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DLN: 93493290012241

Form **990**

Department of the Treasury
Internal Revenue Service

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)

2010

OMB No 1545-0047

Open to Public Inspection

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

A Fo	r the 20	10 calendar year, or tax year beginning 06-01-2010 and ending 05-31-2011				
	eck if app	C Name of organization		D Employ	yer ide	ntification number
┌ Add	fress chai	nge For Fair Contracting		36-42	7627	1
┌ Nar	me chang	Doing Business As e		E Teleph	one nu	mber
┌ Inıt	ial return	Number and street (or P O box if mail is not delivered to street address)	Room/suite	(815)	254-3	1332
┌ _{Ter}	mınated	6170 Jollet Road	,	(013)	234-3	
┌ Am	ended re	curn City or town, state or country, and ZIP + 4		G Gross re	eceipts \$	2,360,284
	olication p	Countryside, IL 60525 ending				
	·	F Name and address of principal officer	H(a)		(C) 1	s? Yes V No
		l	ii(a) istnisa	group return fo	raπiliates	s/i Yes i No
			H(b) Are all a	iffiliates inclu	ıded?	☐ Yes 🔽 No
						see instructions)
I Ta	x-exemp	status	H(c) Group	exemptio	n num	ber F
J W	ebsite:	www iliffc org				
K Forr	n of orga	nization	L Year of form	nation 1999	M S	State of legal domicile IL
	rt I	Summary	l		-	
	1 Br	refly describe the organization's mission or most significant activities				
	TH	HE INDIANA, ILLINOIS AND IOWA FOUNDATION FOR FAIR CONTRACTIN	G MONITOR	SANDTR	RACKS	CONSTRUCTION
<u>3</u>	1	ROJECTS FOR POSSIBLE VIOLATIONS OF THE DAVIS-BACON ACT				
Activities & Governance						
<u>ş</u>	_					
ŝ		neck this box 🔭 if the organization discontinued its operations or disposed of	more than 25	5% of its n I	1	
న ఆ		umber of voting members of the governing body (Part VI, line 1a)		_	3	9
ĕ		umber of independent voting members of the governing body (Part VI, line 1b)		F	5	9
Ĕ.		otal number of individuals employed in calendar year 2010 (Part V, line 2a) . otal number of volunteers (estimate if necessary)		-	6	18
đ		otal unrelated business revenue from Part VIII, column (C), line 12			7a	
		et unrelated business taxable income from Form 990-T, line 34		_	7b	
		· · · · · · · · · · · · · · · · · · ·	Prior			Current Year
	8	Contributions and grants (Part VIII, line 1h)		2,509,99	96	2,255,000
뢀	9	Program service revenue (Part VIII, line 2g)			0	
Ravenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-	74	25
立	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		9,14	12	105,259
	1	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		2,519,2	12	2,360,284
		12)		6,00	_	6,000
		Benefits paid to or for members (Part IX, column (A), line 4)		- ,		0
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-				
Expenses		10)		1,591,53	37	1,525,267
ā	16a	Professional fundraising fees (Part IX, column (A), line 11e)				0
ठ		Total fundraising expenses (Part IX, column (D), line 25) ▶0				
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		1,007,1	-	949,544
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		2,604,65		2,480,811
<u></u>	19	Revenue less expenses Subtract line 18 from line 12	Beginning	-85,44	_	-120,527
Net Assets or Fund Balances				ar		End of Year
58.0 8.86 8.86	20	Total assets (Part X, line 16)		542,3	15	499,909
a Per	21	Total liabilities (Part X, line 26)		76,45	52	164,573
		Net assets or fund balances Subtract line 21 from line 20		465,86	5 3	335,336
	rt II	Signature Block				
		es of perjury, I declare that I have examined this return, including accompanying scl d belief, it is true, correct, and complete. Declaration of preparer (other than officer				
know	ledge.					·
	- I	L				
Sign	,	***** Signature of officer	201 Dat	<u>1-10-17</u> e		
Here		David Fagan Chairman				
		Type or print name and title				
		nt/Type Preparer's signature Da		heck if self-	_ РТ	TIN
Paid		rm's name Michael Blanski	l e	mployed 🕨	J	
Prepa	arer	rm's address Two Northfield Plaza Suite 200				rm's EIN 🕨
Use (Only [none no 🕨 (847) 881- 540
May 4	he IDC	Northfield, IL 600931294 discuss this return with the preparer shown above? (see instructions)				
ridy 1	.iie IKS	uiscuss tills return with the preparer Snown above? (See Instructions)				162 NO

Par		ent of Program Service	Accomplishments to any question in this Part III		
		the organization's mission	to any question in this Part III	<u> </u>	,
	INDIANA, ILLIN	-	I FOR FAIR CONTRACTING MON ON ACT	ITORS AND TRACKS CON	ISTRUCTION PROJECT
2	=	tion undertake any significant p 90 or 990-EZ?	rogram services during the year wh		─ Yes ▽ No
	If "Yes," describ	e these new services on Schedu	ile O		
3	services?		significant changes in how it condu		⊤Yes ✓ No
	If "Yes," describ	e these changes on Schedule O			
4	Section 501(c)(3) and 501(c)(4) organizations	each of the organization's three lar and section 4947(a)(1) trusts are venue, if any, for each program ser	required to report the amou	
 4a	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
	DAVIS-BACON ACT		R CONTRACTING MONITORS AND TRACKS NCES OPPORTUNITIES IN SUPPORT OF FA ROTECTS TAXPAYER DOLLARS		
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	INDIANA, ILLINOIS	AND IOWA FOUNDATION FOR FAIR CO	NTRACTING SCHOLARSHIP FOR STUDENTS	S ENROLLED IN A LABOR AND EMI	PLOYMENT LAW PROGRAM
4c	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
					_
4d		services (Describe in Schedule	·	\/Payanua #	\
4-	(Expenses \$	-	grants of \$) (Revenue \$)
4e	i otai program s	service expenses -\$			

Part IV	Checklist of	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If</i> "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		Νο
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		N o
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	"Yes," complete Schedule G, Part III	19		Νο
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		.୮	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 1			
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this			
h	return	-		
		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		Νο
4a	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)?	4a		No
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	36		No
		5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		No
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7b		
·	file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. DId			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		No
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		Νο
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νo
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b	-		
U	facilities	-		
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Νο
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		Νο
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand	1		
1.4-	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N a
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		No No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI											7
---	--	--	--	--	--	--	--	--	--	--	---

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
ь	Enter the number of voting members included in line 1a, above, who are			
	ındependent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		N o
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	4		
5	filed? Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No No
6	Does the organization have members or stockholders?	6		N o
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		Νο
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		N o
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O ction B. Policies (This Section B requests information about policies not required by the Internal	9		N o
	venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νο
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		Νο
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	114	162	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by			
_	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	V	
	The organization's CEO, Executive Director, or top management official		Yes	
Ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	Yes	
_Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply			
19	Own website Another's website V Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			

6170 Joliet Road Suite 200 Countryside, IL 60525 (708) 482-8800

Marc PoulosExecutive Director

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organiz	ation nor any re	lated o	rganı	zatio	on co	ompen	sate	d any current office	er, director, or trust	ee
(A) Name and Title	(B) Average hours	Posi t	tion (that a	(che		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Officei Institutional Trustee Individual trustee or director		Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
(1) Steven M Cisco Trustee	1 00	х						0	220,666	47,993
(2) Marshall Douglas Trustee	1 00	х						0	206,667	47,993
(3) Larrie Reiling Trustee	1 00	х						0	0	0
(4) James Sweeney Trustee	1 00	х						0	219,348	47,993
(5) James Sieracki Secretary	1 00	х		х				0	0	0
(6) James McNally Trustee	1 00	х						0	209,062	47,993
(7) Gene Yarkıe Trustee	1 00	х						0	0	0
(8) David Snelten Trustee	1 00	х						0	0	0
(9) David Fagan Chairman	1 00	Х		х				0	209,167	47,993

\$100,000 in compensation from the organization ▶0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours per	1	(tion that a					(D) (E) Reportable Reportable compensation compensation from related			(F) Estima amount o compens	ated of other
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	c	from t organizati relat organiza	the ion and ed
_													
											+		
											\perp		
							-	•			4		
:	Total from continuation sheet												
	Total (add lines 1b and 1c) .							<u> </u>		1,064,910)	•	239,965
	Total number of individuals (in \$100,000 in reportable compe					ted	above)) who	received more tha	ın		<u>.</u>	
										Г		Yes	No
	On line 1a? If "Yes," complete S							ee, c	or highest compens	ated employee	3		N o
	For any individual listed on line organization and related organization										4	Yes	
	Did any person listed on line 1 services rendered to the organ		-						-	or individual for	5	163	No
												•	•
_		ntractors		ndan	ende	ent c	ontrac	tors	that received mor	e than			
Se	ction B. Independent Co Complete this table for your fiv		nsated i	muep	Cila								
Se	•	ve highest comper om the organizatio		паер					<u> </u>	(B)	<u> </u>	(C	·)
Se	Complete this table for your fiv \$100,000 of compensation fro	e highest comper	n	Паер					Desci	(B) ription of services		(C Comper	
5e	Complete this table for your fiv \$100,000 of compensation fro	e highest comper m the organizatio (A)	n	indep					Descr				

Part V	лi	Statement of	Revenue						r age 2
					(A)	(B)	(C)	(D)	
					Total revenue	Related or	U nrelated	Revenue	
						exempt function	business	excluded from	
						revenue	revenue	tax under	
								sections	
								512, 513,	
10.45	1a	Federated campaig	gns 1a					or 514	-
ÉÉ									
ಕ್ಷಕ್ಷ	•	Membership dues							
Contributions, gifts, grants and other similar amounts	C	Fundraising events							
<u>≅,≅</u>	d	Related organization	ons 1d	2,255,000					
<u>%</u> (≣	e	Government grants (co	ontributions) 1e						
ें इ.स.	f	All other contributions,	gifts, grants, and 1f						j
₹ 243	a	similar amounts not inc	ciuded above included in lines 1a-1f \$						l i
	9								
쥿퉅	h	Total. Add lines 1a	a-1f	. ►	2,255,000				'
				Business Code					
ell]			Business Code					
že	2a								
윤	b								
92	C								
<u>.</u>	d								
⊊	e								1
Program Service Revenue	f	All other program :	service revenue						
ĕ									
<u></u>	g		a-2f		0				
	3		e (including dividends, inter	rest					
			imounts)	•	25			25	
	4		ent of tax-exempt bond proceeds		0				
	5	Royalties			0				
	_		(ı) Real	(II) Personal					
	6a 	Gross Rents							
	Ь	Less rental expenses							
	c	Rental income or (loss)							
	d	, ,	or (loss)		0				
			(ı) Securities	(II) O ther					
	7a	Gross amount	(1)	(, = ==					
		from sales of assets other							
		than inventory							
	Ь	Less cost or other basis and							
		sales expenses Gain or (loss)							
				b.	0				
					0				
4.	oa	(not including	n fundraising events						
ž		\$	_						
क >-		of contributions re See Part IV, line 1							
æ		See rait IV, iiile I	a a						
Other Revenue	ь	Less direct expen	nses b						
돌			s) from fundraising events		0				
-			n gaming activities See						
		Part IV, line 19							
	Ь	Less direct							
		expenses	b						
	С	Net income or (los	s) from gaming activities		0				
	10a	Gross sales of inv							
		returns and allowa							
			a						
		Less cost of good		<u></u>	0				
	L c		s) from sales of inventory	• •	<u> </u>				
	44-	Miscellaneous R		Business Code	105,259	105,259			
	l	MISCELLANEOUS	5		105,259	103,239			
	Ь								
	С								
	d	All other revenue							
	е	Total. Add lines 1:	1a-11d		105,259				
				F	,				
	12	r otal revenue. See	e Instructions	F	2,360,284	105,259		25	

	990 (2010)				Page 10
Par	Statement of Functional Expenses				
Δ	Section $501(c)(3)$ and $501(c)(4)$ organizations mus II other organizations must complete column (A) but are not required to c			(D)	
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	6,000			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	1,144,848			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	25,121			
9	Other employee benefits	251,123			
10	Payroll taxes	104,175			
а	Fees for services (non-employees) Management	0			
Ь	Legal	168,128			
с	Accounting	15,734			
d	Lobbying	44,100			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			_
g	Other	0			
12	Advertising and promotion	0			
13	Office expenses	20,126			_
14	Information technology	40,988			
15	Royalties	0			
16	Occupancy	98,592			_
17	Travel	23,350			_
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	12,555			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	112,448			
23	Insurance	44,867			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	Research and Support	73,642			
b	Gain / (loss) on Investment	18,357			
С	Computer Expense	72,445			
d	A uto and Truck Expense	80,092			
e	Advertising	54,784			
f	All other expenses	69,336			
25	Total functional expenses. Add lines 1 through 24f	2,480,811	0	0	0
26	Joint costs. Check here ► □ If following				
	SOP 98-2 (ASC 958-720) Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				200 (3.01.0)

Form 990 (2010) Page **11** Part X Balance Sheet (A) (B) Beginning of year End of year 161.830 96,140 1 Cash—non-interest-bearing 2 0 2 Savings and temporary cash investments 0 3 3 11,021 4 77,776 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 0 Schedule L . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 0 6 0 Notes and loans receivable, net 0 8 Inventories for sale or use Prepaid expenses and deferred charges 36,667 9 22,024 10a Land, buildings, and equipment cost or other basis Complete Part 641.019 10a VI of Schedule D 386.941 264,549 ь Less accumulated depreciation 10b 10c 254.078 0 11 11 0 12 12 Investments—other securities See Part IV, line 11 0 13 13 Investments—program-related See Part IV, line 11 . . 0 14 14 68.248 15 49,891 15 16 542.315 16 499,909 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 76.452 17 164,573 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 25 Other liabilities Complete Part X of Schedule D 26 76.452 164,573 26 **Total liabilities.** Add lines 17 through 25 . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets 465.863 27 335,336 Temporarily restricted net assets 28 28 Fund 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here 🕨 🥅 and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 465,863 33 335,336 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 542.315 499,909 34

Pal	Check if Schedule O contains a response to any question in this Part XI		•	.┏	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,3	360,284
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,4	180,811
3	Revenue less expenses Subtract line 2 from line 1	3		- 1	120,527
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	465,		
5	Other changes in net assets or fund balances (explain in Schedule O)	5			-10,000
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		3	335,336
Pai	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		•	୮	•
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c		No
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	sued			
3a	,	:	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		No

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DLN: 93493290012241

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public

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 "Ves" to Form 990 Part IV Line 4 or Form 990 F7 Part VI line 47 (Lobbying Activities) then

	, , ,	on (o)(o)) organizations complete re	nto 17 Cana O belo	W Be not complete i al				
	ction 527 organizations Complete	•						
		s," to Form 990, Part IV, Line 4, o	•	•			• •	n
	, ,, ,	t have filed Form 5768 (election unde	, ,,			•		
	. , . ,	t have NOT filed Form 5768 (election		. ,,			•	
	_	s," to Form 990, Part IV, Line 5 (P	roxy Tax) or Foi	rm 990-EZ, Part V, line	e 35a	(Pro	xy Tax), th	ıen
	ection 501(c)(4), (5), or (6) organi	zations Complete Part III		Т				
	me of the organization lana Illinois & Iowa Foundation			Employe	rıdent	:ıfıc at	tion numbe	≱r
	Fair Contracting			36-4276	5271			
Par	t I-A Complete if the or	ganization is exempt under	section 501(c) or is a section	527	org	anizatio	n.
1	Provide a description of the or	ganızatıon's dırect and ındırect polit	ıcal campaıgn ac	tivities in Part IV				
2	Political expenditures			•	+	\$		
3	Volunteer hours							
Par	t I-B Complete if the or	ganization is exempt under	section 501((c)(3).				
1	Enter the amount of any excise	e tax incurred by the organization ur	ider section 495!	5	 - -	\$		
2	Enter the amount of any excise	e tax incurred by organization mana	gers under sectio	on 4955	F	\$		
3	If the organization incurred a s	ection 4955 tax, did it file Form 47	20 for this year?				┌ Yes	┌ No
4a	Was a correction made?						☐ Yes	┌ No
ь	If "Yes," describe in Part IV							
Par		ganization is exempt under	section 501(c) except section	501	(c)(3).	
1	•	ended by the filing organization for s		-		\$		
2	Enter the amount of the filing o	organization's funds contributed to o	ther organization	s for section 527				
	exempt funtion activities		-		-	\$		
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	20-POL, line 17b	•	\$		
4	Did the filing organization file I	Form 1120-POL for this year?					☐ Yes	√ No
5	organization made payments f amount of political contribution	nd employer identification number (E For each organization listed, enter th ns received that were promptly and o political action committee (PAC)	ne amount paid fr directly delivered	om the filing organizati I to a separate politica	ion's fu Lorgar	unds nızatı	Also ente on, such a	rthe
	(a) Name	(b) Address	(c) EIN	(d) A mount paid fi filing organization funds If none, ente	n's	con a dıre	A mount on the stributions and prompt delived the stributions of the stribution of t	received tly and ered to a olitical

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Sc	hedule C (Form 990 or 990-EZ) 2010						Page 2
P	art II-A Complete if the organization under section 501(h)).	is ex	cempt under	section 501(c)(3) and fi	led Form 5768	
A B	Check If the filing organization belongs to a Check If the filing organization checked bo			" provisions apply	/		
	Limits on Lobbying E (The term "expenditures" means a)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
<u>1</u> a	Total lobbying expenditures to influence public o	pinion	(grass roots lob	oyıng)			
b	Total lobbying expenditures to influence a legisl	atıve b	ody (direct lobby	ıng)			
c	Total lobbying expenditures (add lines 1a and 1	b)					
d	Other exempt purpose expenditures						
е	Total exempt purpose expenditures (add lines 1	c and :	Ld)				
f	Lobbying nontaxable amount Enter the amount columns	from th	e following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The	lobbying nontaxa	ble amount is:			
	Not over \$500,000	20%	of the amount on lin	e 1e			
	Over \$500,000 but not over \$1,000,000	\$100	,000 plus 15% of the	excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175	,000 plus 10% of the	excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225	,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,00	00,000				
	Grassroots nontaxable amount (enter 25% of lir	ne 1 f)					
_	Subtract line 1g from line 1a If zero or less, ent	-					
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -					
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h d	or line 11, did the	organization file F	orm 4720 rep	orting	┌ Yes ┌ No
	4-Year Av (Some organizations that made a columns below. See t	secti	on 501(h) ele		havè to co		ne five
	Lobbying Exp	endit	ures During 4	l-Year Averag	jing Period		
	Calendar year (or fiscal year						

	Lobbying Expendit	ures During 4	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has	NOT filed Fo	rm 5768
	(election under section 501(h)).		

		(a	1)	(b)
		Yes	No	A mount
1	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			
а	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 lines 1c through 1i	•		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
Ь	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?		ļ	
Par	t III-A Complete if the organization is exempt under section $501(c)(4)$, section $501(c)(6)$.	501(c))(5), o	r section

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		Νο
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		Νο
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		Νο

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is Part III-B answered "Yes".

1	Dues, assessments and similar amounts from members	1	2,255,000
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	44,100
b	Carryover from last year	2b	
С	Total	2c	44,100
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	44,100

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier Return Reference | Explanation DLN: 93493290012241

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization Indiana Illinois & Iowa Foundation For Fair Contracting

Employer identification number 36-4276271

	organization answered "Yes" to Form 99	0, Part IV, line 6. (a) Donor advised funds	/h	Funds and other accounts
Tota	I number at end of year	(a) Donor advised fullus	(6	, i and a did other accounts
	regate contributions to (during year)			
	regate contributions to (during year)			
	, , ,			
	regate value at end of year			
	the organization inform all donors and donor advise are the organization's property, subject to the o			Yes No
used	the organization inform all grantees, donors, and d only for charitable purposes and not for the ben Terring impermissible private benefit			purpose Yes No
rt II	Conservation Easements. Complete	ıf the organızatıon answered '	"Yes" to Form	990, Part IV, line 7.
	pose(s) of conservation easements held by the or Preservation of land for public use (e g , recreati Protection of natural habitat	on or pleasure) Preservati		ally importantly land area historic structure
ı	Preservation of open space			
	nplete lines 2a-2d if the organization held a quali	fied conservation contribution in t	he form of a con	servation
ease	ement on the last day of the tax year			11-1-1-4-1 Park - Caller Ware
Tota	al number of conservation easements		12-	Held at the End of the Year
			2a	
	al acreage restricted by conservation easements		2b	
	nber of conservation easements on a certified his	` ,	2c	
Num	nber of conservation easements included in (c) ac	equired after 8/17/06	2d	
	nber of conservation easements modified, transfe taxable year 🗠	rred, released, extinguished, or te	rminated by the	organization during
Num	nber of states where property subject to conserva	ation easement is located 🗠		
	s the organization have a written policy regarding rcement of the conservation easements it holds?		on, handling of v	olations, and Yes N
Staf	fand volunteer hours devoted to monitoring, insp	ecting and enforcing conservation	n easements dur	ıng the year ▶
A mo	ount of expenses incurred in monitoring, inspectir	ng, and enforcing conservation eas	sements during t	:he year ► \$
	s each conservation easement reported on line 2 (h)(4)(B)(i) and $170(h)(4)(B)(ii)^{2}$	(d) above satisfy the requirement	s of section	┌ Yes ┌ N
bala	art XIV, describe how the organization reports concessheet, and include, if applicable, the text of togramization's accounting for conservation easem	he footnote to the organization's f	•	•
rt III	Organizations Maintaining Collectio Complete if the organization answered "			er Similar Assets.
art,	e organization elected, as permitted under SFAS historical treasures, or other similar assets held ride, in Part XIV, the text of the footnote to its fin	for public exhibition, education or	research in furt	
histo	e organization elected, as permitted under SFAS orical treasures, or other similar assets held for p ride the following amounts relating to these items	oublic exhibition, education, or res		•
(i) _F	Revenues included in Form 990, Part VIII, line 1			▶ \$
(ii) _/	Assets included in Form 990, Part X			- \$
	e organization received or held works of art, histo		ssets for financi	algain provide the
	wing amounts required to be reported under SFAS		Jaces for infance	ar gam, provide the
follo				► \$

Cat No 52283D

Schedule D (Form 990) 2010

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Part	Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	<u>cal Trea</u>	<u>ısur</u>	es, or Othe	<u>er Similar Ass</u>	ets (c	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ie foll	owing that	t are	a sıgnıfıcant ı	use of its collectio	n	
а	Public exhibition		d	Γ	Loan or e	excha	ange program:	5		
b	Scholarly research		e	Γ	Other					
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ın hov	v the	y further tl	he or	ganızatıon's e	xempt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								Yes	┌ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar						answered "\	Yes" to Form 99	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lan or other interme	ediary	for c	ontributio	ns or	other assets		Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follow	ıng ta	able					
								A mo	unt	
۲. C	Beginning balance						1c			
d	Additions during the year						1d			
e •	Distributions during the year						1e			
f n-	Ending balance						1f		,	
2a	Did the organization include an amount on Fo		e 217					ı	Yes	No
	If "Yes," explain the arrangement in Part XIV				11111	F	000 P-	1.71/ 1 40		
Pal	t V Endowment Funds. Complete	f the organization (a)Current Year		were Prior \					e) Four Y	ears Back
1a	Beginning of year balance	(a)current rear	(5)	<i>)</i> 1 1101	icai (c	.,, iwo	Tears back (a	Jimee rears back (c)i oui i	cars back
 b	Contributions									
c	Investment earnings or losses									
d	Grants or scholarships									
e	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the yea	r end balance held a	as				<u>'</u>	•		
а	Board designated or quasi-endowment									
Ь	Permanent endowment									
с	Term endowment ▶									
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	that a	are held ar	nd ad	mınıstered foı	r the		
	organization by								Yes	No
	(i) unrelated organizations			•		•		3a(i)	+	
	(ii) related organizations							3a(ii)	<u> </u>	<u> </u>
	If "Yes" to 3a(II), are the related organizatio	•				•		3b		
4 Dag	Describe in Part XIV the intended uses of the tVI Investments—Land, Building:						rt V Juno 10			
Pal	t VI Investments—Land, Buildings	s, and Equipme	III. S			<u> </u>	•		Τ	
	Description of investment				a) Cost or other sis (investme		(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) B	ook value
	_and		•						1	
	Buildings		•							
	_easehold improvements		•		11	1,535		5,191	1	6,344
d I	Equipment		•	-		9,246		317,570		211,676
	Other					0,238		64,180		36,058
	I. A dd lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990 Part X colur	nn (R)		10/-11			.		254,078

Part VIII Investments—Other Securities. See	<u>: Form 990, Part X, line 12</u>	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	+	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	+	
Part VIII Investments—Program Related. Se		13.
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
	+	
	+	
Totali (committee)	<u>* </u>	
Part IX Other Assets. See Form 990, Part X, I	ine 15.	
	iption	(b) Book value
(a) Descr		
		49.121
(1) Investment in MOE-IT		49,121
		49,121 770
(1) Investment in MOE-IT		
(1) Investment in MOE-IT (2) DEPOSITS		770
(1) Investment in MOE-IT (2) DEPOSITS Total. (Column (b) should equal Form 990, Part X, col.(B) line		
(1) Investment in MOE-IT (2) DEPOSITS Total. (Column (b) should equal Form 990, Part X, col.(B) line		770
(1) Investment in MOE-IT (2) DEPOSITS Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	X, line 25.	770
(1) Investment in MOE-IT (2) DEPOSITS Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability		770
(1) Investment in MOE-IT (2) DEPOSITS Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	X, line 25.	770
(1) Investment in MOE-IT (2) DEPOSITS Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	X, line 25.	770
(1) Investment in MOE-IT (2) DEPOSITS Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	X, line 25.	770
(1) Investment in MOE-IT (2) DEPOSITS Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	X, line 25.	770
(1) Investment in MOE-IT (2) DEPOSITS Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	X, line 25.	770
(1) Investment in MOE-IT (2) DEPOSITS Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	X, line 25.	770
(1) Investment in MOE-IT (2) DEPOSITS Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	X, line 25.	770
(1) Investment in MOE-IT (2) DEPOSITS Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	X, line 25.	770
(1) Investment in MOE-IT (2) DEPOSITS Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	X, line 25.	770
(1) Investment in MOE-IT (2) DEPOSITS Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	X, line 25.	770
(1) Investment in MOE-IT (2) DEPOSITS Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	X, line 25.	770
(1) Investment in MOE-IT (2) DEPOSITS Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	X, line 25.	770
(1) Investment in MOE-IT (2) DEPOSITS Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	X, line 25.	770
(1) Investment in MOE-IT (2) DEPOSITS Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	X, line 25.	770
(1) Investment in MOE-IT (2) DEPOSITS Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	X, line 25.	770
(1) Investment in MOE-IT (2) DEPOSITS Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	X, line 25.	770
(1) Investment in MOE-IT (2) DEPOSITS Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	X, line 25.	770
(1) Investment in MOE-IT (2) DEPOSITS Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	X, line 25.	770
(1) Investment in MOE-IT (2) DEPOSITS Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	X, line 25. (b) A mount	770

Pai	TXI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,360,284
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,480,811
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-120,527
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	-10,000
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-10,000
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-130,527
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	2,360,284
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,360,284
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	2,360,284
	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	
1	Total expenses and losses per audited financial statements	1	2,480,811
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,480,811
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	2,480,811
Pai	t XIV Supplemental Information		
Cor	onlate this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P	art IV	lines 1 h and 2 h

Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier Return Reference | Explanation efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493290012241

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

Inspect ion

Name of the organization						Employer identificati	on number
Indiana Illinois & Iowa Foundation For Fair Contracting						36-4276271	
Part I General Information	n on Grants and	d Assistance					
 Does the organization maintain the selection criteria used to av Describe in Part IV the organization 	vard the grants or as	sıstance?					▽ Yes ┌
Part II Grants and Other A Form 990, Part IV, lin duplicated if additional	e 21 for any recip	ient that received r	nore than \$5,000. Ch	eck this box if no one	recipient receive	ed more than \$5,000	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
2 Enter total number of section 50	O1(c)(3) and govern	ment organizations .					0

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, P	art IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) III FFC LABOR AND EMPLOYMENT LAW SCHOLARSHIP	1	6,000			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier

Return Reference

Explanation

Compensation Information

DLN: 93493290012241

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name	of	t he	orgai	nizat	ion	
Indiana	Illu	nois 8	& Iowa	Four	ndatio	ı
For Fair	· Cc	ntrac	tına			

Employer identification number

36-4276271

Pa	Questions Regarding Compensation	on				
					Yes	Νo
1a	Check the appropiate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II		ny of the following to or for a person listed in Form vide any relevant information regarding these items			
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the oreimbursement orprovision of all the expenses desc			1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv			2		
3	Indicate which, if any, of the following the organizatorganization's CEO/Executive Director Check all t					
	Compensation committee	Γ	Written employment contract			1
	Independent compensation consultant	Γ	Compensation survey or study			1
	Form 990 of other organizations	Г	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	, Part VII	I, Section A, line $1 extstyle{a}$ with respect to the filing organization			
а	Receive a severance payment or change-of-contro	ol paymer	nt from the organization or a related organization?	4a		Νo
Ь	Participate in, or receive payment from, a suppleme	ental non	iqualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-	based co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only m	nust comp	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a,	, did the organization pay or accrue any			
а	The organization?			5a		
b	Any related organization?			5b		
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a,	, did the organization pay or accrue any			
а	The organization?			6a		
b	Any related organization?			6b		
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7		
8	Were any amounts reported in Form 990, Part VII,					
	subject to the initial contract exception described in Part III	ın Regs	section 53 4958-4(a)(3)? If "Yes," describe			1
	ın Part III			8		
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	he rebutt	able presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-M	ISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) Steven M Cisco	(I) (II)	220,666			32,403	15,590	268,659	
(2) Marshall Douglas	(ı) (ıı)	206,667			32,403	15,590	254,660	
(3) James Sweeney	(I) (II)	219,348			32,403	15,590	267,341	
(4) James McNally	(I) (II)	209,062			32,403	15,590	257,055	
(5) David Fagan	(ı) (ıı)	209,167			32,403	15,590	257,160	
(6)								
(7)								
(8)					1			
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Schedule J (Form 990) 2010 Page **3**

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier Return Reference Explanation

Schedule J (Form 990) 2010

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DLN: 93493290012241

2010

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SCHEDULE O (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 to provide any additional information.

Attach to Form 990 or 990-EZ.

Name of the organization Indiana Illinois & Iowa Foundation For Fair Contracting Employer identification number

36-4276271

Identifier	Return Reference	Explanation
	FORM 990, PART XI, LINE 5 OTHER CHANGES IN NET ASSETS	BEGINNING ACCOUNTS RECEIVABLE AND NET ASSETS WERE REDUCED BY \$10,000 TO CORRECT AN OVER-ACCRUAL OF AMOUNTS ALREADY COLLECTED

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	To ensure the Organization operates in a manner consistent with charitable purposes and does not engage in activities that could jeopardize its tax-exempt status, periodic review's shall be conducted. The periodic review's shall, at a minimum, include the following subjects. Whether compensation arrangements and benefits OF OFFICERS AND KEY EMPLOYEES are reasonable, and ARE the result of arm's length bargaining.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	Each director, principal officer and member of a committee with governing board delegated powers shall annually sign a statement which affirms such person a Has received a copy of the conflicts of interest policy,b Has read and understands the policy,c Has agreed to comply with the policy, andd Understands the Organization is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax exempt purposes

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	FORM 990 IS REVIEWED AND APPROVED BY THE FUND'S BOARD OF TRUSTEES BEFORE IT'S FILING

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DLN: 93493290012241

2010

OMB No 1545-0047

Open to Public Inspection

Employer identification number

36-4276271

SCHEDULE R (Form 990)

Name of the organization Indiana Illinois & Iowa Foundation

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

For Fair Contracting

Attach to Form 990. F See separate instructions.

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

	_			·				
	(a) Name, address, and EIN of disregarded entity		(c) Legal domicile (state or foreign country)	(d) e Total income	(e) End-of-year assets	(f) Direct controlling entity		
Part II	Identification of Related Tax-Exempt Organiza or more related tax-exempt organizations during the	tions (Complete if tax year.)	f the organizatior	n answered "Yes"	on Form 990, Part	IV, line 34 becaus	e it had	one
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 contr organ	g) 12(b)(1: rolled ızatıon
							Yes	No
See Additional	Data Table						1	
For Privacy	Act and Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Cat No 50)135Y		Schedule R (F	orm 990)	2010

(a) ame, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		(g) f end-of-year assets	(h Disprop allocat	ortionate	(i) Code V— amount in bo Schedule (Form 10	x 20 of K-1	(j Gener mana partr	al or ging	(k) Percentage ownership
								Yes	No			Yes	No	
				ble as a Corpora zations treated as a						nswered "Y	'es" on	Form	990,	Part IV,
Name, address, an	(a) d EIN of related organız	zation	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct cor enti	ntrolling	(e) Type of e (C corp, S or trust	corp,	Share o	(f) f total income	Shai end-o	j) e of f-year ets		(h) Percentage ownership
				1	1		1		1					

Part V Transactions With Related Organizations (Complete if the organization answered	d "Yes" on Form 990, Pa	art IV, line 34, 35, 3	5A, or 36.)							
Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No					
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related	d organizations listed in Par	ts II-IV?								
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity										
b Gift, grant, or capital contribution to other organization(s)										
c Gift, grant, or capital contribution from other organization(s)										
d Loans or loan guarantees to or for other organization(s)										
e Loans or loan guarantees by other organization(s)			16	•	No					
f Sale of assets to other organization(s)			11		No					
g Purchase of assets from other organization(s)										
h Exchange of assets										
i Lease of facilities, equipment, or other assets to other organization(s)										
j Lease of facilities, equipment, or other assets from other organization(s)					No					
k Performance of services or membership or fundraising solicitations for other organization(s)										
I Performance of services or membership or fundraising solicitations by other organization(s)										
m Sharing of facilities, equipment, mailing lists, or other assets										
n Sharing of paid employees										
o Reimbursement paid to other organization for expenses			10	,	No					
p Reimbursement paid by other organization for expenses			11)	No					
q Other transfer of cash or property to other organization(s)			10	ı Yes	;					
r Other transfer of cash or property from other organization(s)										
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this	line, including covered rela	tionships and transacti	ıon thresholds							
(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determ involve		mount					
(1) IUOE Local 150	n	532,541								
(2) Midwest Operating Engineers Pension Fund	ı	88,479								
(3) MOE Health and Welfare Plan	q	78,285								
(4) MOE Construction IND& SERV Trust FUND	С	2,255,000								
(5)										
(6)										

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) (c) Primary activity Legal do (state or count		(c) (d) Legal domicile (state or foreign country) (501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	agın tner?
			Yes	No		Yes	No		Yes	N
										+
										-
										t
										+
										\dagger
										╀
										+
										L
										+
										t
										ı

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier I Return Reference I	er Return Reference Explanation
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Schedule R (Form 990) 2010

Software ID: 10000105

Software Version: 2010v3.2

EIN: 36-4276271

Name: Indiana Illinois & Iowa Foundation

For Fair Contracting

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

Form 990, Schedule R, Part II - Identification of Re	lated Tax-Exempt Org	anizations	T	1	1	1	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	Sectio (b)(contr	g) on 512 (13) colled zation
						Yes	No
IUOE LOCAL 150 FOOD BANK TRUST 6170 JOLIET ROAD SUITE 200 COUNTRYSIDE, IL60525 26-4268741	TO PROVIDE FOOD BENEFITS TO MEMBERS OF IUOE LOCAL 150	IL	501(c)(3)		N/A		No
IUOE Local 150							
6200 Joliet Road Countryside, IL60525 36-1581416	To Organize Workers Eligible for Membership in the Union	IL	501 (c) 5		N/A		Νο
MOE Local 150 Apprenticeship Fund	DDOWIDE EDUCATION						
6150 Joliet Road Countryside, IL60525 36-6219511	PROVIDE EDUCATION AND TRAINING OF APPRENTICES	IL	501 (C) 3		N/A		Νο
Retirement Enhancement Fund							
6150 Joliet Road Countryside, IL60525 51-0669630	Provide Plan for the Benefit of Eligible Employees	IL	501 (A)		N/A		No
Midwest Operating Engineers Pension Fund							
6150 Joliet Road Countryside, IL60525 36-6140097	Provide pension plan for the benefit of eligible employees	IL	501 (A)		N/A		No
MOE Health and Welfare Plan							
6150 Joliet Rd Countryside, IL60525 36-6109395	Providing Health and Welfare Benefits	IL	501 (C) 9		N/A		No
MOE Construction IND& SERV Trust FUND							
6170 Joliet Road Countryside, IL60525 36-4041715	Labor Organization	IL	501 (C) 5		N/A		No
Local 150 IUOE Vacation Savings Plan							
6150 Joliet Road Countryside, IL60525 23-7376412	Voluntary Employee's Beneficiary Association	IL	501 (c) 9		N/A		Νο