mouth 100 d	AURORA, IL 60502		<del></del>	, T.	اون		<del></del>
May the IRS dis 032174 03-04-11	scuss this return with the preparer shown above? See instructions				Ye	s	<u>  No</u>
					UI 111 3	JU EL (	20 IUI

#### **SCHEDULE C** (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A.

<ul> <li>Section</li> </ul>	501(c)(4), (5), or (6) organiza					
Name of org	1011 1111	LEY BUILDING &	CONSTRUCTION		Emplo	yer identification number
Doct I A		<u>COUNCIL</u> ganization is exempt un	dor section 501/s	laria a acation	F07 an	<u> 36-3799396</u>
Part I-A	Complete if the or	ganization is exempt un	der section 501(c)	or is a section	527 OF	ganization.
1 Provide	a description of the organi	zation's direct and indirect polit	ucal campaign activities	in Part IV		
	al expenditures	zation 3 direct and indirect point	iicai campaign activities	III Fait IV	<b>▶</b> \$	3,640
3 Volunte	•				ν Ψ_	0.
• • • • • • • • • • • • • • • • • • • •				•	-	
Part I-B	Complete if the or	ganization is exempt un	der section 501(c)	(3).		
1 Enter t	he amount of any excise tax	incurred by the organization ui	nder section 4955		▶\$	
2 Enter t	he amount of any excise tax	incurred by organization mana	gers under section 495	5	▶\$	
3 If the o	rganization incurred a section	on 4955 tax, did it file Form 472	0 for this year?			Yes No
4a Was a	correction made?					Yes No
	" describe in Part IV	<del></del>				
Part I-C	Complete if the or	ganization is exempt un	der section 501(c)	, except sectio		<del></del>
	•	d by the filing organization for s	•		▶\$_	3,640
		nization's funds contributed to	other_organizations-for-s	ection-527		
-	t function activities				▶\$_	
	•	s. Add lines 1 and 2 Enter here	and on Form 1120-POL	<b>-</b> 1		2 642
line 17					▶\$_	3,640
	filing organization file Form	•				Yes X No
		mployer identification number (i				
		ation listed, enter the amount pa romptly and directly delivered to				
	•	additional space is needed, pro			separate	s segregated fund of a
			<del></del>		d from	(-) Amount of polytopl
	(a) Name	(b) Address	(c) EIN	(d) Amount paid		<ul><li>(e) Amount of political contributions received and</li></ul>
				funds. If none, e	1	promptly and directly
		1		ì	ľ	delivered to a separate
						political organization. If none, enter -0-
		-	<del></del>			·
					ĺ	
			_	<del> </del>		
				-		
		1			ĺ	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA

Schedule C (Form 990 or 990-EZ) 2010

FOX VALLEY BUILDING & CONSTRUCTION Schedule C (Form 990 or 990-EZ) 2010 TRADES COUNCIL Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). A Cheek ▶ rf the filing organization belongs to an affiliated group. B Check ► if the filing organization checked box A and "limited control" provisions apply (a) Filing (b) Affiliated group **Limits on Lobbying Expenditures** organization's totals (The term "expenditures" means amounts paid or incurred.) totals 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0i Subtract line 1f from line 1c If zero or less, enter -0j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period \_Calendar\_year (a) 2007 (b) 2008 (c) 2009(d) 2010 (e) Total (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount

2a Lobbying nontaxable amount
b Lobbying ceiling amount
(150% of line 2a, column(e))

c Total lobbying expenditures

d Grassroots nontaxable amount
e Grassroots ceiling amount
(150% of line 2d, column (e))

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2010

	OIN 990 OF 990-EZYZOTO TRADES COUNCIL	30-3/33330
Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT f	iled Form 5768
	(election under section 501(h)).	

	(a)		(b)	
	Yes	No	Amo	ount
During the year, did the filing organization attempt to influence foreign, national, state or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities? If "Yes," describe in Part IV				
j Total Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
art III-A Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6).	ion 501(c)(	(5), or se	ection	
33 ((4)(4))	*, *		Yes	N
Were substantially all (90% or more) dues received nondeductible by members?		1		
•		9		Ì
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  art III-B Complete if the organization is exempt under section 501(c)(4), sect  501(c)(6)-if-BOTH-Part-III-A, lines 1 and 2 are answered "No" OR if Part-IIII-A, lines				
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  art III-B Complete if the organization is exempt under section 501(c)(4), sect  501(c)(6)-if-BOTH-Part-III-A, lines 1 and 2 are answered "No" OR if Part-III-A, "Yes."		3 (5), or se ne 3 is a		
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  art III-B Complete if the organization is exempt under section 501(c)(4), sect  501(c)(6)-if-BOTH-Part-III-A, lines 1 and 2 are answered "No" OR if Pa  "Yes."  Dues, assessments and similar amounts from members	art III-A, lir	3 (5), or se		
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  art III-B Complete if the organization is exempt under section 501(c)(4), sect  501(c)(6)-if-BOTH-Part-III-A, lines 1 and 2 are answered "No" OR if Pa  "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	art III-A, lir	3 (5), or se ne 3 is a		
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  art III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6)-if-BOTH-Part-III-A, lines 1 and 2 are answered "No" OR if Pa"Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	art III-A, lir	3 (5); or se ne 3 is a		
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  art III-B Complete if the organization is exempt under section 501(c)(4), sect  501(c)(6)-if-BOTH-Part-III-A, lines 1 and 2 are answered "No" OR if Pa "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year	art III-A, lir	3 (5), or se ne 3 is a		
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  art III-B Complete if the organization is exempt under section 501(c)(4), sect  501(c)(6)-if-BOTH-Part-III-A, lines 1 and 2 are answered "No" OR if Pa "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year	art III-A, lir	3 (5), or sene 3 is a 1 2a 2b		
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  art III-B Complete if the organization is exempt under section 501(c)(4), sect  501(c)(6)-if-BOTH-Part-III-A, lines 1 and 2 are answered "No" OR if Pa  "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total	art III-A, lir	3 (5), or se ne 3 is a 1 2 2b 2c		
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  art III-B Complete if the organization is exempt under section 501(c)(4), sect  501(c)(6)-if-BOTH-Part-III-A, lines 1 and 2 are answered "No" OR if Part-Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	art III-A, lir	3 (5), or sene 3 is a 1 2a 2b		
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  art III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6)-if-BOTH-Part-III-A, lines 1 and 2 are answered "No" OR if Pa"Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year Carryover from last year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the expenses is a section 162(e) and the expense of the amount on line 3, what portion of the expense of the section 162(e) and the expense of the amount on line 3, what portion of the expense of the section 162(e) dues of nondeductible section 162(e) dues of notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the expense of the section 162(e) dues of notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the expense of the section 162(e) dues of notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the expense of the section 162(e) dues of notices were sent and the amount on line 2c exceeds the amount on line 3.	ical	3 (5), or se ne 3 is a 1 2 2b 2c		
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  art III-B	ical	3 (5), or sene 3 is as 1 2a 2b 2c 3		
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  art III-B Complete if the organization is exempt under section 501(c)(4), sect  501(c)(6)-if-BOTH-Part-III-A, lines 1 and 2 are answered "No" OR if Partyes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the expenditure next year?	ical	3 (5), or sene 3 is an 1 2a 2b 2c 3		
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6)-if-BOTH-Part-III-A, lines 1 and 2 are answered "No" OR if Partyes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)	art III-A, lir	3 (5), or sene 3 is as 1 2a 2b 2c 3		
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  art III-B   Complete if the organization is exempt under section 501(c)(4), sect    501(c)(6)-if-BOTH-Part III-A, lines 1 and 2 are answered "No" OR if Pa"Yes."    Dues, assessments and similar amounts from members   Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).    Current year   b Carryover from last year   c Total     Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues   if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the expenditure next year?   Taxable amount of lobbying and political expenditures (see instructions)   c   c   c   c   c   c   c   c   c	ccess	3 (5), or sene 3 is an 1 2a 2b 2c 3	nswered	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  art III-B   Complete if the organization is exempt under section 501(c)(4), sect	ccess	3 (5), or sene 3 is an 1 2a 2b 2c 3	nswered	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  The political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  The political expenditures from the prior year?  The political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  The political expenditures from the prior year?  The political expenditures of nondeductible section 162(e) dues are political expenditures from the prior year?  The political expenditures from the prior year.  The political expension of the prior year.  The political expension of year.  The political expe	ccess	3 (5), or sene 3 is an 1 2a 2b 2c 3	nswered	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  Tart III-B   Complete if the organization is exempt under section 501(c)(4), sect	ccess	3 (5), or sene 3 is an 1 2a 2b 2c 3	nswered	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6)-if-BOTH-Part-III-A, lines 1 and 2 are answered "No" OR if Partyes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  art IV Supplemental Information  Implete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, are any additional information.  ART I-A, LINE 1:	ical cess political	3 (5), or sene 3 is an 1 2a 2b 2c 3 4 5	nswered	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  The political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  The political expenditures from the prior year?  The political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  The political expenditures from the prior year?  The political expenditures of nondeductible section 162(e) dues are political expenditures from the prior year?  The political expenditures from the prior year.  The political expension of the prior year.  The political expension of year.  The political expe	ical cess political	3 (5), or sene 3 is an 1 2a 2b 2c 3 4 5	nswered	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6)-if-BOTH-Part III-A, lines 1 and 2 are answered "No" OR if Pa"Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exposes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  art IV Supplemental Information  Implete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, are any additional information.  ART I-A, LINE 1:  ONTRIBUTIONS TO CAMPAIGNS FOR STATE AND LOCAL REPRESED TO THE PART I - A CAMPAIGNS FOR STATE AND LOCAL REPRESED TO THE PART I - A CAMPAIGNS FOR STATE AND LOCAL REPRESED TO THE PART I - A CAMPAIGNS FOR STATE AND LOCAL REPRESED TO THE PART I - A CAMPAIGNS FOR STATE AND LOCAL REPRESED TO THE PART I - A CAMPAIGNS FOR STATE AND LOCAL REPRESED TO THE PROPRESED TO THE PROPRES	ical cess political	3 (5), or sene 3 is an 1 2a 2b 2c 3 4 5	nswered	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6)-if-BOTH-Part-III-A, lines 1 and 2 are answered "No" OR if Partyes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  art IV Supplemental Information  Implete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, are any additional information.  ART I-A, LINE 1:	ical cess political	3 (5), or sene 3 is an 1 2a 2b 2c 3 4 5	nswered	
Did the organization make only in house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  art III-B	ical cess political	3 (5), or sene 3 is an 1 2a 2b 2c 3 4 5	nswered	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  art III-B	ical cess political	3 (5), or sene 3 is an 1 2a 2b 2c 3 4 5	nswered	

Schedule C (Form 990 or 990-EZ) 2010

#### **SCHEDULE 0**

(Form 990 or,990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010 Open to Public Inspection

Name of the organization

FOX VALLEY BUILDING & CONSTRUCTION TRADES COUNCIL

Employer identification number 36-3799396

TRADES COUNCIL	36-3799396
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST	1.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
ADVERTISING	890.
OFFICE SUPPLIES	37.
POLITICAL CONTRIBUTIONS	3,640.
DONATIONS AND FLOWERS	3,668.
PER CAPITA TAX	50.
PAYROLL TAX	655.
DUES & SUBSCRIPTIONS	2,400.
MEMBER EVENTS	11,744.
TRAVEL	4,311.
TOTAL TO FORM 990-EZ, LINE 16	27,395.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO ENCOUR.  LOCAL ORGANIZATION OF BUILDING TRADESMEN AND THE CONFERRI	
POWER AND AUTHORITY UPON THE LOCALS OF THE COUNCIL AS MAY	ADVANCE THE
INTEREST AND WELFARE OF THE BUILDING INDUSTRY, TO ADJUST	TRADE DISPUTES
ALONG PRACTICAL LINES AS THEY ARISE AND CREATE HARMONIOUS	FEELING
BETWEEN EMPLOYER AND EMPLOYEE.	
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEF	IT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FULL LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  Schedul 032211 01-24-11	NDS , DIRECTLY , ule 0 (Form 990 or 990-EZ) (2010)

### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010 Open to Public Inspection

Internal Revenue Service

Name of the organization

FOX VALLEY BUILDING & CONSTRUCTION TRADES COUNCIL

Employer identification number 36-3799396

TRADES COUNCIL	36-3799396
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONT	RACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMI	
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	