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Schedule B

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

or 990-PF)
Department of the Treasury
Internal Revenue Service
Name of the organizati

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

2014

Organization						
Organization type (check one):						
Filers of:		Section:		·		
Form 990 or 990-EZ		501(c)() (enter number) organization	·i		
		4947(a)(1)) nonexempt chantable trust not treated as a p	private foundation		
		527 politic	cal organization	•		
Form 990-PF		✓_501(c)(3) exempt private foundation				
		4947(a)(1)) nonexempt charitable trust treated as a priva	ite foundation		
		501(c)(3) t	taxable private foundation			
•	-	•	e General Rule or a Special Rule. rganization can check boxes for both the Gene	eral Rule and a Special Rule. See		
General Rul	le					
orn	an organization	or property) from), 990-EZ, or 990-PF that received, during the n any one contributor. Complete Parts I and II.			
☑ For	an organization more (in money stributor's total o	or property) from				
☑ For or n con Special Rule □ For reg, 13,	an organization more (in money ntributor's total of es an organization ulations under s 16a, or 16b, an	or property) from contributions in described in se sections 509(a)(1 d that received f		met the 331/3 % support test of the A (Form 990 or 990-EZ), Part II, line at contributions of the greater of (1)		
For con Special Rule For regging, \$5,0	an organization more (in money intributor's total of the session o	or property) from contributions a described in se sections 509(a)(1 d that received f f the amount on described in set the year, total co	n any one contributor. Complete Parts I and II ection 501(c)(3) filing Form 990 or 990-EZ that i) and 170(b)(1)(A)(vi), that checked Schedule A from any one contributor, during the year, tota	met the 331/3 % support test of the A (Form 990 or 990-EZ), Part II, line all contributions of the greater of (1) -EZ, line 1. Complete Parts I and II.		

Name of o	rganization 20rothy Vondra Foundation	Employer identification number	
Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Mike and Dorothy Vondra 4851 Bonita Bay Blvd. Bonita Springs, FL 34134	\$ \$500,000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s	Person Payroll Noncash (Complete Part II for noncash contributions)
(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
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

CIS6F281KM

0425867131 Oct. 17, 2014 LTR 2697C 0 R 46-1612562 201312 44 Input Op: 0425867131 00031989

MIKE AND DOROTHY VONDRA FOUNDATION 2250 SOUTHWIND BLVD BARTLETT IL 60103



DECLARATION

016907

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

Signature of Officer or Trustee

12-22-19

Date

Traverer

Title