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## **Return of Private Foundation**

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

OMB No 1545-0052

Department of the Treasury

▶ Do not enter Social Security numbers on this form as it may be made public.

		► Information about Form 990-PF and its se					form990pf. Chair	to Public Inspection
		dar year 2013 or tax year beginning		, 201	3, and e			, 20
		undation				A Employe	r identification number	er
Ap	arGı	coup Charitable Foundation				36-3927		
Nu	mber an	d street (or P O box number if mail is not delivered to street address)		Room	/suite	<b>B</b> Telephon	e number (see instructi	ons)
		Terra Cotta Ave		E		815-477	7-0424	
Cit	or tow	n, state or province country and ZIP or foreign postal code				C If exempt	ion application is pend	ıng, check here ▶ 🔲
Cr	ystal	Lake, IL 60014						
G	Check	all that apply 🔲 Initial return 🔲 Initial return	n of a former p	oublic	charity	D 1. Foreign	organizations, check	here ▶ 🔲
		☐ Final return ☐ Amended i	return			2. Foreigi	n organizations meeting	the 85% test
		Address change Name char				check	here and attach compi	itation ►
Н	Check	type of organization X Section 501(c)(3) exempt p	rivate founda	tion			foundation status was 07(b)(1)(A) check here	
	Section	on 4947(a)(1) nonexempt charitable trust 🔲 Other tax	kable private	found	dation	Section 5	br(b)(1)(A) check here	▶□
		narket value of all assets at $\mid  extsf{J}\mid$ Accounting method	🛛 🗓 Cash	A	ccrual	F If the four	ndation is in a 60-mont	h termination
		f year (from Part II, col (c), Other (specify)					ction 507(b)(1)(B), chec	
	line 16	6) ► \$ 70,746 (Part I, column (d) must be	on cash basis	)				
P	art i	Analysis of Revenue and Expenses (The total of	(a) Revenue	and				(d) Disbursements
	_	amounts in columns (b), (c), and (d) may not necessarily equal	expenses p			investment come	(c) Adjusted net income	for chantable purposes
		the amounts in column (a) (see instructions) )	books					(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	250,	000				
	2	Check ► ☐ if the foundation is <b>not</b> required to attach Sch B						
	3	Interest on savings and temporary cash investments						
	4	Dividends and interest from securities				-		
	5a	Gross rents						
	b	Net rental income or (loss)						
ā	6a	Net gain or (loss) from sale of assets not on line 10						,
Revenue	b	Gross sales price for all assets on line 6a						
≅ ¥	7	Capital gain net income (from Part IV, line 2)				0		
ď	8	Net short-term capital gain						
·	9	Income modifications						
	10a	Gross sales less returns and allowances						
ئ <del>ے</del> ریا	b	Less Cost of goods sold .						
2	С	Gross profit or (loss) (attach schedule)		0				
D	11	Other income (attach schedule) .						
	12	Total. Add lines 1 through 11	250,	000		0_	, 0	
S	13	Compensation of officers, directors, trustees, etc.		1	DEC	SVIE	7	
enses	14	Other employee salaries and wages			VE	<u> </u>	(	
ē	15	Pension plans, employee benefits						
×	16a	Legal fees (attach schedule)		850	MAY	1 4 20	4 ;	
<b>6</b>	b	Accounting fees (attach schedule)		"			1	
Ě	С	Other professional fees (attach schedule)			001	DENLI	i ngu	
Operating and Administrative Exp	17	Interest		1	וטט			
is	18	Taxes (attach schedule) (see instructions)		_				
Ē	19	Depreciation (attach schedule) and depletion .						
ğ	20	Occupancy	ļ					
þ	21	Travel, conferences, and meetings .						
an	22	Printing and publications						
g	23	Other expenses (attach schedule)				· -		
atir	24	Total operating and administrative expenses.						
ē		Add lines 13 through 23		0		0	0	0
g	25	Contributions, gifts, grants paid	291,			<u> </u>		291,272
_	26	Total expenses and disbursements. Add lines 24 and 25	291,	272		0	0	291,272
	27	Subtract line 26 from line 12			}			
	а	Excess of revenue over expenses and disbursements	(41,	272				
	b	<b>Net investment income</b> (If negative, enter -0-) .				0		
	С	Adjusted net income (if negative, enter -0-)			<u> </u>		0	

For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2013)

Pai	t II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	<del></del>
		Balance Sheets Artached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	112,018	70,746	70,746
-	2	Savings and temporary cash investments .			
	3	Accounts receivable ▶			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions) .		]	
	7	Other notes and loans receivable (attach schedule) ▶			
		Less. allowance for doubtful accounts ▶			-
হ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges .			
AS	10a	Investments – U S and state government obligations (attach schedule)			<del></del>
`	b	Investments — corporate stock (attach schedule)			
	c	Investments—corporate bonds (attach schedule)			<del> </del>
	11	Investments—land, buildings, and equipment basis ▶			
	• •	Less accumulated depreciation (attach schedule)			
	12	Investments—mortgage loans			<del></del>
- 1	13	Investments—other (attach schedule)			
	14				1
	14	Land, buildings, and equipment basis ►			-
	45	Less accumulated depreciation (attach schedule) ▶			
	15 16	Other assets (describe ► )  Total assets (to be completed by all filers—see the			<del></del>
	10	instructions Also see page 1 item ()	110 010	70 746	70 746
$\dashv$	47	instructions Also, see page 1, item I)	112,018	70,746	70,746
	17	Accounts payable and accrued expenses	72.500	70.746	
Sa	18	Grants payable	73,500	70,746	
<u> </u>	19	Deferred revenue		<del></del>	ı
₽∣	20	Loans from officers, directors, trustees, and other disqualified persons			1
≝	21	Mortgages and other notes payable (attach schedule)			•
- 1	22	Other liabilities (describe ► )	72 500	70.746	
-	23	Other liabilities (describe ► )  Total liabilities (add lines 17 through 22)	73,500	70,746	ı
S		Foundations that follow SFAS 117, check here ► 🔀 🕴			
8		and complete lines 24 through 26 and lines 30 and 31.		_	
al	24	Unrestricted	38,518	0	
Ba	25	Temporarily restricted			
ᅙ	26	Permanently restricted			
5		Foundations that do not follow SFAS 117, check here ▶ □			
<u>.                                    </u>		and complete lines 27 through 31.			
0	27	Capital stock, trust principal, or current funds			
et	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
SS	29	Retained earnings, accumulated income, endowment, or other funds			
t A	30	Total net assets or fund balances (see instructions) .	38,518	0	
Net Assets or Fund Balances	31	Total liabilities and net assets/fund balances (see			1
		instructions)	112,018	70,746	
	t III	Analysis of Changes in Net Assets or Fund Balances			
1		Il net assets or fund balances at beginning of year-Part II, colui	mn (a), line 30 (must	agree with	
		-of-year figure reported on prior year's return)		1	38,518
2		er amount from Part I, line 27a		2	(41,272
3		er increases not included in line 2 (itemize)  Decrease in Gi	rants Payable	3	2,754
4		lines 1, 2, and 3		4	0
5	Deci	reases not included in line 2 (itemize) ▶		5	
6	Tota	Il net assets or fund balances at end of year (line 4 minus line 5) —	Part II, column (b), line	e 30 <b>6</b>	0

		ind(s) of property sold (e g , real esta or common stock, 200 shs MLC Co		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr )
<u>1a</u>						
b	· · · · · · · · · · · · · · · · · · ·					
С						
d						
е						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	,	or other basis ense of sale		n or (loss) (f) minus (g)
<u>a</u>						
b		· · · · · · · · · · · · · · · · · · ·				
С						
<u>d</u>						
е			L			
	Complete only for assets showing	ng gain in column (h) and owned	by the foundation	n on 12/31/69		(h) gain minus
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	, , , , , ,	ss of col (i) Il (j), if any		t less than -0-) <b>or</b> rom col (h))
а						
b			ļ			
c			ļ			
d						
е		<del></del>	<u> </u>			
2	Capital gain net income or (r		, also enter in Pa s), enter -0- in Pa		2	
3	Net short-term capital gain of lf gain, also enter in Part I, line 8	line 8, column (c) (see instru	uctions). If (loss			
	·	C4: 4040/-)		)	3	
or o	V Qualification Under otional use by domestic private	Section 4940(e) for Red te foundations subject to the	uced Tax on I		Income	
or o sect as t 'Ye	Qualification Under otional use by domestic privation 4940(d)(2) applies, leave the foundation liable for the sets," the foundation does not qu	Section 4940(e) for Red te foundations subject to the his part blank ction 4942 tax on the distribution under section 4940(e)	uced Tax on to e section 4940(a) utable amount on Do not complete	tax on net invest f any year in the leaths part	t Income tment income.) pase period?	☐ Yes ☐
or o sect as t 'Ye	Qualification Under ptional use by domestic privation 4940(d)(2) applies, leave the foundation liable for the se	Section 4940(e) for Red to the foundations subject to the his part blank ction 4942 tax on the distribution under section 4940(e) at in each column for each year.	uced Tax on to e section 4940(a) utable amount on Do not complete	f any year in the lead this part	t Income tment income.) pase period?	
ectas t Ye:	Qualification Under ptional use by domestic privation 4940(d)(2) applies, leave the foundation liable for the sets," the foundation does not quently the appropriate amount (a)  Base penod years and year (or tax year beginning in)	Section 4940(e) for Red te foundations subject to the his part blank ction 4942 tax on the distribution under section 4940(e)	utable amount on to not complete ear; see the instr	tax on net invest f any year in the leaths part	t Income timent income.)  case period?  aking any entries	(d) tribution ratio divided by col (c))
ectas t Ye:	Qualification Under ptional use by domestic privation 4940(d)(2) applies, leave the foundation liable for the sets," the foundation does not quenter the appropriate amount (a)  Base penod years and ar year (or tax year beginning in)  2012	Section 4940(e) for Red te foundations subject to the his part blank ction 4942 tax on the distrib talify under section 4940(e) ti in each column for each ye (b)	utable amount on to not complete ear; see the instr	f any year in the lead this part fuctions before m	t Income timent income.)  case period?  aking any entries	(d) tribution ratio
or o sect as t Ye:	Qualification Under ptional use by domestic privation 4940(d)(2) applies, leave the foundation liable for the sets," the foundation does not quenter the appropriate amount (a)  Base penod years and year (or tax year beginning in)  2012 2011	Section 4940(e) for Red te foundations subject to the his part blank ction 4942 tax on the distrib talify under section 4940(e) ti in each column for each ye (b)	utable amount on to not complete ear; see the instr	f any year in the lead this part fuctions before m	t Income timent income.)  case period?  aking any entries	(d) tribution ratio
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or of osections as the Year of	Qualification Under ptional use by domestic privation 4940(d)(2) applies, leave the foundation liable for the sets," the foundation does not quenter the appropriate amount (a)  Base penod years indar year (or tax year beginning in)  2012  2011  2010  2009  2008  Total of line 1, column (d)	Section 4940(e) for Red te foundations subject to the his part blank ction 4942 tax on the distrib fallify under section 4940(e) tt in each column for each ye (b) Adjusted qualifying distribution	utable amount on the par; see the instr	f any year in the leathing part uctions before monochantable-use a	tincome timent income.)  coase period?  aking any entries  ssets (col (b)	(d) tribution ratio
or of sections to the section of the	Qualification Under ptional use by domestic privation 4940(d)(2) applies, leave the foundation liable for the sets," the foundation does not quenter the appropriate amount (a)  Base penod years (or tax year beginning in)  2012  2011  2010  2009  2008  Total of line 1, column (d)  Average distribution ratio for	Section 4940(e) for Red te foundations subject to the his part blank ction 4942 tax on the distrib fallify under section 4940(e) the in each column for each year (b) Adjusted qualifying distribution  the 5-year base period—div	utable amount on Do not complete ear; see the instr	f any year in the lethis part uctions before monochantable-use a line in the lethis part in the lethis part uctions before monochantable-use a line 2 by 5, or by	t Income timent income.)  pase period?  aking any entries  ssets (col (b))	(d) tribution ratio
or of sections to the section of the	Qualification Under ptional use by domestic privation 4940(d)(2) applies, leave the foundation liable for the sets," the foundation does not quenter the appropriate amount (a)  Base penod years indar year (or tax year beginning in)  2012  2011  2010  2009  2008  Total of line 1, column (d)	Section 4940(e) for Red te foundations subject to the his part blank ction 4942 tax on the distrib fallify under section 4940(e) the in each column for each year (b) Adjusted qualifying distribution  the 5-year base period—div	utable amount on Do not complete ear; see the instr	f any year in the lethis part uctions before monochantable-use a line in the lethis part in the lethis part uctions before monochantable-use a line 2 by 5, or by	tincome timent income.)  coase period?  aking any entries  ssets (col (b)	(d) tribution ratio
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or of	Qualification Under ptional use by domestic privation 4940(d)(2) applies, leave the foundation liable for the sets," the foundation does not qualified the appropriate amount (a)  Base penod years and year (or tax year beginning in)  2012  2011  2010  2009  2008  Total of line 1, column (d)  Average distribution ratio for number of years the foundation use the foundation of the sets of th	Section 4940(e) for Red te foundations subject to the his part blank ction 4942 tax on the distrib falify under section 4940(e) t in each column for each ye (b) Adjusted qualifying distribution  Adjusted qualifying distribution  the 5-year base period—divious has been in existence if	utable amount on Do not complete ear; see the instructions Net value of the total on less than 5 years	f any year in the leathing part uctions before m (c) of nonchantable-use a	tincome timent income.)  coase period?  aking any entries  ssets (col (b))  the 3	(d) tribution ratio
or o	Qualification Under ptional use by domestic privation 4940(d)(2) applies, leave the foundation liable for the sets," the foundation does not qualified the appropriate amount (a)  Base penod years and year (or tax year beginning in)  2012  2011  2010  2009  2008  Total of line 1, column (d)  Average distribution ratio for number of years the foundat	Section 4940(e) for Red te foundations subject to the his part blank ction 4942 tax on the distrib- tialify under section 4940(e) the in each column for each year (b) Adjusted qualifying distribution the 5-year base period—division has been in existence if aritable-use assets for 2013	utable amount on Do not complete ear; see the instructions Net value of the total on less than 5 years from Part X, line	f any year in the leathing part uctions before m (c) of nonchantable-use a	tincome timent income.)  coase period?  aking any entries  ssets (col (b) -	(d) tribution ratio
or o sections as to as t	Qualification Under ptional use by domestic privation 4940(d)(2) applies, leave the foundation liable for the sets," the foundation does not quenter the appropriate amount (a)  Base penod years and year (or tax year beginning in)  2012  2011  2010  2009  2008  Total of line 1, column (d)  Average distribution ratio for number of years the foundat  Enter the net value of nonchal	Section 4940(e) for Red te foundations subject to the his part blank ction 4942 tax on the distrib- tialify under section 4940(e) the in each column for each year (b) Adjusted qualifying distribution the 5-year base period—division has been in existence if aritable-use assets for 2013	utable amount on Do not complete ear; see the instructions Net value of the total on less than 5 years from Part X, line	f any year in the leathing part uctions before m (c) of nonchantable-use a	tincome timent income.)  pase period?  aking any entries  ssets (col (b))  the 3 4 5	(d) tribution ratio
sectas t	Qualification Under ptional use by domestic privation 4940(d)(2) applies, leave the foundation liable for the sets," the foundation does not qualified the appropriate amount (a)  Base penod years and year (or tax year beginning in)  2012  2011  2010  2009  2008  Total of line 1, column (d)  Average distribution ratio for number of years the foundat  Enter the net value of nonchal Multiply line 4 by line 3  Enter 1% of net investment in the sets of the set of	Section 4940(e) for Red te foundations subject to the his part blank ction 4942 tax on the distrib- tialify under section 4940(e) the in each column for each year (b) Adjusted qualifying distribution the 5-year base period—division has been in existence if aritable-use assets for 2013	utable amount on Do not complete ear; see the instructions Net value of the total on less than 5 years from Part X, line	f any year in the leathing part uctions before m (c) of nonchantable-use a	tincome timent income.)  coase period?  aking any entries  ssets (col (b))  the 3  4  5  6	(d) tribution ratio

Part	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 494	8-s	ee in:	stru	ctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1  Date of ruling or determination letter. (attach copy of letter if necessary—see instructions)					
b	Date of ruling or determination letter. (attach copy of letter if necessary—see instructions)  Domestic foundations that meet the section 4940(e) requirements in Part V, check	1	-			
•	here ▶ ☐ and enter 1% of Part I, line 27b					
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2				
3	Add lines 1 and 2	3				0
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4				
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5				0
6	Credits/Payments					
а	2013 estimated tax payments and 2012 overpayment credited to 2013 <b>6a</b>					
b	Exempt foreign organizations—tax withheld at source . 6b					
С	Tax paid with application for extension of time to file (Form 8868)  6c					•
d	Backup withholding erroneously withheld 6d	1				
7	Total credits and payments. Add lines 6a through 6d	7				0
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here [ ] if Form 2220 is attached [	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed . ▶	9				0
10	- 1. 1. 1	10				0
11		11				0
	VII-A Statements Regarding Activities		т-	<del></del>	.,	
ıa	During the tax year, did the foundation attempt to influence any national, state, or local legislation of	or dic		-	Yes	No
h	participate or intervene in any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpos instructions for the definition)?	es (s	(	1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any m	nateri	•	10		_
	published or distributed by the foundation in connection with the activities					
С	Did the foundation file Form 1120-POL for this year?		.	1c		Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.					
	(1) On the foundation ►\$ (2) On foundation managers. ►\$			l		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax im on foundation managers ▶ \$	pose	d			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?  If "Yes," attach a detailed description of the activities.	•	-	2		х
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, ar	ticles	of			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		.	3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year? .			4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		. [	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		L	5		Х
	If "Yes," attach the statement required by General Instruction T		İ	}		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
	By language in the governing instrument, or			ł		
	• By state legislation that effectively amends the governing instrument so that no mandatory direction conflict with the state law remain in the governing instrument?	ons th	nat			
_			-	6		X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and	Part )		7	Х	<u> </u>
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
b	Illinois If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney	<u> </u>		1		ŀ
D	(or designate) of each state as required by General Instruction G? If "No," attach explanation	Gene	1	<b>.</b> .	.,	
0	·		L	8b	X	<del> </del>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942 (1)(5) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)?			ł		<u> </u>
	complete Part XIV	, ,,	٥,			🗸
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listi	ına th	er	9		<u> X</u>
	names and addresses	y (1)	- 1	10		x

Гал	Statements Regarding Activities (Continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions).	12	-	Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ▶			
14	The books are in care of ▶ Matthew DellaMaria Telephone no. ▶ 815-47	7-04	24	
	Located at ▶ 475 W. Terra Cotta Ave., Crystal Lake, IL ZIP+4 ▶ 60014-	9695	) <b></b>	<u></u>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the year   15			▶ ∟
16	and enter the amount of tax-exempt interest received or accrued during the year  • 15  At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority		Yes	No
10	over a bank, securities, or other financial account in a foreign country?.	16	163	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If "Yes," enter the name of	10		25
	the foreign country ►			
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? .   Yes  No  Position (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			ļ
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)			
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations			
b	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		]
	Organizations relying on a current notice regarding disaster assistance check here .	10		
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2013?	1c		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)).			
а	At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2013?			
	If "Yes," list the years ▶ 20 , 20 , 20 . 20			
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.)			1
_	·	2b		X
С	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969. (2) the lapse of the 5-year period (or longer period approved by the			ļ
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
4-	foundation had excess business holdings in 2013)	3b		
4a b	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?  Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	4a		X
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2013?	4b		x

Par	VII-B	Statements Regarding Activities	for V	Vhich Form	4720	May Be R	equire	d (contin	nued)			
5a	During t	ne year did the foundation pay or incur a	ny am	ount to	_							
		y on propaganda, or otherwise attempt to ence the outcome of any specific public		•	•	•	,	☐ Yes	⊠ No			
		itly or indirectly, any voter registration dri		on (see sect		5), OI 10 C	arry Orr,	⊓Yes	X No			
		ide a grant to an individual for travel, stu		othor cimilar	Durbos			☐ Yes	X No	- 1		
		ide a grant to an organization other than					nhad in	_	∆ NO			
		on 509(a)(1), (2), or (3), or section 4940(d				ation desc	ibed ii	_	X No			
		ide for any purpose other than religious,				ny oreduc	· ational	Yes	[∇] INO			
		oses, or for the prevention of cruelty to c				iry, or educ	ationa	□Yes	X No			
b		swer is "Yes" to 5a(1)-(5), did any of the				under the	excenti					
		ons section 53 4945 or in a current notice								5b		
	Organizations relying on a current notice regarding disaster assistance check here											
С												
	because it maintained expenditure responsibility for the grant?											
		attach the statement required by Regula		_	45–5(d)				٠,١٠٥			
6a							emiums					i
	6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?											
b	•	oundation, during the year, pay premium	ns dire	ctly or indire	ctly on	a nersonal	henefi			6b		Х
_		to 6b, file Form 8870.	.o, a c	out of indire	J., J.	a porsonai	benen	COMMUNIC		UD		- 7
7a		ne during the tax year, was the foundation a	party	to a prohibite	d tax sh	elter transac	tion?	☐ Yes	ίΣ No			
		did the foundation receive any proceeds						_		7b		
	VIII	Information About Officers, Direct									ees.	
		and Contractors	•	,			,	3,			,	
1	List all o	officers, directors, trustees, foundation	mana	agers and th	eir con	npensation	(see i	nstruction	ns).	_		
		(a) Name and address		e and average		mpensation		Contribution		(e) Expe	nse aco	count.
		(a) Name and address		rs per week ed to position		iot paid, ter -0-)		oyee benefit erred compe			allowan	
See	Attach	ed Statement				•						
							İ					
			_						i			
										_		
												_
2	Comper "NONE.	nsation of five highest-paid employee "	s (oth	er than tho	se incl	uded on li	ne 1-	see instr	uction	s). If no	one, d	enter
				(b) Title, and a	average			(d) Contribu		<i>t-</i> > =	_	
	(a) Name an	d address of each employee paid more than \$50,00	0	hours per v	week 🖢	(c) Comper	sation	employee plans and c		(e) Expe	nse aco allowan	
				devoted to p	OSILIOIT			compens	ation			
None								·				
											_	
				1							_	
Total	number :	f other employees need are \$50,000		<u> </u>		L		L				
rotal	number o	f other employees paid over \$50,000			•	<u> </u>		•				

Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII and Contractors (continued)		
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter	r "NON	E."
(a) Name and address of each person paid more than \$50,000 (b) Type of service		(c) Compensation
None		
Total number of others recovered every \$50,000 for professional convers		
Total number of others receiving over \$50,000 for professional services	<u> </u>	
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the nur organizations and other beneficiaries served, conferences convened research papers produced, etc.	nber of	Expenses
1		
2		
	<b></b>	
3		
,		
4		
Part IX-B Summary of Program-Related Investments (see instructions)		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1		
•		
2		
All other program-related investments. See instructions	Î	
3		
Total. Add lines 1 through 3	. ▶	. (

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreit see instructions.)	ign found	dations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.		
	purposes.	1	
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	68,156
c	Fair market value of all other assets (see instructions)	1c	00,200
d	Total (add lines 1a, b, and c)	1d	68,156
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	68,156
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see		
	instructions)	4	1,022
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	67,134
6	Minimum investment return. Enter 5% of line 5	6	3,357
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f and certain foreign organizations check here ► and do not complete this part.)	oundatio	
1	Mınimum investment return from Part X, line 6	1	3,357
2a	Tax on investment income for 2013 from Part VI, line 5   2a		
b	Income tax for 2013 (This does not include the tax from Part VI) . 2b	1	
С	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments Subtract line 2c from line 1	3	3,357
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	3,357
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	3,357
	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	291,272
þ	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
_	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	291,272
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	_	
e	Enter 1% of Part I, line 27b (see instructions)	5	001.0==
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	291,272
	<b>Note.</b> The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years	g whethe	r the foundation

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Part	XIII Undistributed Incor	ne (see instruction				
1	Distributable amount for 201	I3 from Part XI,	(a) Corpus	(b) Years prior to 2012	<b>(c)</b> 2012	<b>(d)</b> 2013
_	line 7 .					3,357
2 a	Undistributed income, if any, as c Enter amount for 2012 only	of the end of 2013:				
b	Total for prior years 20 ,2	20 ,20				
3	Excess distributions carryover					
а	From 2008	262,279				
b	From 2009					
С	From 2010	260,417				
d	From 2011	262,462				
е	From 2012	305,055				
f	Total of lines 3a through e		1,333,580			
4	Qualifying distributions for 20					
	line 4. ▶ \$ 291,272	_				
a	Applied to 2012, but not more	<b>├</b>				
b	Applied to undistributed incor (Election required—see instruc	ctions)				
С	Treated as distributions out of required—see instructions)	corpus (Election	_			
d	Applied to 2013 distributable a	amount .				3,357
е	Remaining amount distributed	out of corpus	287,915			
5	Excess distributions carryover (If an amount appears in colui amount must be shown in colu	mn (d), the same				
6	Enter the net total of ea indicated below:					
a	Corpus Add lines 3f, 4c, and 4		1,621,495			
b	Prior years' undistributed in line 4b from line 2b .	come Subtract		0		
С	Enter the amount of prior yea	rs' undistributed				
	income for which a notice of been issued, or on which the tax has been previously asses	f deficiency has section 4942(a)				
d	Subtract line 6c from lin					
•	amount-see instructions			0		
е	Undistributed income for 201 4a from line 2a Taxable instructions					
f	Undistributed income for 201	2 Subtract lines	-		0	
•	4d and 5 from line 1. This a distributed in 2014					0
7	Amounts treated as distribution	ons out of corpus				0
·	to satisfy requirements impo 170(b)(1)(F) or 4942(g)(3) (see i	osed by section				
8	Excess distributions carryove	· L				
	applied on line 5 or line 7 (see		262,279			
9	Excess distributions carry	over to 2014.	,			<del></del>
	Subtract lines 7 and 8 from lin	e 6a	1,359,216			
10	Analysis of line 9:					
а	Excess from 2009	243,367				
b	Excess from 2010	260,417				
C	Excess from 2011	262,462				
d	Excess from 2012	305,055				
e	Excess from 2013	287,915		_		

Part	XIV Private Operating Founda	tions (see ınstru	ctions and Part	VII-A, question 9	9)	
1a	If the foundation has received a ruling foundation, and the ruling is effective for			private operating	NI / T	
<b>L</b>	Check box to indicate whether the four		•	ion described in a	N/A	(2) 05 1 4042(1)(5)
b 2a		Tax year	operating roundar	Prior 3 years	3CIION 4942())	(3) or  4942(j)(5)
20	income from Part I or the minimum	(a) 2013	<b>(b)</b> 2012	(c) 2011	(d) 2010	(e) Total
	investment return from Part X for	(a) 2013	(0) 2012	(C) 2011	(4) 2010	
h	each year listed . 85% of line 2a .		0			0
b	Qualifying distributions from Part XII,	0	0	0	0	0
C	line 4 for each year listed	·				
d	Amounts included in line 2c not used directly					0
	for active conduct of exempt activities					0
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	0	0	0	0	О
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test - enter					
	(1) Value of all assets					0
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					0
С	"Support" alternative test—enter.					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)			- "		0
	(3) Largest amount of support from an exempt organization					0
	(4) Gross investment income					0
Pari		n (Complete th	is part only if th	ne foundation h	ad \$5.000 or me	
	any time during the year –				, , , , , , , , , , , , , , , , , , ,	
1	Information Regarding Foundation I	Managers:				
а	List any managers of the foundation vibefore the close of any tax year (but o	vho have contribu				by the foundation
None				, , ,		
b	List any managers of the foundation ownership of a partnership or other er					rge portion of the
None						
2	Information Regarding Contribution Check here ▶ ☐ If the foundation unsolicited requests for funds. If the foundations, complete items 2a, but the foundations of the conditions of the conditi	only makes controundation makes	ibutions to presel	ected charitable		
а	The name, address, and telephone nu	mber or e-mail ad	dress of the perso	on to whom applic	ations should be a	addressed
See	attached statement					
	The form in which applications should	be submitted and	I information and i	materials they sho	uld include	
See	attached statement					
	Any submission deadlines		=-		· · · · · · · · · · · · · · · · · · ·	<u> </u>
	attached statement					
	Any restrictions or limitations on aw factors.	vards, such as by	geographical ar	eas, charitable fi	elds, kinds of ins	titutions, or other
See	attached statement					

Form 990-PF (2013)

Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual Recipient Foundation show any relationship to any foundation manager Purpose of grant or status of Amount contribution Name and address (home or business) recipient or substantial contributor a Paid during the year See attached statement 291,272 Total . 3a 291,272 **b** Approved for future payment United Way of Coastal Fairfield Cty 75 Washington Avenue Bridgeport, CT 06604 Health & Human Services 17,000 United Way of Greater McHenry Cty 4508 Prime Parkway McHenry, IL 60050 Health & Human Services 17,000 United Way of Waukesha Cty PO Box 1041 Waukesha, WI 53187 Health & Human Service\$ 17,000 Scholarship America PO Box 240 St. Peter, MN 56082 Scholarship 22,500 Total 73,500

nter	gross amounts unless otherwise indicated	Unrelated bus	siness income	Excluded by section	on 512, 513, or 514	⊣ (e)
	2	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
	Program service revenue					
			<del>~</del>			
1						
	Fees and contracts from government agencies					-
	Membership dues and assessments .					
	nterest on savings and temporary cash investments					
	Dividends and interest from securities				· · · · · · · · · · · · · · · · · · ·	
	Net rental income or (loss) from real estate.				· · · · · · · · · · · · · · · · · · ·	
	Debt-financed property					
1	Not debt-financed property					
	Net rental income or (loss) from personal property					
	Other investment income					
	Gain or (loss) from sales of assets other than inventory					
	Net income or (loss) from special events .		<del></del>			
	Gross profit or (loss) from sales of inventory					
	Other revenue: a					
	)					
	<del></del>					
(						
		<del></del>				<del></del>
12 3	Subtotal Add columns (b), (d), and (e)	1	0		0	ıl (
	Subtotal Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)				0 13	
13	Subtotal Add columns (b), (d), and (e) F <b>otal.</b> Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation	us)				<del> </del>
1 <b>3</b> See v	Total. Add line 12, columns (b), (d), and (e)			t Purposes		<del> </del>
i3 See v Part Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	ccomplishme	ent of Exemp		13	C
i3 See v Part	rotal. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation  XVI-B Relationship of Activities to the A  No. Explain below how each activity for which	ccomplishme	ent of Exemp		13	C
13 See v Part Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	ccomplishme	ent of Exemp		13	C
13 See v Part Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	ccomplishme	ent of Exemp		13	C
13 See v Part Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	ccomplishme	ent of Exemp		13	C
13 See v Part Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	ccomplishme	ent of Exemp		13	C
13 See v Part Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	ccomplishme	ent of Exemp		13	C
i3 See v Part Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	ccomplishme	ent of Exemp		13	C
i3 See v Part Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	ccomplishme	ent of Exemp		13	C
i3 See v Part Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	ccomplishme	ent of Exemp		13	C
13 See v Part Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	ccomplishme	ent of Exemp		13	C
i3 See v Part Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	ccomplishme	ent of Exemp		13	C
13 See v Part Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	ccomplishme	ent of Exemp		13	C
13 See v Part Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	ccomplishme	ent of Exemp		13	C
iee v Part Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	ccomplishme	ent of Exemp		13	C
iee v Part Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	ccomplishme	ent of Exemp		13	C
iee v Part Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	ccomplishme	ent of Exemp		13	C
iee v Part Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	ccomplishme	ent of Exemp		13	C
i3 See v Part Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	ccomplishme	ent of Exemp		13	C
ee v art	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	ccomplishme	ent of Exemp		13	C
ee v art	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	ccomplishme	ent of Exemp		13	C
iee v Part Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	ccomplishme	ent of Exemp		13	C
ee v art	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	ccomplishme	ent of Exemp		13	C
iee v Part Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	ccomplishme	ent of Exemp		13	C
13 See v Part Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to the A	ccomplishme	ent of Exemp		13	C

		Exempt	t Organizat	tions										
1	ın se	he organizati ction 501(c) o nizations?	on directly o of the Code	or indirectly ei (other than s	ngage in any of t ection 501(c)(3) o	he following organization	with any s) or in se	other orgai ction 527, i	nızatio elatır	on des	scribed political		Yes	No
а	Trans	sfers from the	e reporting fo	oundation to	a noncharitable	evemnt ora	nization d	of						l
a	(1) C			ouridation to	a nonchantable	exempt orga	anization	וע				4-100		
					•	•		-	•		•	1a(1)	_	_X
		ther assets	•	•		•		•				1a(2)		X
b	Othe	r transactions	S.									1		l
	(1) S	ales of asset	s to a nonch	naritable exen	npt organization							1b(1)		Χ
					ole exempt organ	nization .			_			1b(2)		Х
				ent, or other					-	•	•	1b(3)		X
		eımburseme				•	•	•	•		•			
			_	CIIIS .						•	•	1b(4)		X
		oans or loan		٠		•					•	1b(5)		X
					o or fundraising :			•			•	1b(6)		X
					s, other assets, o			•				1c		X
d	If the	answer to a	any of the at	oove is "Yes,	" complete the t	following so	hedule. C	olumn (b) s	shoule	d alwa	ays sho	w the	fair m	arket
	value	of the good	s, other asse	ets, or service	es given by the r	eporting for	undation.	If the found	lation	recei	ved les	s than	faır m	arket
	value	in any transa	action or sha	arıng arrange	ment, show in co	olumn (d) the	e value of	the goods.	othe	r asse	ts. or s	ervices	recei	ved
(a) Line		(b) Amount involv	· · · · · · · · · · · · · · · · · · ·		ritable exempt organ			otion of transfe						
(-,			(0)		madio exempt organ		(d) Descrip	The training	ia, iiai	isactioi	13, 0110 31		angeme	
	-	<del></del>												
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	desc		on 501(c) of	the Code (ot	lated with, or re her than section				ot org	ganiza		Yes	X	 No
		(a) Name of o	organization		(b) Type of	organization			(c) Des	cnption	of relation	onship		
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						<del></del>								
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	1 14		[ al1- 0	A15-00-1-1-1-1	#h									
0i	Corre	er penalties of perj	ury, I declare that Declaration of or	it i nave examined	this return, including a taxpayer) is based on	ccompanying sc	nedules and s	statements, and	to the	best of	my knowle	edge and l	pelief, it	is true
Sign		o., and complete	Deciaration of pr	oparor (omer man	tunpayor) is based off	an iniormation o	winch prepar	iei iias atīy Krio	wieuge			IRS discu		
Here	🗗	1 ~ 4 1	Jell. U	سسمها	Y-29	L/Y Dec.	retary				with the	preparer	shown	below
		ature of office o	or trustee		Date	Title					(see instr	uctions)?	Yes[	_]No
	I	Print/Type pres	parer's name		Preparer's signature	:		Date				PTIN		
Paid		,,,,,,									( ] If			
Prepa				-	L			L		self-er	nployed			
Use (	Only	Firm's name	<u> </u>						Firm's	EIN Þ		<u></u>		
		Firm's address	<b>•</b>						Phone	e no		-		

Information Regarding Transfers To and Transactions and Relationships With Noncharitable

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

	of the organization			Employer identification number
Aptaracroup Charitable Foundation   Section:   Section:    Form 990 or 990-EZ   501(c)(      ) (enter number) organization				
Organi	ization type (check	one).		
Filers	of:	Section:		
Form 9	990 or 990-EZ	☐ 501(c)(	) (enter number) organization	
		☐ 4947(a)(1) n	nonexempt charitable trust <b>not</b> treated as a	a private foundation
		☐ 527 politica	al organization	
Form 9	990-PF	∑ 501(c)(3) ex-	kempt private foundation	
		☐ 4947(a)(1) n	nonexempt charitable trust treated as a priv	vate foundation
		☐ 501(c)(3) tax	xable private foundation	
Genera	al Rule			
K.				e year, \$5,000 or more (in money or
Specia	al Rules			
	under sections 50 the greater of (1)	09(a)(1) and 170(b)(1 \$5,000 or <b>(2)</b> 2% of	1)(A)(vi) and received from any one contribu	utor, during the year, a contribution of
	during the year, to	otal contributions of	f more than \$1,000 for use exclusively for re	eligious, charitable, scientific, literary,
	during the year, on not total to more year for an exclus	contributions for use than \$1,000 If this b sively religious, chari ganization because	e exclusively for religious, charitable, etc., p box is checked, enter here the total contrib ritable, etc., purpose Do not complete any	ourposes, but these contributions did outions that were received during the of the parts unless the <b>General Rule</b>
Cautio 990-EZ	i <b>n.</b> An organization : <sup>Z</sup> , or 990-PF), but it	that is not covered b must answer "No" o	by the General Rule and/or the Special Rul on Part IV, line 2, of its Form 990, or check	les does not file Schedule B (Form 990, the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, 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, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization
AptarGroup Charitable Foundation

Employer identification number

36-3927834

Part I	Contributors (see instructions). Use duplicate cop	pies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AptarGroup, Inc. 475 W. Terra Cotta Ave., Ste E Crystal Lake, IL 60014	\$ 250,000	Person X Payroll Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Name of organization
AptarGroup Charitable Foundation

Employer identification number

36-3927834

icasii Property (see instructions). Ose dupiicate co	opies of Part II if additional space	ce is needed.
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
	Description of noncash property given  (b)  Description of noncash property given  (b)  Description of noncash property given  (b)  Description of noncash property given  (b)  Description of noncash property given  (b)  Description of noncash property given	Description of noncash property given  (c)  (b)  Description of noncash property given  (b)  Description of noncash property given  (c)  FMV (or estimate) (see instructions)  (d)  Pescription of noncash property given  (c)  FMV (or estimate) (see instructions)  (d)  Pescription of noncash property given  (c)  FMV (or estimate) (see instructions)  (d)  Pescription of noncash property given  (e)  FMV (or estimate) (see instructions)  (c)  FMV (or estimate) (see instructions)  (d)  Description of noncash property given  (e)  FMV (or estimate) (see instructions)  (c)  FMV (or estimate) (see instructions)  (d)  Description of noncash property given  (e)  FMV (or estimate) (see instructions)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Name of organization **Employer identification number** AptarGroup Charitable Foundation 36-3927834 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I N/A (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (c) Use of gift from (b) Purpose of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift from (d) Description of how gift is held Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

#### Form 990-PF (2013)

AptarGroup Charitable Found	dation
EIN: 36-3927834	
Part I, L.1	List of Contributions, Gifts, Grants, Etc., Received

AptarGroup, Inc	475 W Terra Cotta Ave Crystal Lake, IL 6	0014 04/24/13	100,000 Cash
AptarGroup, Inc	475 W Terra Cotta Ave Crystal Lake, IL 6	0014 07/18/13	75,000 Cash
AptarGroup, Inc	475 W Terra Cotta Ave Crystal Lake, IL 6	0014 11/20/13	75,000 Cash

Total 250,000

Form 990-PF (2013)

101111990-11 (2013)	· · · · · ·			
AptarGroup Charitable Founda	ation			
EIN 36-3927834				
Part VIII	Information About Officers, Dir	ectors, Trustees, Foundation	Managers, Highly Paid Employee	es, and Contractors
1 List all officers, directors, tru	istees, foundation managers	s and their compensation	n (see instructions)	
(a) Name and Address	(b) Title and	(c) Compensation	(d) Contributions to	(e) Expense
	average hours per	(if not paid, enter	employee benefit plans	account, other
	week devoted to	-0-)	and deferred	allowances
	position		compensation	
Stephen J Hagge	Chairman,	0	0	0
475 West Terra Cotta Ave	President, & Treasurer			
Suite É				
Crystal Lake, IL 60014	1/2 hour			
Matthew Dellamaria	Secretary, Director	0	0	0
475 West Terra Cotta Ave				
Suite E				
Crystal Lake, IL 60014	4 hours			<u></u>
Patrick Doherty	Director	0	0	0
475 West Terra Cotta Ave				
Suite E				
Crystal Lake, IL 60014	1/2 hour			
Robert Kuhn	Director	C	. 0	- 0
475 West Terra Cotta Ave				
Suite E	İ			
Crystal Lake, IL 60014	1/2 hour		<u> </u>	
Eldon Schaffer	Director	C	0	0
475 West Terra Cotta Ave				
Suite C				
Crystal Lake, IL 60014	1/2 hour			<u> </u>

F 000 DE (0040	
Form 990-PF (2013	<del></del>
AptarGroup Charit	able Foundation
EIN: 36-3927834 Part XV	Supplementary Information (Complete this part only if the organization had \$5,000 or more in asse at any time during the year-see instructions).
2. Information Reg	arding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:
not accept unsolid	the organization only makes contributions to preselected charitable organizations and does eited requests for funds. If the organization makes gifts, grants, etc., (see instructions) to anizations under other conditions, complete items 2a, b, c, and d.
a. The name, add	ress, and telephone number of the person to whom applications should be addressed:
1 '	ble Foundation, c/o Matthew DellaMarıa, 475 West Terra Cotta Avenue, Suite E 014 (815)477-0424
b. The form in whi	ch applications should be submitted and information and materials they should include:
	SEE ATTACHED APPLICATION
c. Any submission	deadlines:
1 ' '	meeting of the Foundation Board ter meeting of the Foundation Board

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

\$6,000 annual maximum on matching gifts of employees; primarily in the geographic areas where the company's facilities are located and where its employees live; primary focus of Foundation grants are health and human services, cultural and higher education, others excluded. Other excluded organizations and purposes include nursing homes, animal welfare groups and national and international relief organizations, seminaries, theological schools of higher education where the primary purpose is religious studies, religious, civic, fraternal, veterans, social, political or lobbying groups, individuals; organizations that discriminate by race, color, creed, gender, national origin or handicap, testimonial dinners, fund raising events or courtesy advertising; trips or tours, primary and secondary schools

## $\begin{array}{c} \textbf{APTARGROUP, INC. CHARITABLE FOUNDATION} \\ \underline{\textbf{APPLICATION}} \end{array}$

Date of IRS determination as a Charitable, Tax-exempt Organization.  Specific Purpose of Grant Requested.  Amount of Fund Drive:  Amount of Fund Drive:  Amount of Fund Drive:  Amount Requested \$  Has your organization made requests for funds from the AptarGroup, Inc Charitable Foundation before? Yes. No If yes, what was the determination?  When are funds required?  Has your organization made requests for these funds from other sources? Yes. No If yes, what sources and what was the determination?  If refused, why?  What % of last year's budget was used for: Programs %, Administrative %, Fund Raising * %, General * Does your organization use professional fund raisers? Yes No Fee %  Do any of your organization's management/executive personnel receive as part of their compensation package, incentives fund raising activities? yesno  Please attach the following information:  a. Short cover letter that describes the organization, its history, goals and objectives, recent achievements, and geographic area served.  b. List of the organizations officers and directors.  c. Most recent audited financial statement.  d. Copy of IRS letter/document determining tax-exempt status.  e. Current budget and principal sources of funding, including a list of major donors during the most recent year.	1.	Official Name of Agency/Organization Address
Date of IRS determination as a Charitable, Tax-exempt Organization.  Specific Purpose of Grant Requested.  Amount of Fund Drive: S		
5. Amount of Fund Drive: \$ Amount Requested \$	2	Date and Place of Incorporation: Date State
5. Amount of Fund Drive: \$ Amount Requested \$ 6. Has your organization made requests for funds from the AptarGroup, Inc Charitable Foundation before? Yes No_ If yes, what was the determination?  7. When are funds required?  8. Has your organization made requests for these funds from other sources? Yes No If yes, what sources and what was the determination?  If refused, why?  9. What % of last year's budget was used for: Programs %, Administrative %, Fund Raising * %, General 9  * Does your organization use professional fund raisers? Yes No 9  * Does your organization's management/executive personnel receive as part of their compensation package, incentives fund raising activities? yes no  11. Please attach the following information:  a. Short cover letter that describes the organization, its history, goals and objectives, recent achievements, and geographic area served.  b. List of the organizations officers and directors.  c. Most recent audited financial statement.  d. Copy of IRS letter/document determining tax-exempt status.  c. Current budget and principal sources of funding, including a list of major donors during the most recent year.  Note: In order for your organization's request to be considered, the above information must be received at the foundation's office before the dates indicated in the Corporate Gifts Program brochure. Since these dates may changous should request a new Application and brochure annually.  Submitted by: Return to: AptarGroup, Inc.	3	Date of IRS determination as a Charitable, Tax-exempt Organization.
5. Amount of Fund Drive: \$	4	
6. Has your organization made requests for funds from the AptarGroup, Inc Charitable Foundation before? Yes No If yes, what was the determination?		
If yes, what was the determination?  8. Has your organization made requests for these funds from other sources? Yes No If yes, what sources and what was the determination?  If refused, why?  9. What % of last year's budget was used for: Programs %, Administrative %, Fund Raising * %, General ?  * Does your organization use professional fund raisers? Yes No Fee %  10. Do any of your organization's management/executive personnel receive as part of their compensation package, incentives fund raising activities? yes no  11. Please attach the following information:  a. Short cover letter that describes the organization, its history, goals and objectives, recent achievements, and geographic area served.  b. List of the organizations officers and directors.  c. Most recent audited financial statement.  d. Copy of IRS letter/document determining tax-exempt status.  e. Current budget and principal sources of funding, including a list of major donors during the most recent year.  Note: In order for your organization's request to be considered, the above information must be received at the Foundation's office before the dates indicated in the Corporate Gifts Program brochure. Since these dates may chang you should request a new Application and brochure annually.  Submitted by: Return to: AptarGroup, Inc.	5.	Amount of Fund Drive \$ Amount Requested \$
8. Has your organization made requests for these funds from other sources? Yes No If yes, what sources and what was the determination? If refused, why?	6.	Has your organization made requests for funds from the AptarGroup, Inc Charitable Foundation before? Yes No If yes, what was the determination?
If refused, why?  9. What % of last year's budget was used for: Programs	7.	When are funds required?
9. What % of last year's budget was used for: Programs	8.	If yes, what sources and what was the determination?
<ul> <li>10. Do any of your organization's management/executive personnel receive as part of their compensation package, incentives fund raising activities?yesno</li> <li>11. Please attach the following information: <ul> <li>a. Short cover letter that describes the organization, its history, goals and objectives, recent achievements, and geographic area served.</li> <li>b. List of the organizations officers and directors.</li> <li>c. Most recent audited financial statement.</li> <li>d. Copy of IRS letter/document determining tax-exempt status.</li> <li>e. Current budget and principal sources of funding, including a list of major donors during the most recent year.</li> </ul> </li> <li>Note: In order for your organization's request to be considered, the above information must be received at the Foundation's office before the dates indicated in the Corporate Gifts Program brochure. Since these dates may change you should request a new Application and brochure annually.</li> </ul> Submitted by:	Address:  Phone. Taward Place of Incorporation: Date  Date of IRS determination as a Charitable, Tax-exempt Orgate Specific Purpose of Grant Requested.  Specific Purpose of Grant Requested.  Has your organization made requests for funds from the Apt If yes, what was the determination?  When are funds required?  Has your organization made requests for these funds from of If yes, what sources and what was the determination?  If refused, why?  Mat % of last year's budget was used for: Programs * Does your organization use professional fund raisers?  Do any of your organization's management/executive pers fund raising activities?yesno  Please attach the following information:  Short cover letter that describes the organization, its histogeographic area served.  List of the organizations officers and directors.  Most recent audited financial statement.  Copy of IRS letter/document determining tax-exempt state. Current budget and principal sources of funding, including Note: In order for your organization's request to the Foundation's office before the dates indicated in the Coyou should request a new Application and brochure and Submitted by:	If refused, why?
fund raising activities?	9.	What % of last year's budget was used for: Programs%, Administrative%, Fund Raising *%, General%  * Does your organization use professional fund raisers? Yes No Fee%
<ul> <li>a. Short cover letter that describes the organization, its history, goals and objectives, recent achievements, and geographic area served.</li> <li>b. List of the organizations officers and directors.</li> <li>c. Most recent audited financial statement.</li> <li>d. Copy of IRS letter/document determining tax-exempt status.</li> <li>e. Current budget and principal sources of funding, including a list of major donors during the most recent year.</li> <li>Note: In order for your organization's request to be considered, the above information must be received at the Foundation's office before the dates indicated in the Corporate Gifts Program brochure. Since these dates may changyou should request a new Application and brochure annually.</li> <li>Submitted by:</li></ul>	10.	Do any of your organization's management/executive personnel receive as part of their compensation package, incentives for fund raising activities?yesno
b. List of the organizations officers and directors.  c. Most recent audited financial statement.  d. Copy of IRS letter/document determining tax-exempt status.  e. Current budget and principal sources of funding, including a list of major donors during the most recent year.  Note: In order for your organization's request to be considered, the above information must be received at the Foundation's office before the dates indicated in the Corporate Gifts Program brochure. Since these dates may change you should request a new Application and brochure annually.  Return to: AptarGroup, Inc.	11.	Please attach the following information:
<ul> <li>c. Most recent audited financial statement.</li> <li>d. Copy of IRS letter/document determining tax-exempt status.</li> <li>e. Current budget and principal sources of funding, including a list of major donors during the most recent year.</li> <li>Note: In order for your organization's request to be considered, the above information must be received at the Foundation's office before the dates indicated in the Corporate Gifts Program brochure. Since these dates may change you should request a new Application and brochure annually.</li> <li>Submitted by:</li></ul>		
<ul> <li>d. Copy of IRS letter/document determining tax-exempt status.</li> <li>e. Current budget and principal sources of funding, including a list of major donors during the most recent year.</li> <li>Note: In order for your organization's request to be considered, the above information must be received at the Foundation's office before the dates indicated in the Corporate Gifts Program brochure. Since these dates may change you should request a new Application and brochure annually.</li> <li>Submitted by:</li> </ul>		b. List of the organizations officers and directors.
e. Current budget and principal sources of funding, including a list of major donors during the most recent year.  Note: In order for your organization's request to be considered, the above information must be received at the Foundation's office before the dates indicated in the Corporate Gifts Program brochure. Since these dates may change you should request a new Application and brochure annually.  Return to: AptarGroup, Inc.		c. Most recent audited financial statement.
Note: In order for your organization's request to be considered, the above information must be received at the Foundation's office before the dates indicated in the Corporate Gifts Program brochure. Since these dates may change you should request a new Application and brochure annually.  Submitted by:  Return to: AptarGroup, Inc.		d. Copy of IRS letter/document determining tax-exempt status.
Foundation's office before the dates indicated in the Corporate Gifts Program brochure. Since these dates may change you should request a new Application and brochure annually.  Submitted by:  Return to: AptarGroup, Inc.		e. Current budget and principal sources of funding, including a list of major donors during the most recent year.
Submitted by: Return to: AptarGroup, Inc. Title/Capacity: Charitable Foundation Date: Day Time Telephone #: 475 W. Terra Cotta Suite E		Note: In order for your organization's request to be considered, the above information must be received at the Foundation's office <u>before</u> the dates indicated in the Corporate Gifts Program brochure. Since these dates may change, you should request a new Application and brochure annually.
Day I file Telephone #. 475 W. Tella Cotta Suite L		Submitted by:  Return to: AptarGroup, Inc.  Title/Capacity:  Charitable Foundation  A75 W. Terra Cotta Suite F.
Crystal Lake, IL 60014 (Charfndnapl.doc)	(Cha	Crystal Lake, IL 60014

# Form 990-PF (2013) Part XV Supplementary Information Aptargroup Charitable Foundation EIN:36-3927843

#### **Grants and Contributions Paid During the Year**

Recipient Name & Address	Category	\$	Amount
Akta Lakota iviuseum & Cultural Center	Culture & Arts/032	\$	200.00
North Main Street			
Chamberlain, SD 57326			_
Connecticut Public Broadcasting	Culture & Arts/012	\$	400.00
1049 Asylum Avenue			
Hartford, CT 06105-2411			
Friends Of The Phoenix Park Bandshell	Culture & Arts/030	\$	200.00
118 E. Wisconsin St.		1	
Delavan, WI 53115			
Lakeside Legacy Foundation	Culture & Arts/044	\$	6,000.00
401 Country Club Road			
Crystal Lake, IL 60014			
McHenry County Music Center	Culture & Arts/030	\$	1,000.00
401 Country Club Road			
Crystal Lake, IL 60014			
Old World Wisconsin Foundation	Culture & Arts/034	\$	300.00
123 E. Main Street			
Eagle, WI 53119			
Raue Center for the Arts	Culture & Arts/030	\$	6,200.00
108 Minnie St.			
Crystal Lake, IL 60014		+	
Woodstock Mozart Festival	Culture & Arts/030	\$	6,000.00
P.O. Box 734			
Woodstock, IL 60098			
	Sub Total	\$	20,300.00
STEM Forward	Education/012	\$	500.00
1025 N. Broadway		1	
Milwaukee, WI 53202			
	Sub Total		\$500.00
Adult & Child Therapy Services	Health & Human	\$	3,600.00
708 Washington St.	Services/124	'	-,
Woodstock, IL 60098	50.1.503, 22.		
Alexander Leigh Center For Autism	Health & Human	\$	1,000.00
620 N. Route 31	Services/122		1,000.00
Crystal Lake, IL 60012	Services/ 122		
ALS Association	Health & Human	\$	100.00
1275 K Street NW, #1050	Services/053	'	100.00
	3e1vice5/033		
Washington, DC 20005 ALS Association	Health & Human	\$	100.00
		,	100.00
3333 N. Mayfair Rd., #213	Services/053		
Wauwatosa, WI 53222		+-	200 5-
Alzheimer's Association	Health & Human	\$	200.00
3800 Shamrock Drive	Services/053	i	
Charlotte, NC 28215			

Alzheimer's Association	Health & Human	Ś	200.00
S.E. WI Chapter	Services/053	1	200.00
620 S. 76th St., Suite 160	3C1 VICC3/ 033		
Milwaukee, WI 53214			
Alzheimer's Association	Health & Human	Ś	100.00
1111 South Alpine Road, Suite 307	Services/053	'	100.00
Rockford, IL 61108	Services/033		
Alzheimer's Association Greater PA	Health & Human	\$	200.00
2595 Interstate Drive	Services/053	13	200.00
Suite 100	Services/USS		
Harrisburg, PA 17110	1111.0.11	+	6 252 60
American Cancer Society	Health & Human	\$	6,253.60
143 First St.	Services/052	l l	
Batavia, IL 60510		+-	
American Cancer Society	Health & Human	\$	200.00
225 N. Michigan Aveue, Suite 1200	Services/052		
Chicago, IL 60601	ļ		
American Cancer Society	Health & Human	\$	500.00
20 Mercer Street	Services/052		
Hackensack, NJ 07601			
American Cancer Society	Health & Human	\$	200.00
1801 S. Meyers Rd.	Services/052	1	
Oak Brook Terrace, IL 60181		<u></u>	
American Cancer Society	Health & Human	\$	8,640.62
N19 W24350 Riverwood Dr.	Services/052		
Waukesha, WI 53188			
American Diabetes Association	Health & Human	\$	784.00
1701 N. Beauregard St.	Services/053		
Alexandria, VA 22311			
American Health Assistance Foundation	Health & Human	\$	300.00
22512 Gateway Center Dr.	Services/111	ŀ	
Clarksburg, MD 20871			
American Heart Assoc	Health & Human	\$	2,280.00
5375 SW 7th St.	Services/051		
Topeka, KS 66606			
American Kidney Fund	Health & Human	\$	100.00
6110 Executive Blvd., Suite 1010	Services/053		
Rockville, MD 20852		l	
American Lung Association of the Upper Midwest	Health & Human	\$	2,300.00
13100 West Lisbon Road	Services/053		,
Suite 700			
Brookfield, WI 53005		l l	
American Parkinson Disease Association	Health & Human	\$	100.00
WI Chapter	Services/053	ľ	200.00
P.O. Box 7513	3		
Madison, WI 53707			
American Red Cross	Health & Human	\$	100.00
2200 W. Harrison St.	Services/126	ľ	100.00
Chicago, IL 60612	301 VICG3/ 120		
American Red Cross	Health & Human	\$	3,270.00
P.O. Box 37295	Services/126	'	3,270.00
Washington, D.C. 20013	JC1 VICC3/ 120		
Trasmington, D.C. 20013	1		

American Red Cross of NNJ	Health & Human	Ś	100.00
209 Fairfield Road		٦	100.00
Fairfield, NJ 07004	Services/126	ŀ	
	Health & Human	Ś	100.00
Autism Society		,	100.00
4340 E. West Highway, Suite 350	Services/053		
Bethesda, MD 20814		+-	2 222 22
Autism Speaks	Health & Human	\$	2,000.00
1 East 33rd Street, 4th Floor	Services/053		
New York, NY 10016			
Avon Products Foundation, Inc.	Health & Human	\$	3,550.00
1 Avon Plaza	Services/052		
Rye, NY 10580			
Back2Back Ministries	Health & Human	\$	400.00
P.O. Box 70	Services/126		
Mason, OH 45040			
Behavioral Health Services For Youth	Health & Human	\$	1,500.00
101 South Jefferson Street	Services/111		
Woodstock, IL 60098			
BHcare	Health & Human	\$	100.00
435 E. Main St.	Services/111		
Ansonia, CT 06401			
Big Brothers Big Sisters of McHenry County	Health & Human	\$	1,000.00
4318-B W. Crystal Lake Road	Services/040		
McHenry, IL 60050			
Boy Scouts of America, Three Fires Council	Health & Human	\$	200.00
415 N. 2nd Street	Services/043		
St. Charles, IL 60174	·		
Boys & Girls Club of Elgin	Health & Human	\$	2,000.00
P.O. Box 416	Services/043		
Elgin, IL 60121	·		
Breast Cancer Research Foundation	Health & Human	\$	200.00
60 E. 56th Street, 8th Floor	Services/052	•	
New York, NY 10022	,		
Bridgeport Rescue Mission	Health & Human	\$	300.00
1088 Fairfield Avenue	Services/116		
Bridgeport, CT 06605	001111000, 220		
Canine Companions for Independence	Health & Human	\$	100.00
4989 State Route 37 East	Services/121	ľ	100.00
Delaware, OH 43015	Sci vices/ 121		
Cary Grove Food Pantry	Health & Human	\$	200.00
8901 Cary Algonquin Road	Services/126	١٠	200.00
Cary, IL 60013	Services/120	ŀ	
	Health & Human	\$	1,500.00
CASA of McHenry County		13	1,500.00
518 S. Route 31, #205	Services/111		
McHenry, IL 60050	Hooleh O.H	+-	2,000,00
Challenged Athletes Foundation	Health & Human	\$	2,000.00
9591 Waples Street	Services/123		
San Diego, CA 92121		<del>- -</del>	
Charcot-Marie-Tooth Association	Health & Human	\$	1,000.00
P.O. Box 105	Services/053		
Glenolden, PA 19036	1		

Christopher & Dana Reeve Foundation	Health & Human	\$	1,500.00
636 MorrisTurnpike, Suite 3A	Services/053	*	1,500.00
Short Hills, NJ 07078	Jei vices, 033		
Church World Service	Health & Human	\$	100.00
28606 Phillips Street	Services/126	ľ	100.00
P.O. Box 968	Jetvices/ 120		
Elkhart, IN 46515-0968			
Covenant House	Health & Human	\$	100.00
Donor Communications	Services/130	٦	100.00
5 Penn Plaza, 2nd Floor	Services/150		
New York, NY 10001-1810	Haalah O Harran	<del> </del>	200.00
Crohn's & Colitis Foundation of America	Health & Human	\$	200.00
386 Park Avenue South - 17th Floor	Services/053		
New York, NY 10016		-	
Crystal Lake Food Pantry	Health & Human	\$	100.00
P.O. Box 1071	Services/126		
Crystal Lake, IL 60014			
CureSearch for Children's Cancer	Health & Human	\$	1,000.00
4600 East West Highway, Suite 600	Services/052	- 1	
Bethesda, MD 20814			
DuPage PADS	Health & Human	\$	200.00
601 West Liberty	Services/116		
Wheaton, IL 60187			
Easter Seals DuPage & the Fox Valley Region	Health & Human	\$	1,500.00
830 S. Addison Ave.	Services/124		
Villa Park, IL 60181		1	
Families of SMA	Health & Human	\$	600.00
925 Busse Road	Services/124		
Elk Grove Village, IL 60007			
Family Alliance, Inc.	Health & Human	\$	2,500.00
2028 N. Seminary Ave.	Services/117		
Woodstock, IL 60098			
Family Health Partnership Clinic	Health & Human	\$	1,000.00
13707 W. Jackson	Services/126		
Woodstock, IL 60098			
Family Service of Waukesha	Health & Human	\$	1,500.00
101 W. Broadway, 2nd Floor	Services /111		
Waukesha, WI 53186			
Feed My Starving Children	Health & Human	\$	400.00
401 93rd Avenue NW	Services/126		
Coon Rapids, MN 55433			
Food Bank for Westchester, Inc.	Health & Human	\$	200.00
200 Clearbrook Rd.	Services/126		
Elmsford, NY 10523-1314			
Food for the Poor, Inc.	Health & Human	\$	204.20
6401 Lyons Road	Services/126	1	
Coconut Creek, FL 33073	,		
		\$	1,000.00
Food Pantry of Waukesha County	Health & Human	1 3	1,000.00
Food Pantry of Waukesha County 1301 Sentry Drive	Health & Human Services/126		1,000.00

	I	1.	
Girl Scouts of Wisconsin Southeast	Health & Human	\$	100.00
131 S. 69th Street	Services/043		
Milwaukee, WI 53214		1.	
Girls On the Run of Northwest Illinois	Health & Human	\$	1,500.00
111 Erick St., Unit 115	Services/043		
Crystal Lake, IL 60014			
Good Friend, Inc.	Health & Human	\$	1,020.00
808 Cavalier Dr.	Services/122	ı	
Waukesha, WI_53186			
Good Samaritan Ministry	Health & Human	\$	500.00
76 W. Crystal Lake Avenue	Services/126		
Crystal Lake, IL 60014			
Guiding Eyes for the Blind	Health & Human	\$	100.00
611 Granite Springs Road	Services/119		
Yorktown Hts., NY 10598			
Habitat for Humanity International	Health & Human	\$	300.00
P.O. Box 7024	Services/131		
Americus, GA 31709			
Habitat for Humanity of McHenry County	Health & Human	Ś	3,000.00
P.O. Box 1166	Services/131		,
McHenry, IL 60051-1166			
Haiti's Children	Health & Human	\$	520.00
P.O. Box 577	Services/126		520.00
Pell Lake, WI 53157	Je. 1.10c5, 220		
Hebron House of Hospitality	Health & Human	s	100.00
111 E. Main St.	Services/126	٦	100.00
Waukesha, WI 53186	Sc1 VICC3/ 120		
Heifer Project International	Health & Human	5	200.00
1 World Avenue	Services/126		200.00
Little Rock, AR 72202-2863	Jet vices/ 120		
Home of the Sparrow	Health & Human	Ś	10,000.00
5342 West Elm Street	Services/133	'	10,000.00
McHenry, IL 60050	361 AICE2\ 122		
Horizons - Upward Bound	Health & Human	\$	2 000 00
P.O. Box 801		1 3	2,000.00
	Services/040		
Bloomfield Hills, MI 48303-0801	Haalah O Hurran	╅	200.00
JDRF	Health & Human	\$	300.00
11 S. LaSalle Street, Suite 1800	Services/053		
Chicago, IL 60603-1344		+-	
JDRF	Health & Human	\$	100.00
560 Sylvan Avenue, Suite 1210	Services/053		
Englewood Cliffs, NJ 07632		4	
JDRF Southeastern Wisconsin Chapter	Health & Human	\$	440.00
3333 N. Mayfair Road, Suite 107	Services/053	•	
Wauwatosa, WI 53222		┷	
JourneyCare Foundation	Health & Human	\$	2,380.00
405 Lake Zurich Road	Services/064	1	
Barrington, IL 60010			
Junior Achievement of Wisconsin, Inc.	Health & Human	\$	1,000.00
11111 W. Liberty Drive	Services/040		
Milwaukee, WI 53224	T .	- 1	

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Lake Country Shop With Cops	Health & Human	\$	300.00
174 E. Wisconsin Avenue	Services/126	*	300.0
Oconomowoc, WI 53066	SCI VICES/ 120		
LemonAid Fund	Health & Human	\$	100.00
490 Lincoln Ave. W	Services/115		100.00
Highland Park, IL 60035	Services/113		
Let's Share The Sun Foundation	Health & Human	Ś	400.00
165 Jordan Road	Services/080	1,	400.0
	Services/080		
Troy, NY 12180	Linaleh O Liveran	+	100.00
Leukemia &Lymphoma Society	Health & Human	\$	100.0
1471 E. 12 Mile Road	Services/052		
Madison Heights, MI 48071		-	
Leukemia & Lymphoma Society	Health & Human	\$	200.0
200 S. Executive Dr., Suite 203	Services/052	ŀ	
Brookfield, WI 53005	<u> </u>	4-	
Lions of Crystal Lake IL Foundation	Health & Human	\$	200.0
P.O. Box 48	Services/119	1	
Crystal Lake, IL 60039			
Literacy Kansas City	Health & Human	\$	100.0
211 W. Armour Blvd., 3rd Floor	Services/123		
Kansas City, MO 64111			
Lustgarten Foundation	Health & Human	\$	500.0
1111 Stewart Avenue	Services/052		
Bethpage, NY 11714			
Make-A-Wish Foundation	Health & Human	\$	200.0
4742 N. 24th St., Suite 400	Services/040		
Phoenix, AZ 85016-4862		1	
Make-A-Wish Foundation of WI	Health & Human	Ś	670.0
13195 W. Hampton Avenue	Services/040		
Butler, WI 53007		l l	
Marine Toys for Tots Foundation	Health & Human	\$	100.0
18251 Quantico Gateway Dr.	Services/115		
Triangle, VA 22172	SC: Vices, 113	l	
McHenry County Behavioral Health Foundation	Health & Human	5	1,000.0
620 Dakota Street	Services/111		1,000.0
Crystal Lake, IL 60012	Services/111		
Mental Health America of IL Valley	Health & Human	\$	200.0
5407 N. University	Services/111	1,	200.0
•	Services/111	i	
Peoria, IL 61614  Midwest Athletes Against Childhood Cancer	Health & Human	\$	200.0
-	i i	) >	200.0
10000 W. Innovation Dr. #135	Services/052	i	
Milwaukee, WI 53226	Linalah O Liveran	+-	2 120 0
Mukwonago Food Pantry	Health & Human	\$	2,120.0
325 Eagle Lake Ave.	Services/111	- 1	
Mukwonago, WI 53149	111 111 0 11	+	400.0
My Team Triumph - Wisconsin Chapter	Health & Human	\$	100.0
1406 S. Jackson St.	Services/123		
Green Bay, WI 54301	11. 11. 2.11	+-	4.5.5
National Alliance on Mental Illness	Health & Human	\$	100.0
3803 N. Fairfax Dr.	Services/121		
Arlington, VA 22203	1	+	
National Multiple Sclerosis Society - NYC Chapter	Health & Human	\$	100.0
733 Third Avenue, 3rd Floor	Services/053		
New York, NY 10017-3288	J	ı	

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National Multiple Sclerosis Society	Health & Human	\$	100.00
900 S. Broadway, Suite 200	Services/123		
Denver, CO 80209	<u> </u>	4.	
National Multiple Sclerosis Society	Health & Human	\$	600.00
1120 James Dr., Suite A	Services/123		
Hartland, WI 53029			
National Parkinson Foundation	Health & Human	\$	200.00
1501 N.W. 9th Ave.	Services/053		
Miami, FL 33136			
New York Says Thank You Foundation	Health & Human	\$	300.00
2576 Broadway #174	Services/116		
New York, NY 10025			
Norma F. Pfriem Breast Care Center	Health & Human	\$	200.00
267 Grant Street	Services/052		
Bridgeport, CT 06610			
Northern Illinois Food Bank	Health & Human	\$	1,100.00
273 Dearborn Ct.	Services/126		
Geneva, IL 60134	<u> </u>		
Operation Hope, Inc.	Health & Human	\$	3,000.00
636 Old Post Road	Services/111		·
Fairfield, CT 06824			
Options & Advocacy for McHenry County	Health & Human	S	500.00
365 Millennium Drive, Suite A	Services/111	1	
Crystal Lake, IL 60012			
Pacific Garden Mission	Health & Human	\$	300.00
1458 S. Canal Street	Services/126		
Chicago, IL 60607			
Pioneer Center for Human Services	Health & Human	\$	39,300.00
4001 Dayton St.	Services/123		33,333.33
McHenry, IL 60050	Services, 125	ŀ	
Preeclampsia Foundation	Health & Human	\$	200.00
6767 N. Wickham Road, #400	Services/053	*	200.00
Melbourne, FL 32940	Services, 033		
Prevention & Protection of Abused Children,Inc.	Health & Human	\$	1,000.00
1570 E. Moreland Blvd.	Services/111	ľ	1,000.00
Waukesha, WI 53186	Del Aices/ TTT	ŀ	
ProHealth Care Foundation	Health & Human	\$	2,000.00
725 American Avenue	Services/060	,	۷,000.00
	Jei vices/UOU		
Waukesha, WI 53188 Robert R. McCormick Tribune Foundation	Health & Human	\$	1,100.00
		1 3	1,100.00
205 N. Michigan Ave., Suite 4300	Services/126		
Chicago, IL 60601 Rock Youth Center	Health & Human	\$	500.00
P.O. Box 2143		1,	500.00
	Services/040		
Midland, MI 48641 Rockford Rescue Mission	Health & Human	\$	500.00
P.O. Box 1958	Services/126	'	500.00
	361 AIC62\ 150		
Rockford, IL 61110-0458 Ronald McDonald House, Eastern WI Charities	Health & Human	\$	100.00
8948 Watertown Plank Rd.	Services/111	1,	100.00
	Services/111		
Milwaukee, WI 53226-4802 Sage YMCA of Metro Chicago	Health & Human	\$	5,000.00
701 Manor	Services/044	1,	5,000.00
A OT MIGHOL	1261 AIC62\044		
Crystal Lake, IL 60014			

Salvation Army	Health & Human	\$	100.00
440 West Nyack Road	Services/126		
West Nyack, NY 10994-1739			
Salvation Army	Health & Human \$		100.00
290 W. Crystal Lake Ave.	Services/126		
Crystal Lake, IL 60014			
Salvation Army	Health & Human	\$	600.00
P.O. Box 12600	Services/126		
Oklahoma City, OK 73157	<u>'</u>	ľ	
Salvation Army	Health & Human	\$	200.0
11315 Watertown Plank	Services/126		
Wauwatosa, WL 53226			
SCC/Special Olympics	Health & Human	\$	2,650.0
541 N. Fairbanks Court	Services/124	1	,
Chicago, IL 60611	00.1.000, 22.1	1	
The Smile Train	Health & Human	Ś	3,500.0
41 Madison Ave., 28th Floor	Services/124	1	0,000.0
New York, NY_10010	30.1.003, 124		
Southeastern Youth & Family Services	Health & Human	Ś	2,000.0
4200 N. Holton St., Suite 400	Services/111	ľ	_,555.0
Milwaukee. WI 53212	3C1 VICE3/ 111	1	
Special Olympics	Health & Human	s	100.0
John Cornell Donor Services	Services/121	١	100.0
	Services/121		
P.O. Box 699		1	
Normal II 61761	Health & Human	s	300.0
Special Olympics		1 >	300.0
John Cornell Donor Services	Services/121	1	
P.O. Box 7638		1	
Madison_WL 53707-7638		+_	250.0
St. Baldrick's Foundation	Health & Human	\$	250.0
1333 S. Mayflower Ave., Suite 400	Services/052		
Monrovia, CA 91016		<del></del> -	
St. Catherine Residence, Inc.	Health & Human	\$	2,000.0
1032 E. Knapp St.	Services/133		
Milwaukee, WI 53202			
St. Jude Children's Research Hospital	Health & Human	\$	4,120.0
501 St. Jude Place	Services/060		
Memphis, TN 38105			
St. Vincent's Medical Center Foundation	Health & Human	\$	100.0
2800 Main Street	Services/126		
Bridgeport, CT 06606			
Sterling House Community Center	Health & Human	Ś	5,000.0
2283 Main Street	Services/111	*	3,000.0
Stratford, CT 06615	Services/111		
Three Harbors Council, Boy Scouts of America	Health & Human	\$	100.0
330 South 84th Street	Services/043	1,	100.0
	3e1 VICES/043	Ī	
Milwaukee, WI 53214-1468	Hooleh O Hirrary	+-	2 (00 0
TLS Veterans	Health & Human	\$	2,600.0
5330 W. Elm Street	Services/127		
McHenry, IL 60050		+-	
Turning Point	Health & Human	\$	2,100.0
P.O. Box 723	Services/133		
Woodstock, IL 60098			
United Way of Coastal Fairfield County	Health & Human	\$	17,000.0
75 Washington Ave.	Services/150		
Bridgeport, CT 06604	1	1	

	Sub Total	\$	228,802.4
Lac du Flambeau, WI 54538	JCI VICC3/ 040		
13400 Camp Nawakwa Lane	Services/040	'	1,000.00
Jacksonville, FL 32256 YMCA Camp Nawakwa	Health & Human	Ś	1,000.0
4899 Belfort Road, Suite 300	Services/127		
Wounded Warrior Project	Health & Human	>	100.0
Federal Way, WA 98063	I I a a lab. O I I	Ś	100.0
P.O. Box 9716	Services/126		
World Vision	Health & Human	\$	1,500.0
Waukesha, WI 53186		+	4 705 -
505 N. East Avenue	Services/133		
Women's Center, Inc.	Health & Human	\$	1,000.0
Hollywood, FL 33021			
3325 Hollywood Blvd., Suite 500	Services/064		
Vitas Hospice Charitable Fund	Health & Human	\$	100.0
Milwaukee, WI 53213			
912 N. Hawley Road	Services/119		
Vision Forward Association	Health & Human	\$	3,000.0
Colorado Springs, CO 80919			
210 USA Cycling Point	Services/040	ı	
USA Cycling Development Foundation	Health & Human	\$	150.0
Waukesha, WI 53187-1041		1	
P.O. Box 1041	Services/150		,,
United Way of Waukesha County	Health & Human	Ś	17,000.0
McHenry, IL 60050	561 11065/ 250		
United Way of Greater McHenry County 4508 Prime Parkway	Health & Human Services/150	\$	17,000.0

Evan's Scholars Foundation	Higher Education/003	 \$500.00
1 Briar Road	•	·
Golf, IL 60029		
Illinois State University Foundation	Higher Education/003	\$ 2,100.00
Illinois State University		
8000 Donor & Information Services		
Normal, IL 61790-8000		
Lawrence University of Wisconsin	Higher Education/003	\$ 100.00
711 E. Boldt Way, SPC 1847		
Appleton, WI 54913		
MATC Foundation - MPTV Fund	Higher Education/003	\$ 300.00
700 W. State St.		
Milwaukee, WI 53233		
Milwaukee School of Engineering	Higher Education/003	\$ 200.00
1025 N. Broadway		
Milwaukee. WI 53202		
Northeastern University	Higher Education/003	\$ 100.00
360 Huntington Ave., 118CU	i i	
Boston, MA 02115		
Northwestern University	Higher Education/003	\$ 500.00
1201 Davis St., Rm. 1-400	l	
Evanston, IL 60201		
Purdue Foundation	Higher Education/003	\$ 200.00
403 West Wood Street	1	
West Lafavette, IN 47907-2007		

Ripon College	Higher Education/003	\$ 200.00
300 Seward St.		
Ripon, WI 54971		
St. Norbert College	Higher Education/003	\$ 100.00
100 Grant Street		
DePere, WL 54115		
University of Chicago	Higher Education/003	\$ 1,000.00
1427 E. 60th	1	
Chicago, IL 60637		
University of Connecticut Foundation	Higher Education/003	\$ 100.00
2390 Alumni Drive, Unit 3206		
Storrs, CT 06269-3206		
University of Illinois Foundation	Higher Education/003	\$ 200.00
1305 West Green Street		
Urbana, IL_61801-2962		
University of Iowa Foundation	Higher Education/003	\$ 600.00
P.O. Box 4550		
lowa City, IA 52244-4550		_
Univeristy of Massachusetts-Lowell	Higher Education/003	\$ 250.00
1 University Ave., Southwick Hall 250		
Lowell, MA_01854		
UW Oshkosh Foundation, Inc.	Higher Education/003	\$ 100.00
842 Algoma Blvd.		
Oshkosh, WI 54901-3551	<u> </u>	
UWM Foundation	Higher Education/003	\$ 480.00
1440 E. North Avenue		
Milwaukee, WI 53202		
UW-Whitewater Foundation, Inc.	Higher Education/003	\$ 100.00
800 W. Main St.		
Whitewater, WI 53190-1705		
Vanderbilt University	Higher Education/003	\$ 2,000.00
2301 Vanderbilt Place - PMB 407727		
Nashville, TN 37240-7727		
Wells College	Higher Education/003	\$ 200.00
Advancement Office		
170 Main St.		
Aurora, NY_13026		
	Sub Total	\$9,330.00
		• • • • • • • • • • • • • • • • • • • •
Roger Tory Peterson Institute	Public Education/012	\$100.00
	, abile Eddedtion, 612	\$100.00
1311 Curtis Street		
311 Curtis Street		
Jamestown, NY 14701	Dublic Education (012)	¢240.00
Jamestown, NY 14701 Wisconsin Public Radio Association	Public Education/012	\$240.00
Jamestown, NY 14701 Wisconsin Public Radio Association 821 University Avenue	Public Education/012	\$240.00
Jamestown, NY 14701 Wisconsin Public Radio Association		
Jamestown, NY 14701 Wisconsin Public Radio Association 821 University Avenue	Public Education/012  Sub Total	\$240.00 <b>\$340.00</b>
Jamestown, NY 14701 Wisconsin Public Radio Association 821 University Avenue		\$
Jamestown, NY 14701 Wisconsin Public Radio Association 821 University Avenue Madison, WI 53706	Sub Total	\$ \$340.00
Jamestown, NY 14701 Wisconsin Public Radio Association 821 University Avenue Madison, WI 53706  Aaron Keopke & MSOE	Sub Total Scholarship/200 -	\$ \$340.00
Jamestown, NY 14701 Wisconsin Public Radio Association 821 University Avenue Madison, WI 53706  Aaron Keopke & MSOE 27 Fawn Ridge Drive	Sub Total Scholarship/200 - Cary	<b>\$340.00</b> 1,000.00
Jamestown, NY 14701 Wisconsin Public Radio Association 821 University Avenue Madison, WI 53706  Aaron Keopke & MSOE 27 Fawn Ridge Drive Oakwod Hills, IL 60013 Andrew Gardner & UW-Milwaukee	Sub Total  Scholarship/200 - Cary  Scholarship/200 -	\$ \$340.00
Jamestown, NY 14701 Wisconsin Public Radio Association 821 University Avenue Madison, WI 53706  Aaron Keopke & MSOE 27 Fawn Ridge Drive Oakwod Hills, IL 60013	Sub Total Scholarship/200 - Cary	<b>\$340.00</b> 1,000.00

Carson Doney & UW-Platteville W345 S8690 Whitetail Drive Eagle, WI 53119	Scholarship/200 - Mukwonago	\$ 1,500.00
Casey O'Connor & MSOE 3116 S. Country Club Road Woodstock, IL 60098	Scholarship/200 - Cary	\$ 1,000.00
John McKune and Notre Dame 525 Spruce Tree Drive Cary, IL 60013	Scholarship/200 - Cary	\$ 1,500.00
Joseph Bichler and UW-Whitewater 6308 Coachlight Road Crystal Lake, IL 60012	Scholarship/200 - Cary	\$ 1,500.00
Nina Diklich & Aquinas College 237 Shipland Dr. Crystal Lake, IL 60012	Scholarship/200 - Cary	\$ 3,000.00
Patrick Serowka & Indiana University 185 Hillhurst Drive Cary, IL 60013	Scholarship/200 - Cary	\$ 1,000.00
Scholarship America c/o First National Bank Minnesota P.O. Box 240 St. Peter, MN 56082	Sons & Daughters Scholarships/200	\$ 20,000.00

Sub Total \$32,000.00

Culture & Arts	\$ 20,300.00
Education	\$ 500.00
Health & Human Svcs	\$ 228,802.42
Higher Education	\$ 9,330.00
Public Education	\$ 340.00
Scholarship	\$ 32,000.00
Grand Total:	\$ 291 272 42