

## 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



## Schedule B

Schedule of Contributors

OMB No. 1545-0047

or 990-PF) ➤ Attach to Form 990, Form 980-EZ, or Form 990-PF. Department of the Treasury Internet Revenue Service Name of the organization Employer Identification number ALPHANOOD FOUNDATION 36-3805338 Organization type (check one): Filers of: Section: Form 990 or 980-EZ 501(c)( ) (enter number) organization 4847(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexampt charitable trust treated as a private foundation 501(c)(3) texable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spacial Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Paris I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or aducational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these committees aid not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, sae the Instructions for Form 990, 980-EZ, or 890-PF.

Schedule B (Form 880, 880-EZ, or 880-PF) (2011)

	forganization ALPHAWOOD FOUNDATION		Peg
	ALPHAWOOD FOUNDATION		Emplayer Identification number 36-3805338
Part	Contributors (see instructions). Use duplicate copies of l	Part I if additional space is ne	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FRED EYCHANER  1645 W. FULLERTON AVENUE		Person X Payroli
	CHICAGO, IL 60614-1919	<b>\$</b> 3,000,000.	(Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2.	FRED EYCHANER	_	Person X
	1645 W. FULLERTON AVENUE	_ \$2,132,655.	Payroll X
<u> </u>	CHICAGO, IL 60614-1919	-	(Complete Part II if there is a noncesh contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_	FRED EYCHANER  1645 W. FULLERTON AVENUE  CHICAGO, IL 60614-1919	\$4,093,815.	Person  Payroli  Noncash  (Complete Part II if there is a noncash contribution.)
(E) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		S	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(A) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schadule B (Form 980, 990-EZ, or 980-PF) (2011)

Name of organization .ALPHAWOOD FOUNDATION Emplayer Identification number 36-3805338 PartII Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (c) (P) from (d) FMV (or estimate) Description of noncesh property given Part I Date received (see instructions) 2,572 SHARES RL POLK AND CO. 2 2,132,655. 05/10/2011 (a) No. (c) (b) from FMV (or estimate) Description of noncash property given Data received Part I (see instructions) U.S. TREASURY NOTE 4,093,815. 12/29/2011 (a) No. (c) (b) (d) from FMV (or estimate) Description of noncesh property given Date received Part I (see instructions) (a) No. (c) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (C) (b) (d) from FMV (or estimate) Description of noncesh property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncesh property given Date received Part I (see instructions)

0425876271 Nov. 16, 2012 LTR 2697C 0 R 36-3805338 201202 44 00024379

ALPHAWOOD FOUNDATION 1645 W FULLERTON CHICAGO IL 60614



**DECLARATION** 

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and balief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of Officer or Trustee

Date

MIST, MIRETRY

Title