Form 990-P

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. ► Go to www.irs.gov/Form990PF for instructions and the latest information.

1908

		nt of the Treasury					ecurity numbe Form990PF fo					1900	Open to Public In	ISpection
		ndar year 2018	or tax year		SEP		2018		, and e		AUG 3	1, 2019		
Na	ne o	f foundation									A Employe	r identification	number	
				*/							2.5			
		ERT E.									L	<u> 2911506</u>		
		and street (or PO b ${f N}_{f \bullet}$				address)	ı			Room/suite	B Telephon	ie number - 9 4 1 - 2 3	0.0	
		own, state or pro				octal co		–					ending, check here	\blacksquare
		HURST,		1111 y, and 21 10126	ir oi ioleigii p	iusiai cu	uc				o ir exemplic	m application is p	anding, check here	
_		all that apply		Initial retur	'n		Initial return	of a fo	rmer public o	harity	D 1. Foreig	n organizations	, check here	ightharpoons
-				Final return			Amended ret	urn	•	•	ا ،	·		
				Address ch	nange		Name change	е			2. Foreign check h	organizations me nere and attach co	eting the 85% test, mputation	ightharpoons
H (_	type of organiz			· · · · · · · · · · · · · · · · · · ·	kempt p	rıvate foundatı	on		\sim	E If private	foundation stat	tus was terminated	t t
		ection 4947(a)(1					xable private f		1 1	0-1	under se	ction 507(b)(1)	(A), check here	
		arket value of all		nd of year	J Account	_		ash	Accr	ual			60-month terminat	tion
-		Part II, col. (c), li	ine 16)	272	(Part L colur	ther (sp	ecify) nust be on cast	h hacu	c)		under se	ction 507(b)(1)	(B), check here	
<u> </u>	·\$	Analysis of R				1		1			(a) Ad	wated not	(d) Disbursem	nents
٢٣٥	art I	(The total of amo	ounts in colun	nns (b), (c), ar	nd (d) may not		.) Revenue and benses per boo			vestment ome		justed net come	for charitable pur (cash basis o	rposes
	1	Contributions,					53,05	55.	•	···········		******	, , ,	
	2		if the foundation				•			<u> </u>				
	3	Interest on saving	os and tempo											1
	4	Dividends and	ınterest fro	m securitie:	s									•
	5a	Gross rents				<u> </u>								i
	6	Net rental income	or (loss)		-	<u> </u>						7	-	
ē	6a	Net gain or (loss) Gross sales price		assets not on	line 10	-							SE10(-1)	7(1)
Revenue		assets on line 6a		Dest 117 June 21						0.		6		
Be	8	Capital gain net in Net short-term								<u> </u>		¥ÛVÎ	1 2 2019	6
	9	Income modific	, -	•		·						<u> </u>		
	10a	Gross sales less				-				_		OG	DEN UT	
	l b	Less Cost of goo	ods sold											
	٥	Gross profit or	(loss)											
	11	Other income											<u> </u>	
_	12	Total. Add line				 	53,05			0.	<u> </u>	0.	-	0.
	13	Compensation of			s, etc	<u> </u>	 	0.		<u> </u>				<u> </u>
	14	Other employe Pension plans,		_		<u> </u>							<u> </u>	
es	l .	Legal fees	, employee	Denema										
ens	l	Accounting fee	es			<u> </u>		\neg						
Ω̈́		Other profession												
ě.	17	Interest												
trat	18	Taxes											<u> </u>	
inis	19	Depreciation as	nd depletioi	n									<u> </u>	
g.	20	Occupancy				<u> </u>								
ΨÞ	21	Travel, confere		meetings		<u> </u>	76	4.		0.		764.		0.
gan	22	Printing and pu Other expenses		ST	MT 1		26,80			0.		26,800.		0.
ţ	24	Total operatin						~~			· · · · · · · · · · · · · · · · · · ·	20/0000		
Operating and Administrative Expenses		expenses. Add	•				27,56	4.		0.	:	27,564.		0.
Ö	25	Contributions,					25,00						25,	000.
	26	Total expense												
		Add lines 24 ar				ļ	52,56	4.		0.	ļ	27,564.	25,	000.
		Subtract line 2					4.0	,						
	l	Excess of revenue	-				45	1.		0.	ļ 			
	l	Net investmen Adjusted net i							-			0.		
		rangoleu nel n	HOUSING (II NO	gative, enter	٠.,	1			. ,				I	

823501 12-11-18 LHA For Paperwork Reduction Act Notice, see instructions.

For	m 99	0-PF (2018) ROBERT E. SHEPHERD FOUN			2911506 Page 2
Р	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	<u>* </u>
		Column Should be for end-on-year amounts only	(a) Book Value	(b) Book Value 1,372.	(c) Fair Market Value
		Càsh - non-interest-bearing	881.	1,3/2.	1,372.
		Savings and temporary cash investments			
	3	Accounts receivable	h - n		
	١.	Less; allowance for doubtful accounts			
	4	Pledges receivable		र प्रत्यक्तासम्बद्धाः	a and a series of the
	_ ا	Less: allowance for doubtful accounts			
	5	Grants receivable	-		
	6	Receivables due from officers, directors, trustees, and other			
	١,	disqualified persons	-		
	'	Other notes and loans receivable Less; allowance for doubtful accounts			
	١.	Inventories for sale or use			
Assets	l °	Prepaid expenses and deferred charges		··	
Ass	102	Investments - U.S. and state government obligations	+		
		Investments - corporate stock			
	ı	Investments - corporate stock			
	I	Investments - land, buildings, and equipment basis			
	l''				
	12	Less accumulated depreciation Investments - mortgage loans			
	13	Investments - other			· · · · · · · · · · · · · · · · · · ·
	1 -	Land, buildings, and equipment basis			
	``	Less accumulated depreciation			1 A
	15	Other assets (describe >			
		Total assets (to be completed by all filers - see the		,	
		instructions. Also, see page 1, item I)	881.	1,372.	1,372.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
ç	19	Deferred revenue			
ij	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable			
_	22	Other liabilities (describe)			
	23	Total liabilities (add lines 17 through 22)	0.		
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26, and lines 30 and 31.			
ë	24	Unrestricted			
<u>a</u>	25	Temporarily restricted			
Net Assets or Fund Balances	26	Permanently restricted			
Ĕ		Foundations that do not follow SFAS 117, check here			
F		and complete lines 27 through 31.		ا م	
ţ	27	Capital stock, trust principal, or current funds	0.	0.	
SSe	28	Paid-in or capital surplus, or land, bldg, and equipment fund	881.	1,372.	
ž A	29	Retained earnings, accumulated income, endowment, or other funds	881.	1,372.	
ž	30	Total net assets or fund balances	001.	1,3/2.	
		Table liabilities and not accept found belonged	881.	1,372.	
	31	Total liabilities and net assets/fund balances		1,372.	
_	art				
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line	30		
	•	st agree with end-of-year figure reported on prior year's return)		1	881.
		r amount from Part I, line 27a		2	491.
3	Othe	r increases not included in line 2 (itemize)		3	0.

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30		1	
(must agree with end-of-year figure reported on prior year's return)	1		881.
2 Enter amount from Part I, line 27a	2		491.
3 Other increases not included in line 2 (itemize) ▶	3		0.
4 Add lines 1, 2, and 3	4		1,372.
5 Decreases not included in line 2 (itemize)	5		0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6		1,372.

36-2911506

ROBERT E. SHEPHERD FOUNDATION

) of property sold (for exa or common stock, 200 sh		te,	IP	How ac - Purc - Don	nase i '	c) Date : (mo , d	acquired ay, yr.)	(d) Date sold (mo., day, yr.)
1a					<u> </u>					·
b NO	ONE				<u> </u>					
C					╄					
<u>d</u>					├					
e	7 70 5		1 (.) 0		┸			453.0	(1++-)	
(e) Gross sales price	(1)	epreciation allowed (or allowable)		st or other basis expense of sale					ain or (loss) s (f) minus (
a b	 									
C	 		-							
<u>-</u> d	 									
e	 									-
Complete only for assets show	ing gain in c	olumn (h) and owned by	the foundation	on 12/31/69.	$\neg \neg$		(1) (Gains (C	ol. (h) gaın	minus
(i) FMV as of 12/31/69		i) Adjusted basis as of 12/31/69		cess of col. (1)			còl. (l	k), but r	not less thar (from col. (l	ı -0-) or
a	 		 							
b										
C	1		 							<u></u>
d	 		<u> </u>		\neg		···-			
e					\neg					
·		∫ If gain, also ente	r in Part I line		ᅱ					
Capital gain net income or (net o	capital loss)	If (loss), enter -0			別	2				-···-
Net short-term capital gain or (lo	oss) as defin	ied in sections 1222(5) a	nd (6):		٦١					
If gain, also enter in Part I, line 8).			١					
If (loss), enter -0- in Part I, line 8 Part V Qualification	ladar C	4040/-\ for	. Dadwaad	Toy on Mot		3	ant Inca			
as the foundation liable for the se "Yes," the foundation doesn't qual				•	rıod?					Yes X No
Enter the appropriate amount in	each colum	nn for each year; see the i	nstructions be	fore making any e	ntries					
(a) Base period years Calendar year (or tax year beginr	ilua iu)	(b) Adjusted qualifying dis	stributions	Net value of no	(c) Inchar		use assets		Distrib (col (b) div	(d) ution ratio ded by col. (c))
2017	 		25,000.				7,359.		/_	3.39720
2016		2	5,000.		_		6,352.			3.93576
2015		2	27,500.				8,154.			3.37257
2014			22,500.				5,497.			4.09314
2013		2	25,000.				6,468.			3.86518
Total of line 1, column (d)								2		18.66387
Average distribution ratio for the			on line 2 by 5 (), or by the numb	er of y	years				2 72077
the foundation has been in exist	ence if less t	than 5 years						3		3.73277
Enter the net value of noncharita	ble-use ass	ets for 2018 from Part X,	line 5					4	<u>-</u>	6,563
Multiply line 4 by line 3								5		24,498
Enter 1% of net investment inco	me (1% of F	Part I, line 27b)						6		0
Add lines 5 and 6								7		24,498
Enter qualifying distributions fro	m Part XII, I	ine 4						8		25,000
If line 8 is equal to or greater that See the Part VI instructions	ın line 7, che	eck the box in Part VI, line	e 1b, and comp	lete that part usin	g a 19	% tax r	ate.			

823521 12-11-18

Form 990-PF (2018) ROBERT E. SHEPHERD FOUNDATION	[36-291		Page 4
Part VI Excise Tax Based on Investment Income (Section 49	40(a), 4940(b), 4940(e), or 4	948 - see	instruction	ons)
1a Exempt operating foundations described in section 4940(d)(2), check here ▶ and	enter "N/A" on line 1.		,	<u>_</u>
Date of ruling or determination letter: (attach copy of letter if no				_
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here		1		0.
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).			ĺ
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only;		2		0.
3 Add lines 1 and 2	•	3	,	0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only;	others, enter -0-)	4		0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	,	5		0.
6 Credits/Payments:				<u> </u>
a 2018 estimated tax payments and 2017 overpayment credited to 2018	6a 0.	ŀ		1
b Exempt foreign organizations - tax withheld at source	6b 0.	1		}
c Tax paid with application for extension of time to file (Form 8868)	6c 0.			Ì
d Backup withholding erroneously withheld	6d 0.			j
7 Total credits and payments Add lines 6a through 6d		7	·	0.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is at	tached	8		- 0.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9		0.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10		
11 Enter the amount of line 10 to be: Credited to 2019 estimated tax	Refunded	11		
Part VII-A Statements Regarding Activities	7.101.000			
1a During the tax year, did the foundation attempt to influence any national, state, or local leg	islation or did it participate or intervene	ın	Yes	s No
any political campaign?	The state of the s		1a	X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purp	oses? See the instructions for the defir	ition	1b	X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies				
distributed by the foundation in connection with the activities.	or any materials positioned of			li
c Did the foundation file Form 1120-POL for this year?			1c -	X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	ie vear.		"	 ,
(1) On the foundation. ► \$ 0 • (2) On foundation manage	-			
e Enter the reimbursement (if any) paid by the foundation during the year for political expen	· · · - · · · · · · · · · · · · · · · ·	•		
managers. > \$ 0.	Bitare tax imposed on roundation			1
2 Has the foundation engaged in any activities that have not previously been reported to the	IRS2		2	- x-
If "Yes," attach a detailed description of the activities.	110-		++	+
3 Has the foundation made any changes, not previously reported to the IRS, in its governing	unstrument articles of incorporation (nr.) }
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	month and a color of moor por anon, c	•	3	- - X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year.	227		4a	$\frac{1}{x}$
b If "Yes," has it filed a tax return on Form 990-T for this year?	· di	N/A	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year	n	-4/ -1	5	X
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] }
Ne the requirements of section 300(e) (relating to sections 4941 timough 4943) satisfied By language in the governing instrument, or	sition.		-	
By state legislation that effectively amends the governing instrument so that no mandato	any directions that conflict with the state	law		!!
remain in the governing instrument?	ay an ections that connect with the State	· ICT AA	6 X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," com	unlate Part II col (c) and Dod W/		7 X	+
7 Did the roundation have at least \$3,000 in assets at any time during the year? If tes, con	piete Part II, col. (c), and Part AV		/ A	
Ra Enter the states to which the foundation reports or with which it is requistered. See instruct	vone -]
8a Enter the states to which the foundation reports or with which it is registered. See instruct IL	UII3. F		• •] !
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)		· _	1 1
	Attorney delicial (of designate)		8b X	-
of each state as required by General Instruction G? If "No," attach explanation	section 4042(1)(3) or 4042(1)(5) for only	ndar	00 A	
9 Is the foundation claiming status as a private operating foundation within the meaning of s		iiudi		- x
year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," co				$\frac{1}{X}$
10 Did any persons become substantial contributors during the tax year? if "Yes," attach a sched	Jule listing their names and addresses		10 Form 990-PF	
		Г	01111 23 0-17 F	(2010)

Page 5

12	art VII-A Statements negarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	_		7.
	section 512(b)(13)? If "Yes," attach schedule. See instructions			<u>X</u> _
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			3.5
	If "Yes," attach statement. See instructions	12	v	<u> </u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A	1 2	200	
14	The books are in care of MIKE LOWERY Located at 660 N. INDUSTRIAL DRIVE, ELMHURST, IL Telephone no. 630-94	1 2 C	300	
		120		т
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	NT	/A	س
40	and enter the amount of tax-exempt interest received or accrued during the year 15		Yes	No
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank,	16	163	X
	securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	10		 ,
				1
Pa	foreign country ► art VII-B Statements Regarding Activities for Which Form 4720 May Be Required		1	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1:	During the year, did the foundation (either directly or indirectly):			- 1
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			ţ
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			ı I
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			!
	(5) Transfer any income or assets to a disqualified person (or make any of either available			ł
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			i
	If the foundation agreed to make a grant to or to employ the official for a period after			. i
	termination of government service, if terminating within 90 days.)			1
t	olf any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			ال ـ ـ ـ ـ ا
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
	Organizations relying on a current notice regarding disaster assistance, check here			į
(Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			لـــــا
	before the first day of the tax year beginning in 2018?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)).			1
a	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			l
	before 2018? Yes X No			
_	If "Yes," list the years , , , , , , , , , , , , , , , , , , ,		.	
E	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) N/A	2b	********	فسنسط
		20		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
٠.	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			† I
38	during the year? Yes X No			!
	of "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after			
Ĺ	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,			
	Form 4720, to determine if the foundation had excess business holdings in 2018.) N/A	3b		
4:	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		X

Part VII-B Statements Regarding Activities for Which	Form 4720 May Be F	Required (contin	ued)			
5a During the year, did the foundation pay or incur any amount to:				ľ	Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	es 🗓 No			
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indire	ectly,				,
any voter registration drive?		Ye	es 🗶 No			1
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	es 🗓 No			
(4) Provide a grant to an organization other than a charitable, etc., organizatio			-			1
4945(d)(4)(A)? See instructions		☐ Y€	es 🗶 No	1		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational ourooses, or f]
the prevention of cruelty to children or animals?	,		es X No			- 1
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni	der the exceptions described i]	1
section 53.4945 or in a current notice regarding disaster assistance? See instr			N/A	5b		
Organizations relying on a current notice regarding disaster assistance, check			▶□			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		ined	,	l	i	إ
expenditure responsibility for the grant?		I/A □ Ye	s No	l		
If "Yes," attach the statement required by Regulations section 53.4945-5(d)	-	./	.3 140	ļ		ĺ
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	nav nremilims on			- 1		Ì
a personal benefit contract?	pay promiding on		es 🗶 No	i		į
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	serconal benefit contract?		ا ۱۹۵ لغما 3،	6b		$\bar{\mathbf{x}}$
If "Yes" to 6b, file Form 8870.	cisonal benefit contract.		f	-		 ,
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?		es 🗶 No			į
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b	-	<u>'</u>
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$		•	11/11		\dashv	Щ,
excess parachute payment(s) during the year?	1,000,000 iii teiriulieralioli ol		es 🗶 No		1	
Part VIII Information About Officers, Directors, Trust	ees Foundation Ma				1	'
Paid Employees, and Contractors	ees, i ouridation wa	inagers, riigin				
1 List all officers, directors, trustees, and foundation managers and t	heir compensation.					
	(b) Title, and average	(c) Compensation	(d) Contributions to	(0	e) Exp	enșe
(a) Name and address	hòurs per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	ac	count, Illowar	other
BILL BREHENY	TRUSTEE		compensation	 		
660 N. INDUSTRIAL DRIVE		Ì		ł		
ELMHURST, IL 60126	0.25	0.	0	.		0.
JIM ALLEN	TRUSTEE			-		<u> </u>
660 N. INDUSTRIAL DRIVE						
ELMHURST, IL 60126	0.25	0.	0			0.
	TRUSTEE			1		
660 N. INDUSTRIAL DRIVE						
ELMHURST, IL 60126	0.25	0.	0			0.
				+		<u> </u>
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."				
(-) Name and address of each ample see and mare than \$50,000	(b) Title, and average	(.) Comparates	(d) Contributions to employee benefit plans	(6	Exp	ense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation		count, llowar	
NONE	<u></u>			1 -		
		}		1		
				1		
			-			
			_			
				T		
				1		_
Total number of other employees paid over \$50,000						0
			Forr	n 990	-PF (2018)

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)	
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	
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 relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
	0.
2	
3	
	\exists
4	
Part IX-B Summary of Program-Related Investments	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	0.
	7
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0 . Form 990-PF (2018)

Page 8

P	art X Minimum Investment Return (All domestic foundations must complete this part Foreign fou	ndations, s	ee instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b	6,663.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	6,663.
	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	6,663.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	100.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	6,563.
6	Minimum investment return. Enter 5% of line 5	6	328.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations, check here ▶ ☐ and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	328.
2a	Tax on investment income for 2018 from Part VI, line 5		
b	Income tax for 2018 (This does not include the tax from Part VI.)	1 1	
С	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	328.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	328.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	328.
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	25,000. 0.
	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:		<u> </u>
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	25,000.
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	25,000.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualifies for t	he section

Page 9

Part XIII Undistributed Income (see instructions)

,	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI,				
line 7				328.
2 Undistributed income, if any, as of the end of 2018			·	
a Enter amount for 2017 only			0.	
b Total for prior years:		_ 1		
' '		0.		
3 Excess distributions carryover, if any, to 2018:				
a From 2013 24,677. b From 2014 22,225.				
bFrom 2014 22, 225.				
cFrom 2015 27,092. dFrom 2016 24,682.				
 				
	122 200			
f Total of lines 3a through e	123,308.			
4 Qualifying distributions for 2018 from Part XII, line 4: ►\$ 25,000.				
Part XII, line 4: >\$ 25,000. a Applied to 2017, but not more than line 2a			0.	
b Applied to undistributed income of prior				
		0.		
years (Election required - see instructions) c Treated as distributions out of corpus		0.		
(Election required - see instructions)	0.			
d Applied to 2018 distributable amount				328.
e Remaining amount distributed out of corpus	24,672.			320.
5 Excess distributions carryover applied to 2018	0.			0.
(if an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	147,980.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
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		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2017. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2018. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2019				0.
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)	0.			
8 Excess distributions carryover from 2013	0.4.6==			
not applied on line 5 or line 7	24,677.			
9 Excess distributions carryover to 2019.	400 000			
Subtract lines 7 and 8 from line 6a	123,303.			
O Analysis of line 9:	J	J		
a Excess from 2014 22, 225.		ļ		
b Excess from 2015 27, 092.				
c Excess from 2016 24,682. d Excess from 2017 24,632.		1		
e Excess from 2018 24,672.				Form 990-PF (2018)

ROBERT E. SHEPHERD FOUNDATION 36-2911506 Page 11 Form 990-PF (2018) Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment 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 a Paid during the year UNIVERSITY OF ILLINOIS / ON BEHALF OF N/A SCHOLARSHIP PATRICK KUNDICZ 901 WEST ILLINOIS STREET 5,000. URBANA , IL 61801 UNIVERSITY OF ILLINOIS / ON BEHALF OF N/A SCHOLARSHIP NATHAN SNOPKO 901 WEST ILLINOIS STREET URBANA, IL 61801 5,000. UNIVERSITY OF ILLINOIS / ON BEHALF OF N/A SCHOLARSHIP JAMES WHITING 901 WEST ILLINOIS STREET 5,000. URBANA, IL 61801 UNIVERSITY OF WISCONSIN / ON BEHALF N/A N/A SCHOLARSHIP OF LIV JUNKEL 702 WEST JOHNSON ST. STE 1101 5,000. MADISON, WI 53715 ST. AMBROSE UNIVERSITY / ON BEHALF OF N/A SCHOLARSHIP JOSEPH SIGNORILE 518 W. LOCUST STREET 5,000. DAVENPORT, IA 52803 ▶ 3a 25,000. Total b Approved for future payment NONE

0.

Total

Dark VIVI A I'	A :	-41	Duaduaina	A -4::4:
Part XVI-A	Anaivsis	of income-	-Producina	Activities

Enter gross amounts unless otherwise indicated.	Unrelate	d business income	Exclu	ided by section 512, 513, or 514	(e)
Litter gross amounts unless otherwise mulcated.	(a)	(b)	(C) Exclu-	(d)	Related or exempt
4 December and the second	(a) Business code	Amount	sion	Amount	function income
1 Program service revenue:	Code	<u> </u>	Code		
a	—		├		
b			├ ──	,	
C			<u> </u>		
d	L				
e					
f					
g Fees and contracts from government agencies			ľ		
2 Membership dues and assessments		-			
3 Interest on savings and temporary cash					
investments	1 1				
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:		· · · · · · · · · · · · · · · · · · ·			ì
a Debt-financed property		,,,			
b Not debt-financed property	· ·		 	.,	
6 Net rental income or (loss) from personal	-	·	 		
property		 	├		
7 Other investment income		<u></u>	├		
8 Gain or (loss) from sales of assets other					
than inventory			<u> </u>		ļ <u>-</u>
9 Net income or (loss) from special events			_		
10 Gross profit or (loss) from sales of inventory			<u>L</u>		
11 Other revenue:			i		
a	1				
b			ļ		
c					
d					
			1		
e	1				
e 12 Subtotal Add columns (b), (d), and (e)	-	0.		0.	0.
12 Subtotal. Add columns (b), (d), and (e)		0.			0.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)		0.		0 .	
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)			•	13	
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)	to the Acco		•	13	
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities 1		omplishment of Ex	cemp	ot Purposes	0.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities 1 Line No. Explain below how each activity for which inco	me is reported i	omplishment of Ex	cemp	ot Purposes	0.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities 1	me is reported i	omplishment of Ex	cemp	ot Purposes	0.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities 1 Line No. Explain below how each activity for which inco	me is reported i	omplishment of Ex	cemp	ot Purposes	0.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities 1 Line No. Explain below how each activity for which inco	me is reported i	omplishment of Ex	cemp	ot Purposes	0.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities 1 Line No. Explain below how each activity for which inco	me is reported i	omplishment of Ex	cemp	ot Purposes	0.
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12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities 1 Line No. Explain below how each activity for which inco	me is reported i	omplishment of Ex	cemp	ot Purposes	0.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities 1 Line No. Explain below how each activity for which inco	me is reported i	omplishment of Ex	cemp	ot Purposes	0.
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823621 12-11-18

OLI	m 990-PF (2018) ROBERT E. SHEPHERD FOUNDATION 36-291	T209	Pa	age 13
P	art XVII Information Regarding Transfers to and Transactions and Relationships With Noncha	ritable)	
1	Exempt Organizations Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)		Yes	No
	(other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			<u> </u>
a	Transfers from the reporting foundation to a noncharitable exempt organization of:			
	(1) Cash	1a(1)		X
	(2) Other assets	1a(2)		X
b	Other transactions;			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		X

(2) Purchases of assets from a noncharitable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements 1b(5) (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d 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 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 received.

(a)Line no	(b) Amount involved	(c) Name of	noncharitable	e exempt organization	(d) Descriptio	n of transfers, transaction	ns, and sharing arrangements	
N/A	<u> </u>							
	 	<u> </u>						
	 							
								
	 			 .				
					 -			
ın sı	ne foundation directly or indirect ection 501(c) (other than section es," complete the following schi (a) Name of org	n 501(c)(3)) or in se edule.	•	or more tax-exempt orga (b) Type of organization		(c) Description of re	Yes X No	
	N/A	umzution		(b) Type of organization		(v) Boscipion of Telationship		
_								
Sign Here	Under penalties of perjury, I declare and belief, it is true, correct, and con	mplete Declaration of pre		n taxpayer) is based on all info		r has any knowledge	May the IRS discuss this return with the preparer shown below? See instr	
	Print/Type preparer's na		Preparer's si	Date	Date	Check if	PTIN	
Paid Prepa Use O	DANIELLE M rer Firm's name > BAN		<i>Dani</i> KIENER		10/21/19	self- employed	P01433924 6-2152389	
USE (Firm's address > 87	45 W HTGG	TNS PD	STE 200				
		ICAGO, IL				Phone no. 31	2-263-2700	
_	Form OOD DE (or							

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

OMB No 1545-0047

2018

Employer identification number Name of the organization 36-2911506 ROBERT E. SHEPHERD FOUNDATION Organization type (check one) Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation ___ 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule Tor an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions Special Rules J For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

ROBERT E. SHEPHERD FOUNDATION

36-2911506

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BAC ADMINISTRATIVE DISTRICT COUNCIL #1 660 NORTH INDUSTRIAL DRIVE ELMHURST, IL 60126	\$11,690.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Omnicash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

ROBERT E. SHEPHERD FOUNDATION

36-2911506

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if a	dditional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	COFFEE MAKERS AND OTHER SMALL ELECTRONICS ITEMS CONTRIBUTED AS DOOR PRIZES FOR ANNUAL GOLF OUTING	-\$. <u>526.</u>	05/11/19_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	FISHING GEAR AND OTHER OUTDOOR RECREATIONAL ITEMS CONTRIBUTED AS DOOR PRIZES FOR ANNUAL GOLF OUTING	\$362.	05/11/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_1	LIQUOR BASKET CONTRIBUTED AS DOOR PRIZE FOR ANNUAL GOLF OUTING	\$\$	05/11/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_1	SMALL ELECTRONICS ITEMS CONTRIBUTED AS DOOR PRIZES FOR ANNUAL GOLF OUTING	\$1,660 .	05/11/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_		\$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2018) **Employer identification number** Name of organization 36-2911506 ROBERT E. SHEPHERD FOUNDATION Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor. Complete columns (a) through (e) and the following line entry For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

FORM 990-PF	OTHER EXPENSES STATEMENT			ATEMENT 1
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
GOLF OUTING EXPENSES ANNUAL REPORT FILING FEE	26,785. 15.	0.	26,785. 15.	0.
TO FORM 990-PF, PG 1, LN 23	26,800.	0.	26,800.	0.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

2

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

BAC ADMINISTRATIVE DISTRICT COUNCIL #1 OF ILLINOIS - ATTN: MIKE LOWERY 660 N. INDUSTRIAL DRIVE ELMHURST, IL 60126

TELEPHONE NUMBER

630-941-2300

FORM AND CONTENT OF APPLICATIONS

1) COMPLETED APPLICATION, INCLUDING ALL REQUIRED ATTACHMENTS (ESSAYS, EXTRA-CURRICULAR ACTIVITIES, ETC.) 2) OFFICIAL TRANSCRIPT OF ALL HIGH SCHOOL RECORDS 3) OFFICIAL ACT AND/OR SAT TEST RESULTS (TEST RESULTS LISTED ON HIGH SCHOOL TRANSCRIPTS WILL BE ACCEPTED)

ANY SUBMISSION DEADLINES

JANUARY 1ST - MARCH 15TH

RESTRICTIONS AND LIMITATIONS ON AWARDS

1) A HIGH SCHOOL SENIOR AT THE TIME OF APPLICATION 2) PROVISIONALLY ACCEPTED AS A FULL-TIME STUDENT INTO AN UNDERGRADUATE DEGREE PROGRAM AT AN ACCREDITED COLLEGE OR UNIVERSITY 3) A DEPEDENDENT CHILD OF A MEMBER IN GOOD STANDING OF THE BAC ADC 1 OF IL.