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Form **990** 

# **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

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

	Depa	artment of	the Treasury le Service			ity numbers on th					U	Inspect	
	_					990 and its instru				990.			OH
				dar year, or tax year				nd ending	_	755	, 20		
	В		E	Name of organization	<u> MIDWEST REGIO</u>	N FOUNDATION	OR FAIR C	CONTRAC	TING, INC	디마티	nployer iden		mber
	닏	Address	· ·	Doing business as	20 1 1 1	4-1 41 1		15				338273	
	ᆜ	Name ch	•	Number and street (or F		delivered to street a	ddress)	Room/suit		ETel	ephone num		
	$\sqsubseteq$	Initial retu	-	N OLD STATE CAP		710		5	i <u>25</u>	4_	217-5	22-3381	
	$\sqcup$	Final return	n/terminated	City or town, state or pi		ZIP or foreign posta	code			1			
	ᆜ	Amended		PRINGFIELD, IL 62							oss receipts		833,061
	Ш	Application		Name and address of p	,	HN PENN					um for subordina		
				N OLD STATE CAP							inates includ		
	<u> </u>		npt status	501(c)(3)	✓ 501(c) ( <b>5</b>	◀ (insert no ) 🔲 49	947(a)(1) or	<u> </u>	_		ach a list (se		ns)
		Website:		1							ption numbe		
			rganization _	Corporation 7 Trust	Association	Other ►	L Yea	ar of formati	on 19	99 M	State of lega	I domicile	<u>IL</u>
	P	art I	Summa	<u> </u>	<del></del>	<del> </del>							
		1	Briefly des	cribe the organizat	ion's mission or	most significant	activities:	MONITO	OR CONS	TRUCTI	ON PROJE	CTS	
	ဦ												·
	па												
	Activities & Governance			s box ▶☐ If the org		•		sposed o	f more th	nan 25%	1	t assets.	
	ၓ			f voting members o						·	3		10
<b>د</b>	න් ග			f independent votin	-		•	-		·	4		10
2017	ij	1		ber of individuals e			Part V, line	e 2a) .		· L	5		6
7	츷			ber of volunteers (e		• .				· [_	6		0
© ⊜	ĕ	7a	Total unrel	lated business reve	nue from Part V	III, column (C), li	ne 12			· L	7a		0
		b	Net unrela	ted business taxab	le income from	Form 990-T, line	<u>34</u>	<u> </u>			7b		0
$\geq$								L	Prior	r Year		Current Ye	ar
NON	ō			ons and grants (Pai				L			0		
	Revenue	9	Program s	ervice revenue (Pai	rt VIII, line 2g)			· <u>L</u>		831,	,797		761,140
Ш	ě	10	Investmen	t income (Part VIII,	column (A), line:	s 3, 4, and 7d)		<u>L</u>		45,	,303		47,969
$\overline{z}$	4	11	Other reve	nue (Part VIII, colui	mn (A), lines 5, 6	d, 8c, 9c, 10c, a	nd 11e) .	<u>L</u>			199		23,565
$\leq$		12	Total rever	nue-add lines 8 thr	ough 11 (must e	qual Part VIII, col	umn (A), Iır	ne 12)		877	,299		832,674
SCANNED		13	Grants and	d simılar amounts p	aid (Part IX, col	ımn (A), lines 1-	3)	. L			0		0
$\tilde{\mathcal{O}}$		14		aid to or for membe				· · L			0		0
	S	15								,451		526,887	
	Expenses	16a	Profession	nal fundraising fees	(Part IX, column	(A), lin <mark>ę</mark> 1 <u>1e)</u> ⊆			201		0		0
	ğ			raisıng expenses (F				0	(Š)				
	Ш	17	Other expe	enses (Part IX, colu	mn (A), lines 11a	ı–11d, 1(1 <b>€</b> 24e)(	)CI 2 0	2017 [	<u>IXI</u>	340	,540		270,937
		18	Total expe	enses. Add lines 13	-17 (must equal	Part IX, column	(A), line 25	5)	1861	905	,991		797,824
		19_	Revenue le	ess expenses. Sub	tract line 18 fron	ı line 12 . 🦳	つうりゃく	التات ال		(28,			34,850
	Se o							ZV B	leginກໍ່ເກg o	f Current	Year	End of Yea	ar
	sets	20	Total asse	ts (Part X, line 16)						2,096	,445		2,288,139
	Net Assets Fund Balan	21	Total liabil	ities (Part X, line 26	6)					1,	,145		99,617
			Net assets	or fund balances.	Subtract line 21	from line 20	<u> </u>			2,095	,300	2	2,188,522
	P	art II	Signatu	ure Block	A								
				, I declare that I have							st of my kno	wledge and	belief, it is
	tru	e, correct	, and complet	te Declaration of prepar	er (other these officer)	is based on all inforr	nation of whi	ch preparer	has any kn	owledge			
			IN	KALAN	J 19	) 0.0				<u> </u>			
	Siç	-	Signat	ure of officer	معرف الما					Date	. 1	1	
	He	re	\ _G	Ohn Pehn	<u>Chairr</u>	nan					10/16	117	
			Туре	or print name and title		·					1 1		
	Pa	id	Print/Type	e preparer's name	Prepa	er's signature	1	Da	te /	/ Cr	neck   if	PTIN	
		epare	JANELL	E BROWN		surulle I	slow	4	10/16		lf-employed	P1038	3615
		e Onl	1	me 🕨					//	Firm's Ell	N <b>▶</b>		
			Firm's ad							Phone no			
	Ма	y the IF	S discuss	this return with the	preparer show	above? (see ins	structions)		<u> </u>			. Ves	No
	For	Paperv	ork Reduc	tion Act Notice, see	the separate inst	ructions.		Cat N	o 11282Y			Form 9	90 (2016)





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Part	· · · · · · · · · · · · · · · · · · ·	
	Check if Schedule O contains a response or note to any line in this Part III	<u>. Ц</u>
1	Briefly describe the organization's mission:	
	MONITOR CONSTRUCTION PROJECTS	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2	prior Form 990 or 990-EZ?	7 No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
3	services?	71 N
		∐ 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, as measured as a service accomplishment of a service and allocations to a service accomplishment of a service accompli	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to control the total expenses, and revenue, if any, for each program service reported	omers,
	the total expenses, and revenue, if any, for each program service reported	
4a	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
	MONITOR CONSTRUCTION PROJECTS FOR COMPLIAN WITH FEDERAL, STATE, AND LOCAL LAWS AND REQUIREMENTS.	
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	
713	/ (Expenses #	,
		- <b></b>
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)	)
4.3	Other presume converse (Describe in Cahadula C.)	
4d	Other program services (Describe in Schedule O.)	
4	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ▶	

Part	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A	1		✓
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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		<b>√</b>
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		<b>▼</b>
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	_		1
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		<b>V</b> ✓
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	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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	•	1
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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, Part VI	11a	✓	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
	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 Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e	✓	1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	<b>√</b>	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and If the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>√</b>
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
-	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		1
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		1
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		1
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 (see instructions)	17		✓
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		1
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		1

Form 99	0 (2016)		F	age 4
Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓_
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  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	20b		
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	21		<b>√</b>
23		22		✓_
	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	1	
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		<b>1</b>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
	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		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
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," complete Schedule L, Part II	26		1
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	27		<b>/</b>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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		1
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	1	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	1
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	✓
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		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	1	

Form **990** (2016)

Part				_
	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   1a   2			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	1	
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 2a 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<b>√</b>	l
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
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	-	<b> </b>
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		1
b	If "Yes," enter the name of the foreign country. ▶	70		<del>  `                                   </del>
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			ĺ
	(FBAR).		i	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .	5a		1
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	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?	6-		,
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		<b>  •</b>
-	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?	7c		ļ
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	L-	-
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		<b>├</b> ─
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/n_		├
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>		<del>                                     </del>
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			ļ
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . <b>10b Section 501(c)(12) organizations.</b> Enter:			
''a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1	1	1
	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 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<del>-</del>
b	Note. See the instructions for additional information the organization must report on Schedule O  Enter the amount of reserves the organization is required to maintain by the states in which			1
-	the organization is licensed to issue qualified health plans			1
С	Enter the amount of reserves on hand	1		1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
h-	If "Vee." has it filed a Form 730 to report those payments? If "No." provide an evolunation in Schodule O	144		

Part									
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S								
0 4:	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		V					
Secu	on 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   1a 10	$\Box$		1					
	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		1						
	committee, explain in Schedule O								
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 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?	-:-		الــــــــــــــــــــــــــــــــــــ					
3	Did the organization delegate control over management duties customarily performed by or under the direct	2		<b>✓</b>					
•	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?	3		1					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<b>✓</b>					
6	Did the organization have members or stockholders?	6		1					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	[_ ]		,					
b	one or more members of the governing body?	7a	-	<b>✓</b>					
b	stockholders, or persons other than the governing body?	7b		1					
8	· · · · · · · · · · · · · · · · ·								
	the year by the following:			j					
а	The governing body?	8a 8b		<b>✓</b>					
Ъ									
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1					
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ode.)						
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		<b>✓</b>					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,								
44	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a		<b>/</b>					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c							
13	Did the organization have a written whistleblower policy?	13	1	<u> </u>					
14	Did the organization have a written document retention and destruction policy?	14	✓						
15	Did the process for determining compensation of the following persons include a review and approval by			İ					
_	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-	<i>,</i>	i					
a b	The organization's CEO, Executive Director, or top management official	15a 15b	<b>Y</b>	<u> </u>					
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	.55	<u> </u>	<u> </u>					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	 		-,					
b	with a taxable entity during the year?	16a		<b>✓</b>					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			i					
	organization's exempt status with respect to such arrangements?	16b							
	on C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed NONE  Section 6104 requires an experimental to make its Forms 1023 for 1024 if prolikely), 000, and 000 T (Section		a\(0\=						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	1 501(	U)(J)S	oniy)					
	☐ Own website ☐ Another's website ☑ 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 int	erest	policy	, and					
	financial statements available to the public during the tax year.		-						
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	.▶						
	JANELLE BROWN, 1 N OLD STATE CAPITOL PLAZA, SUITE 525, SPRINGFIELD, IL 62701, 217-522-3381		_						

Form	agn	(2016)	

Part VII	Compensation of Officers, Dir	rectors, Trustees,	Key Employees,	Highest Compensated	Employees, and
	Independent Contractors				

### 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.

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

✓ Check this box if neither the organization	nor any relate	d org	anız	atio	n c	ompe	nsa	ted any currer	t officer, director	, or trustee
(A) Name and Title	(B) Average hours per week (list any	box,	unles	eck s pe d a d	ition more	than o	n an tee)	(D) Reportable compensation	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JOHN PENN	4									
CHAIRMAN		<b>✓</b>	ļ	1	_		ļ	0	0	0
(2) CLINT TAYLOR	0	,								
DIRECTOR		1		-	<u> </u>		<b>├</b> -	0	0	0
(3) CHARLES SHEMPF, JR.								_	_	_
DIRECTOR	<del></del> -	<b>/</b>	├	_	<u> </u>		├	0	0	0
(4) GLYN RAMAGE		1	ļ	ļ			ļ			
DIRECTOR (5) BRAD SCHAIVE	0	-	-				-	0	0	
DIRECTOR		1					1	0	٥	0
(6) DON MACKEY	0	<b>                                     </b>	-				-			
DIRECTOR	· <del>-</del>	1	ļ				ł	0	o	n
(7) JAMES BRUNER	0	Ť	$\vdash$	<del> </del>			<del>  -</del>			
SECRETARY/TREASURER		1	ł	1				0	o	0
(8) DAVE STARK	0									<u> </u>
DIRECTOR		✓					L	0	0	0
(9) STEVE ASHE	0						İ			
DIRECTOR		1	<u></u>				L	0	0	0
(10) EUGENE KEELEY	0	ļ	ļ	ļ		ļ			[	
DIRECTOR		<b>✓</b>	<u> </u>				L	0	0	0
(11) ELLEN SCHANZLE-HASKINS	1	ļ		١.						
ADMINISTRATOR			ļ	✓	L		<u> </u>	0	0	0
(12)		ļ		İ		ļ				
(13)		-	-	_		ļ	┼-			
Y.71	· <del></del>	1								
(14)										

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	yees		nd F	lighe	st C	ompensated E	mployees (c	ontinu	ued)	
	40	(D)			Pos	•			(5)	(5)		<b></b>	
	<b>(A)</b> Name and title	(B) Average			eck	more	than o		(D) Reportable	(E) Reportable		( <b>F)</b> Estimated	
	realis and the	hours per					ıs both or/trusi		compensation	compensation		amount of	
		week (list any hours for	익글	큺	g	<u>د</u>	9.1	77	from the	related organization	ns	other compensation	
		related	Individual trustee or director	stitu	Officer	Key employee	ghe Bee	Former	organization	(W-2/1099-M		from the	
		organizations	cto	tion		호	st cc	1 **	(W-2/1099-MISC)		İ	organization	
		below dotted line)	\ \frac{1}{2}	al tr		) ¥	) ğ	1				and related organizations	
			l te	Institutional trustee		"	Highest compensated employee					Ū	
				ē		1	ted				1		
(15)													
(16)							Ì						
		ļ		ļ	_						$\rightarrow$		
(17)		<b></b>	Į								ļ		
			ļ	ļ	<u> </u>	<u> </u>		<u> </u>	<del> </del>	ļ			
(18)		<del> </del>	ł					ŀ					
(40)		ļ		-	-	-	-	-		<u> </u>			
(19)		<del>}</del>	}	Ì		1		]			ì		
(20)		<del> </del>	+	┼─		-	-	├		<del> </del>			
(20)		<del>}</del>	1			Ì			}	1	1		
(21)		<del> </del>	<del> </del>	╀─╴		<del>  -</del>	-	╁			-+		
)T.:/		<del> </del>	1	}	1	l	l	1	1		1		
(22)				T		t	_				$\neg \uparrow$	<del></del>	
3		†	1		ļ	ł					- 1		
(23)													
				<u> </u>									
(24)				Γ	"								
			<u> </u>										
(25)		ļ											
			<u></u>	<u> </u>			<u> </u>	<u>L</u>					
1b	Sub-total				•		•		0	<u> </u>	0		
C	Total from continuation sheets to Part	-			•	•			ļ	<u> </u>			
<u>d</u>	Total (add lines 1b and 1c)							<u> </u>		<del></del>	0		
2	Total number of individuals (including bu reportable compensation from the organ	t not limited	ı oı t	nose	e IIS	tea	above	e) w	no receivea m	ore than \$10	טט,טט	U OT	
	reportable compensation from the organ	IZALIOIT											<u> </u>
3	Did the organization list any former of	fficer, direc	tor.	or tr	ust	ee.	kev (	emr	olovee, or high	nest compe	nsate	d Yes	No.
•	employee on line 1a? If "Yes," complete											3	1
4	For any individual listed on line 1a, is the							on a	and other come	pensation fro	om th	<del></del>	4
	organization and related organizations												,
	ındividual											4	1
5	Did any person listed on line 1a receive of									zation or ınd	ividua	al et l	
	for services rendered to the organization	? If "Yes," (	comp	lete	Scl	hedi	ule J	for s	such person	<u> </u>		5	✓
Section	on B. Independent Contractors												_
1	Complete this table for your five highest												
	compensation from the organization. Re	port compe	ensati	on t	or ti	he c	alend	lar y	year ending wi	th or within t	he or	ganization's ta	Х
	year.							_					
	(A) Name and business add	dress							(B) Description of s	services		(C) Compensation	
								$\vdash$					
					_	_		$\vdash$		<del></del>			
							<del></del>	+-		<del></del>			
								+-		<del></del>			
								$\vdash$					
<u>-</u> 2	Total number of independent contractor	ors (ıncludi	ng bi	ut n	ot	limi	ted to	o th	nose listed ab	ove) who		J	
	received more than \$100,000 of compens								0	]		•	

Part	VIII	Statement of Revenue			<del></del>		
,		Check if Schedule O contains	a response or note to				🗆
1				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns	1a		_		
ig ig	b	Membership dues	1b				
S, C	С	Fundraising events	1c				'
a d	d	Related organizations	1d	]	ļ		
S, E	е	Government grants (contributions)	1e				
i Si	f	All other contributions, gifts, grants,					
호美		and similar amounts not included above	1f				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a	-1f. \$				
	<u>h</u>	Total. Add lines 1a-1f	<u> ▶ </u>			· · · · <del>- ·</del> · · ·	
ž	_		Business Code				-
eve	2a	EMPLOYER CONTRIBUTIONS	900099	761,140	761,140		·
Se l	b				<del>-</del>		
įξ	C C						
Š	d						
Jra.	e f	All other program service revenu					
Program Service Revenue	g g	<b>Total.</b> Add lines 2a–2f		761,140			
	3	Investment income (including		701,140			
		and other similar amounts) .	•	39,851			39,851
	4	Income from investment of tax-exer	mpt bond proceeds ▶				· · · · · · · · · · · · · · · · · · ·
	5	Royalties	.` ▶				
		(ı) Real	(II) Personal		-		
	6a	Gross rents					
	b	Less. rental expenses					
	С	Rental income or (loss)					·
	d	Net rental income or (loss) .	▶	L			
	7a	Gross amount from sales of (i) Securit	ies (ii) Other				
	_	assets other than inventory	8,505				
	b	Less: cost or other basis					
		and sales expenses	387				
	C	Gain or (loss)	8,118				-
	d	Net gain or (loss)	<u> </u>	8,118	8,118	<u> </u>	
enne	8a	Gross income from fundraising					
_		events (not including \$		ĺ			
Other Rev		of contributions reported on line 1 See Part IV, line 18	·				
重		Less: direct expenses	· a				
Ò	ı	Net income or (loss) from fundra					-
		Gross income from gaming activi					
	-	See Part IV, line 19	a				
	ь	Less: direct expenses	b				
	c	Net income or (loss) from gamin			-		
	10a	Gross sales of inventory,	less				
			· a	]			
		Less cost of goods sold	b				_
	c	Net income or (loss) from sales					
		Miscellaneous Revenue	Business Code			-	
	11a		900099	151	151		
	b	BENEFIT REFUNDS	900099	23,414	23,414		
	C	All other revenue		<del>                                     </del>		<u> </u>	
	d	All other revenue  Total. Add lines 11a-11d		22 505			
	12	Total revenue. See instructions		23,565 832,674	792,823		20.05
		, stat (stations soo motivotions		034,0/4	134,023		39,851

Form 99	0 (2016)				Page <b>10</b>
Part	IX Statement of Functional Expenses			<del>-</del>	
	n 501(c)(3) and 501(c)(4) organizations must com	plete all columns. Al	l other organization	ns must complete co	lumn (A)
	Check if Schedule O contains a respons				
<u>Do 20</u>	t include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				<u> </u>
	and domestic governments. See Part IV, line 21.				
2	Grants and other assistance to domestic individuals, See Part IV, line 22				i 1
3	Grants and other assistance to foreign				
3	organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members		<u></u>		
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	291,455		<del>-</del>	
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)			[	
_	· · · · · · · · · · · · · · · · · · ·	152,367			
9	Other employee benefits	60,060			
10	Payroll taxes	23,005			<del></del>
11	Fees for services (non-employees)			1	
а	Management				
b	Legal	390			
С	Accounting	5,000			
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	2,465			
g	Other (If line 11g amount exceeds 10% of line 25, column	2,703	<del></del> -		<del></del>
9	(A) amount, list line 11g expenses on Schedule O) .				
40	- · · · · · · · · · · · · · · · · · · ·				
12	Advertising and promotion				
13	Office expenses	16,271	<del></del>		
14	Information technology				
15	Royalties				
16	Occupancy	12,358			
17	Travel	39,426			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	803			
20	Interest				
21	Payments to affiliates			_	
22	Depreciation, depletion, and amortization .	12,189		-	
23	Insurance	13,320	<del></del>	<del>                                     </del>	
		13,320			
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If	l l			
	line 24e amount exceeds 10% of line 25, column				ı
	(A) amount, list line 24e expenses on Schedule O.)				
а	REIMBURSED SAL/TAXES/BENEFITS	146,405			
b	CHARITABLE DONATIONS	13,700			
С	DUES & SUBSCRIPTIONS	7,230			
d	MEALS & ENTERTAINMENT	1,237			
е	All other expenses	143			
25	Total functional expenses. Add lines 1 through 24e	797,824			
26	Joint costs. Complete this line only if the	,	· <del>-</del>		
	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)				ı
		1			i e e e e e e e e e e e e e e e e e e e

P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Par	t X		
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing	411,158	1	569,521
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	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 section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
Assets	_	organizations (see instructions) Complete Part II of Schedule L		6	
SS	7	Notes and loans receivable, net		7	
•	8	Inventories for sale or use		8	
	9 10a	Prepaid expenses and deferred charges		9	
	104	Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D 10a 71.711			
	ь	Less accumulated depreciation 10b 56,653	26,837	100	15,058
	11	Investments—publicly traded securities	1,584,414		1,682,572
	12	Investments—other securities. See Part IV, line 11	1,304,414	12	1,002,372
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	72,891	15	20,988
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,095,300	16	2,288,139
	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			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
	ļ	parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	_	25	
	00	<b>-</b>		26	99,617
_	26	Total liabilities. Add lines 17 through 25	0	20	99,617
es		complete lines 27 through 29, and lines 33 and 34.			
Ë	27	Unrestricted net assets	2,095,300	27	2,188,522
Ē	28	Temporarily restricted net assets	2,000,000	28	
a E	29	Permanently restricted net assets		29	
ڃ		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			
ž		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ţ	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Ne	33	Total net assets or fund balances	2,095,300	33	2,188,522
_	34	Total liabilities and net assets/fund balances	2,095,300	34	2,288,139
					Form <b>990</b> (2016

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Page	1	4

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Form 99	90 (2016)			Pa	ge <b>12</b>	
Part	XI Reconciliation of Net Assets				<del></del>	
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		83	32,674	
2	Total expenses (must equal Part IX, column (A), line 25)	2		797,824		
3	Revenue less expenses. Subtract line 2 from line 1	3		34,85		
4						
5	Net unrealized gains (losses) on investments	5		5	8,372	
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		2,18	38,52 <u>2</u>	
Part	XII Financial Statements and Reporting				_	
	Check if Schedule O contains a response or note to any line in this Part XII		· · ·			
			<del></del>	Yes	No	
1	Accounting method used to prepare the Form 990: Cash Accrual Other MODIFIED CAS					
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain in				
•					<b>;</b> -	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were com- reviewed on a separate basis, consolidated basis, or both:	ollea or				
			İ			
_	Separate basis Consolidated basis Both consolidated and separate basis				ŀ J	
D	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited.		2b	✓	ļ	
	separate basis, consolidated basis, or both:	on a				
	·				]	
С	Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	orciaht			i	
C	of the audit, review, or compilation of its financial statements and selection of an independent account	•	2c		1	
	If the organization changed either its oversight process or selection process during the tax year, ex				<b></b>	
	Schedule O.	μαπ π				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			J	
Ja	the Single Audit Act and OMB Circular A-133?		За		1	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	ran the				
J	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b			
	,	-		n 990	(2016)	

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### **SCHEDULE C** (Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047 2016

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

► 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.

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

Tax) (s	see separate instructions), t	hen			, ,, ,
	ection 501(c)(4), (5), or (6) orga	anizations Complete Part III			
Name	of organization			Employer ider	ntification number
MIDW	EST REGION FOUNDATION				37-1338273
Part	I-A Complete if the	e organization is exempt und	er section 501(d	c) or is a section 527 o	organization.
1	Provide a description of definition of "political car	f the organization's direct and incompaign activities")	direct political ca	mpaign activities in Part	IV. (see instructions for
2		y expenditures (see instructions) .			
3		cal campaign activities (see instruc			
Part		e organization is exempt under			<del> </del>
1		excise tax incurred by the organiza			
2		excise tax incurred by organization			
3		ed a section 4955 tax, did it file For			. Yes No
4a	Was a correction made?		111 1720 101 time y	Juli	Yes No
b	If "Yes," describe in Part				
Part		e organization is exempt unde	er section 501(	c), except section 501	(c)(3).
1	Enter the amount direct	ly expended by the filing organiz	ation for section	527 exempt function	
_	activities			▶ \$	
2	527 exempt function acti	filing organization's funds contribution	uted to other org		
3	Total exempt function e	expenditures. Add lines 1 and 2.	Enter here and	on Form 1120-POL,	
	line 17b			<b>&gt;</b> \$	
4	Did the filing organization	file Form 1120-POL for this year?	·		Yes No
5	Enter the names, address	ses and employer identification nur	nber (EIN) of all se	ection 527 political organi	
	organization made payme	ents. For each organization listed,	enter the amount	paid from the filing organi	zation's funds Also enter
	the amount of political co	ontributions received that were pro-	mptly and directly	delivered to a separate p	olitical organization, such
	as a separate segregated	fund or a political action committee	e (PAC). If additior	nal space is needed, provi	de information in Part IV
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds If none, enter -0-	promptly and directly delivered to a separate political organization If none, enter -0-
(1)					
(2)					
(3)			-		
(4)					
(5)	<u>-</u>				
(6)					

_		-
٠	'ace	- 4

Pa	art II-A Complete if the organization i section 501(h)).	s exempt (	ınder section 5	01(c)(3) and file	d Form 5768 (ele	ction under
	Check ▶ ☐ If the filing organization below					up member's
	name, address, EIN, expense					
<u>B</u>	Check ► ☐ if the filing organization chec			trol" provisions a	apply.	
	Limits on Lobbyi (The term "expenditures" mea			)	(a) Filing organization's totals	(b) Affiliated group totals
1	1a Total lobbying expenditures to influence pu	ıblic opinion	(grass roots lobby	ring)		
	<b>b</b> Total lobbying expenditures to influence a					
	c Total lobbying expenditures (add lines 1a a	ınd 1b) .				
	<b>d</b> Other exempt purpose expenditures .					
	e Total exempt purpose expenditures (add li		•	• •		
	f Lobbying nontaxable amount. Enter the columns.	e amount f	rom the following	table in both		
	If the amount on line 1e, column (a) or (b) is:	t is:		-		
	Not over \$500,000	20% of the ar	nount on line 1e.		-	, .
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000	- ,	=
			10% of the excess			,
	Over \$1,500,000 but not over \$17,000,000		5% of the excess of	ver \$1,500,000	* ,	-
_		\$1,000,000.			· · · · · · · · · · · · · · · · · · ·	
	g Grassroots nontaxable amount (enter 25%	•				<del></del> _
	h Subtract line 1g from line 1a. If zero or less	•				
	<ul><li>i Subtract line 1f from line 1c If zero or less</li><li>j If there is an amount other than zero or</li></ul>		1	 I the organization	file Form 4700	
	reporting section 4911 tax for this year?		· · · · ·			☐ Yes ☐ No
	(Some organizations that made a secti	on 501(h) el	Period Under sec ection do not hav ructions for lines	e to complete all	of the five column	s below.
_	Lobbying E	xpenditures	During 4-Year A	veraging Period	1	
	Calendar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	<b>(d)</b> 2016	(e) Total
_ :	2a Lobbying nontaxable amount		1		,	
	b Lobbying ceiling amount (150% of line 2a, column (e))		1		-	
_	c Total lobbying expenditures					
	d Grassroots nontaxable amount					
	e Grassroots ceiling amount (150% of line 2d, column (e))		, ,	_g		
_	f Grassroots lobbying expenditures					

Part	I-B Complete if the organization is exempt under section 501(c)(3) and has NOT fi (election under section 501(h)).	led i	Form	5768		
or e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a	1)		(b)	
		Yes	No	Aı	nount	
1	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:	· 多				
a b	Volunteers?			1. i.	- ` n	,
c d	Media advertisements?					
e f	Publications, or published or broadcast statements?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?  Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
h i	Other activities?					
2a	Total. Add lines 1c through 1i					
b	If "Yes," enter the amount of any tax incurred under section 4912	, ,				
d Part	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	(5), c	or se		e :- -	
	501(c)(6).				Yes	No
1 2	Were substantially all (90% or more) dues received nondeductible by members?			1 2	1	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	prior	year?			<b>√</b>
	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OI answered "Yes."	(5), ( R (b)	Part	ction : III-A,	line :	3, is
1 2	Dues, assessments and similar amounts from members	of	1			
а	Current year		2a			
b	Carryover from last year		2b 2c			
с 3	Total	•	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby		rş			
_	and political expenditure next year?		4			
5 Par	Taxable amount of lobbying and political expenditures (see instructions)	<u></u>	5			
Provid	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groundstructions), and Part II-B, line 1. Also, complete this part for any additional information	up lis	t); Pa	rt II-A,	lines 1	and
		-3				

### SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

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

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

MIDWEST REGION FOUNDATION FOR FAIR CONTRACTING 37.1338273 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year . . 2 Aggregate value of contributions to (during year) 3 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 ☐ No 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 Conservation Easements. Part II Complete if the organization answered "Yes" on 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 gualified 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 3 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 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 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)? 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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. 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 on 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. a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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rage	~

Part	III Organizations Maintaining	Collections of A	rt. Hist	orical T	reasures.	or Oth	ner Similar A	ssets (continued)
3	Using the organization's acquisition, a collection items (check all that apply):							
а	☐ Public exhibition		<b>d</b> [		or exchang			
þ	Scholarly research		е [	Other				
С	☐ Preservation for future generations							
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII							
5	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	V Escrow and Custodial Arra	ngements.		*				
	Complete if the organization 990, Part X, line 21.							
1a	is the organization an agent, trustee, included on Form 990, Part X?					ons or		not Yes No
b	If "Yes," explain the arrangement in Pa	rt XIII and comple	te the fo	llowing ta	able <sup>.</sup>			. <del></del>
							<u> </u>	Amount
С	Beginning balance					1c	<u> </u>	
d	Additions during the year					1d		
е	Distributions during the year		•			1e	<u> </u>	
f	Ending balance					1f	<u> </u>	
2a	Did the organization include an amoun							ty? 🔲 Yes 🗌 No
<u>b</u>	If "Yes," explain the arrangement in Pa	rt XIII. Check here	If the ex	planation	n has been	provide	d on Part XIII	<u></u>
Part								
	Complete if the organization	answered "Yes"	on Fori	m 990, F				
		(a) Current year	(b) Pric	or year	(c) Two years	s back	(d) Three years ba	ck (e) Four years back
1a	Beginning of year balance							
b	Contributions						<u> </u>	
С	Net investment earnings, gains, and losses							
, d	Grants or scholarships							
е	Other expenditures for facilities and programs		-					
f	Administrative expenses			-				·
g	End of year balance			<u> </u>				
2	Provide the estimated percentage of the	ne current vear en	d balanc	e (line 1c	. column (a)	)) held a	as'	<del></del>
а	Board designated or quasi-endowmen	ıt ▶	%	, ,	. , , ,	,,		
b	Permanent endowment ▶	%						
C	Temporarily restricted endowment ▶	<b>%</b>						
_	The percentages on lines 2a, 2b, and 2		00%.					
3a	Are there endowment funds not in the organization by:	·		zation th	at are held	and adı	ministered for	the Yes No
	(i) unrelated organizations							. 3a(i)
	(ii) related organizations		•					3a(ii)
b	If "Yes" on line 3a(ii), are the related or	raanizations listed	as requi	red on S	chedule R2		•	3b
4	Describe in Part XIII the intended uses	_				•		<u> </u>
Part								
كنتمي	Complete if the organization		on For	m 990. I	Part IV. line	11a. S	See Form 990	), Part X. line 10.
	Description of property	(a) Cost or oth	ner basis	(b) Cost	or other basis other)	(c) /	Accumulated epreciation	(d) Book value
	Land	<del></del>	-					<del></del>
b	Buildings	<u> </u>	-					
C	Leasehold improvements	<del> </del>			15,868		15,108	760
d	Equipment				29,134		28,145	989
e	Other	<del> </del>			26,709		13,400	13,309
	Add lines 1a through 1e. (Column (d) m	oust equal Form 00	0 Part	Columi		)c )	13,400	15,058
	miss is anough to journin (a) if	oquar i Oiiii oc	,	., 55.5.111	· 1=/,o 10	<del>-,</del>	<u> </u>	10,000

Part VII	Investments - Other Securities.					
	Complete if the organization ansv	vered "Yes" on For	m 990	, Part IV, line	11b. See Forn	n 990, Part X, line <b>1</b> 2.
	(a) Description of security or category (including name of security)		(b)	Book value	· · ·	ethod of valuation d-of-year market value
(1) Financial	derivatives					
(2) Closely-h	neld equity interests					
(3) Other						
(A)						
(B)						
(C)			<u></u>			
(D)					<u></u>	
(E)						<del>-</del>
(F)			-			
(G)						
(H)	10 Dec 10				<del></del>	<del></del>
Part VIII	b) must equal Form 990, Part X, col (B) line 12.) ► Investments—Program Related					<del></del>
Part VIII	Complete if the organization answ		m aan	Part IV line	11c See Forn	n 000 Part V line 13
	(a) Description of investment	vered res oil oi		Book value		ethod of valuation
	(a) Description of investment		(1)	BOOK VAIDE	• • •	d-of-year market value
(1)				_ <del></del>		
(2)		<del></del>	-			
(3)						
(4)						
(5)		· · · · · · · · · · · · · · · · · · ·		<del></del>		
(6)						
(7)						
(8)						
(9)						
Total. (Column (	b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX	Other Assets.					
	Complete if the organization answ		m 990	, Part IV, line	e 11d. See Forn	<del></del>
	(a	) Description				(b) Book value
_(1)						
(2)						<del></del>
(3)						
(4)	<del></del>			<del></del>		<del></del>
(5)					<del></del>	
(6)					·· <del>·</del>	
(7)		<del></del>			<del></del>	
(9)						
	mn (b) must equal Form 990, Part X, co	ol. (B) line 15.)		· · · · · ·		
Part X	Other Liabilities.					<del></del>
	Complete if the organization answ	vered "Yes" on For	m 990	), Part IV, line	e 11e or 11f. Se	ee Form 990, Part X,
	line 25.					
1.	(a) Description of liability	(b) Book value		-		
(1) Federal in	ncome taxes					
(2) ACCRU	ED PAYROLL WITHHOLDINGS		4,384			
	RELATED PARTIES		5,233			
(4)						
(5)		· <del></del>				
(6)						
(7)						
(8)						
(9)	(1)					
	b) must equal Form 990, Part X, col (B) line 25.)		9,617	ha aug:: 4:	Ja former and the	amba Abat us = - A - Al
	r uncertain tax positions. In Part XIII, provi is liability for uncertain tax positions under					
organization	a national for uncertaint tax positions under	1 114 70 (AOO 140). One	OU HOLE	ייי יווס נפאנ טו נו	io iootiiote iias be	CIT PIONOGO III FAIT AIII

		Return.	
	128	1	888,581
		<u> </u>	000,301
	59 372		
	30,372		
		2e	58,372
Subtract line 2e from line 1		3	830,209
Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
Investment expenses not included on Form 990, Part VIII, line 7b 4a			
·	2,465		
		4c	2,465
Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<u>.</u>	5	832,674
XII Reconciliation of Expenses per Audited Financial Statements With	Expenses pe	r Return.	<del></del> -
Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
Total expenses and losses per audited financial statements		1	795,359
Amounts included on line 1 but not on Form 990, Part IX, line 25.			
Donated services and use of facilities			
Prior year adjustments			
Other losses			
Other (Describe in Part XIII.)			
Add lines 2a through 2d		2e	
Subtract line 2e from line 1		3	795,359
Amounts included on Form 990, Part IX, line 25, but not on line 1:			
Investment expenses not included on Form 990, Part VIII, line 7b 4a	2,465		
· · · · · · · · · · · · · · · · · · ·			
			2,465
	<i>.</i>	5	797,824
t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional in	formation.	
		·	
	Complete if the organization answered "Yes" on Form 990, Part IV, line Total revenue, gains, and other support per audited financial statements.  Amounts included on line 1 but not on Form 990, Part VIII, line 12:  Net unrealized gains (losses) on investments	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a  Total revenue, gains, and other support per audited financial statements  Amounts included on line 1 but not on Form 990, Part VIII, line 12:  Net unrealized gains (losses) on investments  Donated services and use of facilities  Recoveries of prior year grants  Cother (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part VIII, line 12, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25.  Donated services and use of facilities  Prior year adjustments  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b  4a 2,465  Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  Is the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a  Total revenue, gans, and other support per audited financial statements  Amounts included on line 1 but not on Form 990, Part VIII, line 12:  Net unrealized gains (losses) on investments  Donated services and use of facilities  Eccoveries of prior year grants  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part VIII, line 12, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b  Add lines 4a and 4b  Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  Total expenses and losses per audited financial Statements With Expenses per Return.  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25.  Donated services and use of facilities  Prior year adjustments  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part IV, line 12.  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part IV, line 7b  Add lines 4a and 4b  Other (Describe in Part XIII)  Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  5

### SCHEDULE O (Form 990 or 990-EZ)

### 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.

2017

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number

MIDWEST REGION FOUNDATION FOR FAIR CONTRACTING, INC	37-1338273
FORM 990, PART VI, SECTION B, LINE 11:	
FORM 990 IS REVIEWED WITH THE CHAIRMAN OF THE BOARD AND THE ADMINISTRATOR	
TORM 330 IS REVIEWED WITH THE CHARMAN OF THE SOUND AND THE ADMINISTRATION	
FORM 990, PART VI, SECTION B, LINE 15:	
BOARD DELIBERATION AND VOTED	
FORM OND DART VI. SECTION C. I INE 10.	
FORM 990, PART VI, SECTION C, LINE 19:	
UPON REQUEST	
PART XII, LINE 1:	
MODIFIED CASH BASIS OF ACCOUNTING	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Partl

MIDWEST REGION FOUNDATION FOR FAIR CONTRACTING, INC

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

2017

OMB No 1545-0047

37-1338273

Open to Public **Employer identification number** Inspection ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

(g) Section 512(b)(13) controlled entity? (f)
Direct controlling
entity ž 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. Yes (f)
Direct controlling
entity (e) End-of-year assets (e)
Public charity status
(if section 501(c)(3)) (d) Total income (d) Exempt Code section 527 527 527 (c)
Legal domicile (state or foreign country) (c)
Legal domicile (state
or foreign country) N OLD STATE CAPITOL PLAZA, SUITE 525, SPRINGFIELD, IL 62701 POLITICAL COMMITTE ILLINOIS ILLINOIS ILLINOIS (b) Primary activity N OLD STATE CAPITOL PLAZA, SUITE 525, SPRINGFIELD, IL 62701 POLITICAL COMMITT POLITICAL COMMITT (b) Primary activity (3) MIDWEST REGION LABORERS POLITICAL LEAGUE EDUCATION (2)MIDWEST REGION LABORERS POLITICAL LEAGUE, 37-1382229 (a) Name, address, and EIN (if applicable) of disregarded entity (1)ILLINOIS LABORERS LEGISLATIVE COMMITTEE, 36-4001239 FUND, 37-1400940, 1 N OLD STATE CAPITOL PLAZA, STE 525 (a) Name, address, and EIN of related organization (9) Part II E 8 € Ð. € 9 Ξ ල

Schedule R (Form 990) 2017

Cat No 50135Y

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

(i) Section 512(b)(13) controlled entry? (k) Percentage ownership ž 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. 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. Yes (j) General or ž managing partner? (h) Percentage ownership Yes amount in box 20 of Schedule K-1 (Form 1065) (i) Code V—UBI (g) Share of end-of-year assets (h)
Disproportionate
allocations? å (f) Share of total Yes income (g) Share of end-ofyear assets (C corp, S corp, or trust) Type of entity e (f) Share of total income (d) Direct controlling (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512—514) entity (c)
Legal domicile
(state or foreign country) (d)
Direct controlling
entity Primary activity (c) Legal domicile (state or foreign country) Ð (b) Pnmary activity Name, address, and EIN of related organization (a) Name, address, and EIN of related organization Part III Part IV Ξ 2 ල ₹ 9 9 ල E 8 € <u>0</u> ε  $\Xi$ 9

Schedule R (Form 990) 2017

# Schedule R (Form 990) 2017 Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	years heteler erom re	Dado n Dode	- N/9	Yes
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a /
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b
c Gift, grant, or capital contribution from related organization(s)				10
<b>d</b> Loans or loan guarantees to or for related organization(s)				1d
e Loans or loan guarantees by related organization(s)				1e
			·	
f Dividends from related organization(s)			•	1f ~
g Sale of assets to related organization(s)				1g ×
h Purchase of assets from related organization(s)				٦ -
			•	<b>-</b>
j Lease of facilities, equipment, or other assets to related organization(s)				1j
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)				tm /
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).				1n 🗸
o Sharing of paid employees with related organization(s)				10 🗸
<b>p</b> Heimbursement paid to related organization(s) for expenses				d ,
q Heimbursement paid by related organization(s) for expenses				<b>J</b> d
r Other transfer of each or preparty to related evention(c)			<del></del>	1
	 			- 5
If the answer to any of the above is "Yes," see the instru	mplete this line, inclu	uding covered relationsh	ips and transaction	n thresholds
	( <u>a</u>	(5)	(p)	
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	amount involved
(1) ILLINOIS LABORERS LEGISLATIVE COMMITTEE	N	0		
(2) ILLINOIS LABORERS LEGISLATIVE COMMITTEE	0	0		
(3) MIDWEST REGION LABORERS' POLITICAL LEAGIVE EDUCATION FUND	Z	G		
	:			
(4) MIDWEST REGION LABORERS POLITICAL LEAGUE EDUCATION FUND	0	0		
(5) MIDWEST REGION LABORERS POLITICAL LEAGUE	N	0	}	)
(6) MIDWEST REGION LABORERS POLITICAL LEAGUE	0	0		
			Schedule R	Schedule R (Form 990) 2017

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI 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

, , , , , , , , , , , , , , , , , , , ,		İ	,							
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excludec	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	Code V—UBI amount in box 20 of Schedule K-1	(l) General or managing partner?	(k) Percentage ownership
			sections 512-514)	Yes No	-		Yes No		Yes No	
(1)										
(2)										
(6)										
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ichedule R (F	orm 990) 2017	Page <b>5</b>
Part VII	Supplemental Information.  Provide additional information for responses to questions on Schedule R. See instructions.	
PART II, IDI	ENTIFICATION OF RELATED TAX EXEMPT ORGANIZATIONS:	
NIDWEST I	REGION LABORERS POLITICAL LEAGUE EDUCATION FUND	
IN: 37-140	10940	
N OLD ST	TATE CAPITOL PLAZA, SUITE 525	
PRINGFIE	LD, IL 62701	
PART II, CO	DLUMN B:	
LLINOIS L	ABORERS LEGISLATIVE COMMITTEE - POLITICAL COMMITTEE	
MIDWEST I	REGION LABORERS' POLICITAL - POLITICAL COMMITTEE	•••••
AIDWEST I	REGION LABORERS' POLITICAL LEAGUE EDUCATION FUND - POLITICAL COMMITTEE	
<b></b>		

# SCHEDULE R-1 (Form 990)

Name of filing organization Department of the Treasury Internal Revenue Service

Continuation of Identification of Disregarded Entities

Part I

MIDWEST REGION FOUNDATION FOR FAIR CONTRACTING, INC

Continuation Sheet for Schedule R (Form 990)

► Attach to Form 990 to list additional information for Schedule R (Form 990), Part I; Part II; Part III; Part IV; Part V, line 2; or Part VI. ► See instructions for Schedule R (Form 990).

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Open to Public Inspection

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(a) Name, address, and EiN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
	· · · · · · · · · · · · · · · · · · ·				
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	orm 990.	Cat No 51055Z	252	Schedule	Schedule R-1 (Form 990) 2009

Continuation of Identification of Related Tax-Exempt Organizations Schedule R-1 (Form 990) 2009

Part II Continuation

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
					1
				Schedule	Schedule R-1 (Form 990) 2009

Page 3

Schedule R-1 (Form 990) 2009

Part III Continuation	of Identification	ı of Relatı	ed Organizatio	Continuation of Identification of Related Organizations Taxable as a Partnership	Partnership				
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant Income (related, unrelated, excluded from tax under sections	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionat allocations?	(h) Disproporhorate Code V—UBI amount on General or allocations?  box 20 of K-1 managing partner?	General or managing partner?
							Yes No		Tes No
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								Schedule R-1 (Form 990) 2009	990) 2009

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust	d Organization	s Taxable as	a Corporation	or Trust			
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
					-		

Schedule R-1 (Form 990) 2009

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Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2) Schedule R-1 (Form 990) 2009

Part V Continuation

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
MIDWEST REGION LABORERS POLITICAL LEAGUE (7)	œ	2,883
(8)		
(6)		
(10)		
(11)		
(12)		
(13)		
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(17)		
(18)		
(19)		
(20)		1
(21)		
(22)		
(23)	_	
(24)	-	
	Schedule	Schedule R-1 (Form 990) 2009

Schedule R-1 (Form 990) 2009

Part VI Continuat

Share of Disproportionate Code allocations?  No Ares N									١
	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?	(e) Share of end-of-year assets	(f) Disproportionate allocations?	(g) Code V—UBI amount on box 20 of K-1	(h) Genera manag partne	ral or aging ner?
				Yes No		Yes No		Yes	S
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