# SCANNED FEB 1 0 2021

### Form 990-PF

Department of the Treasury

Internal Revenue Service

#### **Return of Private Foundation**

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

lacktriangle Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

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

Open to Public Inspection

<u>For</u>	<u>calen</u>	dar year 2019 or tax year beginning	, 201	9, and en	iding		, 20		
Nam	Name of foundation  A Employer identification number								
ELGIN SWEEPER FOUNDATION						36-6078209			
Number and street (or P.O box number if mail is not delivered to street address)  Room/suite						B Telephone number (see instructions)			
130	0 WES	T BARTLETT ROAD				(847) 741-537	0/		
City	or town,	state or province, country, and ZIP or foreign postal code		C	if exempt	on application is pend	ling, check here▶ 🗆		
ELC	GIN IL 6	50120-7529							
G	Check	all that apply:  Initial return Initial return Initial return	of a former public	charity c	1. Foreign	organizations, check	here ▶ 🗌		
		☐ Final return ☐ Amended ı	return		2 Foreign	organizations meeting	n the 85% test		
	,	☐ Address change ☐ Name char	nge	~/ .		nere and attach comp			
H	Check	type of organization:  Section 501(c)(3) exempt p	rivate foundation (	(JY) E	If private	foundation status was	terminated under		
	Sectio	on 4947(a)(1) nonexempt charitable trust   Other tax	able private found	lation	section 50	07(b)(1)(A), check here	▶□		
$\overline{\Box}$	Fair m	narket value of all assets at   J Accounting method	: 🗸 Cash 🗋 A	ccrual	If the four	idation is in a 60-mont	h termination		
	end of	f year (from Part II, col. (c),		•		tion 507(b)(1)(B), chec			
	line 16	68,163 (Part I, column (d), must be	e on cash basis.)						
Pa	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and				(d) Disbursements		
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per		vestment ome	(c) Adjusted net income	for charitable purposes		
		the amounts in column (a) (see instructions).)	books				(cash basis only)		
	1	Contributions, gifts, grants, etc., received (attach schedule)	6,125						
	2	Check ▶ ☐ If the foundation is not required to attach Sch. B							
	3	Interest on savings and temporary cash investments	4		4				
	4	Dividends and interest from securities	4,475	_	4,475		1		
	5a	Grace rente		1					
	b	Net rental income or (loss)	I ED						
0	6a	Net gain or (loss) from sale of assets not on line 10	ECEIA	18/			(50)		
Revenue	b	Gross sales price for all assets on line 6a	ECEIVED	137		RES	EIVENTON		
Š	7	Capital gain net income (from Part IV, line 2)	27 2020	121		1	10		
æ	8	Net short-term capital gain	APR 27 2020			15///	07 11/1		
	9	Income modifications	-11		•	18/ (4)	44		
	10a	Gross sales less returns and allowances	OGUEN!				717		
	ь	Less: Cost of goods sold					DEN, UI		
	С	Gross profit or (loss) (attach schedule)							
	11	Other income (attach schedule)					1		
	12	Total. Add lines 1 through 11	10,604		4,479				
	13	Compensation of officers, directors, trustees, etc.							
Expenses	14	Other employee salaries and wages							
Ë	15	Pension plans, employee benefits							
×	16a	Legal fees (attach schedule)							
e E	b	Accounting fees (attach schedule)							
	С	Other professional fees (attach schedule)							
ī	17	Interest							
ist	18	Taxes (attach schedule) (see instructions) 5CH (c	87		87				
Ē	19	Depreciation (attach schedule) and depletion							
þ	20	Occupancy							
Þ	21	Travel, conferences, and meetings							
ŭ	22	Printing and publications				_	<u> </u>		
ğ	23	Other expenses (attach schedule)5CH Le .	106		106				
Operating and Administrativ	24	Total operating and administrative expenses.							
5		Add lines 13 through 23	193		193				
ğ	25	Contributions, gifts, grants paid	18,125						
_	26	Total expenses and disbursements. Add lines 24 and 25	18,318		193				
	27	Subtract line 26 from line 12:					[		
	а	Excess of revenue over expenses and disbursements	-7,713						
	b	Net investment income (if negative, enter -0-) .			0				
	С	Adjusted net income (if negative, enter -0-)							
							000 DE (0040)		

For Paperwork Reduction Act Notice, see instructions.

919-<u>22</u> Form

90-PF (2019)

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year
		should be for end-of-year amounts only (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash-non-interest-bearing	13,223	5,510	5,510
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶		_	
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less: allowance for doubtful accounts ▶			
ts	8	Inventories for sale or use		·	
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments – U.S. and state government obligations (attach schedule)	16,434	16,434	14,282
	b	Investments—corporate stock (attach schedule)			
	С	Investments - corporate bonds (attach schedule)	46,932	46,932	48,371
	11	Investments—land, buildings, and equipment: basis ▶		-	
		Less: accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			-
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe ▶ )			
	16	Total assets (to be completed by all filers—see the			
		instructions. Also, see page 1, item I)	76,589	68,876	68,163
	17	Accounts payable and accrued expenses			
S	18	Grants payable			
ţį	19	Deferred revenue			
ijĘ	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe ▶ )			
	23	Total liabilities (add lines 17 through 22)	0	0	
Balances		Foundations that follow FASB ASC 958, check here			
ည		and complete lines 24, 25, 29, and 30.			
ala	24	Net assets without donor restrictions	76,589	68,876	
	25	Net assets with donor restrictions			
Pu		Foundations that do not follow FASB ASC 958, check here ▶ □			
亞		and complete lines 26 through 30.			
ō	26	Capital stock, trust principal, or current funds			
\$	27	Paid-in or capital surplus, or land, bldg., and equipment fund			
Se	28	Retained earnings, accumulated income, endowment, or other funds	70.500	00.070	
Ä	29	Total net assets or fund balances (see instructions)	76,589	68,876	
Net Assets or Fun	30	Total liabilities and net assets/fund balances (see	70 500	60.076	
		instructions)	76,589	68,876	!
	rt III	Analysis of Changes in Net Assets or Fund Balances		area with	
		Il net assets or fund balances at beginning of year—Part II, colu			76,589
•	Enta	-of-year figure reported on prior year's return)		2	-7,713
_					7,710
3 4		lines 1, 2, and 3		4	68,876
				F	
6	Tota	reases not included in line 2 (itemize) ► Il net assets or fund balances at end of year (line 4 minus line 5)—	Part II. column (b). line 2	29 6	68,876
		and the same of the same			000 DE

Part	V Capital Gains and	Losses for Tax on Investm	ient income			·
(a) List and describe the kinds) of property sold (for example, real estate,				(b) How acquired P—Purchase D—Donation	(c) Date acqui (mo , day, yi	
1a						
<u>b</u>				<u> </u>		
<u>c</u>				<u> </u>		
d						
<u>e</u>		······		<u> </u>		
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis ense of sale		h) Gain or (loss) plus (f) minus (g))
a_						
<u>b</u>						
<u>c</u> _						
d						
<u>е</u> _				10/04/00		
	Complete only for assets sho	wing gain in column (h) and owned	by the foundation	n on 12/31/69.		ns (Col (h) gain minus
	(i) FMV as of 12/31/69	(J) Adjusted basis as of 12/31/69		ess of col (i) ol (j), if any		out not less than -0-) or sses (from col. (h))
<u>a</u>						
<u> </u>						
С						
d_						
е_						
2	Capital gain net income or	$r$ (net capital loss) $\begin{cases} & \text{if gain,} \\ & \text{if (loss),} \end{cases}$	also enter in Pa enter -0- in Pa	art I, line 7 }	2	
3	Net short-term capital gair	n or (loss) as defined in sections	1222(5) and (6	S):		
		I, line 8, column (c). See instru				
	Part I, line 8	. <u> </u>	<u>.</u>	<u> </u>	3	
Part	V Qualification Und	er Section 4940(e) for Redu	iced Tax on l	Net Investment	Income	
(For o	ptional use by domestic priv	vate foundations subject to the	section 4940(a)	) tax on net investn	nent income	.)
lf coot	on 4040(d)(2) applies Joseph	this part blank				
11 3001	ion 4940(d)(2) applies, leave	e tills part blank.				
		section 4942 tax on the distribu			ase period?	☐ Yes ☑ No
If "Yes		ualify under section 4940(e). Do				
1_	Enter the appropriate amo	unt in each column for each yea	ar; see the insti	ructions before ma	king any ent	ries.
	(a) Base period years	(b)		(c)		(d) Distribution ratio
Cale	ndar year (or tax year beginning in)	Adjusted qualifying distributions	s Net value	of nonchantable-use ass	sets (co	ol. (b) divided by col (c))
	2018		2,000		,231	1758731
	2017		8,707		,466	3705755
	2016	<del></del>	2,707		,579	2479498
	2015		6,942		,059	2341581
	2014		1,442	135	,567	1581653
_						
2	Total of line 1, column (d)				. 2	1 1867218
3		for the 5-year base period-div				22724422
	the number of years the fo	oundation has been in existence	if less than 5 y	/ears	. 3	23734436
			5	_		50 700
4	Enter the net value of none	charitable-use assets for 2019 fi	rom Part X, line	95	. 4	56,790
_	** 105 1 12 . 41 12 . 4				_	40.470
5	Multiply line 4 by line 3 .				. 5	13,479
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b	)		. 6	
7	Add lines 5 and 6				. 7	13,479
8		ns from Part XII, line 4			. 8	18,125
	If line 8 is equal to or grea Part VI instructions.	ter than line 7, check the box in	Part VI, line 1	b, and complete th	nat part usin	g a 1% tax rate. See the

3

Part \	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see in	<u>nstru</u>	ictioi	<u>15)</u>			
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ □ and enter "N/A" on line 1.						
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)						
b	b Domestic foundations that meet the section 4940(e) requirements in Part V, check						
	here ► 🗌 and enter 1% of Part I, line 27b						
С	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			0			
3	Add lines 1 and 2			0			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			0			
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0			0	;		
6	Credits/Payments:				İ		
а	2019 estimated tax payments and 2018 overpayment credited to 2019   6a				į		
b	Exempt foreign organizations—tax withheld at source				İ		
C	Tax paid with application for extension of time to file (Form 8868) 6c				ļ		
d	Backup withholding erroneously withheld				İ		
7	Total credits and payments. Add lines 6a through 6d			0	-		
8	Enter any penalty for underpayment of estimated tax. Check here  if Form 2220 is attached			0	_		
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			0			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10			0	-		
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax ▶ Refunded ▶ 11   VII-A Statements Regarding Activities			- 0	•		
			Yes	No			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	163	<b>√</b>			
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b_		✓	_		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials						
	published or distributed by the foundation in connection with the activities.				İ		
	Did the foundation file Form 1120-POL for this year?	1c		✓	-		
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:						
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$		ŀ				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed						
_	on foundation managers. > \$				i		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2_	<u> </u>	<b>\</b>	i		
	If "Yes," attach a detailed description of the activities.				ĺ		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes.	3		>	1		
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		>	_		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		>			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		<b>&gt;</b>			
	If "Yes," attach the statement required by General Instruction T.				ĺ		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:						
	By language in the governing instrument, or				İ		
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that		<u> </u>				
	conflict with the state law remain in the governing instrument?	6_	<b>/</b>				
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	1		;		
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ► ILLINOIS						
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) of each state as required by General Instruction G? If "No," attach explanation	8b	1		i 4		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV.	9	<del> ·</del>	<b></b> -√	' C		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		<b>√</b>	•		
		QQ	n_DE	(2010)			

Part	VII-A Statements Rega	arding Activities (continued)				
				<u> </u>	Yes	No
11	meaning of section 512(b)(13)?	did the foundation, directly or indirectly, own a controlled? If "Yes," attach schedule. See instructions		11		1
12		stribution to a donor advised fund over which the foundatios? If "Yes," attach statement. See instructions		12		1
13		the public inspection requirements for its annual returns and exe		13	✓	
14	*	EVIN PFAU TREASURER Telepho	one no. ► (84	7) 741	-5370	
1-4	Located at E EI GIN SWEEPEI	EVIN PFAU TREASURER Telepho R COMPANY 1300 W BARTLETT RD ELGIN IL	ZIP+4 ▶ 6	0120-7		
15	Section 4947(a)(1) poneyempt	charitable trusts filing Form 990-PF in lieu of Form 1041—ch				▶ □
.5		xempt interest received or accrued during the year			•	• —
16		ear 2019, did the foundation have an interest in or a signature			Yes	No
10	over a bank, securities, or other	er financial account in a foreign country?		16		1
	See the instructions for excep	otions and filing requirements for FinCEN Form 114. If "Yes,"				
	the foreign country ▶					<u> </u>
Part		arding Activities for Which Form 4720 May Be Requ		т	T	τ
		checked in the "Yes" column, unless an exception applie	s.		Yes	No
1a	• •	ation (either directly or indirectly):				
	(2) Borrow money from, lend	range, or leasing of property with a disqualified person?  money to, or otherwise extend credit to (or accept it from)	) a			
		r facilities to (or accept them from) a disqualified person? .			1	
		pay or reimburse the expenses of, a disqualified person?	. Yes I No			
	(5) Transfer any income or as	sets to a disqualified person (or make any of either available				
	the benefit or use of a disc					
	foundation agreed to ma	operty to a government official? (Exception. Check "No" if take a grant to or to employ the official for a period af	ter			
_		service, if terminating within 90 days.)				
b		n(1)-(6), did <b>any</b> of the acts fail to qualify under the excep d)-3 or in a current notice regarding disaster assistance? See		1b	ļ	
		rent notice regarding disaster assistance, check here				
С		a prior year in any of the acts described in 1a, other than e first day of the tax year beginning in 2019?	excepted acts, that	1c		
2		income (section 4942) (does not apply for years the foundation section 4942(j)(3) or 4942(j)(5)):	ation was a private			
а	, •	id the foundation have any undistributed income (Part XIII, lin				
		, 20, 20, 20			ļ	
b	Are there any years listed in 2	2a for which the foundation is <b>not</b> applying the provisions of of assets) to the year's undistributed income? (If applying se	f section 4942(a)(2)			
		and attach statement—see instructions.)		2b	ļ	
C	If the provisions of section 49	42(a)(2) are being applied to any of the years listed in 2a, list				
_	<b>▶</b> 20 , 20 , 20 ,	, 2U	ina			'
3a		than a 2% direct or indirect interest in any business enterprint				
h		business holdings in 2019 as a result of (1) any purchase by				
	disqualified persons after May	y 26, 1969; (2) the lapse of the 5-year period (or longer perio	d 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 firs	t phase holding period? (Use Form 4720, Schedule C, to	o determine if the			
	foundation had excess busine	ess holdings in 2019.)		3b		
4a	Did the foundation invest durin	g the year any amount in a manner that would jeopardize its ch	aritable purposes?	4a		1
b	Did the foundation make any i	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 2019?	4b	1	<b>✓</b>

_	•
Page	π

Part	VIII Statements Regarding Acti	vities for W	hich Form	4720 I	мау ве н	equire	d (contii	nuea)			
5a	During the year, did the foundation pay or i	incur any ame	ount to:							Yes	No
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?									- 1	
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on,								1		l
	directly or indirectly, any voter registration drive?										
	(3) Provide a grant to an individual for travel, study, or other similar purposes?										ŀ
	(4) Provide a grant to an organization other										
	section 4945(d)(4)(A)? See instructions			-			☐ Yes	☑ No			ľ
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational										
	purposes, or for the prevention of cruel							✓ No			ľ
b	If any answer is "Yes" to 5a(1)-(5), did any	of the trans	actions fail to	o qualif	v under the	e excer	tions des	cribed			1
	in Regulations section 53.4945 or in a curre								5b		
	Organizations relying on a current notice re	-	-					▶□			1
c	If the answer is "Yes" to question 5a(4), of							_	'		ŀ
•	because it maintained expenditure respons							□No			
	If "Yes," attach the statement required by I	-	-							1	
6a	Did the foundation, during the year, receive	-				emiums					
-							□Yes	✓ No	.		
b	Did the foundation, during the year, pay pro	emiums, dire	ctly or indired	ctlv. on	a personal	benefit	contract	? .	6b		<del></del>
_	If "Yes" to 6b, file Form 8870.	o,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J., C	,,	<b> -</b>						
7a	At any time during the tax year, was the foun	dation a party	to a prohibite	ed tax s	helter trans	action?	☐ Yes	☑ No	.		
	If "Yes," did the foundation receive any pro-								7b		
8	Is the foundation subject to the section 49										
	remuneration or excess parachute paymen	nt(s) during th	e year?				☐ Yes	✓ No			
Par	t VIII Information About Officers, I	Directors, T	rustees, F	ounda	tion Man	agers,	Highly F	Paid E	mploy	ees,	
	and Contractors										
1	List all officers, directors, trustees, and			d their	compens						
	(a) Name and address	(b) Title	e, and average rs per week		mpensation ot paid,	(d) emplo	Contribution byee benefit	s to plans	(e) Expe	nse ac	count,
	(-) (-)	devot	ed to position		ter -0-)	and def	erred compe	nsation	otner	allowar	ces
	AEL HIGGINS		DENT, less		0			0			0
1300 V	WEST BARTLETT ROAD ELGIN IL 60120	than 1									
	I PFAU		SURER,,		0	ľ		0			0
1300 V	WEST BARTLETT ROAD ELGIN IL 60120		an 1hr/wk								
RYAN	MULVIHILL		ETARY, less		0			0			0
1300 V	NEST BARTLETT ROAD ELGIN IL 60120	than 1	hr/wk								
				L		<u> </u>	<del></del>		<u> </u>		
2	Compensation of five highest-paid emp	ployees (oth	er than tho:	se incl	uded on li	ne 1—	see instr	uction	s). If n	one,	enter
	"NONE."	<del></del>	r ———		I - :				· -		
		050.000	(b) Title, and a		(-) (		(d) Contribi employee		(e) Expe	nse ac	count,
	(a) Name and address of each employee paid more than	1 \$50,000	hours per v devoted to p	osition	(c) Compe	isauon	plans and compen		other	allowar	ices
NONE											
NONE											
		-									
		<u> </u>	-				<del>                                     </del>				
		••••									
							<del> </del>				
									1		
	·				<b> </b>		<b> </b>				
Total	number of other employees paid over \$50,0	000						. ▶	İ	0	
i Viai	marrison of ourier completes paid over econe										

Part	VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emand Contractors (continued)	nployees,
3	Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONI	E."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		
		-
		<del> </del>
Total	number of others receiving over \$50,000 for professional services	0
	IX-A Summary of Direct Charitable Activities	· · · · · · · · · · · · · · · · · · ·
List	the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the number of	Expenses
org	anizations and other beneficiaries served, conferences convened, research papers produced, etc	Ехрепава
1	NONE	ľ
2		
3		
4		
7		
Par	IX-B Summary of Program-Related Investments (see instructions)	
Des	cribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	NONE	
2		
	Albert and a selected in weather and a Conclusion of the selection of the	
	other program-related investments. See instructions.	
3		
Total	.Add lines 1 through 3	
		Form <b>990-PF</b> (201)

Part	X Minimum Investment Return (All domestic foundations must complete this part. Foreign	ign found	lations,
	see 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	62,608
b		1b	4,953
C	Fair market value of all other assets (see instructions)	1c	
d	<b>Total</b> (add lines 1a, b, and c)	1d	
е	Reduction claimed for blockage or other factors reported on lines 1a and	1 1	
	1c (attach detailed explanation)	<u>  </u>	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	57,655
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	865
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	56,790
6	Minimum investment return. Enter 5% of line 5	6	2,840
Part		oundatio	ns
	and certain foreign organizations, check here ▶ □ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	2,840
2a	Tax on investment income for 2019 from Part VI, line 5	<u> </u>	
b	Income tax for 2019. (This does not include the tax from Part VI.)	<u> </u>	
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	2,840
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	2,840
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	2,840
Part	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	18,125
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
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	18,12
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. See instructions	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	18,12
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating	g whethe	r the foundation
	qualifies for the section 4940(e) reduction of tax in those years.		
		E-	<b>990-PF</b> (2019

art	XIII Undistributed Income (see instruction	ons)			
		(a) Corpus	(b) Years prior to 2018	(c) 2018	( <b>d</b> ) 2019
1	Distributable amount for 2019 from Part XI, line 7				2,840
2	Undistributed income, if any, as of the end of 2019:				
а	Enter amount for 2018 only			<u> </u>	
b	Total for prior years: 20, 20, 20				
3	Excess distributions carryover, if any, to 2019:				
а	From 2014				
b	From 2015				
C	From 2016				
d	From 2017				
e	From 2018	87,892			
f	Total of lines 3a through e	07,092			
4	Qualifying distributions for 2019 from Part XII, line 4: ► \$18,125				
а	Applied to 2018, but not more than line 2a .				
b	Applied to undistributed income of prior years (Election required—see instructions)				
C	Treated as distributions out of corpus (Election				
	required—see instructions)				2.840
d	Applied to 2019 distributable amount	15,285			2,840
е _	Remaining amount distributed out of corpus	15,265			
5	Excess distributions carryover applied to 2019 (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:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	103,177		***	
b	Prior years' undistributed income. Subtract line 4b from line 2b				
С	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				
d	Subtract line 6c from line 6b. Taxable amount—see instructions		•		
е	Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions				
f	Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)				
8	Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions).	14,780			
9	Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	88,397			
10	Analysis of line 9:				
-	Excess from 2015				
b	Excess from 2016 18,214				
С	Excess from 2017				
d	Excess from 2018 8,675				
е	Excess from 2019 15,285				

Page	1	a

LOCAL AREA

	U-PF (2019)			<del> </del>		- rage 10
Part	XIV Private Operating Founda	tions (see instru	uctions and Part	t VII-A, question !	9)	
1a	If the foundation has received a ruling					
	foundation, and the ruling is effective fo					
b	Check box to indicate whether the four		operating founda		ection   4942(j)(	3) or 🗌 4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
	investment return from Part X for	(a) 2019	<b>(b)</b> 2018	(c) 2017	(d) 2016	<del></del>
	each year listed					
	85% of line 2a					
С	line 4, for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
e	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test - enter:		`	A .		
	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test-enter 2/3	·				
	of minimum investment return shown in					
	Part X, line 6, for each year listed		<u> </u>			
С	"Support" alternative test-enter.					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities toans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					
Part				the foundation	had \$5,000 or mo	ore in assets at
	any time during the year-		ns.)	<del></del>	<del></del>	
1	Information Regarding Foundation List any managers of the foundation		uted more than 2	% of the total con	tributions received	by the foundation
a	before the close of any tax year (but of	only if they have c	ontributed more t	than \$5,000). (See	section 507(d)(2).)	by the loandane.
NONE		<b>,,</b>		, .	,,,,,	
b	·					rge portion of the
NONE	, , ,			21 g. va.v. 111	<del></del>	
2	Information Regarding Contribution	n. Grant. Gift. Lo	an. Scholarship.	etc Programs:	- <del></del>	
_	Check here ▶ ☐ if the foundation unsolicited requests for funds. If the tocomplete items 2a, b, c, and d. See if	only makes cont oundation makes	ributions to pres	elected charitable	organizations and organizations under	does not accept other conditions,
a MICH	The name, address, and telephone no AEL HIGGINS, ELGIN SWEEPER FOL	umber or email ad	dress of the pers	on to whom applic	ations should be ac 0120 (847_ 741-537	ddressed: '0
	The form in which applications should CITATIONS SHOULD INCLUDE HISTO					NDS
	Any submission deadlines: OF CURRENT YEAR					
	Any restrictions or limitations on av	wards, such as b	y geographical	areas, charitable 1	ields, kinds of ins	titutions, or other

3 Grants and Contributions Paid During	the Year or Approv	ed for Fu	ture Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year UNITED WAY OF ELGIN 1750 GRANDSTAND PLACE #5, ELGIN IL 60123		PC	NON-SPECIFIED	18,125
SCH 1				
		:		
				10.405
b Approved for future payment	<u> </u>	<u>.</u>	<u> ▶     </u>	3a 18,125
2 , approved to ratare payment				
Total	<u> </u>		<u> </u>	3b

Pa	rt XV	I-A Analysis of Income-Producing Ac	tivities				
		ss amounts unless otherwise indicated.		siness income	Excluded by section	n 512, 513, or 514	(e)
			(a)	(b)	(c)	(d)	Related or exempt
	_		Business code	Amount	Exclusion code	Amount	function income (See instructions.)
1		gram service revenue:			<del>                                     </del>		
	a _		<b> </b>	<del></del>	<del> </del>		
	ь <sub>-</sub>				-		
	d -		-				
	u _		<del></del>		<del>                                     </del>		
			h	<del></del>		· <del></del> -	
	g F	Fees and contracts from government agencies			<del>                                     </del>		
2	-	nbership dues and assessments			<del>                                     </del>		
3		est on savings and temporary cash investments		<del>_</del>	14	4	<del></del>
4		dends and interest from securities			14	4,475	-
5		rental income or (loss) from real estate:					
		Debt-financed property					
	b N	Not debt-financed property					
6	Net	rental income or (loss) from personal property					
7	Othe	er investment income					
8	Gain	or (loss) from sales of assets other than inventory					
9		income or (loss) from special events					
		ss profit or (loss) from sales of inventory					
11	Othe	er revenue: a			ļ		
			ļ	<u> </u>	<del> </del>	·	
	° -				ļ		
	d _		-	<del></del>	<del>                                     </del>		
40	6 0	had a day a distance (b) (d) and (a)		<del></del> ,		4,479	<del></del> -
	SHID	(otal. Add Columns (b). (d). and le)	I i				
12	T-4-	al Add has 10 solvens (b) (d) and (c)				42	
13 See	Tota	total. Add columns (b), (d), and (e)				13	
See	work	sheet in line 13 instructions to verify calculation	ıs.)			13	
See Pa	work	sheet in line 13 instructions to verify calculation	is.) Accomplishme	ent of Exemp	ot Purposes		4,479
See Par Lin	work t XV	sheet in line 13 instructions to verify calculation	is.) Accomplishme	ent of Exemp	ot Purposes		4,479
See Par Lin	work t XV • No.	sheet in line 13 instructions to verify calculation	is.) Accomplishme	ent of Exemp	ot Purposes		4,479
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See Par Lin	work t XV • No.	sheet in line 13 instructions to verify calculation	is.) Accomplishme	ent of Exemp	ot Purposes		4,479
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See Par Lin	work t XV • No.	sheet in line 13 instructions to verify calculation	is.) Accomplishme	ent of Exemp	ot Purposes		4,479

Part	XVII	information Organization		ansters to and Tra	nsactions	and K	erationsni	ps w	ith N	oncna	ritabi	e Exe	mpt
1	in se	he organization of	directly or indirectly	y engage in any of the n 501(c)(3) organiza								Yes	No
а	_		porting foundation	to a noncharitable ex	kempt orgai	nization (	of:						
		ash	· · ·								1a(1)		7
		ther assets .									1a(2)		1
b	Othe	r transactions:											<u></u>
	(1) S	ales of assets to	a noncharitable ex	xempt organization							1b(1)		<b>✓</b>
	(2) P	urchases of asse	ets from a nonchar	itable exempt organiz	zation						1b(2)		<b>~</b>
	(3) R	ental of facilities	, equipment, or oth	ner assets							1b(3)		<b>✓</b>
	(4) R	eimbursement a	rrangements								1b(4)		<b>~</b>
	(5) L	oans or loan gua	rantees								1b(5)	_	<b>\</b>
				ship or fundraising so							1b(6)		<b>✓</b>
		-		lists, other assets, or		-					1c		✓
d				es," complete the fo									
				vices given by the re									
			<del>,</del>	ngement, show in col									
(a) Line	no (	b) Amount involved	(c) Name of nor	ncharitable exempt organiza	ation	(d) Descri	otion of transfe	rs, trar	saction	s, and sh	anng an	angeme	ents
—–					_								
	-												
	- +		<u>-</u>	<del></del>									
	-+												
		<del>-</del> -								_		-	
	+				<del> </del>							-	
	-+			<del></del>									
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			<del></del>										
										-			
				<del></del> _						-			
				<del></del>									
				<del></del>			_						
2a	Is the	foundation dire	ectly or indirectly	affiliated with, or rel	ated to, or	e or mo	re tax-exe	mpt c	rgani	zations			
				section 501(c)(3)) or in	section 52	7?					□ Ye	es 🗹	No
b_	If "Ye	s," complete the	e following schedu										
		(a) Name of organ	nization	(b) Type of c	rganization			(c) Des	cription	of relation	nship		
				<u> </u>									
			<u> </u>										
				<u> </u>							<u> </u>		
Cian.				ined this return, including acc than taxpaver) is based on all					best of	ny knowle	dge and	belief, it	is true,
Sign	l k	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  May the IR with the pre											
Here		100	//	1/1/20	<u> </u>	FINANC	E			See instru		⊡Yes∣	
	Sign	ature of officer or trus		Date'	Title		Deta			1	DTIM		
Paid		Print/Type preparer	s name	Preparer's signature			Date			i 🔲 if	PTIN		
Prepa			<del></del>				L			nployed			
Use Only Firm's name								EIN ▶					
Firm's address ▶								Phone	no				

#### Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury

Name of the organization

**ELGIN SWEEPER FOUNDATION** 

#### **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

2019

**Employer identification number** 

36-6078209

Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation ☐ 527 political organization √ 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** For 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** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% 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, 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 

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

Name of organization
ELGIN SWEEPER FOUNDATION

Employer identification number 36-6078209

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (a) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. **ELGIN SWEEPER COMPANY Person**  $\square$ **Payroll** 1300 WEST BARTLETT ROAD 6,125 Noncash  $\Box$ (Complete Part II for ELGIN IL 60120-7529 noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 Νo. **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution **Total contributions** No. Name, address, and ZIP + 4 Person  $\Box$ **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) **(d) Total contributions** Type of contribution No. Name, address, and ZIP + 4 **Person Payroll** Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** П Noncash (Complete Part II for

noncash contributions.)

Name of organization

Employer identification number 36-6078209

**ELGIN SWEEPER FOUNDATION** Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) No. (c) (b) FMV (or estimate) from **Date received** Description of noncash property given Part I (See instructions.) (c) FMV (or estimate) (a) No. (b) from **Date received** Description of noncash property given (See instructions.) Part I (a) No. (c) (b) (d) **FMV** (or estimate) from **Date received** Description of noncash property given (See instructions.) Part I (a) No. (c) (d) (b) FMV (or estimate) from Date received Description of noncash property given (See instructions.) Part I (a) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** Part I (See instructions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Employer identification number Name of organization 36-6078209 **ELGIN SWEEPER 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 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 information once. See instructions.) ▶ Use duplicate copies of Part III if additional space is needed. (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(b) Purpose of gift (c) Use of gift (d) Description of how gift is held

(a) No.

Part I

#### (e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

## ELGIN SWEEPER FOUNDATION 36-6078209 1300 West Bartlett Road Elgin, Illinois 60120 Part XV (a) - Supplementary Information Grants and Contributions Paid During the Year

#### For the Year Ended December 31, 2019

Recipient	<u>Purpose</u>	<u>Amount</u>
United Way of Elgin 1750 Grandstand Place #5 Elgin, IL 60123	Non-Specified	\$ 18,125.00
Total		\$ 18,125.00