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$\mathsf{Form}\,990$

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990. Open to Public Inspection

<u>A</u>	For the	e*2014 calendar year, or tax year beginning and endin	<u>g</u>		
В	Check if	C Name of organization	D Emp	loyer identificat	ion number
	applicabl	* MIDWEST REGION FOUNDATION FOR FAIR		-	
Г	Addre	SS COMBRAGETMO TMG	•		
F	Name			37-133	19273
片	lchang		/ourto E Tolor	ohone number	00213
-	lreturn Final		Suite E Telet		00 6006
L	return- termir-	-			<u> </u>
۲	ated Amen	City or town, state or province, country, and ZIP or foreign postal code		receipts \$	1,918,503.
F	return	SPRINGFIELD, IL 62701		this a group retur	
L	tion	F Name and address of principal officer DOTIN FERIN	for	subordinates?	Yes X No
		SAME AS C ABOVE		all subordinates includ	
		empt status 501(c)(3)X 501(c)(5) ◀ (insert no.) 4947(a)(1) or		No," attach a list	(see instructions)
		te: WWW.MRFFC.ORG		oup exemption n	
<u>K</u>	Form of		Year of formation	on: 2005 м St	tate of legal domicile: ${ t IL}$
P	art I	Summary			
m	1	Briefly describe the organization's mission or most significant activities. MONITOR	CONSTRU	JCTION PF	ROJECTS.
Activities & Governance		· · · · · · · · · · · · · · · · · · ·			
E.	2	Check this box if the organization discontinued its operations or disposed of	more than 25%	% of its net asset	ts.
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	10
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	10
ან თ	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	7
iŧ.	6	Total number of volunteers (estimate if necessary)		6	0
	-	Total unrelated business revenue from Part VIII, column (C), line-12-		7a	0.
¥	/ a				0.
	D	Net unrelated business taxable income from Form 990.T, line 34	T 5:	7b	
*				Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h) (1) (1) 7 2015		50,854.	39,741.
	9	Program service revenue (Part VIII, line 2g)		95,482.	762,401.
· é	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		48,755.	125,579.
_	11	Other revenue (Part VIII, column (A), lines 5; 6d, 8c, 9c, 10c, and 11e)		40,887.	20.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8.3	35,978.	927,741.
١	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	<u> </u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	į	0.	<u> </u>
ွ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6.5	56,526.	564,871.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
g	. ь	Total fundraising expenses (Part IX, column (D), line 25)			
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	34	48,869.	361,171.
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		05,395.	926,042.
	19	Revenue less expenses Subtract line 18 from line 12		59,417.>	1,699.
Net Assets or Fund Ralances	3	Trovoltuo lood dapandoo edakuda iino to trom iino 72		Current Year	End of Year
ets	20	Total assets (Part X, line 16)		51,467.	2,160,303.
ASSI	21	Total liabilities (Part X, line 26)	4,1	1,156.	4,660.
e t	21		2 14	50,311.	2,155,643.
7	22 art II	Net assets or fund balances Subtract line 21 from line 20 Signature Block		10,311.	4,133,043.
_			4-444	- No. 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and s			lowleage and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has any kr		.,
		Company of the Compan		10-19	4-15
Sig	ın	Signature of office		Date	
He	re	JOHN PENN, CHAIRMAN			
		Type or print name and title			,
		Print/Type preparer's name Preparer's signature	Date	Check	PTIN
Pai	d	Japelle Brown (Schelle Brown)	10 13 15	self-employed	P10383615
Pre	parer	Firm's name NIA		Firm's EIN ▶ N	/R
Use	Only	Firm's address			, -
	•	<i>'</i>	ļ	Phone no. 217	-331-5540
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)			Yes No
	001 11-0				Form 990 (2014)

MIDWEST REGION FOUNDATION FOR FAIR

Porm	rt III Statement of Program Service Accomplishments	3/-13382/3	Page ∠
ra			
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission		
	MONITOR CONSTRUCTION PROJECTS		
		 	
			-
	Did the organization undertake any significant program services during the year which were not listed on		
2	the prior Form 990 or 990-EZ?	[]vaa	X No
	·	L res	LAL NO
_	If "Yes," describe these new services on Schedule 0		X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	· · · · · · · · · · · · · · · · · · ·	LALI NO
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a	•	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ners, the total expenses, a	and
4	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ including grants of \$) (Reve MONITOR CONSTRUCTION PROJECTS FOR COMPLIANCE WITH FEDER		NTD)
		KAL, STATE, A	ND
	LOCAL LAWS AND REQUIREMENTS.		
			
	· · · · · · · · · · · · · · · · · · ·		
		· · · ·	
		<u> </u>	
			_
			<u>-</u>
4b	(Code) (Expenses \$ including grants of \$) (Reve	anue \$)
			_
4c	(Code) (Expenses \$) (Reve	enue \$)
4d	Other program services (Describe in Schedule O)		
70	(Expenses \$ including grants of \$) (Revenue \$	1	
4e	Total program service expenses		
70	Total program out too expenses p	Earm Q	90 (2014)
13200:	02	1 01111 9	(2014)

Form 990 (2014) CONTRACTING, INC.
Part IV Checklist of Required Schedules

	•		Yes_	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		_	
_	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	_3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	_X_	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8	<u> </u>	_X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		_X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
_	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		٠,	
_	Part VI	11a	X	
a	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			7,
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			3.7
٨	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11c		X
	Part X, line 16? If "Yes," complete Schedule D, Part IX	١,,,		v
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d	х	X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		
•	the organization's separate of consolidated final class statements for the tax year include a foothole that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	4 46		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		
	Schedule D, Parts XI and XII	12a	x	
	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		_X_
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990 (2014)

Form 990 (2014) CONTRACTING, INC.

Part IV Checklist of Required Schedules (continued)

	•		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			[
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
07	complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	•		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III			7.7
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV	27_		<u> </u>
20	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		-21
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>x</u> _
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	1	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1 .	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		_	
	Note, All Form 990 filers are required to complete Schedule O	38	X	
		Form	990 (2014)

Form 990 (2014) CONTRACTING, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V							
			Yes	No				
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable							
b	Enter the number of Forms W-2G included in line 1a Enter -0 if not applicable 1b 0							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
	(gambling) winnings to prize winners?	1c	х					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a7							
b	f at least one is reported on line 2a, did the organization file all required federal employment tax returns?							
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?							
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		_X_				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b_		_X				
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?	6a		_X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required]					
	to file Form 8282?	7с						
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	ایا						
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	8						
_	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter	<u> </u>						
	Initiation fees and capital contributions included on Part VIII, line 12							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders		İ					
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note. See the instructions for additional information the organization must report on Schedule O.		Ī					
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans	.						
	Enter the amount of reserves on hand							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b						
		Form	990 (20141				

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

	Check if Schedule O contains a response or note to any line in this Part VI			\mathbf{X}						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 10									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent 10									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
_	officer, director, trustee, or key employee?									
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, or trustees, or key employees to a management company or other person?									
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?									
5										
6	Did the organization have members or stockholders?									
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6		_X						
	more members of the governing body?	7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
	The governing body?	8a	х							
	Each committee with authority to act on behalf of the governing body?	8b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	•	•							
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	ın Schedule O how this was done .	12c	Х							
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14	X							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ļ								
а	The organization's CEO, Executive Director, or top management official	15a	X							
b	Other officers or key employees of the organization	15b	Х							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		<u> </u>						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	ın joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
<u> </u>	exempt status with respect to such arrangements?	16b								
	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed NONE									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	ie							
	for public inspection. Indicate how you made these available. Check all that apply									
40	Own website Another's website W Upon request Other (explain in Schedule O)	£								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	TINANO	ciai							
00	statements available to the public during the tax year State the page, and telephone number of the person who persons the organization's books and records.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records ►									
		701								
130001	11-07-14		990	(2014)						
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule C	Containe a rechence	or note to any	line in this Bart VIII
CHECK II SCHEUUIE C	/ CUITAINS à lesbonse	or note to any	illie ill triis Part vii

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

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

(A) Name and Title	(B) Average			Pos				(D) Reportable	(E) Reportable	(F) Estimated	
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)			is bot	h an	compensation	compensation	amount of	
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(1) JOHN PENN CHAIRMAN	4.00	x		x				0.	0.	0.	
(2) CLINT TAYLOR	0.00	x						0.	0.		
DIRECTOR (3) GARY STEWART	0.00									0.	
DIRECTOR (4) DAVE STARK	0.00	Х						0.	0.	0.	
DIRECTOR (5) JAMES BRUNER	0.00	X				_	_	0.	0.	0.	
SECRETARY/TREASURER		x		Х		ļ <u>.</u>		0.	0.	0.	
(6) EUGENE KEELEY DIRECTOR	0.00	x						0.	0.	0.	
(7) GLYN RAMAGE DIRECTOR	0.00	x						0.	0.	0.	
(8) BRAD SCHAIVE DIRECTOR	0.00	х						0.	0.	0.	
(9) CHARLES SCHEMPF, JR. DIRECTOR	0.00	х						0.	0.	0.	
(10) STEVE ASHE DIRECTOR	0.00	х						0.	0.	0.	
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										 -	
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Form **990** (2014)

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)			
	. (A)	(B)			(0	C)			(D)	(E)		(F)	
	Name and title	Average	(do	not c	Pos			one	Reportable	Reportable	Ε	Stimate	ed
	•	hours per week	box	, unle	ss pe	rson	is bot	th an	compensation	compensation	а	mount	
		(list any	į				Π	Γ	from the	from related organizations	COL	other mpensa	
		hours for	Individual trustee or director	_			<u>s</u>		organization	(W-2/1099-MISC)		from th	
		related	steeo	rustee			pensa		(W-2/1099-MISC)			ganızat	
		organizations below	ual tro	lonal		ploye	t com	_			1	nd relat	
		line)	Dividi	institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former			0,6	ganızatı	10115
			Ī	_	Ĭ	_		Ι_			1		
							İ						
					_	_	-			. <u></u>			
					\vdash	\vdash	\vdash	-			+		
	A										+		
						_	_						
				├—			-	-					
	Sub-total	L	L	!	L	L	<u></u>	_	0.	0	+		0.
	Total from continuation sheets to Part V	II Section A							0.	0			0.
	Total (add lines 1b and 1c)	ii, ocolion A						•	0.	0	_ +		0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed at	OOVE	e) wł	no re	·				
	compensation from the organization									·			0
												Yes	No
3	Did the organization list any former officer,		ıste	e, ke	y en	nplo	yee,	or h	highest compensated e	mployee on			
_	line 1a? If "Yes," complete Schedule J for s										3		X
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	•							•	the organization	١,		x
5	Did any person listed on line 1a receive or a			•						dual for services	4	+	_
•	rendered to the organization? If "Yes," com	•						O.Q.	od organization or indivi	dddi for der vices	5		X
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest co	mpensated ind	depe	ende	nt c	ontr	racto	ors ti	hat received more than	\$100,000 of comper	sation	from	
	the organization Report compensation for	the calendar y	ear	endı	ng w	/ith	or w	ıthın	the organization's tax	year			
	(A) Name and business	addross	3.77	~ ****	_				(B) Description of s	00,000		C) ensatio	
	Name and business	address	M	ONE	<u> </u>			\dashv	Description of s	lei vices	Compe		
								\neg					
								\perp					
								\perp					
	Total number of radamendant and the second	noludine but	04 1				nc !-		about when an arrange	are their			
2	Total number of independent contractors (i \$100,000 of compensation from the organi		ut III	mie	u to		se IIS)	sted	above) who received m	iore triafi			
	wide, 500 of compensation from the organi	Lation					-		· · · · · · · · · · · · · · · · · · ·		Form	990 (2	2014\
432008 11-07-	3 14										. 51111	(2	

Total. Add lines 1a:1 2 a EMPLOYER CONTRIBUTIONS 4 Income from investment of tax exempt bond proceeds 5 Royaltes 6 a Gross rents b Less central expenses c Rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less const or other basis and sales expenses c C an (loss) 8 a Gross amount from sales of assets other than inventory b Less const or other basis and sales expenses c C Gain or (loss) 8 a Gross income from fundraising events (not including \$ or contributions; peopted on lime 1o! See Part IV, line 18 b Less direct expenses c Net income or (loss) 7 a Gross amount from sales of assets other than inventory b Less const or other basis and sales expenses c Gain or (loss) 8 a Gross amount from fundraising events (not including \$ or contributions reported on lime 1o! See Part IV, line 18 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of codos sold c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of codos sold c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of codos sold c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of codos sold c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of codod sold c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of codod sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a REMEMSER EXPENSES 5 80099 20 20 20 20 20 20 20 20 20 20 20 20 20 2		_	ــــ Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII			
2 a EMPLOYER CONTRIBUTIONS 900099 762,401, 762,401,		•			200.00	(A)	Related or exempt function	Unrelated business	(D) Revenue excluded from tax under sections 512 - 514
Page Page	t ts	a	Federated campaigns	1a					
2 2 2 2 2 2 2 2 2 2	n n								
Page Page	5 E		•						
2 a EMPLOYER CONTRIBUTIONS 900099 762,401, 762,401,	ar A		•						
Page Page	o.∰								
2 a EMPLOYER CONTRIBUTIONS 900099 762,401, 762,401,			- ·						
2 a EMPLOYER CONTRIBUTIONS 900099 762,401, 762,401,	를 를	•			20 741				
2 a EMPLOYER CONTRIBUTIONS 900099 762,401, 762,401,	물품	_		<u> </u>	39,741.				
2 a EMPLOYER CONTRIBUTIONS 900099 762,401, 762,401,	and a			s 1a-1r \$		30 7/1			
2 a EMPLOYER CONTRIBUTIONS 900099 762,401 762,401 b c	<u> </u>	<u>''</u> -	Total. Add lines Ta II	· .	1	33,741.			
b c d d	g 2	а	EMPLOYER CONTRIBUTIONS			762 401	762 401		
g Total, Add lines 2a:2f Total, Add lines 2a:2f Total, Add lines 2	.ĕ				200022	700,101,	,02,101.		
g Total, Add lines 2a:2f Total, Add lines 2a:2f Total, Add lines 2	Ser								
g Total, Add lines 2a:2f Total, Add lines 2a:2f Total, Add lines 2	E S						-		
g Total. Add lines 2a-2f Total. Add lines 2a-2f Total. Add lines 2	P. C.							•	
g Total. Add lines 2a2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses 990,762, Gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less: clirect expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a REIMBURSED EXPENSES 900.099 762, 401 37,039, 3	품 .								
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(i) Real (ii) Personal	1			x exempt bond p	. Г				
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b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$	' '	а		- ' '	1 1				
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11 a REIMBURSED EXPENSES 900099 20. 20.		_			Business Code				
	11	<u> —</u>	•			20.	20		
b		b	•				_==-		
c							-		
d All other revenue		d	All other revenue						
e Total. Add lines 11a-11d		е	Total. Add lines 11a-11d			20.			
12 Total revenue See instructions. 927,741, 762,421, 0.	12		Total revenue See instructions.		▶ 「		762 421	(125 579

Form 990 (2014) CONTRACTING, INC.
Part IX Statement of Functional Expenses

Sect	on 501(c)(3) and 501(c)(4) organizations must com			complete column (A)	
	Check if Schedule O contains a respon			(C)	<u> </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	ındıvıduals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	321,101.		<u> </u>	
8	Pension plan accruals and contributions (include	110 100			
	section 401(k) and 403(b) employer contributions)	148,160.	<u> </u>	<u> </u>	
9	Other employee benefits	69,586.			
10	Payroll taxes	26,024.			
11	Fees for services (non-employees)				
а	Management	500			
b	Legal	699.			
С	· · · · · · · · · · · · · · · · · · ·	5,250.	··		
d	Lobbying	-			
e	Professional fundraising services. See Part IV, line 17	2 270	 		
T	Investment management fees	2,270.			
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	320			
12	Advertising and promotion	320. 21,628.			
13	Office expenses	41,040.			
14	Information technology				
15	Royalties	27,257.			_
16 17	Occupancy	45,300.		 -	
17 18	Travel _ Payments of travel or entertainment expenses	43,300.		<u> </u>	<u>.</u>
10	for any federal, state, or local public officials	•			
19	Conferences, conventions, and meetings	2,008.			
20	Interest	2,000.		-	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	31,863.			
23	Insurance	14,459.			
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	REIMB SAL/TAXES/BENEFIT	181,457.		<u> </u>	
	CHARITABLE DONATIONS	14,100.		-	
c	DUES & SUBSCRIPTIONS	11,711.			<u> </u>
d		1,783.			
e	All other expenses	1,066.			
25	Total functional expenses Add lines 1 through 24e	926,042.			,
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined]	
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

Form 990 (2014)

Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	633,270.	2	521,344.
1	3	Pledges and grants receivable, net		3	
ł	4	Accounts receivable, net		4	
i	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
-	6	Loans and other receivables from other disqualified persons (as defined under		ļ	
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ts		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
۲	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
Ī	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 181,509.			
	þ	Less accumulated depreciation 10b 120, 224.	69,430.	10c	61,285.
	11	Investments publicly traded securities	1,457,767.	11	1,576,925.
Ì	12	Investments - other securities See Part IV, line 11		_12	
	13	Investments - program-related. See Part IV, line 11		13	
ł	14	Intangible assets .		14	
	15	Other assets See Part IV, line 11	1,000.	15	749.
	16_	Total assets. Add lines 1 through 15 (must equal line 34)	2,161,467.	16	2,160,303.
j	17	Accounts payable and accrued expenses .		17	
	18	Grants payable		18	
	19	Deferred revenue		_19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
#		key employees, highest compensated employees, and disqualified persons		.	
Liabilities		Complete Part II of Schedule L		22	
۱ ۲	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
1	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of	4 456		
		Schedule D	1,156.	25	4,660.
\dashv	<u> 26</u>	Total liabilities. Add lines 17 through 25	1,156.	26	4,660.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
Ses		complete lines 27 through 29, and lines 33 and 34.	2 1 6 0 2 1 1		2 155 642
au	27	Unrestricted net assets	2,160,311.	27	2,155,643.
Fund Balances	28	Temporarily restricted net assets		28	
בַ	29	Permanently restricted net assets		29	
년		Organizations that do not follow SFAS 117 (ASC 958), check here			
S		and complete lines 30 through 34.			
Net Assets or	30	Capital stock or trust principal, or current funds	··· -	30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net	32	Retained earnings, endowment, accumulated income, or other funds	2 160 211	32	2 155 642
_	33	Total her bless and not assets /fund balances	2,160,311. 2,161,467.	33 34	2,155,643. 2,160,303.
	34_	Total liabilities and net assets/fund balances	Z, TOI, 40/.	34	Z, 160, 303. Form 990 (2014)

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

За

X

Act and OMB Circular A-133?

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public

Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

 Section 501(c)(4), (5), or (6) organization 	tions Complete Part III			
Name of organization MIDWEST	REGION FOUNDATION	ON FOR FAIR	Emp	loyer identification number
CONTRAC	TING, INC.			37-1338273
Part I-A Complete if the org	janization is exempt und	er section 501(c)	or is a section 527 of	rganization.
 Provide a description of the organiz Political expenditures Volunteer hours 			> \$	
-	janization is exempt und			
1 Enter the amount of any excise tax	incurred by the organization und	er section 4955	▶ \$	
2 Enter the amount of any excise tax	incurred by organization manage	ers under section 4955	▶ \$	
3 If the organization incurred a section	n 4955 tax, did it file Form 4720 t	for this year?		Yes No
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV				
Part I-C Complete if the org	anization is exempt und	er section 501(c)		
1 Enter the amount directly expended	, ,	•		
2 Enter the amount of the filing organ	ization's funds contributed to oth	ner organizations for s	ection 527	
exempt function activities				
3 Total exempt function expenditures	Add lines 1 and 2 Enter here a	nd on Form 1120-POL	,	
line 17b			▶ \$	
4 Did the filing organization file Form	•			Yes No
5 Enter the names, addresses and en				
made payments For each organiza				•
contributions received that were pro			· · · · · · · · · · · · · · · · · · ·	ite segregated fund or a
political action committee (PAC) If	additional space is needed, provi	ide information in Part	IV	·····
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
		<u> </u>		
For Paperwork Reduction Act Notice,	see the Instructions for Form 9	90 or 990-EZ.	Schedule C	(Form 990 or 990-EZ) 2014

LHA 43204

MIDWEST REGION FOUNDATION FOR FAIR

Schedule C (Form 990 or 990 EZ) 2014 (Part II-A Complete if the org	<u>CONTRA</u>	ACTING	i, INC. mpt under sectio	on 501(c)(3) and file	37-2 24 Form 5768 <i>1</i>	1338273 Page 2
section 501(h)).		II IS EXC	mpt ander scott	on so itolio, and in		ciconon under
	tion belong	s to an affi	lliated group (and list i	n Part IV each affiliated	group member's nar	ne, address, EIN,
 expenses, and shar 	e of exces	s lobbying	expenditures)			
B Check > if the filing organization	tion_check	ed box A a	nd "limited control" pr	ovisions apply		
Limit		ying Expe eans amou	nditures unts paid or incurred	.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence publ	ic opinion (grass roots lobbying)			
b Total lobbying expenditures to influ	ence a lec	islative bo	dy (direct lobbying)			
c Total lobbying expenditures (add li	nes 1a and	l 1b)				
d Other exempt purpose expenditure	es					
e Total exempt purpose expenditure		s 1c and 1c	d)			1
f Lobbying nontaxable amount Ente	r the amou	unt from the	e following table in bo	th columns		
If the amount on line 1e, column (a) o	r (b) is:	The lob	bying nontaxable an	nount is:	**	
Not over \$500,000		20% of	the amount on line 16)		
Over \$500,000 but not over \$1,000	0,000	\$100,00	00 plus 15% of the ex	cess over \$500,000		
Over \$1,000,000 but not over \$1,5		\$175,00	00 plus 10% of the ex	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.						
Over \$17,000,000 \$1,000,000						
g Grassroots nontaxable amount (en	ter 25% of	line 1f)				
h Subtract line 1g from line 1a If zero	or less, e	nter -0-				
i Subtract line 1f from line 1c If zero	or less, er	nter -O-				
j If there is an amount other than zei	o on eithe	r line 1h or	line 1i, did the organiz	zation file Form 4720		
reporting section 4911 tax for this	year?					Yes No
(Some organizations th	at made a	section 5	eraging Period Unde 01(h) election do not ate instructions for li	have to complete all o	of the five columns l	oelow.
	Lobb	ying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount	·					
(150% of line 2d, column (e))	····					
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2014

Schedule C (Form 990 or 990 EZ) 2014 CONTRACTING, INC. 37-13382'

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

or each "Yès," response to lines 1a through 1i below, provide in Part IV a detailed description	(a	<u>) </u>	(t)
f the lobbying activity	Yes	No	Amo	ount
During the year, did the filing organization attempt to influence foreign, national, state or			-	
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of	1			
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	1			<u>.</u>
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912		 -		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? art III-A Complete if the organization is exempt under section 501(c)(4), sect	ion 501/o)/	(F) or oo	otion	
501(c)(6).	.1011 50 1 (0)(o), or se	Cuon	
3 (4)			Yes	N
Were substantially all (90% or more) dues received nondeductible by members?			v	
		111	. A i	
		1 2	X	
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? art III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere		2 3 (5), or se	X	ne 3,
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Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poli expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Supplemental Information Ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground in the prior year? Aggregate amount of lobbying and political expenditures (see instructions)	d "No," OF	2 3 (5), or se R (b) Part 1 2a 2b 2c 3	X ction t III-A, lin	
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? art III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poli expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) art IV Supplemental Information ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground or the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground or the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground or the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground or the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground or the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground or the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground or the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground or the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground or the descriptions required for Part I-A (affiliated ground or the de	d "No," OF	2 3 (5), or se R (b) Part 1 2a 2b 2c 3	X ction t III-A, lin	
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? art III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poli expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) art IV Supplemental Information ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground or the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground or the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground or the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground or the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground or the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground or the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground or the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground or the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground or the descriptions required for Part I-A (affiliated ground or the de	d "No," OF	2 3 (5), or se R (b) Part 1 2a 2b 2c 3	X ction t III-A, lin	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

2014
Open to Public Inspection

Name of the organization

MIDWEST REGION FOUNDATION FOR FAIR

Employer identification number 37-1338273

CONTRACTING, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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

Schedule D (Form 990) 2014

MIDWEST REGION FOUNDATION FOR FAIR

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection item							
	9						
	•						
(check all that apply)							
a Public exhibition d Loan or exchange programs							
b Scholarly research e Other							
c Preservation for future generations							
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII							
During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets	_						
to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes	No						
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.							
la Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included							
on Form 990, Part X?	No						
b If "Yes," explain the arrangement in Part XIII and complete the following table							
Amount							
c Beginning balance							
d Additions during the year							
e Distributions during the year 1e							
f Ending balance							
Pa Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No							
b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII							
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10							
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years	back						
la Beginning of year balance							
o Contributions							
Net investment earnings, gains, and losses							
d Grants or scholarships Other expenditures for facilities							
and programs Administrative expenses							
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as 3 Board designated or quasi-endowment							
a Board designated or quasi-endowment ►% b Permanent endowment ► %							
c Temporarily restricted endowment > %							
The percentages in lines 2a, 2b, and 2c should equal 100% Are there endowment funds not in the possession of the organization that are held and administered for the organization							
a Are there endowment funds not in the possession of the organization that are held and administered for the organization by							
by (i) unrelated organizations Yes No 3a(i)							
(i) unrelated organizations (ii) related organizations (iii) related organizations							
(ii) related organizations b. If "Ves" to 3a(ii) are the related organizations listed as required on Schedule B2							
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds							
art VI Land, Buildings, and Equipment.							
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10							
Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value	,						
basis (investment) basis (other) depreciation							
la Land							
b Buildings							
c Leasehold improvements 15,868. 14,803. 1,0	55.						
d Equipment 27,390. 23,031. 4,3							
e Other 138,251. 82,390. 55,8							
tal. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)							

Schedule D (Form 990) 2014

	nplete if the organization answered "Yes" t			
	f security or category (including name of security)	(b) Book value	(c) Method of valuation	Cost or end-of-year market value
l) Fınancıàl deri	vatives			
2) Closely-held	equity interests			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F) .		<u></u>		
(G)				
(H)				
	st equal Form 990, Part X, col. (B) line 12.)			
	estments - Program Related.			
	nplete if the organization answered "Yes" t			
<u>`</u>	Description of investment	(b) Book value	(c) Method of valuation	Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	st equal Form 990, Part X, col. (B) line 13.)			· · · · · · · · · · · · · · · · · · ·
		- F 000 D-+ N/ h	444 Can Farras 000 Dark V I	15
Con	nplete if the organization answered "Yes" t	escription	e Tru See Form 990, Part X, II	(b) Book value
(4)	(a) C	resemption		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)			·	
(6) (7)				
(8)				
(9)				
) must equal Form 990, Part X, col (B) line	15)		
	ner Liabilities.	10)		
	aplete if the organization answered "Yes" to	o Form 990. Part IV. line	11e or 11f. See Form 990. Pa	art X. line 25
	(a) Description of liability		(b) Book value	
	ncome taxes			
	JED PAYROLL LIABILITIE	RS	4,660.	
(3)	JAD IMIKOBA BIMBIBILI		1/0000	
(4)				
(5)				
(6)				
(7)	 			
(8)	 			
(9)	Demonstration Co. Cont. V. and (C) to a	25.)	4,660.	
otal. (Column (b) must equal Form 990, Part X, col (B) line	20) P	4,000.	

432053 10-01-14

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2014

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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

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

▶ Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990. Name of the organization MIDWEST REGION FOUNDATION FOR FAIR

Employer identification number 37-1338273			X Yes No	IV, line 21, for any		(h) Purpose of grant or assistance			
		the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection		es" to Form 990, Part		(g) Description of non-cash assistance			
		y for the grants or ass		anization answered "Y		(f) Method of valuation (book, FMV, appraisal, other)			
		grantees' eligibilit	d States.	Complete if the org	ded	(e) Amount of non-cash assistance			
FAIR		or assistance, the	funds in the Unite	c Governments.	ional space is need	(d) Amount of cash grant			
MIDWEST REGION FOUNDATION FOR FAIR CONTRACTING, INC.			toring the use of grant	zations and Domesti	be duplicated if addit	(c) IRC section if applicable		5 5	
EGION FOU NG, INC.	nd Assistance	o substantiate the	stance? scedures for monit	Domestic Organi	55,000 Part II can	(b) EIN			
Name of the organization MIDWEST REGI CONTRACTING,	Part I General Information on Grants and Assistance	1 Does the organization maintain records to substantiate the amount of	criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	۱ټا	recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	1 (a) Name and address of organization or government			

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2014)

Page 2

37-1338273

Schedule I (Form 990) (2014) CONTRACTING, INC.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22
Part III Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Provide the information required in	quired in Part I, line	2, Part III, column	Part I, line 2, Part III, column (b), and any other additional information	dditional information	
PART I, LINE 2:	:				
THE GRANT RECIPIENT SUBMITS QUARTERLY	RLY REPORTS		FOR REVIEW AND THE REPORTS	HE REPORTS	
ARE REVIEWED BY THE VICE PRESIDENT,	AS	SISTANT BUSINESS	SS MANAGER,	, AND PROGRAM	
DIRECTOR.					

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. MIDWEST REGION FOUNDATION FOR FAIR

Open to Public Inspection

Name of the organization	MIDWEST REGION FOUNDATION FOR FAIR Employer identification number CONTRACTING, INC. 37-1338273
FORM 990, PART	VI, SECTION B, LINE 11:
FORM 990 IS REV	VIEWED WITH THE CHAIRMAN OF THE BOARD AND ADMINISTRATOR
FORM 990, PART	VI, SECTION B, LINE 12C:
POLICY IS DISTE	RIBUTED AT ANNUAL MEETING IN DECEMBER AND A SIGN-OFF SHEET IS
COMPLETED	
FORM 990, PART	VI, SECTION B, LINE 15:
BOARD DELIBERAT	TION AND VOTED
FORM 990, PART	VI, SECTION C, LINE 19:
UPON REQUEST	
PART XII, LINE	1
MODIFIED CASH E	BASIS OF ACCOUNTING

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

2014

OMB No 1545-0047

►Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

MIDWEST REGION FOUNDATION FOR FAIR CONTRACTING, INC. Name of the organization

Employer identification number 37-1338273

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

	(a)	(q)	(2)	(p)	(e)	(£)
	Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
	of disregarded entity		foreign country)			entrty
						:
Part II	Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.	ions Complete if the organization ans	wered "Yes" on Form 990, Par	t IV, line 34 because	e it had one or more rel	ated tax-exempt

Primary activity Political committee IL POLITICAL COMMITTEE IL POLITICAL COMMITTEE IL POLITICAL COMMITTEE IL POLITICAL COMMITTEE IL	(c) Legal domicile (state or foreign country)	(p)	(0)	5	(**)
Political committee IL POLITICAL COMMITTEE IL POLITICAL COMMITTEE IL POLITICAL COMMITTEE IL	Legal domicile (state or foreign country)		(2)	E	6)
POLITICAL COMMITTEE POLITICAL COMMITTEE POLITICAL COMMITTEE	foreign country)	Exempt Code	Public charity	Direct controlling	Section 512(b)(13)
POLITICAL COMMITTEE POLITICAL COMMITTEE POLITICAL COMMITTEE		section	status (if section	entity	entity?
POLITICAL COMMITTEE POLITICAL COMMITTEE POLITICAL COMMITTEE			501(c)(3))		Yes No
POLITICAL COMMITTEE POLITICAL COMMITTEE POLITICAL COMMITTEE					
POLITICAL COMMITTEE POLITICAL COMMITTEE POLITICAL COMMITTEE					
POLITICAL COMMITTEE	LLINOIS	527			X
POLITICAL COMMITTEE					
POLITICAL COMMITTEE POLITICAL COMMITTEE					-
L LEAGUE - PLAZA POLITICAL COMMITTEE	TLINOIS	527			×
PLAZA POLITICAL COMMITTEE					-
POLITICAL COMMITTEE					
	LLINOIS	527			X

For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART VII FOR CONTINUATIONS

432161 08-14-14 LHA

Schedule R (Form 990) 2014

MIDWEST REGION FOUNDATION FOR FAIR

CONTRACTING, INC.

Schedule R (Form 990) 2014

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year Part III

Page 2

37-1338273

General or Percentage managing ownership partner? Yes No (i) Section 512(b)(13) controlled entity? Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. 3 Percentage ownership Yes Ξ Code V.UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets Ξ ž Oisproportionate allocations? Ξ Share of total income Yes ε Share of end-of-year assets <u>(a</u> Type of entity (C corp, S corp, or trust) <u>e</u> Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) 冟 **(e)** Legal domicile (state or foreign country) ত Direct controlling entity Primary activity (c)
Legal
domicile
(state or
foreign
country) Primary activity <u>a</u> Name, address, and EIN of related organization Name, address, and EIN of related organization <u>a</u> <u>a</u> Part IV

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Page 3

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Yes

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MIDWEST REGION FOUNDATION FOR FAIR

CONTRACTING, Schedule R (Form 990) 2014

Transactions With Related Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 Part V

ed if any entity is listed in Parts II, III, or IV of this schedule	year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
>	ar, did the org

- Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
 - b Gift, grant, or capital contribution to related organization(s)
 - c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- Dividends from related organization(s)
- Sale of assets to related organization(s)
- Purchase of assets from related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s) Exchange of assets with related organization(s)
- - k Lease of facilities, equipment, or other assets from related organization(s)
- l Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

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- Sharing of paid employees with related organization(s)
- p Reimbursement paid to related organization(s) for expenses q Reimbursement
- Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on w	who must complete the	nis line, including covered	lation on who must complete this line, including covered relationships and transaction thresholds
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved
(1) ILLINOIS LABORERS' LEGISLATIVE COMMITTEE	Z	0	
(2) ILLINOIS LABORERS' LEGISLATIVE COMMITTEE	0	0	
MIDWEST REGION LABORERS' POLITICAL LEAGUE (3) EDUCATION FUND	Z	0	
MIDWEST REGION LABORERS' POLITICAL LEAGUE (4) EDUCATION FUND	0	0	
(5) MIDWEST REGION LABORERS' POLITICAL LEAGUE	Z	0	
(6) MIDWEST REGION LABORERS' POLITICAL LEAGUE	0	0	

MIDWEST REGION FOUNDATION FOR FAIR CONTRACTING, INC.

37-1338273

Schedule R (Form 990)

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(d)
Method of determining
amount involved 0 (c) Amount involved (b)
Transaction
type (a-r) R (7)MIDWEST REGION LABORERS' POLITICAL LEAGUE Name of other organization 8 6 (10) E (12) (13) (14) (15) (16) (17) (18) (19) (20 (21) (22) (23) (24)

432225 05-01-14

37-1338273

Page 4

MIDWEST REGION FOUNDATION FOR FAIR

CONTRACTING, INC. Schedule R (Form 990) 2014 Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37

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

tage ship				!		2014
(k) Percent owners						990) 2
(j) General or managing partner? Yes No						Forn
(h)						Schedule R (Form 990) 2014
Dispropor- bonate allocations?						
Ze all the second secon		<u> </u>				
(g) Share of end-of-year assets						
(f) Share of total income						
Are all Are all Sol(c)(3) Ougs?					-	
(d) Predominant incominated, unrelated, excluded from tax uncominated.						
(c) Legal domicile (state or foreign country)						
(b) Primary activity						
(a) Name, address, and EIN of entity						

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Schedule R (Form 990) 2014 CONTRACTING, INC.	37-1338273 Page 5
Part VII Supplemental Information	
Provide additional information for responses to questions on Schedule R (see instructions)	
DADE TI IDENETEIGATION OF DELAMED MAY BYDYDE ODGANIGATIONS	
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS	:
NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:	
MIDWEST REGION LABORERS' POLITICAL LEAGUE EDUCATION FUND	
EIN: 37-1400940	
EIN. 37 1400940	
1 N OLD STATE CAPITOL PLAZA SUITE 525	
SPRINGFIELD, IL 62701	
	
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	<u> </u>