Form 990-PF

Return of Private Foundation

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

Do not enter social security numbers on this form as it may be made public. Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. OMB No 1545-0052

Department of the Treasury Internal Revenue Service , and ending For calendar year 2016 or tax year beginning Name of foundation A Employer identification number RAYMOND F. AND JUDITH K. MCCASKEY 2003 27-6362159 CHARITABLE TRUST Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 2450 N. LAKEVIEW #6 773-525-0183 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here CHICAGO, IL 60614 G Check all that apply: Initial return of a former public charity D 1. Foreign organizations, check here Initial return Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change H Check type of organization: Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust ____ Other taxable private foundation under section 507(b)(1)(A), check here X Cash I Fair market value of all assets at end of year | J | Accounting method: Accrual If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here 7,473,605. (Part I, column (d) must be on cash basis) ▶\$ Part | Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) charitable purposes (cash basis only) expenses per books income income 4,200. Contributions, gifts, grants, etc., received Check X If the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 4 Dividends and interest from securities 156,182. 152,688 STATEMENT 5a Gross rents b Net rental income or (loss) 45,566 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 899,066. 45,566 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 8 9 Income modifications 2 2 20 10a Gross sales less returns and allowances က် b Less Cost of goods sold c Gross profit or (loss) 11 Other income 205,948, 198,254 0 Total, Add lines 1 through 11 0. 0 0. 0. Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits Expenses 16a Legal fees STMT 2 4,200. 2,100 0. 2,100. **b** Accounting fees 29,010. 29,010. STMT 3 0. 0. c Other professional fees and Administrative 17 Interest 28,705 2,994 0. 18 Taxes STMT 4 19 Depreciation and depletion 20 Occupancy 21 Travelas iferences, and meetings 22 Printing and publications 15. 0 15. 23 Other expenses STMT 5 0 24 Total operating and administrative <u>61,930</u> 34,104 0 2,115. expenses. Add lines 13 through 23 347,300 347,300. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements 409,230 34,104 0 349,415. Add lines 24 and 25 27 Subtract line 26 from line 12: -203,282 8 Excess of revenue over expenses and disbursements 164,150 b Net investment income (if negative, enter -0-) 0 C Adjusted net income (if negative, enter -0-)

623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions.

RAYMOND F. AND JUDITH K. MCCASKEY 2003

For	m 99	0-PF (2016) CHARITABLE TRUST			352159 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year (a) Book Value	(b) Book Value	year (c) Fair Market Value
	1	Cash - non-interest-bearing	429,514.		464,304.
	i e	, , , , , , , , , , , , , , , , , , ,	152.	143.	143.
		Savings and temporary cash investments	134.		147.
	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			
	7	Other notes and loans receivable			
	•	Less: allowance for doubtful accounts			
		Inventories for sale or use			
Assets	-	F			
Ass	ł.	Prepaid expenses and deferred charges			
		Investments - U.S. and state government obligations			
	b	Investments - corporate stock			
	c	Investments - corporate bonds			3,
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 6	6,606,623.	6,369,525.	7,009,158.
	ı	Land, buildings, and equipment basis		,	
	' '	Less accumulated depreciation			
	4.5	Other assets (describe >			
	l				
	16	Total assets (to be completed by all filers - see the	7 026 200	6 022 072	7 472 605
_		instructions. Also, see page 1, item 1)	7,036,289.	6,833,972.	7,473,605.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ap	21	Mortgages and other notes payable			
Ţ	22	Other liabilities (describe ▶)			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
es	24	Unrestricted			
Š	1	F			
Fund Balances	25	Temporarily restricted			
9	26	Permanently restricted			
Š		Foundations that do not follow SFAS 117, check here			
P		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds	0.	0.	
Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
	29	Retained earnings, accumulated income, endowment, or other funds	7,036,289.	6,833,972.	
Net	30	Total net assets or fund balances	7,036,289.	6,833,972.	
_					
	31	Total liabilities and net assets/fund balances	7,036,289.	6,833,972.	
\equiv					
LP	<u>art</u>	III Analysis of Changes in Net Assets or Fund B	aiances		
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30		
1			••	[7,036,289.
_	•	st agree with end-of-year figure reported on prior year's return)			-203,282.
_		r amount from Part I, line 27a	D 3 D TITOMS/******	2	
3		er increases not included in line 2 (itemize) PRIOR PERIO	D ADJUSTMENT	3	965.
		lines 1, 2, and 3		4	6,833,972.
-		reases not included in line 2 (itemize)		5	0.
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	6,833,972.
					Form 990-PF (2016)

Page 3

Part IV Capital Gains and	Losses for Tax on I	nvestmen	t Income					302233 . ugo u
	(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)						Date acquired (mo., day, yr.)	d (d) Date sold (mo., day, yr.)
12 PUBLICLY TRADED	SECURITIES				P			
b CAPITAL GAINS DI								
С				 				
d				ļ				
<u>e</u>		1 110		L				
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				(h) Gain or (l (e) plus (f) min	
a 827,860.		 	853,50	0.			<u>``</u>	-25,640.
b 71,206.		 	033730	-				71,206
c								
d								
е								
Complete only for assets showing ga	n in column (h) and owned by	the foundation	on 12/31/69		_	(1) (Gains (Col. (h) g	ain minus
(i) F.M.V. as of 12/31/69	(1) F.M.V. and = 4.0 (0.4 (0.0)			col. (k), buṫ not less Losses (from c	than -0-) or ol (h))		
(1)1.10.0. as 01 12/31/09	as of 12/31/69	over	col. (j), if any					
<u>a</u>								-25,640.
b		 						71,206.
С		 						
<u>d</u>		 						
€								
2 Capital gain net income or (net capital	If gain, also ente			}				45,566.
	('('')		1	가	2	_		45,500.
3 Net short-term capital gain or (loss) as If gain, also enter in Part I, line 8, colui		and (6):		٦١				
If (loss), enter -0- in Part I, line 8	IIII (C).			1	3		N	/A
	er Section 4940(e) fo	r Reduced	Tax on Net	Inv	estment	Inco		
Was the foundation liable for the section 4 if "Yes," the foundation does not qualify ur	nder section 4940(e). Do not c	complete this pa	art.					Yes X No
1 Enter the appropriate amount in each	- 	instructions be	lore making any e		·			(d)
Base period years Calendar year (or tax year beginning in	(b) Adjusted qualifying di		Net value of no				(col. (b)	stribùtion ratio divided by col. (c))
2015		15.			,471,3		ļ .	.000002
2014		1,765.			, 231, 1			.000244
2013		98,505. 10,812.			,670,6 ,286,5			.149687
2012 2011		75,604.			, 286 , 3 , 226 , 4		 -	.044263
2011		73,004.			, 220, 1	<u> </u>		.03340
2 Total of line 1, column (d)							2	.243637
3 Average distribution ratio for the 5-yea	r base period - divide the total	l on line 2 by 5,	or by the number	of year	ars			
the foundation has been in existence if			·	-			3	.048727
4 Enter the net value of noncharitable-us	e assets for 2016 from Part X	, line 5					4	7,387,126
		•						
5 Multiply line 4 by line 3					5	359,952.		
6 Enter 1% of net investment income (1% of Part I, line 27b)					6	1,642		
7 Add lines 5 and 6					•		7	361,594
8 Enter qualifying distributions from Par	t XII, line 4						8	349,415
If line 8 is equal to or greater than line See the Part VI instructions.	7, check the box in Part VI, lin	e 1b, and comp	plete that part usin	g a 19	% tax rate.			
623521 11-23-16								Form 990-PF (2016

RAYMOND F. AND JUDITH K. MCCASKEY 2003 Form 990-PF (2016) CHARITABLE TRUST 27-6362159 Page 4 Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions) Part VI 1a Exempt operating foundations described in section 4940(d)(2), check here
and enter "N/A" on line 1. (attach copy of letter if necessary-see instructions) Date of ruling or determination letter: b Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1% 3,283. 1 of Part I, line 27b c 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-) 3 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4 3,283. 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-5 Credits/Payments: a 2016 estimated tax payments and 2015 overpayment credited to 2016 16,440 6a b Exempt foreign organizations - tax withheld at source 6Ь c Tax paid with application for extension of time to file (Form 8868) 6c d Backup withholding erroneously withheld 6d 16,440. 7 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty 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 10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 13,157. Refunded ▶ Enter the amount of line 10 to be: Credited to 2017 estimated tax Part VII-A Statements Regarding Activities Yes No 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in X any political campaign? 1a X b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? 1b If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. X c Did the foundation file Form 1120-POL for this year? 1c d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: 0 . (2) On foundation managers. ▶ \$ (1) On the foundation. > \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ X 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? 2 If "Yes," attach a detailed description of the activities 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes X 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a b if "Yes," has it filed a tax return on Form 990-T for this year? N/A4b X 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 5 If "Yes," attach the statement required by General Instruction T 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law X remain in the governing instrument? 6 X 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 XV 7

Form **990-PF** (2016)

X

8b

IL

8a Enter the states to which the foundation reports or with which it is registered (see instructions)

of each state as required by General Instruction G? If "No," attach explanation

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)

year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar

Form **990-PF** (2016)

X

3h

4a

🗌 Yes 🗓 No

N/A

during the year?

b If "Yes," did it have excess business holdings in 2016 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 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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2016.)

had not been removed from jeopardy before the first day of the tax year beginning in 2016?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

RAYMOND F. AND JUDITH K. MCCASKEY 2003 27-6362159 CHARITABLE TRUST Page 6 Form 990-PF (2016) Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required (continued) 5a During the year did the foundation pay or incur any amount to: Yes X No (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, Yes X No any voter registration drive? Yes X No (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section Yes X No 4945(d)(4)(A)? (see instructions) (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for Yes X No the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations N/A 5b section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained JYes L__IN∩ expenditure responsibility for the grant? N/A If "Yes," attach the statement required by Regulations section 53 4945-5(d) 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on Yes X No a personal benefit contract? X 6b b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870. Yes X No 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 7b b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (d) Contributions to employee benefit plans and deferred compensation (c) Compensation (b) Title, and average (e) Expense account, other hours per week devoted to position (a) Name and address (If not paid, enter -0-) allowances RAYMOND F. MCCASKEY TRUSTEE 2450 N. LAKEVIEW, #6 1.00 0 0 0. CHICAGO, IL 60614 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Contributions to employee benefit plans and deferred compensation (b) Title, and average hours per week devoted to position (e) Expense account, other (c) Compensation (a) Name and address of each employee paid more than \$50,000 allowances NONE

Total number of other employees paid over \$50,000

Form 990-PF (2016) CHARITABLE TRUST		362159 Page 7
Part VIII Information About Officers, Directors, Trustees, For Paid Employees, and Contractors (continued)		1 age 7
3 Five highest-paid independent contractors for professional services. If none,	, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		
	7	
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		▶ 0
List the foundation's four largest direct charitable activities during the tax year. Include relevan	t etatictical information cuch as the	
number of organizations and other beneficiaries served, conferences convened, research pape		Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		······································
Describe the two largest program-related investments made by the foundation during the tax y	ear on lines 1 and 2.	Amount
1 <u>N/A</u>		
2		
All other program-related investments. See instructions.		
3		
The state of the s		

0 . Form **990-PF** (2016)

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndation	s, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	4.483.813.
	Average of monthly cash balances	1b	4,483,813. 3,015,807.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	7,499,620.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	7,499,620.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	112,494.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	7,387,126.
6_	Minimum investment return. Enter 5% of line 5	6	369,356.
Р	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	id certair	1
1	Minimum investment return from Part X, line 6	1	369,356.
2a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	3,283.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	366,073.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	366,073.
6	Deduction from distributable amount (see instructions)	6	0.
<u>7</u>	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	366,073.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	;	
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	349,415.
þ	Program-related investments - total from Part IX-B	1b	0.
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:		
а	Suitability test (prior IRS approval required)	3a	
þ	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	349,415.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	349,415.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	jualifies f	for the section

CHARITABLE TRUST

27-6362159 Page 9

Part XIII	Undistributed	Income	(see instructions

(a) (b) (c) Corpus Years prior to 2015 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7	366,073.
2 Undistributed income, if any, as of the end of 2016	
a Enter amount for 2015 only 338, 619.	
b Total for prior years:	
3 Excess distributions carryover, if any, to 2016:	
a From 2011	
b From 2012	
c From 2013	
d From 2014	
e From 2015	
f Total of lines 3a through e	
4 Qualifying distributions for 2016 from	
Part XII, line 4: ►\$349 , 415 .	
a Applied to 2015, but not more than line 2a 338, 619.	
b Applied to undistributed income of prior	
years (Election required - see instructions)	
c Treated as distributions out of corpus	
(Election required - see instructions)	
d Applied to 2016 distributable amount	10,796.
e Remaining amount distributed out of corpus 0 •	20/1500
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount	0.
must be shown in column (a)) 6 Enter the net total of each column as indicated below:	
indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5	
b Prior years' undistributed income. Subtract line 4b from line 2b O •	
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed O •	
d Subtract line 6c from line 6b. Taxable	
amount - see instructions O .	
e Undistributed income for 2015. Subtract line	
4a from line 2a. Taxable amount - see instr.	
f Undistributed income for 2016. Subtract	
lines 4d and 5 from line 1. This amount must	
be distributed in 2017	355, <u>277</u> .
7 Amounts treated as distributions out of	
corpus to satisfy requirements imposed by	
section 170(b)(1)(F) or 4942(g)(3) (Election	
may be required - see instructions)	
8 Excess distributions carryover from 2011	
not applied on line 5 or line 7	
9 Excess distributions carryover to 2017.	
Subtract lines 7 and 8 from line 6a	
10 Analysis of line 9:	
a Excess from 2012	
b Excess from 2013	
c Excess from 2014	
d Excess from 2015	
e Excess from 2016	5 000 PE (0045)

RAYMOND F. AND JUDITH K. MCCASKEY 2003 Form 990-PF (2016) CHARITABLE TRUST 27-6362159 Page 10 Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(1)(5) Prior 3 years 2 a Enter the lesser of the adjusted net Tax year (c) 2014 (a) 2016 (b) 2015 (d) 2013 (e) Total income from Part I or the minimum investment return from Part X for each year listed **b** 85% of line 2a c Qualifying distributions from Part XII, line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" afternative test - enter: (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed c "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) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) (3) Largest amount of support from an exempt organization (4) Gross investment income Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) RAYMOND F. MCCASKEY b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here 🕨 💹 if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

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

27-6362159 Page 11

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or show any relationship to status of contribution Amount any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year N/A ÞС COMMUNITY SHAKESPEARE THEATER FOUNDATION 800 EAST GRAND CHICAGO IL 60611 100,000. ABRAHAM LINCOLN PRESIDENTIAL LIBRARY N/A PC COMMUNITY 112 N 6TH STREET 25,000. SPRINGFIELD, IL 62701 PC CHINESE AMERICAN SERVICE LEAGUE N/A COMMUNITY 2141 S TAN COURT CHICAGO IL 60616 15,000. EDUCATION ERIKSON INSTITUTE PC N/A 451 N LASALLE DRIVE CHICAGO IL 60654 25,000. ÞС ISLAND HERITAGE TRUST N/A COMMUNITY 420 SUNSET ROAD DEER ISLE ME 04627 10 000 SEE CONTINUATION SHEET(S) Total ➤ 3a 347 300. b Approved for future payment NONE Total **▶** 3b

27-6362159 Page 12

Part XVI-A Analysis of Income-Producing Activities

Cotor areas amounts when the	Unrelated	business income	Excluded	by section 512, 513, or 514	(-)
Enter gross amounts unless otherwise indicated. 1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclusion code	(d) Amount	(e) Related or exempt function income
	Code		1		
a b	_		+		
<u> </u>	_				
d			+		
e	1 1				
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
Investments					
4 Dividends and interest from securities			14	156,182.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other				}	
than inventory			18	45,566.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b	_				
C			 		
d					
e	_				
12 Subtotal. Add columns (b), (d), and (e)		0	•	201,748.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	201,748
(See worksheet in line 13 instructions to verify calculations	:_)				·
Part XVI-B Relationship of Activitie	s to the Accon	nplishment of E	xempt F	Purposes	
			A		labara a A
Line No. Explain below how each activity for which is the foundation's exempt purposes (other the			-A contribute	ed importantly to the accomp	disnment of
the foundation's exempt purposes (other tr	an by providing fund	s for such purposes).			
					 -
					
					
					

1. In the organization directly or indirectly engaged in any of the following with any other organization of section 501(e) of the Code (other than section 501(e)) organizations of the section 501(e) of the Code (other than section 501(e)) organization of the section 501(e) of the Code (other than section 501(e)) organization to a noncharitable exempt organization or (1) Cash (2) Other section 1. In 1972 (2) Other section 1. In 1972 (2) Other section 1. In 1972 (2) Purchases of assets to a noncharitable exempt organization (2) Purchases of assets to a noncharitable exempt organization (3) Rentiled of todales, equipment, making lists, orbital assets (4) Rentileurs and parameters (4) Rentileurs and Rentileurs (4) Rentileurs and Rentileurs (4) Rent	Part XVII	Information Regarding Transfers To Exempt Organizations	and Transactions a	and Relationshi	ps With Noncharitab	le	
the Code (either than section 901(x)(3) organizations) or in section 927, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash (2) Other assets (3) Siles of assets from a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Remburstance of services or membership or fundriasing solicitations (5) Loans or loan quarrantees (6) Performance of services or membership or fundriasing solicitations (6) Performance of services or membership or fundriasing solicitations (a) If the answer to any of the above is 7x°, complete the following schedied. Column (a) should always show the fair market value of the goods, other sasets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (a) the value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (b) the value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If the section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If the section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If the section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If the section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If the section 501(c) of the Code (other than 501(c)(3)) or in section 527? If the section 501(c) of the Code (other than 501(c)(3)) or in section 527? If the section 501(c) of the Code (other than 501(c)(3)) or in section 527? If the section 501(c) of	1 Did the o		ing with any other organization	on described in section	1.501(c) of	Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of (1) Cash (2) Other assets 5 Other transactions (2) Purchases of assets from a noncharitable exempt organization (3) Serial of facilities, exemple not other assets (4) Reministrations of serial presents (5) Loans on the angularities (6) Performance of series or membership or funda assing solicitations (6) Performance of series, exemple not, making bits, other assets, or pad employees (1) the answer to any of the above ser 'riss', complete the following schedule. Column (a) should always show the fair market value of the goods, other assets, or services given by the regioning foundation. If the foundation received lists from la market value in any interaction or staming arrangement, show in column (a) the value of the goods, other assets, or services given by the regioning foundation. If the foundation received lists from la fair market value in any interaction or staming arrangement, show in column (b) the value of the goods, other assets, or services given by the regioning foundation. If the foundation received lists from la fair market value in any interaction or staming arrangement, show in column (b) the value of the goods, other assets, as a services given by the regioning foundation. If the foundation received lists from la fair market value in any interaction or staming arrangement, show in section 501(c) of the Colde (other than section 501(c)(3) or in section 52?? 2					. 55 1(5) 51	1	
(2) Other assests to a morclassitable exempt organization (3) Sales of assets for a morclassitable exempt organization (4) Perchases of assets from a morclassitable exempt organization (5) Renatiol of feedless, equipment, or other assets (6) Renation of an exemption organization (6) Loans of loan guarantees (6) Ferformance of services or membership or fundrasing solicitations (6) Ferformance of services or membership or fundrasing solicitations (7) Loans of loan guarantees (8) Loans of loan guarantees (8) Ferformance of services or membership or fundrasing solicitations (9) Loans of loan guarantees (9) Loans of loan guarantees (10) Loans of loan guarantees (10) Loans of loan guarantees (11) Loans (12) Loans of loan guarantees (13) Loans of loan guarantees (14) Loans of any of the above is "Yes," complete the following schedules: Column (b) should always show the fair market value of the goods, other assets, or services received. (a) Liune of loans of the loans of the specific of the second of the goods, other assets, or services received. (a) Liune of loans of the loans of the loans of the specific of the loans of the loans of the specific of the loans of the l		, , , , , , , , , , , , , , , , , , , ,				1	
(2) Other assests to a morclassitable exempt organization (3) Sales of assets for a morclassitable exempt organization (4) Perchases of assets from a morclassitable exempt organization (5) Renatiol of feedless, equipment, or other assets (6) Renation of an exemption organization (6) Loans of loan guarantees (6) Ferformance of services or membership or fundrasing solicitations (6) Ferformance of services or membership or fundrasing solicitations (7) Loans of loan guarantees (8) Loans of loan guarantees (8) Ferformance of services or membership or fundrasing solicitations (9) Loans of loan guarantees (9) Loans of loan guarantees (10) Loans of loan guarantees (10) Loans of loan guarantees (11) Loans (12) Loans of loan guarantees (13) Loans of loan guarantees (14) Loans of any of the above is "Yes," complete the following schedules: Column (b) should always show the fair market value of the goods, other assets, or services received. (a) Liune of loans of the loans of the specific of the second of the goods, other assets, or services received. (a) Liune of loans of the loans of the loans of the specific of the loans of the loans of the specific of the loans of the l					1a(1)	х
(1) Sales of assets to a nenchartable exempt organization (2) Purchases of assets from a nonchartable exempt organization (3) Retailed facilities, apumment, or other assets (4) Remainurement arrangements (5) Loans or to data quarantees (6) Reproduces, equipment, mailing lists, other assets, or paid employes (4) If the answer to any of the above is "Sist, compiled the following schedule, Column (4) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (4) the value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (6) the value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (6) the value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (6) the value of the goods, other assets, or services received. 24. Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described an asset of the goods. The properties to the color of the goods, other asset on the properties of the goods. 25. If Yes, complete the following schedule. 26. If Yes, complete the following schedule. 27. If Yes (2) No. 28. If Yes, complete the following schedule. 28. If Yes, complete the following schedule. 29. If Yes, complete the fo	(2) Othe	r assets			1a(2)	
(2) Purchases of assets from a noncharidable exempt organization (3) Rental of facilities, equipment, or other assets (4) Rembusement arraignments (5) Loans or foan guarantees (6) Loans or foan guarantees (6) Performance of services or membership or fundasing solicitations (7) Ittigl) X (8) Rembusement arraignments (8) Performance of services or membership or fundasing solicitations (8) Performance of services or membership or fundasing solicitations (8) Performance of services or membership or fundasing solicitations (8) It fill have asset for any of the above of "Sks. Complete the following schedule column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arraignment, show in column (d) the value of the goods, other assets, or services received. 2a. Is the foundation directly or indirectly affeited with, or related to, one or more tax-exempt organization (9) Amount involved (1) Amount involved (1) Name of indirectly are designed by the present of the present of the present organization (d) Description of relationship and selection 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes, complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A If Yes and Salest in the best of my snowledge and schedules and schedules and schedules, and to the best of my snowledge and schedules. Sign by the schedule that have examined this relative, reloange accompanying schedules and schedules, and to the best of my snowledge and schedules. Firm's schedule that have examined than relative, reloange accompanying schedules and schedules, and to the best of my snowledge and schedules. Firm's schedule that have examined than relative, reloange and schedules and schedules. Firm's schedule that have examined than relative to the schedules. Firm's schedule that have examined than relative tha	b Other tra	nsactions:					
(4) Rembursement arrangements (5) Cours or loan guarantees (6) Performance of services or membership or fundrasing solicitations (6) Performance of services or complete the following solicitations (7) Highlight X (8) Light S (8) Light S (8) Herdinance of services or membership or fundrasing solicitations (8) India service or any of the above is 7'es, complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services processed. (8) Lien no (b) Amount movived (c) Name of nonotheritable exempt organization (d) Description of wanders, banacions, and sharing arrangements. 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organization (d) Description of wanders, banacions, and sharing arrangements. (a) Lien no (b) Amount movived (c) Name of nonotheritable exempt organization (d) Description of wanders, banacions, and sharing arrangements. 3a In Yes, complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship (b) Type of organization (c) Description of relationship (c) Description of relationship (c) Description of relationship (d) Description of relationship (e) Description of relationship (e) Description of relationship (e) Description of relationship (f) Type of organization (c) Description of relationship (g) Trust TEE (g) Name of organization (c) Trust TEE (g) Name of organization (c) Preparer's signature (g) Date (h) Type of organization (c) Description of relationship (g) Description of relationship (h) Type of organization (c) Description of relationship (g) Description of re	(1) Sale	s of assets to a noncharitable exempt organization			16(1)	
(4) Rembursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations (6) Performance of services or membership or fundraising solicitations (7) If the answer to any of the above is "beg' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services (seewed). (a) Live no (b) Amount involved (c) Name of noncharidable example organization (d) Decorption of relations, and sharing arrangements. N/A (d) Decorption of relations, and sharing arrangements. N/A (e) Decorption of relationship arrangements the section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes X No If Yes, complete the following schedules and statements, and to the best of my knowledge and best if the following schedules and statements, and to the best of my knowledge species and best if the following schedules and statements, and to the best of my knowledge and best if the following schedules and statements, and to the best of my knowledge species are prepared to the following schedules and statements, and to the best of my knowledge species are prepared to the following schedules and statements, and to the best of my knowledge species are prepared to the following schedules and statements, and to the best of my knowledge species are prepared to the following schedules and statements, and to the best of my knowledge species are prepared to the following schedules and statements, and to the best of my knowledge species are prepared to the following schedules and statements, and to the best of my knowledge species are prepared to the following schedules and statements, and to the best of my knowledge species are prepared to the following schedules and statements, and to the best of my knowledge	(2) Puro	chases of assets from a noncharitable exempt organization		-	<u>1b(2</u>)	
(6) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations (7) Entering of idealities, equipment, making lists, other assets, or paid employees (8) It the answer to any of the above is "Yes," complete the following schedule. Column (8) should always show the fair market value of the goods, other assets, or services received. (8) Live no (9) Amount involved (9) Namount involved (9) Na	(3) Rent	al of facilities, equipment, or other assets		-	1b(3	1	X
(6) Performance of services or membership or fundrasing soloitations C Sharing of facilities, equipment, maining lists, other assets, or paid employees d If the answer to any of the above is "iss", complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services gene by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (b) the value of the goods, other assets, or services received. (a) Line no. (b) Amount involved (c) Name of noncharitable exempt organization N/A 2a is the foundation directly or indirectly affiliated with, or related fo, one or more tax-exempt organizations or section 501(c) of the Code (other than section 501(c)(3)) or in section 527? In research 501(c) of the Code (other than section 501(c)(3)) or in section 527? If yes X is no belief, the following schedule. (a) Name of organization (b) Type of organization (c) Type of organization (d) Description of relationship N/A Sign and belief, the face of the distribution of pressure filter than the section of the code to the things of the distribution of pressure filter than sections of the distribution of the section of the best of my knowledge to the section of the	(4) Rein	nbursement arrangements			16(4	ــــــــــــــــــــــــــــــــــــــ	X
Sharing of facilities, equipment, mailing lests, other assets, or paid employees 4 If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services received. (a) Line no (b) Amount involved (c) Name of noncharinable exempt organization (d) Description of Manifests, transactions, and sharing arrangements show in socious (d) the value of the goods, other assets, or services received. (a) Line no (b) Amount involved (c) Name of noncharinable exempt organization (d) Description of Manifests, transactions, and sharing arrangements. N/A 2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? yes X No							X
d If the answer to any of the above is "es," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (b) the value of the goods, other assets, or services received. (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements. N/A (d) Description of transfers, transactions, and sharing arrangements in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b) if "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A (d) Name of organization (e) Description of relationship N/A (e) Description of relationship N/A (e) Description of relationship N/A (ii) Type of organization (e) Description of relationship N/A (iii) Transfer discuss the power has any knowledge of the power has any knowledge organization (e) Date Title Firm Stephen conect, ships organized Deciration of prepare (other than that payey) is based on all information of which prepare has any knowledge organization (e) Date Title Firm Stephen conect, ships organized Deciration of prepare (other than that payey) is based on all information of which prepare has any knowledge organized Deciration of prepare (other than that payey) is based on all information of which prepare has any knowledge of other incompleted (e) the power has any knowledge of other endow (see right)? Firm's address ▶ 1301 W. 22ND ST, STE 1100 OAK BROOK, II & 60523 Phone no. (630) 573-8600							
or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (4) the value of the goods, other assets, or services received. (a) Immino (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more lax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes \(\text{N} \) No If Yes, 'complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Sign in the first of the code (other than I have examined than either, including accompanying schedules and attements, and to the best of my knowledge without the section of the code (other than language) is based on all information of which prepare has any knowledge in the first of the code (other than language) is based on all information of which prepare has any knowledge in the prepared of the code (other than language) is based on all information of which prepare has any knowledge in the prepared of the code (other than language) is based on all information of which prepare has any knowledge in the prepared of the code (other than language) is based on all information of which prepare has any knowledge in the prepared of the code (other than language) is based on all information of which prepare has any knowledge in the prepared of the code (other than language) is based on all information of which prepare has any knowledge in the prepared of the code (other than language) is based on all information of which prepare has any knowledge in the prepared of the code (other than language) is based on all information of which prepared has any knowledge in the prepared of the prepared of the prepared of the prepared of the prepared has any knowledge in the prepared of the prepared of the p							X
(a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more fax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If if vest, complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of prayin, I declare that I have examined the return, including accompanying schedules and statements, and to the best of my knowledge special behalf. If the code (other than tax properties of the code (other tha							
(a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N / A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 52?? If Yes, complete the following schedules. (a) Name of organization (b) Type of organization (c) Description of relationship N / A Under penalties of per jary, 1 declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge N / A Sign and belief, it wilds, correct, page complete Declaration of pressive (other than tacquive) is based on all information of which prepare has any knowledge N / A Firm's active separation Preparer's signature Signal policy of officer or trusted Signal policy of officer or trusted Signal policy of officer or trusted P P N CATHERINE M. KANE P P P N Signal policy of officer or trusted P P N Signal policy of officer or trusted P N Policy of organization P P N Signal policy of officer or trusted P P N Signal policy of officer or trusted P P N Self-employed P P				De in arry transaction of	r snaring arrangement, snow in		
N/A 2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? □ Yes ▼ No □ If Yes, "complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Ves ▼ No Trusted				(d) Description of	transfers transactions and sharing	arrangeme	ents
2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? □ If Yes, complete the following schedule. (a) Name of organization N/A Under canalities of person, idective that There examined this return, including accompanying schedules and statements, and to the best of my knowledge in and belief, it is correct, polyegisted to be present the following schedules and statements, and to the best of my knowledge in and belief, it is correct, polyegisted to present the first tax payers to be based on all information of which preparer has any knowledge. Signally for officer or trustee Print/Type preparer's name Print/Type preparer's name Preparer Use Only Firm's name ► CLIFTONLARSONALLEN LLP Firm's address ► 1301 W. 22ND ST, STE 1100 OAK BROOK, IL 60523 Phone no. (630) 573-8600	(a) cine no	The second secon	no exempt organization	(u) Description of	uaisias, uaisaciioris, aru sraing	urangerne	#115
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes,* complete the following schedule. (a) Name of organization N/A Under penalties of pergury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it to refer, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepare has any knowledge shown below (see inst 1)? Yes X No If Yes,* complete the following schedules. (a) Name of organization N/A Under penalties of pergury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it to refer, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see inst 1)? X Yes No TRUSTEE Title Print/Type preparer's name Print/Type preparer's name CATHERINE M. KANE Prim's name CLIFTONLARSONALLEN LLP Firm's name CLIFTONLARSONALLEN LLP Firm's address ► 1301 W. 22ND ST, STE 1100 OAK BROOK, IL 60523 Phone no. (630) 573-8600		N/A					
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes,* complete the following schedule. (a) Name of organization N/A N/A							
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes,* complete the following schedule. (a) Name of organization N/A N/A							
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes,* complete the following schedule. (a) Name of organization N/A N/A				-			
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes,* complete the following schedule. (a) Name of organization N/A N/A							
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes,* complete the following schedule. (a) Name of organization N/A N/A							
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes,* complete the following schedule. (a) Name of organization N/A Under penalties of pergury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it to refer, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepare has any knowledge shown below (see inst 1)? Yes X No If Yes,* complete the following schedules. (a) Name of organization N/A Under penalties of pergury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it to refer, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see inst 1)? X Yes No TRUSTEE Title Print/Type preparer's name Print/Type preparer's name CATHERINE M. KANE Prim's name CLIFTONLARSONALLEN LLP Firm's name CLIFTONLARSONALLEN LLP Firm's address ► 1301 W. 22ND ST, STE 1100 OAK BROOK, IL 60523 Phone no. (630) 573-8600							
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes,* complete the following schedule. (a) Name of organization N/A Under penalties of pergury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it to refer, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepare has any knowledge shown below (see inst 1)? Yes X No If Yes,* complete the following schedules. (a) Name of organization N/A Under penalties of pergury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it to refer, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see inst 1)? X Yes No TRUSTEE Title Print/Type preparer's name Print/Type preparer's name CATHERINE M. KANE Prim's name CLIFTONLARSONALLEN LLP Firm's name CLIFTONLARSONALLEN LLP Firm's address ► 1301 W. 22ND ST, STE 1100 OAK BROOK, IL 60523 Phone no. (630) 573-8600				_	· · · · · · · · · · · · · · · · · · ·		
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes,* complete the following schedule. (a) Name of organization N/A Under penalties of pergury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it to refer, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepare has any knowledge shown below (see inst 1)? Yes X No If Yes,* complete the following schedules. (a) Name of organization N/A Under penalties of pergury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it to refer, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see inst 1)? X Yes No TRUSTEE Title Print/Type preparer's name Print/Type preparer's name CATHERINE M. KANE Prim's name CLIFTONLARSONALLEN LLP Firm's name CLIFTONLARSONALLEN LLP Firm's address ► 1301 W. 22ND ST, STE 1100 OAK BROOK, IL 60523 Phone no. (630) 573-8600							
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes,* complete the following schedule. (a) Name of organization N/A Under penalties of pergury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it to refer, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepare has any knowledge shown below (see inst 1)? Yes X No If Yes,* complete the following schedules. (a) Name of organization N/A Under penalties of pergury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it to refer, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see inst 1)? X Yes No TRUSTEE Title Print/Type preparer's name Print/Type preparer's name CATHERINE M. KANE Prim's name CLIFTONLARSONALLEN LLP Firm's name CLIFTONLARSONALLEN LLP Firm's address ► 1301 W. 22ND ST, STE 1100 OAK BROOK, IL 60523 Phone no. (630) 573-8600							
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes,* complete the following schedule. (a) Name of organization N/A Under penalties of pergury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it to refer, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepare has any knowledge shown below (see inst 1)? Yes X No If Yes,* complete the following schedules. (a) Name of organization N/A Under penalties of pergury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it to refer, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see inst 1)? X Yes No TRUSTEE Title Print/Type preparer's name Print/Type preparer's name CATHERINE M. KANE Prim's name CLIFTONLARSONALLEN LLP Firm's name CLIFTONLARSONALLEN LLP Firm's address ► 1301 W. 22ND ST, STE 1100 OAK BROOK, IL 60523 Phone no. (630) 573-8600							
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes,* complete the following schedule. (a) Name of organization N/A Under penalties of pergury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it to refer, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepare has any knowledge shown below (see inst 1)? Yes X No If Yes,* complete the following schedules. (a) Name of organization N/A Under penalties of pergury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it to refer, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see inst 1)? X Yes No TRUSTEE Title Print/Type preparer's name Print/Type preparer's name CATHERINE M. KANE Prim's name CLIFTONLARSONALLEN LLP Firm's name CLIFTONLARSONALLEN LLP Firm's address ► 1301 W. 22ND ST, STE 1100 OAK BROOK, IL 60523 Phone no. (630) 573-8600							
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes,* complete the following schedule. (a) Name of organization N/A Under penalties of pergury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it to refer, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepare has any knowledge shown below (see inst 1)? Yes X No If Yes,* complete the following schedules. (a) Name of organization N/A Under penalties of pergury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it to refer, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see inst 1)? X Yes No TRUSTEE Title Print/Type preparer's name Print/Type preparer's name CATHERINE M. KANE Prim's name CLIFTONLARSONALLEN LLP Firm's name CLIFTONLARSONALLEN LLP Firm's address ► 1301 W. 22ND ST, STE 1100 OAK BROOK, IL 60523 Phone no. (630) 573-8600							
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes,* complete the following schedule. (a) Name of organization N/A N/A							
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes,* complete the following schedule. (a) Name of organization N/A N/A							
b If Yes,* complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Sign Indeed penalties of per pury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it by the, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see inst I)? TRUSTEE Signature Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature CATHERINE M. KANE Prim's name ▶ CLIFTONLARSONALLEN LLP Firm's address ▶ 1301 W. 22ND ST, STE 1100 OAK BROOK, IL 60523 Phone no. (630) 573-8600		-	· -	izations described	□ v _o	. 😈	7 _N _
(a) Name of organization N/A N/A Name of organization (b) Type of organization (c) Description of relationship			CHOH 5217		Ye:	نکا ن	_1 MO
N/A Sign Here Under penalties of perpury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it pride, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see instr.)? TRUSTEE Title Print/Type preparer's name Preparer's signature CATHERINE M. KANE Prim's name ▶ CLIFTONLARSONALLEN LLP Firm's address ▶ 1301 W. 22ND ST, STE 1100 OAK BROOK, IL 60523 Phone no. (630) 573-8600	b ii tes, c		(h) Type of organization	(c)	Description of relationship		
Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is pide, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge setum with the preparer return with the preparer setum below (see instr.)? No Signature Date Check If self-employed Primt/Type preparer's name Preparer's signature Date Check Prim's name Primt/Type preparer's name Primt			(b) Type of organization	(0)	- Society and a society		
Sign Here Signature of officer or trustee Date Title		11/11					
Sign Here Signature of officer or trustee Date Title			T				
Sign Here Signature of officer or trustee Date Title							
Sign Here Signature of officer or trustee Date Title							
Here Signalty Si	l 1					discuss	this
Paid Preparer Use Only Prim's address ▶ 1301 W. 22ND ST, STE 1100 OAK BROOK, IL 60523 Pinte Title Title Date Title Check ☐ if PTIN self- employed PO0404366 PO05/04/17 Firm's EIN ▶ 41-0746749 Phone no. (630) 573-8600	Sign	belief, it is tude, correct, and complete Declaration of preparer (other tr			return with shown below	the prepar	er
Paid Preparer Use Only CATHERINE M. KANE	Here	Xugment of Casty	5-11-11	TRUSTEE	X Ye	s 🗀] No
Paid Preparer Use Only CATHERINE M. KANE Description of the property	Sig						
Paid Preparer Use Only CATHERINE M. KANE CATHERINE M. KANE CATHERINE M. KANE CATHERINE M. KANE P00404366 Firm's name ► CLIFTONLARSONALLEN LLP Firm's EIN ► 41-0746749 Firm's address ► 1301 W. 22ND ST, STE 1100 Phone no. (630) 573-8600		Print/Type preparer's name Preparer's	signature //	1			
Preparer Use Only Firm's name ► CLIFTONLARSONALLEN LLP Firm's EIN ► 41-0746749 Firm's address ► 1301 W. 22ND ST, STE 1100 OAK BROOK, IL 60523 Phone no. (630) 573-8600	Do:-I	()	noning Vano		' '		
Use Only Firm's address ► 1301 W. 22ND ST, STE 1100 Phone no. (630) 573-8600			<u> </u>				
Firm's address ► 1301 W. 22ND ST, STE 1100 OAK BROOK, IL 60523 Phone no. (630) 573-8600	-		N TTA	[1	-irm's EIN ▶ 41-0746	/49	
OAK BROOK, IL 60523 Phone no. (630) 573-8600	USE CITIY		Cmp 1100				—
					Phono no /620\ E7	3 _ 0 <i>E</i>	00
		OAK BROOK, IL 60	<i>J</i> <u>L</u> J				

art XV Supplementary Information

Part XV Supplementary Information	on			
3' Grants and Contributions Paid During the				
Recipient	if recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
LIFE DIRECTIONS	N/A	PC	COMMUNITY	
2315 W 24TH PLACE				
CHICAGO, IL 60608	_			10,000.
OPERA HOUSE ARTS	N/A	₽C	COMMUNITY	
1 OPERA HOUSE LANE		1		
STONINGTON, ME 04681				30,000.
STONINGTON UNITED METHODIST CHURCH	N/A	PC	RELGIOUS	1
304 N ELM STREET				5 000
STONINGTON, IL 62567				5,000.
CHICAGO LIGHTHOUSE FOR THE BLIND	N/A	PC	COMMUNITY	
1850 W ROOSEVELT ROAD				25 000
CHICAGO, IL 60608				25,000.
UNITED SOCIETY OF SHAKERS	N/A	₽C	COMMUNITY	
707 SHAKER ROAD NEW GLOUCESTER, ME 04260-2652				10,000.
				20,000.
AFTER SCHOOL MATTERS 66 E RANDOLPH STREET	N/A	PC	EDUCATION	
CHICAGO, IL 60601				15,000.
HOLY FAMILY MINISTRIES	N/A	₽C	RELGIOUS	
3415 W ARTHINGTON	N/A		KERGIOOD	
CHICAGO IL 60624		<u> </u>		15,000.
ISLAND COMMUNITY CENTER	N/A	₽C	COMMUNITY	
6 MEMORIAL LANE		1		
STONINGTON, ME 04681				500.
WOMEN EMPLOYED	N/A	PC	COMMUNITY	
66 E WACKER PLACE, STE 1500				
CHICAGO, IL 60601		 		1,000.
PALATINE TOWNSHIP SENIOR CENTER	N/A	₽C	COMMUNITY	
505 S QUENTIN ROAD PALATINE IL 60067				2,500.
Total from continuation sheets	·			172 300.

Supplementary Information 3 Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor PENOBSCOT EAST RESOURCE CENTER N/A ÞС COMMUNITY 13 ATLANTIC AVENUE 2,000. STONINGTON ME 04681 GREATER CHICAGO FOOD DEPOSITORY N/A PC COMMUNITY 4100 W ANN LURIE PLACE CHICAGO, IL 60632 1,000. ÞС MEDICAL ISLAND MEDICAL CENTER N/A 354 AIRPORT ROAD STONINGTON ME 04681 500. STONINGTON PUBLIC LIBRARY N/A ÞС COMMUNITY 64 MAIN STREET STONINGTON, ME 04681 1,000. ISLANDERS AGAINST DOMESTIC ABUSE ÞС COMMUNITY N/A PO BOX 284 DEER ISLE, ME 04627 300, ISLAND PANTRY N/A РC COMMUNITY 17 WOODS ROAD 1,500, DEER ISLE, ME 04627 SCOTTISH TERRIER RESCUE N/A ÞС COMMUNITY 6908 S IL RT 23 1,000. MARENGO IL 60152 WOMEN'S BUSINESS DEVELOPMENT N/A ÞC COMMUNITY 8 MICHIGAN AVENUE, STE 400 CHICAGO IL 60603 500, PC MEDICAL MEMORIAL AMBULANCE CORPS N/A 77 SUNSHINE ROAD DEER ISLE ME 04627 500. CHICAGO HUMANITIES FESTIVAL N/A ÞС COMMUNITY 500 N DEARBORN STREET, STE 825 CHICAGO, IL 60654 15,000. Total from continuation sheets

RAYMOND F. AND JUDITH K. MCCASKEY 2003

CHARITABLE TRUST 27-6362159

Part XV Supplementary Informati				
3' Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
SOUTH UNION SHAKER VILLAGE	N/A	PC	COMMUNITY	
850 SHAKER MUSEUM ROAD				
AUBURN, KY 42206				21,000.
LINCOLN PARK CONSERVANCY	N/A	₽C	COMMUNITY	
2000 N RACINE AVENUE, #4800				
CHICAGO, IL 60614				1,000.
LOYOLA UNIVERSITY MUSEUM OF ART	N/A	PC	EDUCATION	
820 MICHIGAN AVENUE CHICAGO, IL 60611				500.
eniekdo, ili vvoii				300.
WILLIAMSBURG FOUNDATION PO BOX 1776	N/A	PC	COMMUNITY	
WILLIAMSBURG, VA 23187				5,000.
NATURAL RESOURCE COUNCIL OF MAINE	N/A	PC	COMMUNITY	
3 WADE STREET	,,,,,			
AUGUSTA ME 04330				1,000.
SHAKER MUSEUM MOUNT LEBANON	N/A	PC	COMMUNITY	
202 SHAKER ROAD				
NEW LEBANON, NY 12125				500.
HISTORIC PRESERVATION FOUNDATION	N/A	PC	COMMUNITY	
4410 N RAVENSWOOD CHICAGO IL 60640				1,000.
				, , , ,
ISLAND NURSING HOME	N/A	PC	COMMUNITY	
587 N DEER ISLE ROAD	N/A		COMMONITI	
DEER ISLE, ME 04627				1,000.
AMERICAN FOLK ART MUSEUM	N/A	PC	EDUCATION	
2 LINCOLN SQUARE				
NEW YORK, NY 10023				1,500.
STRIVE TUTORING	N/A	PC	EDUCATION	
5001 S ELLIS AVE CHICAGO, IL 60615				1,000,
Total from continuation sheets			<u></u>	1,000.

RAYMOND F. AND JUDITH K. MCCASKEY 2003

CHARITABLE TRUST 27-6362159

Part XV Supplementary Information 3 Grants and Contributions Paid During the Year (Continuation)								
	If recipient is an individual	T						
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount				
Name and address (home or business)	or substantial contributor	recipient						
ISTORIC DEERFIELD, MA	N/A	PC	COMMUNITY					
30 OLD MAIN STREET	N/A		COMMONITI					
DEERFIELD, MA 01342				50				
•								
INFIELD SHAKER MUSEUM	N/A	PC	COMMUNITY					
147 NH-4A ENFIELD, NH 03748				1,00				
MEIELD, NA 03/46		 	 	1,00				
				ĺ				
		1						
		1						
			1	l. 				
		 						
			}	}				
				ļ				
		1						
Total from continuation sheets								

FORM 990-PF	DIVIDENDS	AND INTER	EST FROM SECUR	ITIES ST	ATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE S PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
HARRIS N.A.	152,688.	(152,688.	152,688.	152,688.
HARRIS N.A CAP GAIN DISTRIBUTIONS HARRIS N.A TAX	71,206.	71,20	6. 0.	0.	0.
EXEMPT INCOME	3,494.	(3,494.	0.	3,494.
TO PART I, LINE 4	227,388.	71,20	5. 156,182.	152,688.	156,182.
•					
FORM 990-PF		ACCOUNTII	NG FEES	SI	'ATEMENT 2
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OTHER PROFESSIONAL	FEES —	4,200.	2,100.	0.	2,100.
TO FORM 990-PF, PG	1, LN 16B	4,200.	2,100.	0.	2,100.
FORM 990-PF	ОТ	HER PROFESS	SIONAL FEES	ST	'ATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
MANAGEMENT FEES		29,010.	29,010.	0.	0.
TO FORM 990-PF, PG	1, LN 16C	29,010.	29,010.	0.	0.

FORM 990-PF	TAXES			STATEMENT 4	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME			
FOREIGN TAXES FEDERAL TAXES PAID	2,994. 25,711.	2,994		0. 0. 0.	
TO FORM 990-PF, PG 1, LN 18	28,705.	2,994	•	0. 0.	
FORM 990-PF	OTHER E	XPENSES		STATEMENT 5	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME			
IL CHARITY BUREAU FUND	15.	0	•	0. 15.	
TO FORM 990-PF, PG 1, LN 23	15.	0	•	0. 15.	
FORM 990-PF	OTHER INV	ESTMENTS		STATEMENT 6	
DESCRIPTION		LUATION ETHOD B	OOK VALUE	FAIR MARKET VALUE	
240217 AR CG AR INTEREST DIV	•	COST COST COST	6,366,406. 3,029. 90.	7,006,039. 3,029. 90.	

6,369,525. 7,009,158.

TOTAL TO FORM 990-PF, PART II, LINE 13